

# **PRACTICES AND PROCESSES GUIDE**



**Australian Government**

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**Australian Aged Care Quality Agency**

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**Users of this handbook should refer to all relevant legislation, including the *Aged Care Act 1997*, *Quality of Care Principles 2014*, *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.

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<sup>1</sup> <http://www.aacqa.gov.au/>

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## Introduction

Approved providers (providers) of Home Care services and grant recipients of the Commonwealth Home Support Programme (CHSP) are required to meet the Home Care Standards (Standards)<sup>2</sup>.

It is the responsibility of providers to demonstrate care and services are provided in a way that meets the Standards. The process of quality review is to assess performance against the Standards and to assist providers to show how they meet the Standards.

The Standards are set out in the Quality of Care Principles 2014 (Principles) as the Home Care Common Standards and comprise three Standards, three Principles and 18 expected outcomes.

The *Practices and processes guide* is not a list of the steps to meet the Standards. For example, understanding how a process of undertaking risk assessments of key activities results in safe practices for staff, volunteers and care recipients; assists a service to demonstrate their performance towards expected outcome 1.6 Risk management.

The manner in which a provider demonstrates results for care recipients will be unique to the individual provider and their service.

The *Practices and processes guide* is written in broad terms so as to be relevant to all sizes and types of providers of home care services.

This document has been developed to assist quality reviewers to focus on the principles of quality review:

- continuous improvement
- care recipient focus
- being helpful
- evidence
- results
- systems and processes
- openness and transparency

## Service

This document also refers to "service" representing the location from which home care services are coordinated or facilitated.

In general, this document outlines consideration where the *provider* establishes the systems and processes to ensure care and services meet the Standards. The *service* demonstrates

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<sup>2</sup> Providers of CHSP sub-programmes under which direct care is delivered to clients will be subject to quality review. Refer to CHSP Grant Agreement and CHSP Programme manual 2015.

the results and outputs of these systems and processes measuring performance against the Standards.

## **Care recipients**

The expected outcomes refer to "service users". It is recognised within home care services and programs that providers use various terms to describe their service users and may include care recipients, clients and carers. This document refers to "care recipients" to reflect other resources and information from the Quality Agency.

## Section 1: Considerations about The Expected Outcomes

### The Principle for each Standard

There are three Principles, one for each Standard. Each expected outcome should be considered in the context of its Principle.

### The importance of the wording of expected outcomes

It is important to focus on the expected outcomes as written in legislation. In reading an expected outcome it is important to clarify:

- what the wording of the expected outcome includes
- and**
- what the wording of the expected outcome does not include.

As an example, expected outcome 2.2 Assessment says *"Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity"*.

This expected outcome requires a process and results for each care recipient in participating in assessment. The expected outcome does not describe how an assessment should be undertaken or an expectation about the documentation.

### The focus of each expected outcome

The expected outcomes vary in their focus:

- some are clearly related to results for care recipients;
- others are concerned with results that are less directly related to care recipients; and
- others focus primarily on the systems and processes of the provider and their service.

### Expected outcomes with a focus on results for care recipients

This is highlighted through the *explicit and direct reference* in the wording of the expected outcome to the care recipient (service user), their needs, the services they receive, or the outcomes achieved. For example, expected outcome 3.2 Privacy and confidentiality requires that *"Each service user's right to privacy, dignity and confidentiality is respected including in collection, use and disclosure of personal information."*

For expected outcomes with a focus on results for care recipients, the outcome is that *tangible results for care recipients are being achieved*. This could include:

- information obtained from care recipients/ representatives, for example, discussions with care recipients, care recipient survey results or case conferences

**or**

- information obtained by the service about care recipients, for example, about care recipients' ongoing care needs, their current status in terms of care, or the effectiveness of various care services. This information could include, for instance, outcomes of clinical reviews and reassessment, individual care recipient goals or clinical indicators.

Information about the service's practices and processes is also particularly important in the absence of tangible information about results for care recipients. It could include information which indicates:

- processes and systems are in place; and
- the processes and systems are effective.

### **Expected outcomes not directly linked to care recipients**

This is highlighted through the *explicit reference* to results to be achieved in the wording of the expected outcome. For example, expected outcome 1.7 Human resource management, requires that *"The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users"*.

For these expected outcomes, the major outcome is that tangible results for the service or other stakeholders are being achieved. This could include information which is obtained from staff and management or other stakeholders. For example, 1.7 Human resource management; relevant information could include results of staff and management performance appraisal processes and competency assessments or satisfaction of care recipients that their care is attended to by skilled staff according to their agreed care plan.

Once again, information about the service's internal processes and systems are important in the absence of results.

### **Expected outcomes with a focus on systems and processes**

Most of the expected outcomes for Standard 1 are clearly focused on the provider's internal systems and processes.

This is highlighted through the *explicit reference* to systems in the wording of the expected outcome. For example, expected outcome 1.2 Regulatory compliance requires that *"The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards"*.

For expected outcomes concerning regulatory compliance, the major outcome is that the service has appropriate systems and processes in place, for example:

- the systems and processes are clearly described
- there is information on these systems and processes available as necessary
- these systems and processes are implemented
- the system is monitored and evaluated for effectiveness
- there is information about the results achieved.

## Systems and processes

### ***What is a system?***

A system is a framework of interrelated processes and procedures used to ensure that a provider and their service can fulfil all tasks required to achieve objectives and results. This includes:

- care delivered to care recipients taking into account their individual needs, choices and preferences
- communication processes
- services and goods
- policies, procedures and practices
- staff and volunteer roles, skills, qualifications and responsibilities
- culture and style of the service in delivering care and services and its place in the community
- corporate governance processes including mission, vision, values and plans
- risk management
- legislative frameworks, agreements, guidelines and regulations
- monitoring and continuous improvement processes.

Assessment of systems and how they impact on a service's performance against the Standards involves consideration all of these factors.

### ***What is a process?***

A process consists of steps, people and materials to get a particular job done. Processes create the results for care and services received by care recipients and other stakeholders. Providing medication, providing personal care and providing social support are examples of individual processes.

It should be noted that processes do not always need to be formalised or documented in order for them to be achieved or effective.

## Demonstrating results

In order to demonstrate performance against the Standards, it is necessary to consider the approach taken by the provider and the service to achieve the expected outcome in a systematic and consistent way. Quality review and assessment therefore involves a *dual* process of determining whether the service has systems in place and the result or impact of those systems for care recipients and other stakeholders.

While results (where the expected outcome is results-focused) show compliance, practices and processes ensure these results are achieved in a consistent manner and provide confidence about the service's performance in the future.



Services can measure results at various stages of care and service delivery such as at process level, practices and the result.

The issue of effectiveness is the link between the practices, processes and the results in relation to any expected outcome. Where the service has collected information and can use this to demonstrate results, effectiveness may be relatively easy to assess. Without this information, the provider, the service and quality reviewers will need other ways of assessing whether the practices and processes described are effective.

### ***Looking at impact for the care recipient***

Each service has a range of practices and processes that produce services for care recipients. How these services impact on care recipients provides information about the results of the service.

Measuring impact may involve the care recipient directly, for example, measuring satisfaction, access to services, or assessment of care and services. Alternatively, it may involve measurement about the care recipient from the service's perspective, for example, measures of care recipient incidents, meals delivered or referrals.

Using referrals as an example, impact measures could relate to care recipient satisfaction or improvement in health status as a result of referrals.

