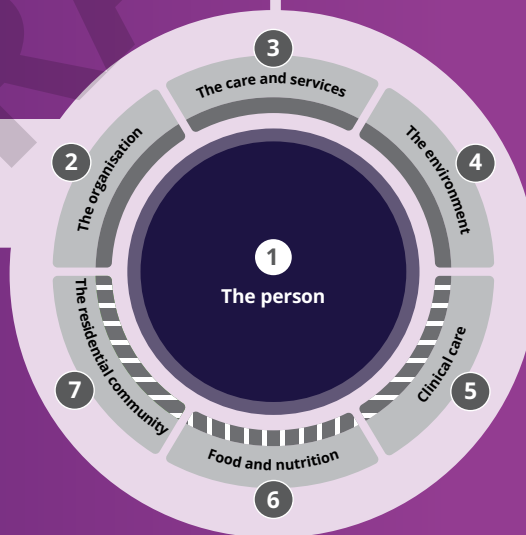




Draft Standard 1 The Person

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

January 2024



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Please note the draft strengthened Quality Standards in this document are not yet in operation. This draft is intended for consultation purposes only.

Purpose of the guidance

The Aged Care Quality and Safety Commission is committed to supporting the aged care sector to be ready for the implementation of the [strengthened Aged Care Quality Standards](#).

This draft guidance material is intended to support providers to comply with the strengthened Quality Standards. It also aims to promote best practice in service provision.

Aged care services vary in size and structure and have different ways of meeting the Standards. The draft guidance shows how providers can demonstrate they meet each Standard outcome.

This material is not a prescriptive guide. When we assess provider conformance against the Aged Care Quality Standards we won't expect that every provider will necessarily be taking each of the described actions. The actions you take to deliver high quality safe care will depend on the circumstances of your service and the needs of the people in your care. The material in this document can be used as a guide to achieving quality care outcomes in your organisation.

Consultation

We are consulting on the draft guidance materials for providers that deliver government-funded aged care services. Your insights will help to make our guidance materials:

- fit for purpose across service types
- practical and easy to understand
- useful tools for continuous improvement

We invite you to consider the below questions when reading through this document:

- Have you read and understood the draft Guidance material for the strengthened Quality Standard?
- To what extent do you feel the draft Guidance is fit-for-purpose for the different service types you deliver?
- To what extent do you feel the draft Guidance easy to understand and interpret?
- Is the level of detail in the Guidance right for each Outcome or Action? Is there content missing in relation to any Outcome or Action? Please specify the Outcome and Action and tell us what you would like changed.

You can provide your feedback by [filling in this feedback form](#) or using the QR code on this page before midday (AEST) on 19 May 2024.



Questionnaire

<https://survey.websurveycreator.com/s/ConsultationStrengthenedQualityStandardsMaterial>

Structure of this document

The guidance material is intended to help support delivery of person-centred quality care and outcomes. It presents the intent and outcomes of the strengthened Standard including key concepts.

The tables on the following pages outline how you can achieve these outcomes in practice, depending on your role within an organisation.

To help users easily find information that applies to their service role, there are separate tables for:

- Governing body
- Provider organisation
- Worker (when applicable)

Different colour bars at the top of the tables indicate who in your organisation the information is targeted for.

Each of the tables include suggested actions and activities that can help achieve the outcomes of the strengthened standards and support continuous improvement.

We are also developing examples and other key resources that can be used as a further guide to ensure best practice in person-centred care. These will be made available at a later stage.

Guidance on Standard 1: The Person

What is the intent?

Standard 1 underpins the way that providers and workers are expected to treat older people and is relevant to all standards. Standard 1 reflects important concepts about dignity and respect, older person individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and quality of life for older people.

Older people are valuable members of society, with rich and varied histories, characteristics, identities, interests and life experiences.

Older people can come from a diverse range of backgrounds and groups, including, but not limited to, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse (CALD) backgrounds, people living in rural or remote areas, people who are financially or socially disadvantaged, people who are veterans, people experiencing homelessness or at risk of becoming homeless, people who are care leavers (i.e. a person who spent time in care as a child), parents separated from their children by forced adoption or removal, people who are lesbian, gay, bisexual, transgender or intersex, people of various religions, people experiencing mental health problems and mental illness, people living with cognitive impairment including dementia, people living with disability.

A person's diversity does not define who they are, but it is critical that providers recognise and embrace each person's diversity and who they are holistically as a person, and that this drives how providers and workers engage with older people and deliver their care and services.



What will older people say if you are achieving the outcomes of this standard?

“I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my care and services, with support when I want or need it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My provider understands who I am and what is important to me, and this determines the way my care and services are delivered.”

What are the key concepts?

The following key concepts are covered by Standard 1: The Person:

Outcome 1.1 Person-centred care	Outcome 1.2 Dignity, respect and privacy	Outcome 1.3 Choice, independence and quality of life	Outcome 1.4 Transparency and agreements
Culturally safe care	Choice *	Communication barriers	Care and services agreements *
Diversity	Personal privacy *	Advocate *	Open disclosure
Trauma aware and healing informed	Older people's rights *	Quality of life	Autonomy *
Autonomy *		Goals of care	
Professional and trusting relationships *		Informed consent	
Partnership		Positive risk taking *	
Diversity		Dignity of risk	
		Decision-making *	
		Supported decision-making *	
		Substitute decision-maker *	

* A full list of key terms and definitions for the strengthened Quality Standards can be found in the [Glossary of Terms and Definitions](#).

Guidance for Outcome 1.1: Person-centred care

What is the Outcome that needs to be achieved?

The provider understands that the safety, health, wellbeing and quality of life of older people is the primary consideration in the delivery of care and services.

The provider understands and values the older person, including their identity, culture, ability, diversity, beliefs and life experiences. Care and services are developed with, and tailored to, the older person, taking into account their needs, goals and preferences.

Why is this Outcome important?

Outcome 1.1 explains the importance of person-centred care and how it can be achieved in the context of aged care. The following key concepts have been strengthened:

- Valuing the needs of older people.
- Professional and trusting relationships with older people.

How can you achieve Outcome 1.1 in practice?

Governing body	
Actions	Associated activities
<p>1.1.1 The way the provider and workers engage with older people supports them to feel safe, welcome, included and understood.</p> <p><i>Continued on the next page</i></p>	<p>Monitor the provider organisation's performance in delivering tailored care and services to meet each older person's needs and preferences.</p> <p>The governing body:</p> <ul style="list-style-type: none">• Is accountable for the organisation's delivery of quality care and service (Outcome 2.2 and Outcome 2.3).• Needs to maintain oversight of all aspects of their operations by reviewing the organisation's reports on the:<ul style="list-style-type: none">– Delivery of care and services.– Management of complaints, feedback and incidents (Resources to SIRS, Outcome 2.5 and Outcome 2.6).– Quality of care and services delivered by workers (i.e., performance assessments). <p><i>Continued on the next page</i></p>

How can you achieve Outcome 1.1 in practice?

