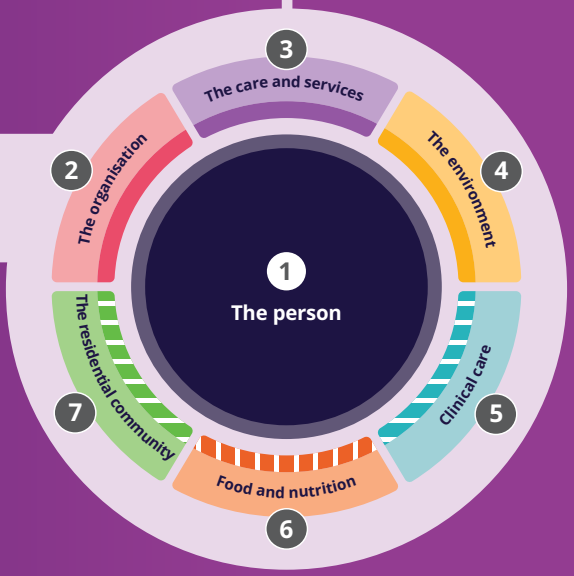
Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Draft
Evidence Mapping Framework

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

January 2024



Contents

Please note the draft strengthened Quality Standards referred to in this document are not yet in operation. The content in this document 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 document is intended to give providers insight into the framework that supports the Commission's auditors in the evidence gathering processes. It provides auditors with a standardised set of targeted questions and examples of evidence, aligned with each of the evidence categories.

Providers should not refer to the evidence mapping framework independent of the strengthened Quality Standards guidance or audit methodology. The framework is to be used in collaboration with these documents to enhance user knowledge and understanding of how the strengthened Quality Standards should be applied.

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We are consulting on the draft guidance materials for providers that deliver government-funded aged care services.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:

- Is there anything else that could be included in the evidence mapping for you to demonstrate conformance with the strengthened Quality Standards? Please specify and tell us what you would like included.
- Are there other ways you can demonstrate conformance to us? Please specify or provide examples.

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 evidence mapping framework includes a total of 21 themes. The framework relates these themes to the 33 outcomes and their requirements in the strengthened Quality Standards while indicating links to similar themes.

Each theme includes a breakdown of the requirements for each outcome. A table with examples of evidence that auditors can use during the audit process is also provided. The table is broken up in evidence categories and gives examples on both provider and service level.

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.

1. Person-centred care

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 1.1 and its requirements are applicable to all other themes and Outcomes (as noted in the Quality Standards). There are links between this theme and themes 13 (Assessment and Planning), 14 (Delivering comprehensive care and services), and 15 (clinical safety) as provider systems and processes for Assessment and planning and Delivering comprehensive care and services must be aligned with the requirements of person-centred care. Auditors should note that any gaps in person-centred care may have an impact on the conformance of themes 13 and 14 and vice versa.