Each service will have different methods of gathering this information.<sup>3</sup>

### ***Measuring practice and process performance***

There is other information that providers, services and quality reviewers may consider in relation to practices and processes and the expected outcomes. This may include measures which relate to the outputs of the practice or process, that is, the services which are delivered to care recipients or other stakeholders.

In any process, there are practices that must be done correctly in order to get a good outcome. For example, in order for a care plan to deliver the right outcome for a care recipient, the assessment process needs to identify care recipient needs and reassessment will inform when the care plan is to be varied. If these things are done well, the impact for the care recipient should be positive (a good outcome or result).

A service may decide there are useful measures to be found in the outputs of their practices and processes, for example:

- the satisfaction of care recipients and other stakeholders in care and service delivery
- how well assessments of the care recipient are undertaken to identify the complexity of care and service needs
- how well staff practice consistently follows the process for assessment and care planning
- how well the care plan is aligned with identified care needs

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<sup>3</sup> *Assessor handbook*

- how the service monitors and regularly reassesses care needs to ensure care plans are reflective of current care and service needs.

These measures are common, can be measured frequently and often form part of a quality assurance program. Practice and process measures can inform the service, and the quality reviewer, whether the process generally happens according to plan.

Other examples of process measures include:

- compliance with policies, procedures and protocols; this is very commonly measured through audits
- feedback from care recipients, representatives and other stakeholders
- staff and volunteer skills and competency assessments.

It cannot be assumed that if staff/ volunteer practice follows the service's process (or that process measures indicate this) the overall results for care recipients/ representatives or other stakeholders will be positive in all cases.

Measuring impact and results for care recipients and outputs from practices and processes may indicate improvement or change is needed to the provider's and service's system, processes or staff practices.

## Section 2: The Standards and Consumer Directed Care

For guiding information about consumer directed care (CDC) and home care packages refer to:

[Home care today website<sup>4</sup>](http://homecaretoday.org.au/).

Home care packages are delivered on the basis of a consumer directed care approach. Requirements for CDC are outlined in the [User Rights Principles 2014<sup>5</sup>](https://www.comlaw.gov.au/Series/F2014L00808)

The key elements of CDC are:

- Consumer choice and flexibility
- Care and services based on choice and need; and
- The provision of an individualised budget and monthly statements

The Principles of the Home Care Standards require that care and service planning and delivery is undertaken in partnership with care recipients taking into consideration choice and the right to independence.

These Principles underpin quality care and services in home care under a CDC approach.

### Considerations of CDC and the Standards

#### Standard 1 Effective management

- The provider's governance framework may have a business plan and communication strategy for all stakeholder groups including the broader community incorporating CDC.
- Under continuous improvement, the provider considers any requirements for changes to policies and procedures, such as financial management, information management or human resource management to meet the requirements of CDC. This includes possible changes in order to deliver care and services.
- Education and training strategies may be considered for board or committee members, staff, volunteers, care recipients, representatives and other stakeholders including the wider community to promote understanding of CDC in its wider context as well as the provider's approach to CDC.

#### Standard 2 Appropriate access and service delivery

- Systems of the provider include approaches to CDC in service delivery and meeting the Standards. For example, there is care recipient choice and input to establishing goal driven care plans and participation of the care recipient in package management.

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<sup>4</sup> <http://homecaretoday.org.au/>

<sup>5</sup> <https://www.comlaw.gov.au/Series/F2014L00808>

- Staff/ volunteers and other stakeholders are aware of policies and procedures and requirements of assessment, referral and care planning under a CDC approach.
- Assessment of existing service options in meeting choices and preferences from care recipients and their representatives.
- The provider utilises or improves existing networks with other providers in the community to ensure the ability to meet varied and diverse care recipient and representative choices and preferences. This may be through referrals or brokerage/ subcontracting arrangements.

### **Standard 3 Service user rights and responsibilities**

- The provider will consider improvements to areas of information provision for care recipients and representatives to inform of CDC arrangements and options.
- The provider ensures care recipients and representatives have access to advocacy services and other resources to support decision-making and understanding of CDC. For example, understanding financial arrangements and care recipient rights to manage their care package.

For further information on preparing for CDC, refer to the Home care today website and its self-assessment tool.

[Organisational self-assessment for readiness to implement consumer directed care<sup>6</sup>](#).

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<sup>6</sup> [http://ursa-media-homecare.s3.amazonaws.com/publicfiles/dmfile/Organisational%20Self%20Assessment\\_for%20CDC%20readiness\\_all%20sections.pdf](http://ursa-media-homecare.s3.amazonaws.com/publicfiles/dmfile/Organisational%20Self%20Assessment_for%20CDC%20readiness_all%20sections.pdf)

## Section 3: Expected Outcomes: Practices, Processes and Considerations

The expected outcomes and the associated practices and processes are presented in the following way for each expected outcome:

- the exact wording for the expected outcome
- the focus of the expected outcome
- the results, practices and processes in relation to the expected outcome
- links to related expected outcomes.

### The exact wording for the expected outcome

This is transcribed directly from the [Quality of Care Principles 2014<sup>7</sup>](#).

### The focus of the expected outcome

This indicates whether the focus of the individual expected outcome is primarily on:

- results that must be achieved for care recipients; or
- other results that must be achieved; or
- the internal systems and processes of the service.

### The results, practices and processes in relation to the expected outcome

This section describes those things that a service might undertake and be able to demonstrate in relation to the expected outcome. This has been presented in two sections:

- results in relation to the expected outcome
- details about the practices and processes a service might employ.

### Links to related expected outcomes

Many processes interrelate in the management of service and the delivery of care and services to care recipients. Because of this, many expected outcomes relate to other expected outcomes within the same, and in different Standards. These related expected outcomes are noted at the end of each section. This is intended to serve as a prompt for thought and cross-checking, and not an exhaustive list of possible relationships.

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<sup>7</sup> <https://www.comlaw.gov.au/details/F2015C00075>

## **Standard 1: Effective management**

### **Principle:**

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

### **Intention:**

This Standard is intended to enhance the quality of performance under all the Home Care Standards, and should not be regarded as an end in itself. It provides management of corporate systems and processes to allow providers to focus on the delivery of care and services to care recipients. Continuous improvement is incorporated in all aspects of service delivery and is pivotal to the achievement of overall quality.

- 1.1 Corporate governance
- 1.2 Regulatory compliance
- 1.3 Information management systems
- 1.4 Community understanding and engagement
- 1.5 Continuous improvement
- 1.6 Risk management
- 1.7 Human resource management
- 1.8 Physical resources.

## Expected outcome: 1.1 Corporate governance

The service provider has implemented corporate governance processes that are accountable to stakeholders.

The focus of this expected outcome is **'practices, processes and systems'**

### Results

- The provider demonstrates it has an organisational structure with defined roles, responsibilities and accountabilities, there are reporting processes and a structure for decision-making.
- The provider has a system for service planning for all areas of service delivery and across the Standards.
- The provider demonstrates the effectiveness of corporate governance and management of the service through examples of planning, decision-making, reporting and monitoring of key results, annual reporting and service policies and procedures.
- The performance of the service against the Standards demonstrates there is an effective corporate governance framework.