Governing body	
Actions	Associated activities
<p>1.1.2 The provider implements strategies to:</p> <ul style="list-style-type: none"> a) identify the older person's individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and use this to direct the way their care and services are delivered b) identify and understand the individual communication needs and preferences of the older person c) ask and record if an older person identifies as an Aboriginal and Torres Strait Islander person d) deliver care that meets the needs of older people with specific needs and diverse backgrounds, including Aboriginal and Torres Strait Islander peoples and people living with dementia e) deliver care that is culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice f) support older people to cultivate relationships and social connections, including, for older people who are Aboriginal and Torres Strait Islander persons, connection to community, culture and country g) continuously improve its approach to inclusion and diversity. 	<ul style="list-style-type: none"> • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body finds issues or ways the provider organisation can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation's performance, this needs to include monitoring the performance of any subcontracted providers.</p>
<p>1.1.3 The provider and workers recognise the rights, and respects the autonomy, of older people, including their right to intimacy and sexual and gender expression.</p>	
<p>1.1.4 Workers have professional and trusting relationships with older people and work in partnership with them to deliver care and services.</p>	

Provider organisation	
Actions	Associated activities
<p>1.1.1 The way the provider and workers engage with older people supports them to feel safe, welcome, included and understood.</p> <p>1.1.2 The provider implements strategies to:</p> <ul style="list-style-type: none"> a) identify the older person’s individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and use this to direct the way their care and services are delivered b) identify and understand the individual communication needs and preferences of the older person c) ask and record if an older person identifies as an Aboriginal and Torres Strait Islander person d) deliver care that meets the needs of older people with specific needs and diverse backgrounds, including Aboriginal and Torres Strait Islander peoples and people living with dementia e) deliver care that is culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice f) support older people to cultivate relationships and social connections, including, for older people who are Aboriginal and Torres Strait Islander persons, connection to community, culture and country g) continuously improve its approach to inclusion and diversity. 	<p>Develop and implement strategies that inform and enable tailored care for each older person.</p> <p>Develop and implement strategies that inform and enable tailored care for each older person.</p> <p>You need to have strategies in place to make sure:</p> <ul style="list-style-type: none"> • You actively partner with older people when developing and reviewing their care and services plans (Outcome 3.1). • You develop and improve care and service plans around each older person. This includes the need to identify, document and accommodate for the older person’s: <ul style="list-style-type: none"> – Individual background. – Identified sex (e.g., gender diverse, transgender). – Sexual preference. – Culture, diversity and beliefs. For example, if the older person identifies as an Aboriginal and Torres Strait Islander person you need to get this information. This information needs to be documented in the care and service plan for the older person, including how the care and services you deliver are going to be tailored. At a minimum, you need to consider daily activities like food preferences and community-based activities (Outcome 7.1). – Life experiences. It is important to try and understand older people’s past and current trauma, if appropriate. This information needs to be documented in the care and service plan for the older person, including how care needs to be delivered which is safe for the older person. It is important to make sure older people’s privacy is respected through this process. • Care and services are delivered in a way which is trauma-aware and healing-informed. You need to make sure that workers understand different types of trauma and how this can impact older people. Workers need to be aware that trauma can exist, even if it has not been documented within an older person’s care and services plan. Care and services need to be tailored to understand and accommodate for older people’s psychological needs and past experiences, even if they are not known. • Older people receive quality care and services, including clinical care and palliative care (Outcome 3.2, Outcome 5.4, Outcome 5.7, and Outcome 7.1). This means care and services that: <ul style="list-style-type: none"> – Meets older people’s needs, goals and preferences. – Optimises their quality of life. – Helps them do what they want to do. For example, if an older person wants to go for a daily walk but is having difficulty doing so due to their health, it needs to be clear how care can help the older person walk again.

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Provider organisation (continued)	
Actions	Associated activities
<p>1.1.3 The provider and workers recognise the rights, and respects the autonomy, of older people, including their right to intimacy and sexual and gender expression.</p> <p>1.1.4 Workers have professional and trusting relationships with older people and work in partnership with them to deliver care and services.</p>	<ul style="list-style-type: none"> – Regain and keep older people’s physical and mental function by promoting use of their skills and strengths. In some cases, regaining function may not be possible. If this is the case, care and services should help maintain existing function. More information on reablement can be found at Outcome 3.1, Outcome 3.2, and Outcome 5.4. – Are culturally safe and appropriate for people with diverse backgrounds (Outcome 3.2). For example, if it is identified during assessment and planning that an older person has a diverse background, care and services needs to be delivered which is culturally safe for that person. – Supports older people to cultivate relationships and social connections. For older people who are Aboriginal and Torres Strait Islander persons, you may need to provide support so older people can maintain a connection to community, culture and country. More information on how you can help support older people with their daily living can be found at Outcome 7.1. – Are in line with what you have agreed to with the older person during assessment and planning. That means, you need to: <ul style="list-style-type: none"> – Deliver care and services that meets older people’s cultural needs. – Provide care and services that are trauma aware and healing informed. – Recognise the rights and autonomy of older people. This includes their right to intimacy, sexual and gender expression. • Older people receive critical information on their care and services (Outcome 3.3). This needs to involve finding the older person’s individual communication needs and preferences. Critical information needs to be included in monthly care statements to older people. • Older people receive planned and coordinated care and services. This is to support transitions of care. It is also relevant to help where multiple health and aged care providers, family and carers are involved in the delivery of care and services (Outcome 3.4 and Outcome 7.2). • If you deliver care and services in a residential home, make sure that food, drinks, and the dining experience are tailored to the needs and preferences of older people (Standard 6). <p>Depending on the assessment of the older person, you may decline to provide care and services. This needs to be within reason, and you must have a documented process for this. This may be because your operations cannot cater for the needs of the older person to deliver safe and quality services. You also need to share this decision to the older person and those involved in their care. (Outcome 1.3).</p> <p><i>Continued on the next page</i></p>