Related Standard, Outcome, Action	Requirement
Outcome 1.1	The provider develops and implements strategies which inform and enable person-centred care: • The provider and workers engage with older people to support them to feel safe, welcomed, included and understood. • As part of its assessment and planning system (linked to Outcome 3.1), the provider implements strategies to: – Identify the older person's individual background, culture, diversity, beliefs and life experiences and use this to direct the way their care and services are delivered. – Ask and record if an older person identifies as an Aboriginal and Torres Strait Islander person. • Identify and understand the individual communication needs and preferences of the older person. • As part of its care delivery system (linked to Outcome 3.3), the provider implements strategies to: – 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. – Deliver care (including clinical care where relevant) that is culturally safe, trauma aware and healing informed. – Continuously improve its approach to inclusion and diversity. • The provider and workers recognise the rights, and respects the autonomy, of older people, including their right to intimacy and sexual and gender expression. • The provider ensures that workers have professional and trusting relationships with older people and work in partnership with them to deliver care and services.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5, & 6** • Provider's strategies, policies or processes for care and service assessment, planning, and delivery clearly detail requirements for person-centred, inclusive and culturally safe, trauma aware and healing informed care (including for Aboriginal and Torres Strait Islander peoples). • Roles and responsibilities for management and workers related to person-centred care. • Provider's plans for continuous improvement, strategies, and/or reconciliation action plans demonstrate the provider is monitoring and improving its strategies for planning and delivering person-centred care. • Records of management and/or governing body meetings demonstrate discussions of, and/or actions for, developing, implementing, monitoring, and improving person-centred, inclusive and culturally safe, trauma aware and healing informed care.	**Category 4, 5, & 6** • Sample of intake assessments and care planning documents: – Capture the older person's individual background, culture, diversity, beliefs, life experiences, communication needs and preferences, and choices for care • Identify if the person identifies as Aboriginal and Torres Strait Islander • Use inclusive and respectful language • Indicate how care and services are tailored to the individual needs and background of the older person. • Service's plans for continuous improvement, strategies, and/or reconciliation action plans demonstrate the service is monitoring and improving its strategies for planning and delivering person-centred care.
Governing body feedback	**Category 4, 5, & 6** • How does the governing body assure itself that care delivered across care planning and delivery is person-centred and inclusive (considering the background, diversity, culture, beliefs and life experiences of the older people receiving care)?	Not applicable
Management feedback	**Category 4, 5, & 6** • How do you monitor care planning and delivery across your service(s) to ensure it is person-centred, inclusive, and culturally safe, trauma aware and healing informed? • What examples of strategies or actions are there to demonstrate that the provider is improving its approach to person-centred care? How did you identify the need for improvement?	**Category 4, 5, & 6** • What strategies and practices are in place to support older people, particular new ones to the service, to feel safe, welcome, included and understood? • What strategies are in place for yourself and workers to recognise the rights, and respect the autonomy, of older people, including their right to intimacy and sexual and gender expression? • What training or information do workers receive to support them to identify and understand the individuality and diversity (including cultural and life experiences) of older people and applying the concepts of culturally safe, trauma aware, and healing informed care and services? • How do you ensure that workers (including employees, agency, and subcontractors) respect older people and build professional and trusting relationships with them?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4, 5, & 6** • Do you recall a time where you felt uncomfortable with the way an older person from a different background was treated or noticed them unhappy with the way they were treated? What happened? • Can you tell me about an older person that is new to the service (last 3 months)? How did you make them feel safe and welcome? • Are you familiar with <older person's name>? What do you know about them (background, culture, diversity, beliefs, life experiences) and what's important to them? Tell me about how this understanding influences the way you deliver care to them? • How do you promote an older person's right to autonomy and their rights to have personal intimate relationships and sexual and gender expression? • Can you tell me about an older person that has challenges communicating (e.g., older persons with diverse backgrounds, people living with dementia, people with vision or hearing impairment) and how you communicate with them?
Third party feedback	Not applicable	**Category 4, 5, & 6** • Do you recall a time where you felt uncomfortable with the way an older person from a different background was treated or noticed them unhappy with the way they were treated? What happened?
Experience of older people	**Category 4, 5, & 6** • Surveys of older people, family, carers across the provider (or similar) indicate that care and service planning and delivery is person-centred, inclusive, culturally safe, and older people are treated as individuals.	**Category 4, 5, & 6** • Do you feel that staff know you, your background (e.g., culture, values, diversity, etc.) and what is important to you? How does this influence your care? • Is there something you enjoy doing and would like to continue doing for as long as possible? Tell me about this. • How do you get on with staff? • Do you feel that staff respect your right to autonomy and your right to have intimate personal relationships? • Do you feel staff are professional and trustworthy?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 4, 5, & 6** • Workers and management are observed to be professional, kind and respectful to older people.
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older peoples who report 'good' or 'excellent' experience of the service. • Percentage of older peoples who report 'good' or 'excellent' quality of life.

2. Dignity, respect, and privacy

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 1.2 and its requirements are broadly applicable to all other themes and Outcomes (as noted in the Quality Standards). When assessing this theme, auditors should seek to understand how and to what extent the provider applies the requirements from this theme across all aspects of care planning, delivery and evaluation.

