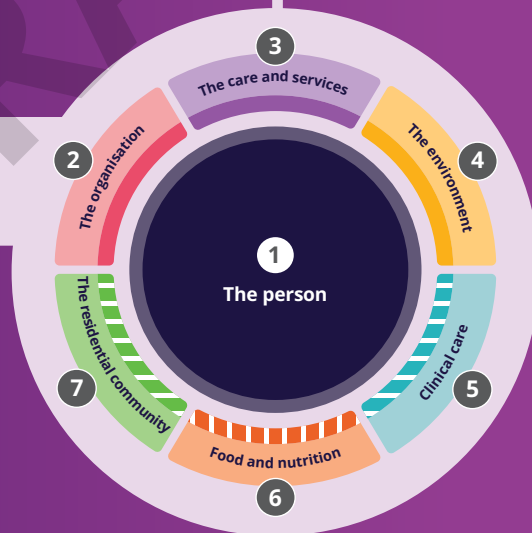# Draft
Request for Information Category 4 & 5

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

January 2024

DRAFT

3 The care and services
2 The organisation
4 The environment
1 The person
5 Clinical care
7 The residential community
6 Food and nutrition

Purpose of the request for information

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.

The request for information (RFI) is intended to give insight into the information, documents and records that will be requested from a provider prior and during an audit against the strengthened Quality Standards.

This document is editable to be used by providers registered as either as category 4 & 5, or category 6. Information made available through these forms will ensure the audit team can optimise the audit process.

Consultation

We are consulting on the draft RFI. Your insights will help to make our guidance materials are:

- 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:

- Is there anything else that could be included the RFI? Please specify and tell us what you would like included.
- Are each of the requirements clear? Please specify and tell us how you would like it to be 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

1 Background

The request for information (RFI) sets out the information, documents and records that will be requested from the provider seeking registration/re-registration to support the audits against the strengthened Quality Standards.

Information will be requested both **prior to** and **during** the audit. Information collected through the RFI will be used by the audit team to:

- Understand the provider and the specific service locations being audited;
- Understand what types of care and services are being provided at specific service locations in scope for the audit;
- Understand the provider's corporate governance, operational context, and systems and processes for delivering care and services;
- Identify older persons and workers (employees, agency, subcontractors) at the service locations to be interviewed;
- Support an efficient and effective audit process; and
- Inform the audit plan.

Information, documents or records collected through the RFI will likely contain sensitive and personal information (e.g., names of workers and older people, and medical information). Information gathered will only be used for the purpose of the audit and will temporarily be stored on the Commission's ICT systems. All auditors are subject to strict privacy and confidentiality requirements.

Providers must ensure that all information, documents and records provided to the Commission are current.

How to provide the requested information

This section will be updated by the Commission once the approach to this has been determined.

2 Provider details

Please confirm the provider information in the table below. Where you have not provided information, please tell us why not.

2.1. Provider information

Provider name:	
ABN:	
Email:	
Phone:	
Head office address:	
NAPS ID (only relevant for current providers)	
Person in charge for audit:	This is the person authorised to act on behalf of the provider, for the purpose of the audit, including but not limited to making representations on behalf of the provider, coordinating the audit(s), coordinating RFI response, coordinating audit report response and being the key point of contact for the Commission. Name: Position: Phone: Email:

2.1.1. Types of services and numbers of homes

Types of services provided (select all that apply)	Domestic assistance Home maintenance and repairs Meals Transport Digital technologies Digital monitoring, education and support Goods, equipment and assistive technologies (non-digital) Home modifications Social support Care management Personal care Transition care program services in the home Specialised supports Assistance with care and housing (hoarding and squalor support) Nursing Allied health Respite (home and community based) Other services (please describe)
Total number of service locations and environments (home and community-based) where care is delivered, coordinated or managed. Include the number of service locations and environments that are not operational:	Total number of service locations (where home-based care is coordinated or managed), including number that are not operational: Total number of service environments where care is delivered (e.g. respite centres), including number that are not operational:
Do you provide care and services to older people with specific needs and diverse backgrounds as defined in the Aged Care Act 1997 (to be updated) **If so, please nominate all that apply.**	Aboriginal and Torres Strait Islander Culturally and linguistically diverse Financial/socially disadvantaged Homeless/risk of becoming homeless Veterans Parents separated from their children by forced adoption or removal Lesbian, gay, bisexual, transgender and intersex people