Provider organisation <i>(continued)</i>	
Actions	Associated activities
	<p>Make sure workers who provide care and services have the time, support and resources to plan for and deliver safe, quality and person-centred care.</p> <p>You need to assess your workers' abilities and qualifications during the hiring process. You also need to provide workers with guidance and training on how to provide tailored care for each older person. Training and guidance needs to describe how workers can:</p> <ul style="list-style-type: none">• Develop and maintain professional and trusting relationships with older people.• Deliver care which is trauma aware and healing informed. <p>Training and guidance need to be in line with:</p> <ul style="list-style-type: none">• The organisation's policies and procedures.• The worker's roles and responsibilities. <p>You can find more details about this in guidance material for Standard 2.</p> <p>Monitor how you plan for and deliver care and services to make sure older people's needs and preferences are at the centre of your quality and care systems.</p> <p>To understand if you are providing tailored care for each older person, you need to review:</p> <ul style="list-style-type: none">• Older people's care and service documents like care and services plans, and progress notes (Outcome 3.1).• Complaints (Outcome 2.6).• Feedback (Outcome 2.6).• Incident information (Outcome 2.5).• You will be looking for incidents where:<ul style="list-style-type: none">• Older people have not felt safe, welcome, included, or understood.• Individual communication needs have not been met.• Care and services have been delivered in a way that is not culturally safe, trauma aware, or healing informed.• Older peoples' rights or autonomy have not been respected or recognised. <p>You also need to assess whether workers are following your quality management system (Outcome 2.9). You can do this through performance assessments and system checks.</p> <p>If you find any issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to:</p> <ul style="list-style-type: none">• Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers.• Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>You can find more information on monitoring the quality system in the guidance material for Standard 2 (Outcome 2.3).</p>

Worker	
Actions	Associated activities
<p>1.1.1 The way the provider and workers engage with older people supports them to feel safe, welcome, included and understood.</p> <p>1.1.2 The provider implements strategies to:</p> <p>a) identify the older person’s individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and use this to direct the way their care and services are delivered</p> <p>b) identify and understand the individual communication needs and preferences of the older person</p> <p>c) ask and record if an older person identifies as an Aboriginal and Torres Strait Islander person</p> <p>d) deliver care that meets the needs of older people with specific needs and diverse backgrounds, including Aboriginal and Torres Strait Islander peoples and people living with dementia</p> <p>e) deliver care that is culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice</p> <p>f) support older people to cultivate relationships and social connections, including, for older people who are Aboriginal and Torres Strait Islander persons, connection to community, culture and country</p> <p>g) continuously improve its approach to inclusion and diversity.</p>	<p>Give tailored care and services to each person’s needs and preferences.</p> <p>As someone providing care and services, workers need to:</p> <ul style="list-style-type: none"> • Understand that each older person will need a different approach. • Develop and maintain professional and respectful relationships. • Work with older people to give care and services that are of good quality and safe. • Speak respectfully with older people. This is to make sure they feel safe, welcome, and included. • Listen to older people’s needs and preferences. Take these into account, to make sure older people are understood. • Talk with older people. This is because their preferences may change over time. Take note of changes within their care and services plans and/or progress notes. • Recognise and respect the rights and autonomy of older people. • Understand that older people with specific needs may need more tailored support. For example, this can be to understand and adjust for mental illness. <p>Depending on the worker’s role this can include:</p> <ul style="list-style-type: none"> • Partnering with older people to develop and review their care and services plans (Outcome 3.1). • Developing and improving care and service plans around each older person. This includes the need to identify, document and accommodate each older person’s: <ul style="list-style-type: none"> – Individual background. – Identified sex (e.g., gender diverse, transgender). – Sexual preference. – Culture, diversity and beliefs. For example, if the older person identifies as an Aboriginal and Torres Strait Islander person, workers need to understand how care and services needs to be delivered which meets their needs and is safe. At a minimum, daily activities like food preferences and community-based activities need to be considered (Outcome 7.1). – Life experiences. It is important to understand older people’s past and current trauma. Workers need to tailor care and services to accommodate for older people’s psychological needs and past experiences, if known. • Delivering care and services which are trauma-aware and healing-informed. Workers need to understand different types of trauma and how this can impact older people. Workers need to be aware that trauma can exist, even if it has not been documented within an older person’s care and services plan. Care and services need to be tailored to understand and accommodate for older people’s psychological needs and past experiences, even if they are not known.

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Worker (continued)	
Actions	Associated activities
<p>1.1.3 The provider and workers recognise the rights, and respects the autonomy, of older people, including their right to intimacy and sexual and gender expression.</p> <p>1.1.4 Workers have professional and trusting relationships with older people and work in partnership with them to deliver care and services.</p>	<ul style="list-style-type: none"> • Deliver quality care and services, including clinical care and palliative care (Outcome 3.2, Outcome 5.4, Outcome 5.7, and Outcome 7.1). This means, care and services that: <ul style="list-style-type: none"> – Meet older peoples’ needs, goals and preferences. – Optimise older people’s quality of life. – Help older people do what they want to do. For example, if an older person wants to go for a daily walk but is having difficulty doing so due to their health, workers need to understand if and how care can help the older person walk again. – Support older people to keep physical and mental function by promoting use of their skills and strengths. In some cases, regaining function may not be possible. If this is the case, care and services should help maintain existing function. More information on reablement can be found at Outcome 3.1, Outcome 3.2, and Outcome 5.4. – Are culturally safe and appropriate for people with diverse backgrounds (Outcome 3.2). For example, if it is identified during assessment and planning that an older person has a diverse background, care and services needs to be delivered which is culturally safe for that person. – Support older people to cultivate relationships and social connections. For older people who are Aboriginal and Torres Strait Islander persons, workers may need to provide support so older people can maintain a connection to community, culture and country. More information on how workers can help support older people with their daily living can be found at Outcome 7.1. – Are in line with what has been agreed to with the older person during assessment and planning. This means, workers need to: <ul style="list-style-type: none"> – Deliver care and services that meet older people’s cultural needs. – Provide care and services that are trauma aware and healing informed. – Recognise the rights and autonomy of older people. This includes their right to intimacy, sexual and gender expression. • Provide the older person with critical information about their care and services (Outcome 3.3). This information needs to be in a way the older person understands. • Plan and coordinate care and services. This is to support transitions of care. It is also relevant to situations where multiple health and aged care providers, family and carers are involved in the delivery of care and services (Outcome 3.4 and Outcome 7.2). • Provide food, drinks, and a dining experience tailored to the needs and preference of older people (Standard 6).

What are the key resources that can be referred to?

You can find more information on Outcome 1.1 in:

- [TO BE COMPLETED]

Key legislation about this Outcome includes:

- [TO BE COMPLETED]

Other obligations that you should know about include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT

Guidance for Outcome 1.2: Dignity, respect and privacy

What is the Outcome that needs to be achieved?

The provider delivers care and services in a way that:

- (a) is free from all forms of discrimination, abuse and neglect
- (b) treats older people with dignity and respect
- (c) respects the personal privacy of older people.