Related Standard, Outcome, Action	Requirement
Outcome 1.2	• The provider ensures that older people are treated with kindness, dignity and respect. • The provider ensures that the relationship between older people, their family and carers is recognised and respected. • The provider implements a system to recognise, prevent and respond to violence, abuse, racism, neglect, exploitation, and discrimination. • The provider develops and implements strategies to respect the personal privacy of older people, including ensuring that older people have choice about how and when they receive intimate physical care or treatment, and that this is carried out sensitively and in private.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5, & 6** • Policies that outline the provider's commitment to treating older people with kindness, dignity, and respect, and maintaining their personal privacy. • Policies or processes that detail the provider's requirements for and approach to recognising, preventing and responding to violence, abuse, racism, neglect, exploitation and discrimination. • Provider's recruitment processes for workers considers value-based requirements such as a caring and compassionate nature. • Roles and responsibilities for management and workers related to dignity, respect and privacy.	**Category 4, 5, & 6** • Sample of intake assessments and care planning documents: – Identify those who are important to the older person and how they would like to be involved in the person's care. – List strategies for respecting the personal privacy of older people, including their preferences for receiving intimate physical care or treatment. • Any incidents or complaints involving disrespect, personal privacy breaches, violence, abuse, racism, neglect, exploitation or discrimination are responded to promptly and appropriately, and appropriate actions are taken to prevent these from recurring. Where relevant, provider also refers cases to the Commission and/or relevant legal body/ authority (e.g. police). • File notes or progress notes use appropriate and respectful language, considering the individuality and diversity of the older person.
Governing body feedback	**Category 4, 5, & 6** • How does the governing body assure itself that older people receiving care and services are treated with kindness, dignity and respect? • Is there a system for recognising, preventing, and responding to violence, abuse, racism, neglect, exploitation, and discrimination? • How does the governing body know whether the provider's systems for recognising, preventing, and responding to violence, abuse, racism, neglect, exploitation, and discrimination are implemented and effective?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5, & 6** • How do you ensure that workers, including agency and subcontractor workers treat older people with kindness, dignity and respect across all your services? How is this monitored and improved? • Have you conducted any analysis of recent incidents and complaints to understand prevalence of disrespect, privacy breaches, abuse, racism, discrimination? What have you found and how are you improving your practices in this area?	**Category 4 & 5** • What strategies, training, guidance have been implemented to ensure workers (including agency and subcontractor workers): – Treat older people with kindness, dignity and respect – Maintain the older person's personal privacy at all times – Respect the older person's relationships. – Provide choice to older people about how and when they receive intimate physical care or treatment. • How do you monitor that workers (including agency and subcontractor workers) are treating people with respect and kindness, particularly for care delivered in the home? • Are you currently managing or have recently (in the last 12 months) managed any incidents or complaints related to disrespect, abuse, racism, neglect, exploitation, discrimination or similar? – If yes, can you please provide details, including how you are preventing recurrence and supporting improvement to care and service delivery? – If no, what would you do if there was an incident or complaint about this? **Category 6** • What strategies, training, guidance have been implemented to ensure workers (including agency and subcontracted workers): – Treat older people with kindness, dignity and respect – Maintain the older person's personal privacy at all times. – Respect the older person's relationships. – Understand and apply the Aged Care Code of Conduct and report any incidents of abuse accordingly. • Are you currently managing or have recently (in the last 12 months) managed any incidents or complaints related to disrespect, abuse, racism, neglect, exploitation, discrimination or similar? – If yes, can you please provide details, including how you are preventing recurrence and supporting improvement to care and service delivery? • If no, what would you do if there was an incident or complaint about this?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	**Category 4, 5, & 6** • Surveys of workers across the provider (or similar) indicate that there aren't any issues with treating older people with kindness, dignity and respect.	**Category 4, 5, & 6** • Can you tell me about **<older person's name>** and who is important to them or involved in their care (family, carer, others)? • Can you tell me about an older person that you support with personal or intimate care? How do you maintain their personal privacy when delivering this care? • Have you heard or seen another worker mistreat, disrespect, abuse or be violent/ racist against an older person or their family, carer? • If yes, can you tell me what you did when you heard/saw this? • If no, what would do if you heard/saw this? • Do you have any suggestions for improvement?
Third party feedback	Not applicable	**Category 4, 5, & 6** • Have you heard or seen another worker mistreat, disrespect, abuse or be violent/ racist against an older person or their family, carer? – If yes, can you tell me what you did when you heard/saw this? – If no, what would do if you heard/saw this?
Experience of older people	**Category 4, 5, & 6** • Surveys of older people, family, carers across the provider (or similar) indicate that there aren't any issues with workers and management treating older people with kindness, dignity, and respect, and respecting their personal privacy.	**Category 4, 5, & 6** • Do you recall a time where you felt that workers or the provider were unkind or disrespectful to you or someone else? Can you tell me about this? • Can you tell me about people who are important to you? Do workers know that these people are important to you and your care? • Can you choose when and how and from whom you receive intimate physical care – such as showers, continence care? • Are your preferences for privacy respected by staff (e.g., knocking before entering, personal care delivered privately)?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 4** • Posters or other communications are on display encouraging the reporting of incidents related to dignity, respect, privacy, violence, racism, abuse, etc. **Category 5 (care delivered in service environment) & 6** • Workers and management are observed to be treating older people with kindness, dignity, and respect – Look for how the worker speaks to the older person, is it with aggression, a calm voice. Are there actual conversations happening or is it all transactional? • Workers communicating during handover process is completed privately and are observed to be speaking about older people with respect. • Workers are observed maintaining the personal privacy of older people when they are receiving intimate care and treatment, e.g. personal care is delivered within bathrooms, or behind closed doors or curtains, workers knock on the older person's door before entering. • Posters or other communications are on display encouraging reporting of incidents related to dignity, respect, privacy, violence, racism, abuse, etc.
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older peoples who report 'good' or 'excellent' experience of the service. • Percentage of older peoples who report 'good' or 'excellent' quality of life.