### Practice and process considerations:

- Does the provider have a defined governance structure:
  - Is there a board or management committee structure in place for escalation of decisions and monitoring of key results?
  - Are there clearly defined terms of reference to inform the purpose of the governance committee and their accountability to stakeholders?
  - How are members informed of the terms of reference?
  - Is there a process to ensure committee members have capacity to be accountable for decisions of the provider and to stakeholders? For example, do members have opportunities for education and training in corporate governance?
  - Is there monitoring of key results that impact effective governance of the provider and its delivery of care and services to care recipients?
  - Is there a process to support the development of business or strategic plans?
  - How does the governance structure ensure these plans support sustainable care and service delivery, translate to policies and procedures and are monitored for effectiveness?
  - How is information about the provider and governance structure communicated to all stakeholders and monitored for compliance?
- How is information about the management and performance of the service communicated to stakeholders?

- Is there a reporting structure for monitoring key results, identifying and implementing continuous improvement activities to enhance care and service delivery?
- Are there established processes for escalation and reporting to ensure care and service delivery is achieved according to expected performance outcomes?
- How does the provider ensure there is participation and respectful and balanced partnerships with management, staff, care recipients and other stakeholders and the corporate governance structure?
- What processes are utilised for the provider to report to external bodies as required under guidelines and legislation and how does the provider monitor such requirements?
- Does the service take action where it finds there is non-compliance with governance requirements?

### Links to related expected outcomes

- 1.2 Regulatory compliance: There are various requirements under legislation and other regulations for board and committee structures. The provider will consider how their systems identify and respond to requirements for corporate governance in meeting regulatory compliance including the requirement for key personnel and members responsible for executive decisions to undergo a national criminal history record check. (Refer to [Accountability Principles 2014](#)<sup>8</sup>).
- 1.3 Information management: The provider may establish overarching information management systems to enable corporate reporting and regulatory reporting.
- 1.5 Continuous improvement: The provider may have a reporting process linking decisions from board or committee to continuous improvement strategies.
- 1.6 Risk management: Risk management systems may include an escalation process to ensure reporting of notifiable and serious incident.

**Note:** Providers of CHSP have responsibility as grant recipients and are required to actively manage risks to ensure the safety of care recipients (service users) and should refer to the Home Care Standards for guidance.

CHSP requirements for police checks are included in the CHSP programme manual.

[Commonwealth Home Support Programme – Programme Manual 2010](#)<sup>9</sup>.

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<sup>8</sup> <https://www.comlaw.gov.au/Search/Accountability%20Principles%202014>

<sup>9</sup> <https://www.dss.gov.au/ageing-and-aged-care-publications-and-articles-fact-sheets/commonwealth-home-support-programme-programme-manual-2015>



## Expected outcome: 1.2 Regulatory compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

The focus of this expected outcome is '**practices, processes and systems**'

### Results

- The provider has a system for identifying relevant legislation, regulations, contractual agreements, program guidelines, and manuals, monitoring compliance with these in relation to the Standards.
- Management demonstrates the effectiveness of the system through examples of changes (if any) which have been recently implemented in any Standard.
- The service's performance against other expected outcomes demonstrates there is an effective system for regulatory compliance.
- Care recipients and their representatives are informed of regulatory or program information that is of importance to them including advice of quality reviews and assessment contacts conducted as site visits.

### Practice and process considerations:

- How does the provider identify all relevant legislation, regulations, professional standards, program guidelines with which it must comply? (Including areas of insurance or licence arrangements for example motor vehicles).
- Do particular staff have clear responsibility for ensuring regulatory compliance?
- How is information made available to staff, volunteers and others so that practices conform to legislative and regulatory requirements (for example, in procedures, training, correspondence, etc.)?
  - How does the service monitor such compliance?
  - Are policies and procedures developed or modified as appropriate to ensure alignment with guidelines, legislation, regulations and standards?
- Does the service take action where it finds there is non-compliance with legislative and regulatory requirements?
- What processes does the provider use to ensure regulatory requirements are met in relation to care recipient contracts and care and service delivery arrangements?
- How does the provider ensure care and services offered by the service meet allocated agreement requirements of service packages and programs?
- How does the provider ensure there is transparency of information for care recipients and they are informed of any regulatory information that is of relevance to them?

- How are care recipients and their representatives informed of quality reviews and assessment contacts conducted as a site visit?
- In what ways does the service ensure legislative and program reporting requirements are met and understood by staff and volunteers, for example in relation to:
  - serious and notifiable incidents and accidents
  - serious fire/disaster incident preventing service delivery
  - non-response of a care recipient to a scheduled visit
  - allegations/fraud
  - notifiable infections
  - professional registrations
  - care recipient assaults and absconding care recipients?<sup>10</sup>
- How does the service ensure all relevant individuals have a current criminal record check and confirms suitability to work in aged care?
- If the service uses brokered or subcontracted services, how does the service ensure care and services are delivered according to regulatory and guideline requirements and meeting care recipient needs, choices and preferences, for example:
  - Does the service have current agreements to ensure care and services delivered by brokered and subcontracted services are delivered according to care plans and other requirements?
  - How does the service monitor that staff of the brokered or subcontracted service have criminal record checks?
  - Are there are mechanisms for communication between both the service and brokered/ subcontracted service about care and service needs for care recipients?

**Note:** *Quality reviewers assess performance against the Standards, but are not in a position to assess compliance against other legislative frameworks or terms of funding agreements. Rather, it is their role to assess that the provider undertakes this task. However, if reviewers are made aware of instances of non-compliance with specific regulations, they should discuss with the provider where the practices, processes or systems may have failed and consider if the provider does not meet with expected outcome 1.2 Regulatory compliance.*

### **Links to related expected outcomes**

- 1.7 Human resource management: Services should be able to demonstrate how they monitor the professional registrations of staff/ (and where applicable, volunteers) to ensure tasks (where applicable) are carried out by qualified individuals.

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<sup>10</sup> Providers of CHSP, as grant recipients, are not required to meet compulsory reporting under the *Aged Care Act 1997*; however, they are required to manage risks to ensure the safety of care recipients (service users).

- All other expected outcomes: Compliance with all relevant legislation, regulatory requirements, professional standards and program guidelines should be monitored by the service. Hence, failure to meet the expected outcomes in this Standard, or other Standards may indicate gaps in the regulatory systems of the service.

## Expected outcome: 1.3 Information management system

The service provider has effective information management systems in place.

The focus of this expected outcome is '**practices, processes and systems**'

### Results

- The provider demonstrates there is an effective information management system to support all aspects of care and service delivery and across the Standards.
- All stakeholders as appropriate have input to the provider's information management systems and processes.
- Management, staff/ volunteers and other stakeholders have access to accurate and appropriate information to help them perform their roles and include information on systems and process of the provider and the service.
- The provider's performance against other expected outcomes demonstrates there is an effective information system.

### Practice and process considerations:

- In what ways does the provider and service ensure care recipients, representatives and other stakeholders are aware of specific information relevant to them, as well as the general activities and events of the service?
- How does the provider and service identify and use key information and measures to meet the needs of stakeholders of the service? Key information should be:
  - routinely collected and recorded
  - regularly reviewed and is current
  - made accessible to designated staff, volunteers and others to perform their roles
  - developed to meet reporting requirements of the service
  - kept confidential where appropriate, including secure storage.
- Are the service's procedures for the storage and management of information effective? This should include:
  - the maintenance of security and confidentiality
  - the appropriate archiving of information
  - the appropriate retention period and destruction of documentation
  - secure access and back-up of computerised information.
- How does the service review its information management system? This includes:

- review of guidelines or manuals such as policies and procedures
- review of the information needs of the staff, volunteers, management, care recipients/representatives and other stakeholders
- review of staff/ volunteer practices including in relation to the use of tools, equipment (including computers as appropriate), and methods of facilitating effective information management systems
- analysed for effectiveness.