The provider demonstrates they understand the rights of older people set out in the Statement of Rights and has practices in place to ensure that they deliver care and services consistent with those rights being upheld.

Why is this Outcome important?

Outcome 1.2 explains the key elements of dignity, respect, and privacy, and how this can be achieved in aged care.

Actions 1.2.1 to 1.2.4 describe the systems and processes that are needed to be followed by you, as providers. This is to ensure older people receive care and services free from discrimination. The following key concepts have been strengthened:

- Recognition and respect of the relationship between older people, their family and carers.
- Making sure older people have choice about when and how they receive physical care or treatment.
- Carrying out intimate care in private.

How can you achieve Outcome 1.2 in practice?

Governing body	
Actions	Associated activities
<p>1.2.1 The provider implements a system to recognise, prevent and respond to violence, abuse, racism, neglect, exploitation and discrimination.</p> <p>1.2.2 Older people are treated with kindness, dignity and respect.</p> <p>1.2.3 The relationship between older people, their family and carers is recognised and respected.</p> <p>1.2.4 The personal privacy of older people is respected, older people have choice about how and when they receive intimate personal care or treatment, and this is carried out sensitively and in private.</p>	<p>Monitor the provider organisation’s performance. This is to monitor older people are treated with dignity, respect, and privacy when receiving care and services.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for the treatment of older people when delivering care and services (Outcome 2.2 and Outcome 2.3). Older people need to be treated with dignity, respect, and privacy. • Need to maintain oversight of all aspects of their operations by reviewing the provider organisation’s reports on the: <ul style="list-style-type: none"> – Delivery of care and services. – Management of complaints, feedback and incidents (Resources to SIRS, Outcome 2.5 and Outcome 2.6) – The quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body finds issues or ways the provider can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation’s performance, this needs to include monitoring the performance of any subcontracted providers.</p>

Provider organisation	
Actions	Associated activities
<p>1.2.1 The provider implements a system to recognise, prevent and respond to violence, abuse, racism, neglect, exploitation and discrimination.</p> <p>1.2.2 Older people are treated with kindness, dignity and respect.</p> <p>1.2.3 The relationship between older people, their family and carers is recognised and respected.</p> <p>1.2.4 The personal privacy of older people is respected, older people have choice about how and when they receive intimate personal care or treatment, and this is carried out sensitively and in private.</p>	<p>Develop and implement a system to recognise, respond to, and prevent abuse and discrimination. This also applies to violence, racism, neglect, and exploitation.</p> <p>You can integrate this system with your systems for quality and safety, feedback and complaints management and incident management (Outcome 2.3, Outcome 2.6, Outcome 2.5 and Resources to SIRS). You need to be clear about how your organisation:</p> <ul style="list-style-type: none"> • Follow systems and processes to prevent abuse and discrimination. • Proactively identifies instances of abuse and discrimination. • Investigates and addresses these situations. This is to minimise the risk of them happening again. • Encourages older people to provide feedback and complaints in line with the feedback and complaints management system (Outcome 2.6). <p>Workers may experience complex family dynamics. This may be situations where relationships between older people and their families are not fully understood. If complex situations put the older person's safety and wellbeing at risk, workers need to get consent from the older person before taking action. This is to make sure workers follow your system for getting informed consent (Outcome 2.4 and Outcome 2.7).</p> <p>Develop and implement strategies to maintain the personal privacy of older people.</p> <p>Make sure the strategies for privacy of older people are part of the organisation's information management system and clinical information system (Outcome 2.7 and Outcome 5.1). You also need to have a process for intimate physical care or treatment, for example, showering assistance. During assessment and planning (Outcome 3.1), you need to decide how, and under which circumstances, older people receive intimate physical care or treatment. This needs to be based on each older person's needs and preferences (Outcome 1.1).</p> <p>You need to document within the older person's care and service plan where an older person's needs differ to the organisation's standard approach (Outcome 3.1). You also need to deliver care and service plans in line with this approach in their care and service plan (Outcome 3.2). This makes sure there is consistency of care.</p> <p>Make sure workers have the time, support, resources, and ability to treat older people with dignity, respect, and privacy.</p> <p>You need to assess your workers' ability to treat older people with dignity, respect and privacy during the hiring process. You also need to provide workers with guidance and training on how to deliver care and services in line with:</p> <ul style="list-style-type: none"> • The organisation's policies and procedures. • Their roles and responsibilities. <p><i>Continued on the next page</i></p>

Provider organisation <i>(continued)</i>	
Actions	Associated activities
	<p>You need to make sure workers understand how to:</p> <ul style="list-style-type: none">• Treat older people with kindness, dignity, and respect.• Recognise and respect the relationship between older people, their family, and carers.• Respect the privacy of older people. <p>You can find more information in the guidance material for Standard 2.</p> <p>Monitor how you plan for and deliver care and services to make sure older people are treated with dignity, respect, and privacy.</p> <p>To understand if older people are treated with dignity, respect, and privacy, you need to review:</p> <ul style="list-style-type: none">• Older people’s care and services (Outcome 3.1).• Complaints (Outcomes 2.6).• Feedback (Outcomes 2.6).• Incident information (Outcomes 2.5). <p>You will be looking for incidents where:</p> <ul style="list-style-type: none">• Older people have not been treated with kindness, dignity, or respect.• The relationship between older people, their family, and carers have not been recognised or respected.• The personal privacy of older people has not been respected. <p>You also need to assess whether workers are following your quality management system (Outcome 2.9). You can do this through performance assessments and system checks.</p> <p>If you find any issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to:</p> <ul style="list-style-type: none">• Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers.• Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>You can find more information on monitoring the quality systems in the guidance material for Standard 2 (Outcome 2.3).</p>

Worker	
Actions	Associated activities
<p>1.2.1 The provider implements a system to recognise, prevent and respond to violence, abuse, racism, neglect, exploitation and discrimination.</p> <p>1.2.2 Older people are treated with kindness, dignity and respect.</p> <p>1.2.3 The relationship between older people, their family and carers is recognised and respected.</p> <p>1.2.4 The personal privacy of older people is respected, older people have choice about how and when they receive intimate personal care or treatment, and this is carried out sensitively and in private.</p>	<p>Always treat older people with dignity, care, and privacy.</p> <p>All workers, regardless of role, need to:</p> <ul style="list-style-type: none"> • Understand and respect the privacy of older people. At a minimum, this includes their home and things they own, their information, and the things they disclose during care. • Recognise the relationship between older people, their family and carers. • Identify and escalate situations of abuse and discrimination. • Encourage older people to provide feedback and complaints in line with the feedback and complaints management system (Outcome 2.6). • Take part in training that informs workers about how to treat older people with dignity, care, and respecting older people’s privacy. <p>Workers may experience complex family dynamics. This may be where relationships between older people and their families are not fully understood. If complex situations put the older person’s safety and wellbeing at risk, workers need to get consent from the older person before taking action. This is to make sure workers follow the system for getting informed consent (Outcome 2.4 and Outcome 2.7).</p> <p>Depending on the workers role, workers may need to deliver intimate physical care or treatment. This needs to be done sensitively, in private, and in line with any individual needs. Workers can find detail on the specific needs and process to follow documented within an older person’s care and services plan.</p>

What are the key resources that can be referred to?