3. Choice, independence and quality of life

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 1.3 and its requirements are broadly applicable to all other themes and Outcomes (as noted in the Quality Standards). There are links between this theme and themes 13 (Assessment and Planning) and 14 (Delivering comprehensive care and services) as provider systems and processes for Assessment and planning and delivering comprehensive care and services must support choice, independence and quality of life for older people. Auditors should note that any gaps in this theme may have an impact on the conformance of themes 13 and 14 and vice versa.

Related Standard, Outcome, Action	Requirement
Outcome 1.3	• The provider develops and implements a system to obtain informed consent that ensures: – Information provided to older people about their care and services is: – current, accurate and timely – plainly expressed and presented in a way the older person understands. – sufficient to enable the older person to make informed decisions. – Consent is obtained from older people where required. • The provider develops and implements systems and processes to support older people with decision-making, including but not limited to ensuring that: – Older people requiring support with decision-making are identified and provided access to the support necessary to make, communicate and participate in decisions that affect their lives. – Family and carers are involved in supporting decision-making where possible. – Substitute decision-makers are only used after all options to support an older person to make decisions are exhausted. • The provider's systems for assessment and planning (linked to Outcome 3.1) and care and service delivery (linked to Outcome 3.2) ensure that older people live the best lives they can, including by understanding their goals and preferences and enabling positive risk taking that promotes autonomy and quality of life. • The provider develops and implements processes for supporting older people to access advocates of their choosing.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for obtaining informed consent for care and services that address the following: – Information about care and services provided to older people is current, accurate and timely. – Information provided to older people is plainly expressed and presented in a way the older person understands. – Information provided to older people enables them to make informed decisions about their care and services. – When informed consent should be obtained and when it is not required. – Circumstances where written consent is required. – Requirements for a valid consent – How to manage refusal of treatment or refusal/withdrawal of consent – Obtaining consent from older people from culturally and linguistically diverse backgrounds – Decision-making support, including guardianship or advocacy. • Policies and processes for decision-making (may be integrated into assessment and planning processes), including: – Identifying an older person's capacity for making decisions about their care and services. – Involving an older person's family, carers and other decision-makers in decision-making where possible. – Using substitute decision-makers only as a last resort. – Supporting workers to understand these processes. • Policies and processes for assessment and planning address quality of life, including processes for positive risk taking. *Continued on the next page*	**Category 4, 5 & 6** • Service Agreement includes reference to decision-making supports and captures family and carer details. • Sample of care plans for older people include: – Evidence of informed consent (including information about risks and benefits where relevant) for particular care or treatment. – Details of their decision-making capacity, those that support them with decision-making, and names and contact details of substitute decision-makers. – Where relevant, information on activities for positive risk taking, accompanied by appropriate risk assessments that balance the independence and choice of the older person against risk of harm and impact on others. • Evidence that the service maintains connections with and involves advocacy services and community groups, which represent the diversity of its older people, to improve older people's opportunities to discuss their care and services, raise issues and resolve complaints.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*	• Welcome package, intake documents, leaflets, posters, etc. plainly express information for older persons about care and services. • Audit results related to compliance with policies and processes for informed consent and advocacy. • Committee or governing body meeting minutes indicating discussion of issues with informed consent processes or decision-making processes, including the actions taken to improve the processes. • Roles and responsibilities for management and workers related to choice, independence and quality of life.	
Governing body feedback	**Category 4, 5, & 6** • How does the governing body assure itself that the provider's processes for informed consent are designed in alignment with legislative requirements, implemented and effective?	Not applicable