2.1.1. Types of services and numbers of homes

Do you provide care and services to older people from the following groups? **If so, please nominate all that apply.**	Religious group Dementia specific Psychogeriatric Public Guardians or trustees listed as nominated representatives Younger persons receiving care/services <65 Older people requiring trauma aware and healing informed care Other:
Total number of older people receiving care from the provider/provider across all homes:	

2.1.2. Overview of provider governance arrangements

Provide an overview of the following key components of the organisation: 1. **Nature of business (for profit, not for profit, government, other)** 2. **Corporate structure (company, partnership, other)** 3. **Overview of corporate governance arrangements** 4. **Structure of governing body and committees (if relevant)**	This section is a guide only and will be updated following further review and consultation.

3 Service location/environment details

Please confirm the service location/environment details provided in the table below. Where you have not provided information, please tell us why not.

3.1. Details of service location or environment #1 (mark N/A if not applicable)	
1. Service location/ environment name:	*Automatically populated from application data or intelligence data*
2. Address:	*Automatically populated from application data or intelligence data*
3. Phone & email:	
4. Is the service location/ environment operational (i.e. is care being delivered, coordinated or managed from this location)?	Yes No If yes, please complete questions 5 to 8.
5. Grouping ID:	*Automatically populated from application data or intelligence data*
6. Person in charge for audit:	This is the nominated key contact person for the home for the purpose of the audit. Name: Position: Phone: Email:

3.1. Details of service location or environment #1 (mark N/A if not applicable)

7. No. of Home Care and CHSP Packages:	No. of home care packages: No. of CHSP packages:
8. No. of Older People receiving care from this service location or environment:	**Category 4: Clinical and specialised supports** Personal care, care management, transition care services in the home, specialised supports, assistance with care and housing, nursing, allied health
	Category 5: Home or community based respite Respite (home and community-based)
9. Details of types of services provided by this service location or environment:	
10. Is an interpreter required for the audit? • For Governing Body • For Provider/Key Personnel • For workers • For Older people	Yes No If an interpreter/s is required for the audit, please advise the language and number of consumers who require the service eg. Greek, 3 consumers.

3.2. Details of service location or environment #2 (mark N/A if not applicable)

1. Service location/ environment name:	*Automatically populated from application data or intelligence data*
2. Address:	*Automatically populated from application data or intelligence data*
3. Phone & email:	
4. Is the service location/ environment operational (i.e. is care being delivered, coordinated or managed from this location)?	Yes No If yes, please complete questions 5 to 8.
5. Grouping ID:	*Automatically populated from application data or intelligence data*
6. Person in charge for audit:	This is the nominated key contact person for the home for the purpose of the audit. Name: Position: Phone: Email:
7. No. of Home Care and CHSP Packages:	No. of home care packages: No. of CHSP packages:

3.2. Details of service location or environment #2 (mark N/A if not applicable)

8. No. of Older People receiving care from this service location or environment:	**Category 4: Clinical and specialised supports** Personal care, care management, transition care services in the home, specialised supports, assistance with care and housing, nursing, allied health
	Category 5: Home or community based respite Respite (home and community-based)
9. Details of types of services provided by this service location or environment:	
10. Is an interpreter required for the audit?	Yes No If an interpreter/s is required for the audit, please advise the language and number of consumers who require the service eg. Greek, 3 consumers.