You can find more information on Outcome 1.2 in:

- [TO BE COMPLETED]

Key legislation about this Outcome includes:

- [TO BE COMPLETED]

Other obligations that you should know about include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT

Guidance for Outcome 1.3: Choice, independence and quality of life

What is the Outcome that needs to be achieved?

Older people can exercise choice and make decisions about their care and services, with support when they want or need it.

Older people are provided timely, accurate, tailored and sufficient information, in a way they understand.

Older people are supported to exercise dignity of risk to achieve their goals and maintain independence and quality of life.

Why is this Outcome important?

Outcome 1.3 explains the importance of older people having choice, independence, and quality of life.

Actions 1.3.1 to 1.3.5 describe:

- The systems that providers need to implement. These include:
 - Giving information to older people about their care and services.
 - Making sure that you get informed consent from older people when required.
 - Enabling informed and supported decision making.
- The importance of supporting older people to maintain quality of life.

The following key concepts have been strengthened:

- Informed consent.
- Identification of older people who may require decision making support.
- Appropriate use of substitute decision makers.
- Making sure older people have access to advocates.

How can you achieve Outcome 1.3 in practice?

Governing body	
Actions	Associated activities
<p>1.3.1 The provider implements a system to ensure information given to older people to enable them to make informed decisions about their care and services:</p> <ul style="list-style-type: none"> a) is current, accurate and timely b) is plainly expressed and presented in a way the older person understands. 	<p>Monitor the provider organisation's performance. This is about making sure and supporting older people to make decisions about their care and services.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for making sure the provider organisation helps and supports older people to make decisions about their care and services. • Needs to maintain oversight of all aspects of their operations by reviewing the provider organisation's reports on the: <ul style="list-style-type: none"> – Delivery of care and services in line with care and services plans and progress notes. – Management of complaints, feedback and incidents (Resources to SIRS, Outcome 2.5 and Outcome 2.6) – The quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality in care and services. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body finds any issues or ways the provider can improve through these reviews, the governing body need to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation's performance, this needs to include monitoring the performance of any subcontracted providers.</p>
<p>1.3.2 The provider implements a system to ensure that older people give their informed consent where this is required for a treatment, procedure or other intervention.</p>	
<p>1.3.3 The provider implements a system:</p> <ul style="list-style-type: none"> a) to ensure older people who require support with decision-making are identified and provided access to the support necessary to make, communicate and participate in decisions that affect their lives b) that involves family and carers in supporting decision-making where possible c) that uses substitute decision-makers only after all options to support an older person to make decisions are exhausted. 	
<p>1.3.4 The provider supports older people to access advocates of their choosing.</p>	
<p>1.3.5 The provider supports older people to live the best life they can, including by understanding the older person's goals and preferences and enabling positive risk-taking that promotes the person's autonomy and quality of life.</p>	
<p>1.3.6 The provider records, monitors and responds to changes to the older person's quality of life.</p>	

Provider organisation	
Actions	Associated activities
<p>1.3.1 The provider implements a system to ensure information given to older people to enable them to make informed decisions about their care and services:</p> <p>a) is current, accurate and timely</p> <p>b) is plainly expressed and presented in a way the older person understands.</p> <p>1.3.2 The provider implements a system to ensure that older people give their informed consent where this is required for a treatment, procedure or other intervention.</p> <p>1.3.3 The provider implements a system:</p> <p>c) to ensure older people who require support with decision-making are identified and provided access to the support necessary to make, communicate and participate in decisions that affect their lives</p> <p>d) that involves family and carers in supporting decision-making where possible</p> <p>e) that uses substitute decision-makers only after all options to support an older person to make decisions are exhausted.</p> <p>1.3.4 The provider supports older people to access advocates of their choosing.</p> <p>1.3.5 The provider supports older people to live the best life they can, including by understanding the older person's goals and preferences and enabling positive risk-taking that promotes the person's autonomy and quality of life.</p> <p>1.3.6 The provider records, monitors and responds to changes to the older person's quality of life.</p>	<p>Develop and implement a system to provide information to older people.</p> <p>This system needs to be integrated with your organisation's:</p> <ul style="list-style-type: none"> • Information management system and clinical information system (Outcome 2.7 and Outcome 5.1). This needs to make sure information given to older people is current, accurate, and timely. • Communication system and risk management system (Outcome 3.3 and Outcome 2.4). This needs to make sure information about older people and their care and services is structured. Also, it needs to make sure it is shared in a timely manner to older people, workers, family, carers, and health professionals involved in the older person's care. Information needs to be shared in a way that meets older people's individual communication needs and preferences (Outcome 1.1). This will help older people, their family, and carers to make informed decisions. • Information in relation to the older person's dignity of risk. This information needs to be shared with and understood by the older person, their family, carers and health professionals involved in the older person's care. <p>Develop and implement a system to get informed consent from older people.</p> <p>A system is needed that clearly states:</p> <ul style="list-style-type: none"> • Situations where informed consent needs to be provided. These situations are before treatment, procedure, or other interventions as part of the care and service. For example, when: <ul style="list-style-type: none"> – There are changes to agreed fees and charges (Outcome 1.4). – Older people's information needs to be collected, used, stored, or disclosed (Outcome 2.7, Outcome 3.1, Outcome 3.3, Outcome 3.4, and Outcome 7.2). – Restrictive practices are being considered (Outcome 3.2). • How to find if an older person needs support with making decisions. If this is the case, your system needs to state how to make it easy for older people to access relevant support or an advocate. • How to find if an older person wants to exercise their choice. This is to help older people take positive risks (per Action 1.3.5). Risks are considered 'positive' if they promote an older person's autonomy and improve their quality of life. Your system needs to state how dignity of risk is explained to and understood by the older person, their family and carers. • Where consent has not been provided from older people. You need to explain the steps workers should take to understand why and whether additional support can be provided to assist the older person's decision. Depending on the conversation, this should be documented in line with your information management system (Outcome 2.7). <p>You can find more information in Outcome 3.2 and Outcome 5.4.</p> <p><i>Continued on the next page</i></p>