### **Links to related expected outcomes**

- 1.5 Continuous improvement and 3.3 Complaints and service user feedback: The use of information to identify and drive improvement would be linked to the expected outcomes via the service's systems and processes for improvement.
- 1.7 Human resource management: In order for staff/ volunteers, management and others to perform their roles effectively, they should have knowledge and information relating to the service's current processes.
- Standard 2 and 3: In order to ensure "care recipients receive appropriate services" and "care recipients are provided with information to make service choices", the service needs to ensure effective information management systems are in place.
- All other expected outcomes: The effectiveness of information systems in all expected outcomes impacts on the performance of the provider and the service. Therefore, failure to meet the Standards in one or many expected outcomes may indicate gaps in the provider's information systems.

### **Detail on records which must be kept**

Services are required to keep records about many things under various guidelines, regulation and legislation. The [Records Principles 2014](https://www.comlaw.gov.au/Series/F2014L00810)<sup>11</sup> set out the minimum requirements.

CHSP grant recipients reporting requirements are included in the CHSP programme manual.

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<sup>11</sup> <https://www.comlaw.gov.au/Series/F2014L00810>

## Expected outcome: 1.4 Community understanding and engagement

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

The focus of this expected outcome is **'results'**

### Results

- The provider demonstrates processes for monitoring the needs of the community and applies this information to service development and community engagement including responding to changing community needs.
- The provider demonstrates understanding of community resources and engages in networking opportunities.
- Care recipients/representatives, staff and volunteers are satisfied the provider understands and engages with the community and reflects community needs in its approach to service planning and development.

### Practice and process considerations:

- How does the provider identify the requirements of the community?
  - Does the provider consider cultural and special needs groups within the community in developing service planning?
  - Does the provider identify changes in the community profile?
  - Does the provider ensure it is responsive to changes in community needs?
- In what ways does the service engage with the community?
  - Does the service collaborate with other community partners to meet identified community needs?
  - How does the service ensure care recipients within the community are informed of the care and services available from the provider?
- In what ways does the service review the care and services required from the community in response to changes in needs? Does this include:
  - participation of care recipients/representatives and other stakeholders (for example, medical officers and health professionals) about the needs and preferences of the community?
  - accessibility of information about other providers and services in the community for staff, volunteers, care recipients/representatives to make informed choices?
- How is performance evaluated and how are deficiencies addressed? This includes seeking feedback from staff, volunteers and other stakeholders as appropriate.

## Links to related expected outcomes

- Other expected outcomes: The performance of any expected outcome which engages with the community (such as suppliers or maintenance, staffing, volunteers, health professionals, brokerage/ subcontractor services, or hospitality services) is affected by the standard of that service. Therefore, failure to meet the Standards in one or many expected outcomes may indicate gaps in the service's systems of community understanding and engagement.
- 1.2 Regulatory compliance. Where a service is allocated to deliver care and services to specific special needs group within the community, how does the provider ensure they are meeting these contract requirements and how does the service measure their performance for this service delivery?
- 2.1 Service access and 2.5 Service user referral: The service may need to engage with other providers in the community to establish arrangements for the delivery of care and services they may be unable to fulfil for the care recipient based on choice and rights of the care recipient.

## Expected outcome: 1.5 Continuous improvement

The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

The focus of this expected outcome is **'results'**.

### Results

- Management demonstrates examples of improvement activities related to the systematic evaluation of, and feedback relating to management and services delivered by the provider.
- The provider demonstrates a plan for continuous improvement is maintained and monitored for effectiveness.
- Management demonstrates results show improvements. This includes responsiveness to the needs of care recipients/ representatives and other stakeholders.
- Staff, volunteers and care recipients are encouraged to contribute to the service's pursuit of continuous improvement, across the Standards.

**Note:** *The provider and their service need not demonstrate improvement in each expected outcome but should be able to show that performance in each expected outcome is known and monitored.*

### Practice and process considerations:

- Is there a link between care recipient needs and preferences, care recipient/representative feedback, and the service's continuous improvement activities?
- Does the service have a framework that assists it to actively pursue continuous improvement throughout the Standards? For example:
  - a framework that has multiple mechanisms for identifying areas of improvement and developing solutions (including complaints, compliments and other feedback)
  - a self-assessment approach/ method of measuring and reviewing performance in a regular fashion which includes data relating directly to care recipients
  - tracking and sustainable capture and recording of opportunities for improvement to ensure they are not lost
  - identification of responsibilities for monitoring improvement activities
  - mechanisms to ensure care recipients, representatives, staff, volunteers and other stakeholders (including the wider community) have active participation in continuous improvement processes.
- Are improvements implemented in a structured manner? For example:
  - improvements which include genuine process improvement activity, as opposed to routine maintenance activity



- identification of key objectives of improvement activities
- use of monitoring mechanisms which includes baseline information, key milestones/interim indicators and results
- as a result of monitoring during implementation, ability to alter and improve new processes and activities to ensure maximum success
- identification of results and their impact on key stakeholders (care recipients, representatives, staff, volunteers and other stakeholders)
- feedback to care recipients, representatives, staff, volunteers and other stakeholders as appropriate of improvements such as through provision of transparent information to care recipients/ representatives and specific training for staff and volunteers
- once evaluated, ongoing monitoring of new processes as part of the service's overall continuous improvement and monitoring systems.

### **Links to related expected outcomes**

- 3.3 Complaints and service user feedback: Information from the complaints and feedback system would be expected to link to the service's improvement systems.
- 1.6 Risk management. Information from incident and hazard reporting may link to opportunities for improvement or improvements in systems.

## Expected outcome: 1.6 Risk management

The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

The focus of this expected outcome is **'results'**.

### Results

- Management demonstrates risks are managed to ensure the safety and rights of care recipients, staff, volunteers, other stakeholders and the provider.
- Management demonstrates processes for ensuring a safe work environment for staff and volunteers.
- Care recipients/ representatives confirm they are satisfied the service ensures safe delivery of care and services according to care recipients' rights, needs and preferences.

### Practice and process considerations:

- Is there a link between care recipient/ representative choices, safety, rights, feedback, and the service's risk management activities?
- Does the provider have a framework (or plan) that assists it to identify, assess, respond and manage risks? For example:
  - a framework that has multiple mechanisms for identifying risk and developing solutions (including review and evaluation of practices and processes, incidents, policies and procedures, complaints, and other feedback)
  - process of escalating incidents for decision-making at a management or provider level
  - process for implementing change, monitoring and evaluating the effectiveness of risk management activities
  - a self-assessment approach/ method of identifying and measuring risks which includes data relating directly to care recipients, for example, care recipient not at home for a scheduled visit
  - identification of responsibilities for monitoring risk management activities
  - mechanisms to ensure care recipients, representatives, staff, volunteers and other stakeholders (including the wider community) are informed and exercise choice and rights in risk management processes, for instance, through seeking their feedback and participation in identifying risks and solutions, etc.
  - training programs to ensure staff, volunteers and others are aware of risk management including identification, reporting of hazards and incidents
  - where applicable, a process to engage with local emergency management authorities to support risk management strategies/policies.