3.3. Details of service location or environment #3 (mark N/A if not applicable)

1. Service location/ environment name:	*Automatically populated from application data or intelligence data*
2. Address:	*Automatically populated from application data or intelligence data*
3. Phone & email:	
4. Is the service location/ environment operational (i.e. is care being delivered, coordinated or managed from this location)?	Yes No If yes, please complete questions 5 to 8.
5. Grouping ID:	*Automatically populated from application data or intelligence data*
6. Person in charge for audit:	This is the nominated key contact person for the home for the purpose of the audit. Name: Position: Phone: Email:
7. No. of Home Care and CHSP Packages:	No. of home care packages: No. of CHSP packages:

3.3. Details of service location or environment #3 (mark N/A if not applicable)

8. No. of Older People receiving care from this service location or environment:	**Category 4: Clinical and specialised supports** Personal care, care management, transition care services in the home, specialised supports, assistance with care and housing, nursing, allied health
	Category 5: Home or community based respite Respite (home and community-based)
9. Details of types of services provided by this service location or environment:	
10. Is an interpreter required for the audit?	Yes No If an interpreter/s is required for the audit, please advise the language and number of consumers who require the service eg. Greek, 3 consumers.

Further boxes should be added for each service location or environment included in the audit scope, as relevant.

4 Information required prior to the audit Pre-audit meeting

While information, documents and records will need to be provided at various points during the audit, the following information, documents, and records are required to be provided prior to the audit opening meeting. Making this information available to the audit team will optimise the audit process (including time spent interviewing management, workers and making onsite observations).

This is a guide only and will be updated following further review and consultation.

Information must be uploaded (as per Section 1.1.) within (TBC) business days of receiving the RFI email.

Provider information

The requested information is more likely to exist at a provider level rather than at the service location or environment (e.g. governing body minutes, risk management policy).

Providers seeking registration: Where this information does not exist because the provider does not have operational service locations or environments, please clearly include this in the response.

#	Required information, document or record	Relevant outcome(s)	Time period
Processes and policies			
1	Processes and policies for:		Current
	• Person-centred care	1.1	
	• Recognising, preventing and responding to violence, abuse, racism, neglect, exploitation and discrimination	1.2	
	• Choice, independence and quality of life	1.3	
	• Management of agreements, fees, pricing, invoicing and statements	1.4	
	• Quality and safety management	2.3	
	• Quality assurance and monitoring	Various	
	• Continuous improvement	Various	
	• Risk management	2.4	
	• Incident management	2.5	

#	Required information, document or record	Relevant outcome(s)	Time period
1	• Feedback and complaints management	2.6	Current
	• Information management (including privacy)	2.7	
	• Workforce planning	2.8	
	• Workforce competency/training	2.9	
	• Conducting police checks, working with vulnerable people checks and banning order checks	2.9	
	• Emergency and disaster management	2.10	
	• Assessment and planning	3.1, 5.4	
	• Delivery of non-clinical care	3.2	
	• Delivery of clinical care, including but not limited to falls, swallowing, and choking, hydration and nutrition, mental health	5.5	
	• Cognitive impairment	3.2, 5.6	
	• Communication, consultation and partnering (workers, older person, representatives, other health professionals)	1.1, 1.3, 2.1, 3.3	
	• Advanced care planning and end of life care	5.7	
	• Transitions and coordination of care	3.4, 7.2	
	• Infection prevention and control management and Outbreak Management Plan	4.2, 5.2	
	• Managing the cleanliness, maintenance and safety of the home	4.1b	
	• Food and nutrition	6.1, 6.2, 6.3, 6.4	
	• Activities for daily living or similar	7.1	
2	Clinical governance framework or similar	5.1	
3	Corporate governance framework or similar (e.g. terms of reference)	2.1, 2.2	
4	Organisational structure	2.1, 2.2	
5	Enterprise risk register or similar	2.4	
Older person experience			
6	Results of any older persons' experience survey conducted by the provider	Various	Latest