Management feedback	**Category 4 & 5** • Where you broker out services, how do you ensure that information provided to older people about these services is accurate and easy to understand? • How do you monitor compliance to the informed consent processes, particularly for your subcontractors and where supporting decision makers are involved? – What actions have you taken recently to improve these processes? • What relationships do you maintain with advocacy groups or community groups? – How do you ensure these reflect the diversity of older people receiving care? – How do you monitor use of advocacy services? – How have you improved access to advocacy services? • What training, information or guidance is provided to workers to help them understand and apply the provider's processes for: – Informed consent – Decision-making support, including substitute decision making – Dignity of risk, autonomy and maintaining their quality of life. *Continued on the next page*	**Category 4, 5 & 6:** • How do you tailor information for older persons with low literacy levels, sensory or hearing impairments, language barriers or cognitive impairment to ensure they are providing informed consent regarding their care and services? • How do you inform older people about access to advocacy services? • How do you work with older people to support them to do the things they want to do, even where it may involve risk? Can you give me an example where you've put strategies in place to mitigate risks and support the older person to do things important to them? • Can you tell me about an older person whose choices affected the well-being or safety of other older people? How did you resolve this situation? • How do you measure the older persons perception of their autonomy and quality of life in relation to their care and services? • What is the process of identifying and reviewing older people's capacity for decision making? – What steps do you take to use substitute decision-makers as a last resort?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*	**Category 6** • How do you monitor compliance of the services to the informed consent processes? – What actions have you taken recently to improve these processes? • What relationships do you maintain with advocacy groups or community groups? – How do you ensure these reflect the diversity of older people receiving care? – How do you monitor use of advocacy services? – How have you improved access to advocacy services? • What training, information or guidance is provided to workers to help them understand and apply the provider's processes for: – Informed consent – Decision-making support, including substitute decision making. • Dignity of risk and maintaining quality of life.	
Worker feedback	Not applicable	**Category 4, 5 & 6** • What is your role in obtaining informed consent from an older person about their care or treatment? • Can you tell me about an older person that requires support with decision-making? Can you tell me about who is involved in supporting them? How do you engage them? – If this person had no family or carers to support with decision making, what would you do? • Can you tell me about an older person that currently wants to do something that that poses a risk to them and what you do? • Can you tell me about an older person that would benefit from doing something (e.g. walk more often) that they don't want to do? How do you encourage them to do this? • How do you monitor changes in an older person's quality of life? What do you do if you identify changes?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	**Category 4, 5, & 6** • What is your role in obtaining informed consent from an older person about their care or treatment?
Experience of older people	**Category 4, 5, & 6** • Surveys of older people, family, carers across the provider (or similar) indicate that there aren't any issues with informed consent, decision-making, dignity of risk or access to advocacy.	**Category 4, 5, & 6** • Do workers explain and ask you for permission before they provide you any care or services? • Is there someone that helps you make decisions about your care and services? – If you are not sure about the care you are receiving, who do you talk to? (Family, carer, advocates, others) – Have you been provided information on how to access an advocate if you would like to? • Is there something that you really want to do that you haven't been able to or that the service has advised is a risk to you? Can you tell me about this? • How would rate your quality of life at the service?
Observations	Not applicable	**Category 4 & 5** • Flyers, posters, communications (e.g. newsletters) provide older people and staff information about informed consent, supported decision-making and advocacy. **Category 6** • Flyers, posters, communications (e.g. newsletters) provide older people and staff information about informed consent, supported decision-making and advocacy. Is this readily available and on display? • Workers observed to be verbally seeking informed consent from the older person prior to delivering care or services.
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older peoples who report 'good' or 'excellent' experience of the service. • Percentage of older peoples who report 'good' or 'excellent' quality of life.