- Are risk management processes implemented in a structured manner? For example:
  - preventative measures are communicated to management, staff and volunteers
  - consideration is applied to the needs and preferences of care recipients and representatives when implementing a preventative risk measure
  - identification of key objectives of risk management activities
  - feedback and information to care recipients, representatives, staff, volunteers and other stakeholders as appropriate of risk management
  - once evaluated, ongoing monitoring of new processes as part of the service's overall risk management and monitoring systems.
- How does the service balance the partnership of care recipient choices relative to delivering care and services and duty of care?
- How does the service respect the environment of the care recipient's home while taking into account their safety and the safety of staff and volunteers during care and service delivery?
- Does the service have a system to regularly monitor and improve work, health and safety for staff and volunteers? For example, is there:
  - regular assessment and reporting of risk, and potential and actual hazards in the work environment
  - identification of improvement opportunities regarding health and safety
- Are there emergency and evacuation plans in place? For example, plans for responding to natural disasters such as floods, cyclones, bush fires where the delivery of services may be impacted including impact to care recipients and their place of residence.

### **Links to related expected outcomes**

- Other expected outcomes: The performance of any expected outcome includes elements of risk such as financial, loss of staff or key personnel, regulatory compliance, impact to delivery of services, lack of monitoring of systems and process, or care recipient feedback. Therefore, failure to meet the Standards in one or many expected outcomes may indicate gaps in the service's risk management systems.
- 1.2 Regulatory compliance: The system for managing a safe work environment for staff and others meets regulatory requirements for work health and safety.

## Expected outcome: 1.7 Human resource management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

The focus of this expected outcome is **'results'**.

### Results

- The provider demonstrates there is an effective human resource management system to support sufficient skilled and qualified staff for all aspects of care and service delivery across the standards.
- Management demonstrates the numbers and types of skilled staff/ volunteers are appropriate and maintained at all times to ensure safe delivery of care and services to care recipients in accordance with the Standards.
- Management, staff and volunteers confirm the adequacy of the number of staff/ volunteers at the service.
- Care recipients and representatives are satisfied with the responsiveness of staff/ volunteers and adequacy of care and services.

### Practice and process considerations:

- How does the service monitor ongoing staffing levels and skill mixes for all shifts and programs? For example, does this process take into account:
  - care recipient needs
  - identification of the services or packages required
  - any specialist services to be delivered in clinical and non-clinical areas
  - training and competency requirements such as medication management
  - supervision requirements
  - workload considerations including rostering, relief staff and volunteer requirements
  - identification of trends (complaints, incidents, etc.)
  - care recipient demographics and geographical area
  - care recipient feedback?
- How does the service identify who should provide the care and services as described in the care plan?
- How does the service ensure adequate coverage of all positions at all relevant times including during staff/ volunteer absences?

- How does the service recruit staff/ volunteers to meet the identified skills and qualifications required including
  - How the service monitors the required skills or qualifications of staff?
  - How the service ensures new or temporary staff/ volunteers are able to fulfil the requirements of their roles?
- How are position requirements and expectations communicated to staff/ volunteers?
- How does the service satisfy itself that staff, volunteers and management of all disciplines and shifts have the required knowledge and skills?
- Does the service have a process to ensure competency of staff / volunteers is maintained relevant to their roles for the safe delivery of care and services? For example, medication management, infection control, manual handling etc.
- How are education and training needs planned relevant to the Standards, for example, board of management, responsibilities under the [Aged Care Act 1997<sup>12</sup>](#), comments and complaints, equipment, risk management, care planning and assessment etc.?
- Does the service consider the effectiveness of each training session (may include form of training, time of training, level of participation, satisfaction, etc.)?
- Is training responsive to outcomes of the service's internal monitoring processes such as risk management, incidents, complaints, continuous improvement, compliance with policy/procedure etc?
- What instruction, training and supervision does the service provide to staff / volunteers to enable them to work safely? This may include:
  - procedures including safe practices which reflect regulatory requirements
  - monitoring to ensure staff / volunteers perform safe work practices including in relation to the use of equipment and resources, and methods of facilitating a safe working environment such as use of personal protective equipment
  - monitoring to ensure staff / volunteers safely complete their shift or duties.

### Links to related expected outcomes

- The performance of the service against other expected outcomes demonstrates the service's human resource management systems are effective.
- 1.1 Corporate governance: The provider's objectives and strategic plan influences future planning needs for management and staff / volunteer resourcing.
- 1.2 Regulatory compliance: Providers should be able to demonstrate how they monitor the professional registrations of staff to ensure tasks are carried out by qualified individuals where required. Services should also be able to demonstrate how they

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<sup>12</sup> <https://www.comlaw.gov.au/Search/Aged%20Care%20Act%201997>

ensure all relevant individuals; including volunteers have undertaken a criminal record history check in accordance with requirements as set out in the [Accountability Principles 2014](#)<sup>13</sup> and [Records Principles 2014](#)<sup>14</sup>.

- 1.6 Risk management. Failure to monitor and adjust staff and volunteer levels to meet care and service needs has the potential to impact care recipients and care and service delivery.
- The skills and knowledge of management, staff and volunteers should be monitored in relation to all roles. Hence, failure to meet the Standards may indicate gaps in the education and development systems of the service.

**Note:** Providers of CHSP have responsibility as grant recipients and are required to actively manage risks to ensure the safety of care recipients (service users) and should refer to the Home Care Standards for guidance.

CHSP requirements for police checks are included in the CHSP programme manual.

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<sup>13</sup> <https://www.comlaw.gov.au/Search/Accountability%20Principles%202014>

<sup>14</sup> <https://www.comlaw.gov.au/Series/F2014L00810>

## Expected outcome: 1.8 Physical resources

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

The focus of this expected outcome is '**practices, processes and systems**'.

### Results

- Management demonstrates it has suitable goods, equipment and resources appropriate for the safe delivery of services.
- Staff and volunteers are made aware of, and demonstrate they observe practices which ensure the safe use of goods, equipment and resources.
- Care recipients/representatives confirm appropriate goods and equipment, where relevant, are provided and are available for the delivery of services to meet care recipient needs.

### Practice and process considerations:

- How does the service assess what goods, equipment and resources all relevant stakeholders need for quality service delivery? This includes:
  - goods and equipment for routine and specialised health and personal care, transportation and other activities
  - resources to support care recipient independence and lifestyle such as assistive devices
  - catering and meal delivery
  - housekeeping and cleaning
  - maintenance processes of equipment and resources
  - access to personal protective equipment
  - other management systems of the service.
- How does the service ensure the effectiveness of the service's storage and ordering processes including consideration of the need for rotation and replacement of goods on expiry?
- How does the service review and maintain stocks of goods and equipment, for example:
  - How is equipment monitored to ensure it remains appropriate for quality service delivery?
  - How are stock levels monitored to ensure sufficient stock is available?
  - How are inappropriate or unsuitable goods and equipment repaired or replaced?

- How is regular cleaning of equipment ensured?
- In what ways does the service ensure the suitability of new equipment, including staff and volunteer understanding and skills for appropriate use?
- By what means does the service identify and carry out appropriate preventive and routine maintenance of goods, equipment and resources (including the working environment)?

### **Links to related expected outcomes**

- 1.2 Regulatory compliance: Certain stocks, for example, medical supplies, food preparation, laundry service and chemicals and their handling are the subject of other legislation, regulatory requirements, professional standards and guidelines.
- 1.7 Human resource management: It is expected that where appropriate, staff/ volunteers are suitably trained in the proper and safe use and storage of equipment and goods.
- All other expected outcomes: Individual expected outcomes may identify equipment and goods required for care recipients' health and personal care, lifestyle and environmental needs and preferences. Other expected outcomes may also require consideration of equipment and goods necessary for the routine operation of the service and its management systems. Therefore, failure to meet the Standards may indicate gaps in the physical resources of the service.