Provider organisation <i>(continued)</i>	
Actions	Associated activities
	<p>Make sure that your systems for planning and delivery of care and services consider the right people. This means making sure that you think about all individuals who need to be involved in decision-making processes of the older person.</p> <p>When you are doing assessment and planning activities, including comprehensive care planning and advance care planning (Outcome 5.4), you need your system to:</p> <ul style="list-style-type: none">• Find out if an older person needs support with making decisions. If this is the case, you need to help the older person get the support they need to make, share and take part in decisions that impact their lives. If the older person prefers the support of an advocate, you need to be involved in helping the older person with getting an advocate.• Identify family and carers who need to be involved in the processes of making decisions. When this happens, you need to make sure:<ul style="list-style-type: none">– All relevant people are involved in future decisions.– You only use substitute people to make decision after all options to help an older person make decisions have been exhausted.– You keep records.• Find out the older person's goals and preferences. This is so that taking positive risks that help the older person's autonomy and quality of life. Make sure that dignity of risk is clearly shared with and understood by older people and those making decisions.• Find out when the changes to the older person's quality of life happens and record, monitor, and do something about it. You need to have this documented in the older person's care and services plan and progress notes. <p>Older people in residential care have different processes for checking the older person's quality of life compared to home care. You may need to think about additional factors when assessing the older person's quality of life. Refer to Outcome 7.1 for more information.</p> <p>Your systems need to be clear on the definition of a decision depending on the type of care and services you deliver. This is so that workers, older people, their family and carers, understand when to follow your process for making decisions. For example, when to have formal conversations with older people or substitute people to make decisions.</p> <p>You can find more information on assessment and planning in Outcome 3.1 and Outcome 5.4.</p> <p><i>Continued on the next page</i></p>

Provider organisation <i>(continued)</i>	
Actions	Associated activities
	<p>Make sure workers have the time, support, resources, and ability to help older people to make decisions about their care and services.</p> <p>You need to assess your workers' ability to help older people with processes to make decisions during the hiring process. You also need to provide workers with guidance and training on how to deliver care and services. Workers need to be able to do this in line with:</p> <ul style="list-style-type: none">• The organisation's policies and procedures.• Their roles and responsibilities. <p>You can find more details about this in the guidance material for Standard 2.</p> <p>Monitor how you deliver care and services to make sure older people are helped to make decisions about their care and services.</p> <p>You need to:</p> <ul style="list-style-type: none">• Assess your workers are following your systems. That is, your information management system, clinical information system, and communication system (Outcome 2.9).• Review older people's care and services (Outcome 3.1).• Review complaints, feedback, and incident information (Outcomes 2.6 and 2.5). This is to help you understand if older people have been supported during the process of making decisions.• Talk with older people, their families and carers about dignity of risk. This is for you to understand if older people have been supported to understand their dignity of risk.• Talk with older people, their families and carers on the process to make decisions. This is for you to understand if older people have been supported during the process to make decisions. <p>If you find issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to:</p> <ul style="list-style-type: none">• Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers.• Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>You can find more information on monitoring the quality systems in the guidance material for Standard 2 (Outcome 2.3).</p>

Worker	
Actions	Associated activities
<p>1.3.1 The provider implements a system to ensure information given to older people to enable them to make informed decisions about their care and services:</p> <p>a) is current, accurate and timely</p> <p>b) is plainly expressed and presented in a way the older person understands.</p> <p>1.3.2 The provider implements a system to ensure that older people give their informed consent where this is required for a treatment, procedure or other intervention.</p> <p>1.3.3 The provider implements a system:</p> <p>a) to ensure older people who require support with decision-making are identified and provided access to the support necessary to make, communicate and participate in decisions that affect their lives</p> <p>a) that involves family and carers in supporting decision-making where possible</p> <p>a) that uses substitute decision-makers only after all options to support an older person to make decisions are exhausted.</p> <p>1.3.4 The provider supports older people to access advocates of their choosing.</p> <p>1.3.5 The provider supports older people to live the best life they can, including by understanding the older person's goals and preferences and enabling positive risk-taking that promotes the person's autonomy and quality of life.</p> <p>1.3.6 The provider records, monitors and responds to changes to the older person's</p>	<p>Use the organisation's systems to provide information to older people.</p> <p>Depending on the worker's role, workers may need to use the following systems:</p> <ul style="list-style-type: none"> Information management system and clinical information system (Outcome 2.7 and Outcome 5.1). These systems should make sure information given to older people is current, accurate, and timely. Communication system and risk management system (Outcome 3.3 and Outcome 2.4). These systems should make sure information about the older people, their care and services is structured and shared in a timely manner. Also, the systems should make sure information is shared with workers, family, carers, and health professionals involved in the older person's care. Workers need to share information in a way that meets older people's communication needs and preferences. This will help older people, their family, and carers to make informed decisions (Outcome 1.1). <p>Workers need to share information with older people about dignity of risk. This means, workers need to tell older people that they have a right to make decisions that affect their life. Workers need to make sure this information is understood by the older person, their family, carers and health professionals involved in the older person's care.</p> <p>Get informed consent from older people when needed.</p> <p>Depending on the worker's role, workers may get and record informed consent from older people. This can happen in the following situations:</p> <ul style="list-style-type: none"> If there are any changes to agreed fees on the care and service (Outcome 1.4). In the collection, use, and storage of information about the older person. It can also be if their information needs to be disclosed to someone (Outcome 2.7). If the outcomes of assessment and planning will be shared with the older person's family, carers, or anyone else involved in their care (Outcome 3.1). If an older person wants to use their freedom of choice in taking positive risks. This is where the positive risk will give older people their autonomy and quality of life. In these situations, workers need to explain the concept of dignity of risk and make sure it is understood. If restrictive practices are being considered (Outcome 3.2). <p>Workers need to get and document older people's informed consent in the above situations.</p> <p>Workers need to support older people to make their own choices, exercise independence, and make decisions. For older people to do this, they need accurate, complete, and clear information. This needs to happen all the time during delivery of care and services (Outcome 3.2).</p> <p><i>Continued on the next page</i></p>

Worker (continued)	
Actions	Associated activities
	<p>Involve all relevant people in the process to make decisions, as agreed with the older person.</p> <p>Depending on the worker's role, this can include doing the following activities during assessment and planning and during comprehensive care planning (Outcome 3.1 and Outcome 5.4):</p> <ul style="list-style-type: none">• Find out if an older person needs support with making decisions. If this happens, workers may need to help the older person get support to make, share and take part in decisions that impact their lives. This may involve helping the older person to get an advocate or other care support, if this is the older person's preference. This information needs to be documented in care and services plans.• Find family and carers who need to be involved in the process to make decisions. If this happens, workers may need to involve these individuals in future decisions. Workers need to document these decisions, and who has been involved in making decisions.• Find out the older person's goals and preferences. This is so that taking positive risks supports the older person's autonomy and quality of life.• Communicate information clearly so older people can make informed decisions. Workers need to make sure information about dignity of risk is clearly shared, understood and documented. Each older person needs to be given accurate and complete information to make decisions relating to their care.• Record, monitor, and do something about changes to the older person's quality of life. Workers may need to document this information within the older person's care and services plan and progress notes.