4. Agreements, fees, pricing, invoicing and statements

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 1.4, but also incorporates one requirement from Outcome 3.3 related to Monthly Care Statements provided in residential aged care. The theme is not directly linked to any other themes or Outcomes, but auditors should consider how evidence for theme 9 (Feedback and Complaints Management System) may impact this theme (e.g. complaints related to agreements, fees, pricing, invoicing may indicate gaps in systems and processes required for this theme).

Related Standard, Outcome, Action	Requirement
Outcome 1.4	• The provider develops and implements processes for agreements and statements to ensure: – 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. – It 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. • It allows older people sufficient time to consider and review their options and seek external advice.
Action 3.3.4	Monthly Care Statements are provided to older people in residential aged care (Category 6 only).
Outcome 1.4	• 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. • The provider develops and implements a system to manage invoices and payments to ensure: – Prices, fees and payments are accurate and transparent for older people. – Invoices are timely (monthly for Home Care packages), accurate, clear and presented in away the older person understands. • Any overcharging is promptly addressed, and refunds provided to older people.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for managing agreements and statements that address: – Providing older people information to enable them to make informed decisions. – Supporting older people with understanding information and agreements. – Allowing older people sufficient time to consider and review agreements, including seeking external advice if they choose to. – Monthly care statements for those in residential care. – Monthly invoices for those in home services. – Roles and responsibilities for management and workers. • Policies and processes for managing invoices and payments that address: – Processes for setting, reviewing, updating prices, fees, and payments. – Accuracy, clarity and timeliness of prices, fees, payments, invoices – Overcharging needing to be promptly addressed. – Roles and responsibilities for management and workers. • Agreements, welcome package, intake documents, monthly statements are easy to understand and support older people make informed decisions. • Fee structure that is clear and accurate.	**Category 4, 5 & 6** • Sample of older person agreements/other records indicate that information is sufficient for them to make informed decisions about the care and services including sufficient period of time to make decision. • Sample of invoices, payments and statements provided to older people are accurate, transparent, and clear. • Where there has been a change in fees, there is evidence that older people were informed in advance and consented to the change. • Where incidents for overarching have occurred, evidence indicates that these were addressed promptly, with open disclosure to the older person and their family or carers.
Governing body feedback	**Category 4, 5, & 6** • How does the governing body monitor the services to ensure that fees and invoices are accurate, and no overarching occurs? – Is the governing body aware of any recent incidents of overarching and how these were addressed?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4 & 5** • How do you monitor the implementation of processes for agreements and invoicing? – How do you monitor the timeliness, accuracy and transparency of fees and invoicing across your services? – How do you monitor overarching and refunds across your services? – How do you ensure these processes are effective and continuously improved? • Who is responsible for supporting older people to understand their agreements, fee structures, invoicing? – How are they trained or provided guidance on the provider's processes for this? – Where you are using brokered services, who is responsible for this? How do you ensure that brokered services implement their responsibilities? • What strategies are used to communicate information about agreements, terms, fees, invoices to older people with communication difficulties? • Have you made any changes to fees / pricing in the last 12 months? How was this communicated to older persons and how was their consent received? • What is your process for identifying/tracking unspent funds and communicating with older people about this? **Category 6** • How do you monitor the implementation of processes for agreements and invoicing? – How do you monitor the timeliness, accuracy and transparency of fees and invoicing across your services? – How do you monitor overarching and refunds across your services? – How do you ensure these processes are effective and continuously improved? • Who is responsible for supporting older people understand their agreements, fee structures, invoicing? – How are they trained or provided guidance on the provider's processes for this? *Continued on the next page*	**Category 4 & 5** • Walk me through the steps you follow when an older person is interested in signing up to the service? What information and documents are provided to them?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(contents)*	• What strategies are used to communicate information about agreements, terms, fees, invoices to older people with communication difficulties? • Have you made any changes to fees/ pricing in the last 12 months? How was this communicated to older persons and how was their consent received? • What is your process for identifying/tracking unspent funds and communicating with older people about this?	
Worker feedback	Not applicable	**Category 4, 5, & 6** • What is your role in supporting older people to understand the terms of their agreements, including the care and services they will receive and any fees/charges? • Are you aware of Monthly Care Statements, have you been involved in preparing and discussing it with older people? (Category 6 only)
Third party feedback	Not applicable	Not applicable
Experience of older people	**Category 4, 5, & 6** • Surveys of older people, family, carers across the provider (or similar) indicate that there aren't any issues with agreements, fees and invoicing.	**Category 4, 5, & 6** • Before you started receiving services from the provider, did you get a copy of your agreement or did anyone talk to you about the agreement and the fees and charges? – Did you have enough time to read and consider the agreement before you had to sign it? – Were you aware you could seek external advice if you wanted too? – Was information provided in a way you understand or was support provided to ensure you did? • Are invoices timely, accurate, clear, and presented in a way you are able to understand? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people *(continued)*		• Do you recall a time where changes were made to your agreement or the fees? Can you tell me about this? – How were you informed of these changes? – Were the changes easy to understand? – Did you consent to the changes? • Have you ever been overcharged by the provider? If so, can you tell me more about this? • Have you been receiving Monthly Care Statements from the service? Is it presented in a way you understand? (Category 6 only)
Observations	Not applicable	Not applicable
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older peoples who report 'good' or 'excellent' experience of the service. • Percentage of older peoples who report 'good' or 'excellent' quality of life.