## **Standard 2: Appropriate access and service delivery**

### **Principle:**

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

### **Intention:**

This Standard requires providers to demonstrate that care recipients within the community in which the provider operates can access the provider's services, if they are eligible for and require the service. This Standard also requires that each person accessing the service receives a comprehensive and transparent assessment to determine their needs and choices and develop plans of care in partnership with the care recipient and/or their representative.

- 2.1 Service access
- 2.2 Assessment
- 2.3 Care plan development and delivery
- 2.4 Service user reassessment
- 2.5 Care recipient referral

## Expected outcome: 2.1 Service access

Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

The focus of this expected outcome is '**results for care recipients**'.

### Results

- Management demonstrates care recipients/ representatives are consulted about access to care and services and care recipients/representatives understand their rights and responsibilities.
- Care recipients/ representatives confirm they understand what access they have to care and services, available resources and their eligibility for services and programs. They know where this information may be accessed if required.

### Practice and process considerations:

- How are care recipients/ representatives consulted and provided with appropriate information at or before accepting the service? For example, does the information include:
  - transparent information about the conditions and eligibility for the care or service program
  - details about their rights, responsibilities and choices
  - how the service supports respectful and balanced partnerships
  - appropriate documents such as care recipient agreements or information booklets
  - accessibility for care recipients from non-English speaking backgrounds or who cannot read due to low literacy, sensory loss, etc.
  - availability of independent sources of advice, for example, from the Department of Social Services, or care recipient advocacy groups
  - information on fees and budgets?
- How does the service ensure equity is applied in the process for accessing services?
- Is there a system for assessing referrals and applications to the service for prospective care recipients?
- Is there a decision-making process for prioritising care recipients based on need?
- How does the service ensure care recipients and their representatives understand their rights and access to services?
- In what ways does the service ensure the participation of each care recipient in deciding service access?

- Does this include consultation with care recipients/ representatives and others (medical officers and health professionals) about needs and preferences?
- How does the service regularly review consultation packages and information given to prospective care recipients and their representative about service access, to ensure it remains current and meets legislative requirements?
- How does the service manage situations where it is unable to meet the service needs of a care recipient , including processes employed to assist the care recipient in a referral process?
- Is there a process to monitor the effectiveness of the service's system for service access?

### **Links to related expected outcomes**

- 1.2 Regulatory compliance: Services should be able to demonstrate how they comply with all relevant regulations such as the [User Rights Principles 2014](#)<sup>15</sup> including security of tenure and care recipient agreements.
- 3.1 Information provision: Services should be able to demonstrate care recipient agreements include information on security of tenure, criteria, eligibility and access to services.
- All other expected outcomes with a focus on care recipients: The understanding of rights and responsibilities is inherent in all expected outcomes which have a focus on care recipients, or direct impact on care recipients.

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<sup>15</sup> <https://www.comlaw.gov.au/Search/User Rights Principles 2014>

## Expected outcome: 2.2 Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

The focus of this expected outcome is **'results for care recipients'**.

### Results

- Management demonstrates care recipients receive care and services which is appropriate to care recipient assessed needs, choices and preferences.
- Care recipients/ representatives confirm the appropriateness of the care and services they receive according to their assessed needs, choices and preferences.
- Care recipients/ representatives confirm they actively participate throughout the assessment process and their choices and decisions are respected.

### Practice and process considerations:

- How does the service ensure regular assessments of the care recipients' care and service needs and preferences are conducted and documented by appropriate staff/ volunteers? This should include:
  - planning and evaluation by appropriately skilled or qualified staff/ volunteers
  - use of validated assessments, observation charts and risk assessment tools
  - assessment when the care recipient commences a service
  - regular consultation with care recipients/ representatives and others (medical officers and health professionals) about care needs, choices and preferences
  - assessment considerations for wellness and enablement
  - identification of those care recipients at risk of poor clinical health
  - review of any care currently received and its effectiveness in meeting care recipients' needs, choices and preferences
  - for respite services, there is consideration of assessment of the carer and the care recipient.
- Is there a process to support respectful and balanced partnerships including choice and decision-making in the assessment process?
- Is there a process to support communication with external health professionals and other services in the community?
- Does the service regularly evaluate, monitor and review the assessment process? Are:

- staff / volunteer practices monitored and improved where necessary including in relation to the use of assessment tools, equipment, and methods of facilitating care
- assessment tools monitored for effectiveness and appropriateness
- care recipients' clinical problems addressed and reviewed by appropriate medical officers and health professionals?

### **Links to related expected outcomes**

- Other expected outcomes of Standard 2: Performance in all expected outcomes for Standard 2 should be monitored and reflects appropriate care and services are provided to care recipients.
- The provision of care and services would be expected to be provided in consideration of care recipients' preferences, their rights to privacy and dignity, and other rights as specified in Standard 3.

## Expected outcome: 2.3 Care plan development and delivery

Each service user and/or their representative participates in the development of a care/service plan that is based on the assessed needs, and is provided with the care and/or services described in their plan.

The focus of this expected outcome is '**results for care recipients**'.

### Results

- Management demonstrates care recipients' assessed care and service needs are used to develop individualised goal orientated care plans.
- Management demonstrates care recipient care and service needs are met in a prescribed manner by appropriately skilled or qualified staff/ volunteers.
- Care recipients/representatives confirm they participate in the development of care plans and their needs, choices and decisions are respected.

### Practice and process considerations:

- How does the service ensure information from regular assessments of each care recipient's care and service needs are conducted and documented in care plans by appropriately skilled or qualified staff/ volunteers? For example, how does the service ensure:
  - consultation with care recipients/ representatives and others (where applicable, medical officers and health professionals) about care and service needs, choices and preferences
- How is information from other services, health professionals or other stakeholders taken into consideration in determining care plans?
- Are care plans documented as needed, and do they:
  - reflect program guideline requirements including, goal setting for wellness and enablement
  - describe the care recipient's specific needs, choices and decisions
  - where applicable, include any specialised equipment or resources
  - where required, include any prescription or instructions by medical officers and health professionals
  - where applicable, include strategies for referrals to health specialists or other services?
- Are care plans accessible to all appropriate staff/ volunteers?
- Are care and services delivered consistent with the care plan by appropriately skilled or qualified staff / volunteers (including external health care providers or other services)?

- How does the service regularly evaluate and review the care and services delivered to determine its effectiveness in meeting each care recipient's rights, needs and choices according to their care plan? For example, are:
  - staff / volunteer practices monitored
  - ongoing care and service needs and preferences identified
  - care and service incidents documented and appropriately addressed
  - where applicable, care recipients' clinical problems addressed and reviewed by appropriate medical officers and health professionals
  - review of care plans to assess the effectiveness in meeting care recipients' needs, preferences and goals?
  - where applicable care planning considered for the carer and the care recipient in relation to respite services.

### **Links to related expected outcomes**

- 1.7 Human resource management: This expected outcome encompasses sufficient human resources to ensure appropriately skilled and trained staff/ volunteers are available for the safe delivery of care and services. A failure to meet the care and services as documented in the care recipient's care plan may indicate failure in the service's system for human resource management.