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#	Required information, document or record	Relevant outcome(s)	Time period
Continuous improvement			
7	Continuous Improvement Plan or similar	2.3	Current
8	Provider-level trend analysis of complaints and feedback or similar	2.6	Past 12 months
9	Provider-level trend analysis of incidents (clinical or non-clinical involving older persons or workers) or similar	2.5	Past 12 months
Audits and monitoring			
10	Results of any audits, reviews or monitoring activities of clinical systems and performance (e.g., infection prevention and control, clinical assessments and planning, comprehensive care/clinical safety)	2.3	Past 12 months
11	Results of any audits, reviews or monitoring activities of other care and service delivery systems and processes (e.g., assessment and planning, partnering with older persons, rostering, feedback surveys from representatives, carers and/or older people (where feasible) about the care and services delivered)	2.3	Past 12 months
12	Results of any audits, reviews or monitoring activities of worker qualifications, training, competency (worker, agency, subcontractor)	2.9	Past 12 months
13	Results of any other audits, reviews, or findings from another authority	Various	Past 12 months
Meeting minutes or similar			
14	Governing body (e.g., Board) meeting minutes	2.1, 2.2, 2.3	Last 4 meetings
15	Quality Committee	Various	Last 4 meetings
16	Management meeting minutes	Various	Last 4 meetings
17	Clinical Governance meeting minutes or similar	5.1	Last 4 meetings
18	Provider-level partnering meetings with older people, consumer committee or similar	1.1, 1.3, 2.1, 3.3	Last 4 meetings

#	Required information, document or record	Relevant outcome(s)	Time period
Position descriptions			
19	Position descriptions for key management, including: • General manager responsible for care and service delivery • General manager responsible for clinical governance or similar • General manager responsible for quality management or similar	Various	Current
Pre-Audit Preparation Tool			
20	Completed Pre-Audit Preparation Tool	All	Current

4.1. Service location/environment information

The requested information is more likely to exist at a service location/environment (e.g. worker roster, list of older persons). This information should be provided for each service being audited.

Providers seeking registration: Where this information does not exist because the provider does not have operational service locations/environment, please clearly include this in the response.

#	Required information, document or record	Relevant outcome(s)	Time period
Processes and policies			
1	Processes and policies for:		Current
	• Recognising, preventing and responding to violence, abuse, racism, neglect, exploitation and discrimination	1.2	
	• Choice, independence and quality of life	1.3	
	• Management of agreements, fees, pricing, invoicing and statements	1.4	
	• Quality and safety management	2.3	
	• Quality assurance and monitoring	Various	
	• Continuous improvement	Various	
	• Risk management	2.4	
	• Incident management	2.5	

#	Required information, document or record	Relevant outcome(s)	Time period
1	• Feedback and complaints management	2.6	Current
	• Information management (including privacy)	2.7	
	• Workforce planning	2.8	
	• Workforce competency/training	2.9	
	• Conducting police checks, working with vulnerable people checks and banning order checks	2.9	
	• Emergency and disaster management	2.10	
	• Assessment and planning	3.1, 5.4	
	• Delivery of non-clinical care	3.2	
	• Delivery of clinical care, including but not limited to falls, swallowing, and choking, hydration and nutrition, mental health	5.5	
	• Cognitive impairment	3.2, 5.6	
	• Communication, consultation and partnering (workers, older person, representatives, other health professionals)	1.1, 1.3, 2.1, 3.3	
	• Transitions and coordination of care	3.4	
	• Infection prevention and control management and Outbreak Management Plan	4.2, 5.2	
	• Managing the cleanliness, maintenance and safety of the home	4.1b	
2	Clinical governance framework or similar	5.1	
3	Infection prevention and control plan or similar	4.2, 5.2	
4	Residential care home risk register or similar (including clinical risks)	2.4	
Workers and staffing			
5	Complete list of current management and workers (including employees and subcontractors) delivering care and services, detailing their:	Various	Latest
	• Names		
	• Roles		
	• Identifying whether they are permanent employees, regular agency workers or subcontractors		
	• Contact information for management (phone number, email)		
	• Contact information for workers (phone number, email)		