5. Corporate and clinical governance

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme brings together Outcome 2.1, 2.2 and 5.1 which detail the core requirements for the provider's processes for corporate and clinical governance. These requirements have been brought together to minimise duplication in evidence gathering. Whilst not explicitly linked with other themes or Outcomes, corporate and clinical governance have a significant impact on all other systems and processes implemented by the provider, as such as any gaps or issues in corporate and clinical governance may be reflected in other themes and Outcomes.

This theme only applies to the provider-level and does not need to be assessed again at the service-level if sufficient and appropriate evidence was gathered at the provider-level audit. Auditors should note that service-level evidence of partnering with older people may not be sufficient to conform with these requirements as this theme is broader than one specific service (where the provider operates more than one service).

Related Standard, Outcome, Action	Requirement
Outcome 2.1	• The provider develops and implements processes to partner with older people that: – Enable the provider to understand the diversity of older people who use its services (including those at higher risk of harm). – Enable the governing body to partner with older people to: – Set priorities and strategic direction for the way care and services are provided. – Govern the organisation – Design, evaluate and improve quality of care and services – Enable the provider to partner with Aboriginal and Torres Strait Island older people to ensure care and services are accessible to, and culturally safe for, Aboriginal and Torres Strait Islander peoples. • The provider develops and implements processes to tailor information, communication, and services to meet the needs of older people who use its services (including those at higher risk of harm).
Outcome 2.2	• In strategic and business planning, the governing body: – Prioritise the rights, safety, health, and quality of life of older people – Ensures care and services are accessible to, and appropriate for people with specific needs, diverse backgrounds, Aboriginal and Torres Strait Islander peoples and people living with dementia. • Considers legislative requirements, organisational and operational risks, workforce needs and wider organisational environment.
Outcome 5.1	• The governing body: – Sets priorities and strategic directions for safe and quality clinical care – And ensures that these are communicated to workers and older people – Endorses the clinical governance framework – Monitors the safety and quality of clinical systems and performance. • The provider implements the clinical governance framework as part of corporate governance, to drive safety and quality using: – Feedback and information on experiences of older people, family, carers, and workers – Analysis of clinical safety and quality indicator data, including data from mandatory Quality Indicator Program • Contemporary evidence-based practice