#### [Quality of Care Principles 2014](#)<sup>16</sup>

The Principles outline care and services that a provider of a home care service may provide.

[User Rights Principles 2014](#)<sup>17</sup> outlines the provisions of a home care agreement including assessment and care plan arrangements.

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<sup>16</sup> <https://www.comlaw.gov.au/Search/Quality of Care Principles 2014>

<sup>17</sup> <https://www.comlaw.gov.au/Series/F2014L00808>

## Expected outcome: 2.4 Service user reassessment

Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user's needs. Each service user's care/service plans are reviewed in consultation with them.

The focus of this expected outcome is '**results for care recipients**'.

### Results

- Management demonstrates care recipients' care and service needs are reassessed as care and service needs change, as requested by the care recipient or their representative or as required in program guidelines.
- Care recipients/ representatives confirm the appropriateness of the care they receive according to their current assessed needs, choices and preferences.
- Care recipients/representatives confirm they are consulted throughout the reassessment process.

### Practice and process considerations:

- How does the service ensure ongoing reassessments of the care recipients' care and service needs are conducted and documented by appropriate staff/ volunteers? This should include:
  - evaluation by appropriately skilled and trained staff/ volunteers
  - use of validated assessments, observation charts and risk assessment tools
  - where applicable, clinical assessments are undertaken by appropriate qualified staff
  - review of any care currently received and its effectiveness in meeting care recipients' needs and preferences
  - regular consultation with care recipients/ representatives and others (medical officers and health professionals) about current care needs and preferences
  - identification of the level of complexity of care and service needs to inform the frequency of required re-assessment
  - evaluation of reassessment processes to ensure care and service needs remain current to actual care recipient needs, choices and preferences.
- How are care plans reviewed and updated following reassessment and communicated to the relevant staff, volunteers and others?
- Where applicable, how are treating medical officers informed of significant changes to individual care needs?
- How does the service respond to information from incident reporting? Does this include:



- processes to initiate reassessment
- risk assessment
- inform care plan revisions
- consultation and participation with care recipients and their representatives

### **Links to related expected outcomes**

- Other expected outcomes of Standard 2: Performance in all expected outcomes for Standard 2 should be monitored and reflects appropriate care and services are provided to care recipients.
- The provision of care and services would be expected to be provided in consideration of care recipients' preferences, their rights to privacy and dignity, and other rights as specified in Standard 3.

## Expected outcome: 2.5 Service user referral

The service provider refers service users (and/or their representatives) to other providers as appropriate.

The focus of this expected outcome is '**results for care recipients**'.

### Results

- Management demonstrates referrals are arranged with appropriate providers, agencies or health specialists in accordance with assessed needs and preferences.
- Care recipients/ representatives confirm referrals to appropriate providers, agencies and specialists are made as needed and as preferred.

### Practice and process considerations:

- How does the service ensure referrals to other providers, agencies or health specialists are undertaken? Does this include:
  - consultation and participation with care recipients/ representatives and others (medical officers and health professionals) about their needs, choices and preferences
  - mechanisms for urgent referrals and provisions to reduce waiting times for service
- How are care recipients' needs and preferences communicated to other providers, health specialists including on admission to hospital?
- Are referrals planned, documented and consistent with assessed needs and preferences?
- Are there decision-making processes to determine the referral and transfer of a care recipient where the service is unable to cater for the care recipient's needs, choices and preferences?
  - How are care recipients/ representatives informed and consulted about this process? For example, care recipient agreement.
- How does the service regularly evaluate and review referrals to other providers or services in accordance with the care recipient's needs, choices and preferences? For example:
  - Are staff practices monitored including in relation to the use of assessment tools and methods of facilitating referrals?
  - Are referral mechanisms monitored for effectiveness and appropriateness?

### Links to related expected outcomes

- 2.4 Service user reassessment: Following review by an appropriate provider, health specialist or hospital admission, does the service ensure assessment and care

planning documentation reflects updated instructions and other care recipient information? How is this then communicated to staff, volunteers and others?

- 3.1 Information provision: The provider ensures there is access to information about other providers, health professionals and other referral options to inform staff, volunteers, care recipients/ representatives to support informed choices.

## **Standard 3: Service user rights and responsibilities**

### **Principle:**

Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/ or their representatives) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence

### **Intention:**

This Standard requires service providers to demonstrate that each person is provided with transparent information to assist them in understanding: the services that are available; the costs of services; their rights and responsibilities in receiving care and services; complaints processes and advocacy services; and any other relevant information that may affect how and when services are delivered. The information should enable care recipients and their representatives to make choices about the care and services they receive.

- 3.1 Information provision
- 3.2 Privacy and confidentiality
- 3.3 Complaints and care recipient feedback
- 3.4 Advocacy
- 3.5 Independence

## Expected outcome: 3.1 Information provision

Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

The focus of this expected outcome is '**results for care recipients**'

### Results

- Management demonstrates care recipients/ representatives (and prospective care recipients) have access to information appropriate to their needs to assist them to make informed decisions about their preferred care, services and rights and responsibilities.
- Care recipients (and their representatives) confirm their participation in decisions about the services they receive and that they are able to exercise choice appropriate to their needs, choices and decisions.

### Practice and process considerations:

- How does the service provide information to assist and empower each care recipient/ representative to participate in decisions about the services they receive? Such as information about the kinds and options of care and services available.
- How does the service assess the competency for decision-making of each care recipient?
- How does the service compile, review and update information, giving consideration to care recipient needs, feedback, legislative requirements and program requirements? This includes processes to ensure:
  - all care recipients (including prospective care recipients) are assisted to fully understand the information provided to them
  - information is in formats appropriate to care recipient needs throughout their contact with the service, including on first contact, during assessment, on service commencement, during reviews and on an ongoing basis
  - ensures that the care recipient remains aware of their rights and responsibilities
  - consideration of special needs groups
  - staff and volunteers are aware of the information provided to care recipients and prospective care recipients.
- How does the service ensure that agreements meet legislative and guideline requirements including information about goals and care planning such as:
  - the care and services available to meet the care recipient's needs
  - security of tenure of their care and service arrangements

- the circumstances, under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn.
- How does the service encourage the development of partnership between staff/ volunteers and care recipients/ representatives to promote meaningful participation and exchange of information for the care recipient? This includes an environment where care recipients feel enabled to reject a service, that is, say 'no' without fear of retribution.
- Is information available about the path to take if the care recipient does not feel able to exercise choice, for example, complaints and advocacy mechanisms?
- How does the service review its practices to ensure information is appropriate and delivered in a way which encourages care recipient/ representative participation in choice and decision-making? For example:
  - Are staff/ volunteers practices monitored and improved as appropriate in the provision of information to care recipients/ representatives?
  - Are tools monitored for effectiveness and appropriateness to ensure care recipient/representative choices are captured?
  - Are staff/ volunteers aware of service information they are to provide to care recipients, when and how often?

### **Links to related expected outcomes**

- 1.3 Information management systems: a provider may have an overarching information management system and incorporates information provision for care recipients and representatives.
- 1.2 Regulatory compliance: program guidelines and other regulations set out minimum requirements for information that is required to be given to care recipients and/or their representatives.

## Expected outcome: 3.2 Privacy and confidentiality

Each service user's right to privacy, dignity and confidentiality is respected including the collection, use and disclosure of personal information.