What are the key resources that can be referred to?

You can find more information on Outcome 1.3 in:

- [TO BE COMPLETED]

Key legislation about this Outcome includes:

- [TO BE COMPLETED]

Other obligations that you should know about include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT

Guidance for Outcome 1.4: Transparency and agreements

What is the Outcome that needs to be achieved?

Older people have autonomy and can take time and seek advice before entering into any agreements about their care and services.

Older people are supported to understand agreements, fees and invoices to make informed decisions.

Why is this Outcome important?

Outcome 1.4 explains how you, as providers, need to give transparency to older people about the fees associated with their care and services. This relates to agreements, charges, and invoices. Information needs to be provided to older people which is clear and easy to understand. This is to help older people, their families and carers to make informed decisions.

The following key concepts have been strengthened:

- Making sure older people have time to consider their options and get advice before entering into an agreement.
- Getting informed consent from older people before any changes are made to agreed fees and charges.
- Implementing a system to make sure prices, fees, and payments are accurate and transparent.

How can you achieve Outcome 1.4 in practice?

Governing body	
Actions	Associated activities
<p>1.4.1 Prior to entering into any agreement or commencing care (whichever comes first), the provider gives older people information to enable them to make informed decisions about their care and services.</p>	<p>Monitor the provider organisation’s performance in using systems for agreements, invoicing, and payments.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for the provider organisation’s transparency and management of invoices. • Needs to maintain oversight of all aspects of their operations by reviewing the provider organisation’s reports on the: <ul style="list-style-type: none"> – Delivery of care and services. – Invoicing of older people in line with the care and services they receive. – Management of complaints, feedback and incidents (Resources to SIRS, Outcome 2.5 and Outcome 2.6). – Quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports. If the governing body find any issues or ways the provider can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation’s performance, this needs to include monitoring the performance of any subcontracted providers.</p>
<p>1.4.2 The provider supports older people to understand information provided to them, including any agreement they will be required to enter into, the terms relating to their rights and responsibilities, the care and services to be provided and the fees and other charges to be paid.</p>	
<p>1.4.3 The provider allows older people the time they need to consider and review their options and seek external advice before making decisions.</p>	
<p>1.4.4 The provider informs the older person of any changes to previously agreed fees and charges and seeks their informed consent to implement these changes before they are made.</p>	
<p>1.4.5 The provider implements a system to ensure prices, fees and payments are accurate and transparent for older people.</p>	
<p>1.4.6 The provider ensures invoices are timely, accurate, clear and presented in a way the older person understands.</p>	
<p>1.4.7 The provider promptly addresses any overcharging and provides refunds to older people.</p>	

Provider organisation	
Actions	Associated activities
<p>1.4.1 Prior to entering into any agreement or care commencing (whichever comes first), the provider gives older people information to enable them to make informed decisions about their care and services.</p> <p>1.4.2 The provider supports older people to understand information provided to them, including any agreement they will be required to enter into, the terms relating to their rights and responsibilities, the care and services to be provided and the fees and other charges to be paid.</p> <p>1.4.3 The provider allows older people the time they need to consider and review their options and seek external advice before making decisions.</p> <p>1.4.4 The provider informs the older person of any changes to previously agreed fees and charges and seeks their informed consent to implement these changes before they are made.</p> <p>1.4.5 The provider implements a system to ensure prices, fees and payments are accurate and transparent for older people.</p> <p>1.4.6 The provider ensures invoices are timely, accurate, clear and presented in a way the older person understands.</p> <p>1.4.7 The provider promptly addresses any overcharging and provides refunds to older people.</p>	<p>Make sure your communication system is used to help older people understand the agreements they are entering. Your system should help them understand the associated fees and charges (Outcome 3.3).</p> <p>Your communication system needs to:</p> <ul style="list-style-type: none"> • Give information to older people before they enter into any agreement. It can also be before care commencing, whichever happens first. This information needs to help the older person to make an informed decision about whether to enter into the agreement (Outcome 1.3). For example, information you need to give includes: <ul style="list-style-type: none"> – Any agreements they will have to make before receiving care or services. – Any situations where a change needs to be made to an existing agreement. – The terms and conditions about their rights and responsibilities. – The care and services you will provide. – Fees and other charges they need to pay. • Help the older person, their family and carer to understand the information given. For example, your communication system may require interpreters for older people who are from CALD backgrounds. • Give time to older people, their family and carer to understand the information they have been given before they enter into any agreements (or when care commences). Specifically: <ul style="list-style-type: none"> – Workers need to give older people enough time to consider their options when entering into a new agreement. This also applies when changes are made to the prices, fees and payments. – You need to give older people time and support to seek external advice if needed. • When considering how much time you need to provide for information to be understood, you need to consider the amount and complexity of information which has been shared. You also need to consider each person’s ability to understand the information. For example, some people may need more time than others if they have more complex communication needs. • Support workers to get confirmation that information has been understood. The older person, their family and/or carers need to understand the information that has been given. • Give older people, their family and carers access to the latest prices, fees and payments in a way that meets their needs (Outcome 1.1). This can include using your communication system to make sure critical information is given in a timely way to the older person and people involved in their care (Outcome 3.3). <p><i>Continued on the next page</i></p>

Provider organisation *(continued)*

Actions

Associated activities

- Give older people or persons responsible for paying invoices ways to give feedback and complaints if incorrect charges have occurred (Outcome 2.6). While this is important, you need to make sure you don't rely on older people to make complaints about incorrect charges. More information about the processes you need to have to make sure that invoices are accurate is provided below.
- Have information on charges in monthly care statements (Outcome 3.3).

You can find more information in Outcome 3.3.

Develop and implement a system to manage invoices and payments.

This system needs to include processes to make sure that:

- The prices, fees and chargeable items shown on invoices are accurate and transparent. This means, invoices need to be reflective of the care and services given to the older person. For example, invoices are itemised so the older person knows exactly what they are being charged for. Charges need to be in line with the older person's agreement.
- Invoices are given to older people or persons responsible for paying invoices, in a timely manner.
- Invoices are given to older people in a format that they can understand clearly. You need to consider older people's individual communication needs and additional support documented in their assessment and planning (Outcome 3.1). For example, you need to give invoices in a version that an older person with visual impairments can receive and understand.
- Older people and those involved in their care are told when discrepancies in invoices are found. You need to make sure these are addressed in a timely manner and where needed, a refund needs to be given to older people (Outcome 3.3).
- Any discrepancies are investigated. Any system issues need to be fixed to prevent any overcharging or undercharging from happening again.