#	Required information, document or record	Relevant outcome(s)	Time period
6	Position descriptions for key workers, including: • Service location/environment manager or similar • Quality manager or similar • Care coordinator/case manager or similar • Nursing manager or similar	Various	Latest
7	Worker model and master roster	2.8	Current
8	Worker roster or shift allocation sheet (including regular agency or subcontractor workers)	2.8	Last 4 weeks
9	Training matrix / education plans	2.9	Current
10	Worker survey results or similar	2.2	Current
11	Data on unfilled shifts or similar	2.8	Last 4 weeks
Older person and representatives			

12	A list of older persons receiving care from the service location/ environment that present with the following risk-factors:
	• has palliative and/or end of life care needs
	• has specialised nursing needs
	• is more likely to experience communication difficulties, including older people:
	  – with cognitive impairment, such as dementia
	  – with sensory impairment
	  – with disability
	  – from culturally and linguistically diverse backgrounds
	  – with representation by the public guardian.
	• is on high-risk medications, e.g., psychotropic medications, insulin etc.
	• is subject to environmental, mechanical, physical or chemical restraint or seclusion.
	• has a recent history of falls
	• has transitioned to or from the hospital or other provider (last 3 months)
	• is living alone and have limited contact outside of the service
	• is using oxygen
	• has a stoma
	• has enteral feeding
	• has a catheter
	• require higher level of care then what they are currently receiving
	• have particularly high amounts of unspent funds
	• self-manage their home care package
	• requires an interpreter (and of what language)
		Various	Latest

#	Required information, document or record	Relevant outcome(s)	Time period
12	The list of older people should include: • The name of the older person • The service location/environment delivering care • Their risk-factors (as per list above) • The type of program (e.g. HCP, CHSP, STRC) • Their contact details, and contact details of their representatives.		
13	Results of any older persons' experience survey conducted by the home	Various	Latest
Continuous improvement			
14	Continuous Improvement Plan or similar	Various	Current
15	Complaints and feedback log or register including: • Older person/representative names • Outcome and action taken to resolve complaint • Any investigation reports/information (if relevant)	2.6	Past 12 months
16	Incident registers (clinical or non-clinical involving older person or workers) including: • Older person/worker name • Type of incident • Date of incident • Action taken and date of implementing action • Consolidated records of incidents involving allegations or suspicions of reportable assault • Investigation reports	2.5	Past 3 months
17	Trend analysis of: • All incidents (clinical or non-clinical involving older person or workers) and root causes • Complaints and feedback	2.5, 2.6	Past 12 months
Audits and monitoring			
18	Results of any audits, reviews or monitoring activities of clinical and non-clinical care delivery	2.3	Past 12 months
19	Results of any audits, reviews or monitoring activities of worker qualifications, training, competency (employee agency, subcontractor)	2.9	Past 12 months
20	Results of any other audits, reviews or findings from another authority	Various	Past 12 months

#	Required information, document or record	Relevant outcome(s)	Time period
Meeting minutes or similar			
21	Service location/environment management meeting minutes	Various	Last 4 meetings
22	Service location/environment clinical meeting minutes or similar	5.1	Last 4 meetings
23	Worker (clinical and non-clinical) meeting minutes or similar	Various	Last 4 meetings
24	Older people and representative meeting minutes or similar	1.1, 1.3, 2.1, 3.3	Last 4 meetings

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5 Information required during an audit

This section outlines the type of information, documents or records that the audit team could request during the audit (note this list is not exhaustive). The information, documents and records are of a nature that they can reasonably be expected to be accessible by the Person in Charge at any time. It is expected that the information, documents and records will be made available within one hour of the request by the audit team so as not to delay the conduct of the audit.

#	Required information, document or record
1	Current care and services plan for older people
2	Most recent assessments of the identified sample of older peoples' care needs, goals and preferences
3	Clinical and non-clinical progress or file notes for previous 60 days
4	Signed/completed consent forms/dignity of risk forms
5	Evidence of consultation/partnering with older people
6	Medication charts or similar
7	Training and competency records
8	Communication tools used to share information with older people, workers, and others involved in care and service delivery (including use of translators and documents are available in other languages and formats)
9	Signed charters
10	Other policies, processes, documents and records relevant to safety and quality of care and services

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