The focus of this expected outcome is '**results for care recipients**'

### Results

- Management demonstrates each care recipient's privacy, dignity and confidentiality is recognised and respected.
- Management demonstrates staff/ volunteers are aware of care recipient rights to privacy, dignity and confidentiality.
- Each care recipient (and/or their representative) confirms their privacy, dignity and confidentiality is recognised and respected in accordance with their individual needs and choices.

### Practice and process considerations:

- How does the service ensure care recipient information is stored securely and ensures privacy and confidentiality is maintained in accordance with regulatory requirements?
- How are strategies for privacy, dignity and confidentiality planned and implemented? For example, how does the service ensure:
  - communication between staff/ volunteer and care recipient takes place in a manner which promotes privacy, dignity and confidentiality
  - sufficient time is allowed for daily activities to avoid rushing care recipients
  - awareness of care recipients/representatives of rights to privacy, dignity and confidentiality
  - consideration of specific cultural or spiritual needs
  - assessment of the service's environment and staff/ volunteer practices and how this supports privacy, dignity and confidentiality?
- Are there processes to ensure the rights of care recipients and their representatives to access their own records?
- Are there processes to ensure care recipient information is only disclosed for purposes to manage and assess care and services and does this include processes for explanation and consent?
- Is staff practice consistent with the services' plans, policies and procedures designed to support privacy, dignity and confidentiality? For example, how does the service ensure:
  - staff are competent and monitored to achieve the privacy, dignity and confidentiality of care recipients including in relation to the use of tools, equipment, and methods of facilitating privacy, dignity and confidentiality

- processes are available to address concerns related to the preservation of care recipient privacy, dignity and confidentiality?

### **Links to related expected outcomes**

- Privacy, dignity and confidentiality is inherent in other expected outcomes, for instance, the facilitation of dignity may better assist care recipients to adjust to the changes in their environment, and may enhance each care recipient's sense of confidence in making decisions.
- Poor and inappropriate promotion of privacy and dignity may affect the provision of all care and services to care recipients.



## Expected outcome: 3.3 Complaints and service user feedback

Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

The focus of this expected outcome is '**results for care recipients**'

### Results

- Management demonstrates there is a process for handling complaints and feedback that is accessible to care recipients/ representatives and includes access to external complaints mechanisms.
- Management demonstrates all care recipients/ representatives are aware of internal and external complaints and feedback processes and know how to use them.
- Management demonstrates it monitors the effectiveness of the complaints and feedback mechanisms.
- Care recipients/representatives and others are satisfied they have access to complaints and feedback processes without fear of retribution and the service is responsive to their feedback.

### Practice and process considerations:

- How does the service inform care recipients, representatives, staff and others about access to internal and external complaints and feedback mechanisms (for example, brochures, handbooks, advocates, posters, one-on-one discussions, newsletters, meetings)? Consideration should be given to individuals:
  - from non-English speaking backgrounds
  - with special needs
  - with cognitive or communication difficulties.
- Do staff/ volunteers of the service provide information to care recipients/ representatives about the way to make a complaint or provide feedback and facilitate this process? Including how to access internal and external complaint mechanisms.
- Do care recipients, representatives and others indicate familiarity and access to the complaints and feedback mechanisms including access which:
  - ensures confidentiality and anonymity where necessary or desired
  - ensures evaluation and discussion of the resolution with the complainant
  - prevents retribution?
- How does the service:
  - manage complaints or feedback when received in writing or verbally?

- manage complaints or feedback made informally to staff/ volunteers or others?
- How is the effectiveness of the service's complaints and feedback processes reviewed?  
This may include:
  - monitoring the timeliness of responses
  - monitoring actions are appropriate and address concerns.
- By what means does the service maintain care recipient privacy and confidentiality throughout the complaint process?
- How does information regarding complaints and feedback flow into the continuous improvement system?

### **Links to related expected outcomes**

- Complaints and feedback is inherent in all expected outcomes and closely linked to continuous improvement. The provider should consider all opportunities to assess care recipient satisfaction in all areas of care and service delivery.

### **Expected outcome: 3.4 Advocacy**

Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

The focus of this expected outcome is **'results for care recipients'**

#### **Results**

- Management demonstrates there is a system for identifying advocacy services in the community and other support mechanisms for care recipients and/or their representatives.
- Care recipients and/or their representatives confirm they have access to advocacy services and other options of support to assist in decision-making and choices.

#### **Practice and process considerations:**

- How does the service ensure care recipients and representatives are aware of and have access to advocate services and understand the purpose of an advocate? This includes:
  - providing care recipients and representatives with information about their right to an advocate of their choice
  - providing assistance to access and use an advocate
  - staff and volunteers understand the role of advocates and are able to work with an advocate
  - consideration of special needs groups.
- How does the service identify advocacy services and how is this information made available to staff, volunteers, care recipients and representatives and others?
- How are staff/ volunteers provided with information and training on the use of advocate services?
- How does the service ensure advocates are kept involved in assessments or care planning processes for the care recipient?
- How does the service measure the effectiveness of information and access to advocacy services?
- How does the service identify when a care recipient or representative may benefit from accessing an advocacy service. This may include:
  - understanding financial and contract arrangements
  - assistance with understanding or communication needs
  - explaining rights and responsibilities

- facilitating complaints and feedback
- communicating decisions, choices and arrangements for goal setting and care planning
- supporting independence.

### **Links to related expected outcomes**

- Advocacy services support care recipients and their representatives in a range of aspects of care and service delivery with consideration of all expected outcomes. In particular, advocacy services support the rights and choices achieving balanced partnerships and active participation in care and service planning.

## Expected outcome: 3.5 Service user independence

The independence of service users is supported, fostered and encouraged.

The focus of this expected outcome is **'results for care recipients'**

### Results

- Management demonstrates care recipients' achieve independence appropriate to their needs and preferences.
- Care recipients/ representatives confirm they are satisfied with the assistance provided by the service in achieving independence according to their individual needs and choices.

### Practice and process considerations:

- How does the service ensure regular assessment of care recipients' needs is conducted to achieve independence? This may include:
  - supporting care recipients to exercise choice and flexibility over their independence
  - identification of what independence means in different aspects of each care recipient's life, for example, physical, intellectual, emotional, cultural, social, civic (such as voting in elections) and financial independence
  - consideration of the sensory needs of care recipients when promoting independence (for example, those with vision or hearing loss)
  - consideration of mobility, dexterity and cognitive difficulties
  - consideration of the communication needs of care recipients when promoting independence, including those who speak or read languages other than English, illiterate care recipients, and care recipients with a communication deficit
  - regular consultation with care recipients/representatives and others
  - consultation about any risks associated with activities.
- How does the service plan and communicate strategies for maintaining independence?
- How does the service encourage participation in activities through the utilisation of appropriate support strategies, for example, access to transport, assistive devices and technology and other resources to support wellness enablement and independence?
- Is there consideration of independence in assessment, goal setting and care planning?
- Are environmental issues considered when they impact on maximising physical independence? For example, the internal and external environment of the care recipient's home.

- How is the effectiveness of the service's system monitored to ensure care recipients achieve independence?
- How are staff/ volunteer practices monitored to ensure they are competent in supporting independence for care recipients including in relation to the use of tools, equipment, and methods of facilitating maximum independence?

### **Links to related expected outcomes**

- Poor and inappropriate promotion of independence may affect the provision of health and personal care services to care recipients across the Standards, for instance, in relation to the ability of care recipients to self-manage their medications, personal care tasks such as contributing to cleaning, oral and dental care or ability to maintain independence at meal times.