You need to do regular checks to make sure invoices are accurate and any discrepancies with agreements can be found and fixed in a timely manner.

Make sure that your system for getting informed consent from older people includes situations where fees and charges have changed (Outcome 1.3).

You need to use the system for getting informed consent when there are changes to an older person's care and services. This also is needed when there are changes to agreed fees and charges. You need to get consent before making any changes. This is so you can encourage the older person to exercise their freedom of choice and dignity of risk (Outcome 2.1). This makes sure that changes about the older person are captured when making decisions about their care and services. This means being able to find changes in care or financial changes that may impact the ability for older people or their family to pay the agreed fees.

Continued on the next page

Provider organisation <i>(continued)</i>	
Actions	Associated activities
	<p>Make sure workers have the time, support, resources, and ability to use systems about transparency and agreements.</p> <p>You need to assess your workers' capability to prepare invoices during the hiring process, if relevant to their role. You also need to provide workers with guidance and training on how to provide transparency about agreements in line with:</p> <ul style="list-style-type: none">• The organisation's policies and procedures.• Their roles and responsibilities. <p>This is especially important for workers involved in invoicing and provision of monthly care statements.</p> <p>You can find more details about this in the guidance material for Standard 2.</p> <p>Monitor the effectiveness and use of your systems that relate to agreements, invoicing, and payments.</p> <p>You should:</p> <ul style="list-style-type: none">• Assess your workers are following your systems relating to agreements, invoicing, and payments (Outcome 2.9).• Review older people's care and services (Outcome 3.1).• Review complaints, feedback, and incident information (Outcomes 2.6 and 2.5). This is to help you understand if older people have had any issues relating to discrepancies between their agreements, the care and services they receive in practice and the fees they pay.• Talk with older people, their families and carers about invoicing, payments, or agreements. This is to help you understand if older people have had any challenges with invoicing, payments, or with your processes for care and service agreements. <p>If you find issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to:</p> <ul style="list-style-type: none">• Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers.• Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>You can find more information on monitoring quality systems in the guidance material for Standard 2 (Outcome 2.3).</p>

Worker	
Actions	Associated activities
<p>1.4.1 Prior to entering into any agreement or care commencing (whichever comes first), the provider gives older people information to enable them to make informed decisions about their care and services.</p> <p>1.4.2 The provider supports older people to understand information provided to them, including any agreement they will be required to enter into, the terms relating to their rights and responsibilities, the care and services to be provided and the fees and other charges to be paid.</p> <p>1.4.3 The provider allows older people the time they need to consider and review their options and seek external advice before making decisions.</p> <p>1.4.4 The provider informs the older person of any changes to previously agreed fees and charges and seeks their informed consent to implement these changes before they are made.</p> <p>1.4.5 The provider implements a system to ensure prices, fees and payments are accurate and transparent for older people.</p> <p>1.4.6 The provider ensures invoices are timely, accurate, clear and presented in a way the older person understands.</p> <p>1.4.7 The provider promptly addresses any overcharging and provides refunds to older people.</p>	<p>Use the organisation’s communication system to help older people understand the agreements they are entering. The system needs to help workers explain associated fees and charges (Outcome 3.3).</p> <p>Depending on the worker’s role this can include:</p> <ul style="list-style-type: none"> • Giving information to older people, their family and carers before entering into any agreement. This can also happen before care starts, whichever comes first. This information needs to help the older person to make an informed decision about whether to enter into the agreement (Outcome 1.3). For example: <ul style="list-style-type: none"> – Any agreements they will need to make before receiving care or services. – Any situations where a change needs to be made to an existing agreement. – The terms and conditions about their rights and responsibilities. – The care and services to be provided. – Fees and other charges to be paid. • Supporting older people, their family and carers if there are any challenges understanding the information provided. Workers may need to use interpreter services for older people who have complex communication needs. • Providing enough time for older people, their family and carer to understand the information they have been given. This needs to be done before they enter into any agreements or when care starts. Specifically: <ul style="list-style-type: none"> – Workers need to give older people time to consider their options. This applies when entering into a new agreement or when changes are made to the prices, fees and payments. The amount of time provided needs to reflect the individual’s needs and the complexity of the information they need to consider. – Workers need to give older people the time and support to seek external advice if needed. • Getting confirmation that the older person, their family and carers understand the information that has been provided. • Making sure that older people, their family and carers receive the latest prices, fees and payments in a way they understand (Outcome 1.1). This can include using the organisation’s communication system to make sure critical information is shared clearly and in a timely way (Outcome 3.3). • Communicating to older people or persons responsible for paying invoices that they have ways to give feedback and complaints if incorrect charges have occurred (Outcome 2.6). • Include information about charges when preparing monthly care statements (Outcome 3.3). This is the case if the older person is receiving care and services in residential care. <p><i>Continued on the next page</i></p>

Worker (continued)	
Actions	Associated activities
	<p>The organisation's communication system needs to be used to consider and address the unique needs of the older person (Outcome 3.3). Information needs to be delivered in a way that it is tailored to each older person so that the older person can understand the information provided to them (Outcome 1.1).</p> <p>Manage invoices and payments.</p> <p>If the worker's role needs them to manage invoices and payments, workers need to follow steps to make sure that:</p> <ul style="list-style-type: none">• The prices, fees and chargeable items shown on invoices are accurate and transparent. This means, making sure the invoices are reflective of the care and services given to the older person. For example, workers may need to itemise invoices so the older person knows exactly what they are being charged for or what has been spent from their home care package.• Invoices or statements are issued to older people in a timely manner.• Invoices or statements are given to older people in a format that they can understand and in line with additional support as indicated in their assessment and planning (Outcome 3.1). For example, workers may need to give older people with visual impairment an accessible version of invoices.• Older people and those involved in their care are told when discrepancies in invoices are found. Workers need to do something about these in a timely manner. Where needed, workers need to give older people a refund in a timely and prompt manner (Outcome 3.3). <p>Workers need to do regular checks to make sure invoices are accurate. Workers need to be able to find discrepancies with agreements and do something about it in a timely manner.</p>

What are the key resources that can be referred to?

You can find more information on Outcome 1.4 in:

- [TO BE COMPLETED]

Key legislation about this Outcome includes:

- [TO BE COMPLETED]

Other obligations that you should know about include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

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The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



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