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5, & 6** • Evidence of governing body partnering with older people committees or advisory groups (representing diversity of older people receiving care) to: – Set priorities and strategic direction for the provider – Govern the organisation – Design, evaluate and improve care and services – Ensure care and services are accessible to and culturally safe for Aboriginal and Torres Strait Islander people. • Up to date strategies or business plans or similar that have been developed by the governing body/provider with the input of older people and: – Prioritise the rights, safety, health and quality of life of older people – Ensures care and services are accessible to, and appropriate for people with specific needs, diverse backgrounds, Aboriginal and Torres Strait Islander peoples and people living with dementia. – Considers legislative requirements, organisational and operational risks, workforce needs and wider organisational environment – Detail the clinical care priorities (Clinical only) • Clinical governance framework, clinical strategy, priorities, key performance indicators, or similar, endorsed by governing body (Clinical only). • Records indicate that the governing body and provider regularly assess their demographic data to understand the diversity of older people receiving care and services. *Continued on the next page*	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*	• Diversity advisory group or similar (which reflects the diversity of those receiving care) contributes to the development, implementation and evaluation of care and services accessible to those from diverse backgrounds, including Aboriginal and Torres Strait Islander people. • Evidence that demonstrates the governing body understands and keeps up to date on legislative changes, operational and organisational risk and the needs of the workforce. • Meeting minutes, notes, emails related to consultations or forums with older people and their community about issues important to them (this could cover any issues such as the cultural safety of care and service programs, quality of meals or the arrangement of the service environment). • Monitoring program (e.g. schedule for inspections, audits, completed audits, presentation of clinical performance) (Clinical only). • Evidence that the governing body and management regularly monitor and improve the effectiveness of: – The strategy and business plans – Accessibility and cultural safety of care and services, particularly for Aboriginal and Torres Strait Islander people – Clinical care and safety (Clinical only) • Records of clinical reporting provided to management and the governing body, including actions taken to improve clinical indicators (as relevant) (Clinical only). • Job descriptions or role descriptions detailing responsibilities for clinical governance (Clinical only). • Records show that the provider has governance arrangements for clinical care that is developed by agency or subcontractor workers (Clinical only).	

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	• Describe how the governing body partners with older people to: – Set priorities and strategic direction for care and services – Set priorities and strategic direction for Clinical care (Clinical only) – Govern the organisation – Design, evaluate and improve care and services. • Describe the key inputs and considerations into the organisation's strategy and business planning? How are the following considered? – Prioritising the rights, safety and quality of life of older people. – Ensuring that care and services are accessible, appropriate for people with specific needs, diverse backgrounds, Aboriginal and Torres Strait Islanders, those living with dementia – Legislative requirements, organisational risks. – Workforce needs and feedback, wider organisational environment. • Describe how the governing body identifies and understands the diversity (cultural, language, experience, gender, sexuality) of older people receiving care and services? How is this information used to improve your services? Can you give a specific example, particularly for Aboriginal and Torres Strait Islander people? • How does the governing body monitor clinical systems and performance to assure yourself that these are effective? What information/reporting is used to do this? (Clinical only) • Do you know if the provider's clinical practices are aligned to contemporary evidence-based practice? If yes, how? If not, why not? (Clinical only)	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	• Describe how you seek to understand the diversity of older people receiving care from your organisation? • How do you ensure that older people (representing diversity of those receiving care) can participate in partnership with provider management and governance? Provide specific examples of practical steps? • How does the provider support the establishment of older people representative groups and their involvement in setting priorities and strategic directions for the way care and services are provided? • How do you actively support those who might have challenges participating or communicating to partner in setting priorities and improving services?" • Provide an example of how you tailor your communication and information to meet the diverse needs of older people groups using your services? • How is feedback from older people used to evaluate and improve the effectiveness of care and services? • How do you know that your services are accessible and culturally safe for Aboriginal and Torres Strait Islander people? • When preparing your strategy, priorities or business plans, how do you practically seek the input of older people into these documents? Provide an example of changes recommended by older people that have been incorporated into your strategy or business plans? • Have you identified any opportunities for improving processes for partnering with older people? What actions have you taken? • How is the strategy, priorities and business plan (including for clinical governance) communicated to workers and older people? *Continued on the next page*	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*	• How do you monitor clinical systems and performance? What information is used to do this? Can you provide any examples of improvements made to clinical governance, systems and processes in the last 12 months? (Clinical only) – How does the provider monitor and analyse clinical safety and quality indicator data? How does this data used to improve clinical systems and care? – How do you know the clinical care delivered by workers is aligned with contemporary, evidence-based practice? • Who is responsible for clinical governance (what role/person)? (Clinical only)	
Worker feedback	Not applicable	Not applicable
Third party feedback	Not applicable	Not applicable
Experience of older people	**Category 4, 5, & 6** • Older people that are involved in the governance of the organisation, or setting priorities or improving quality of care and services: – How do you find the processes the governing body/provider has established to partner with you on governance, strategy and designing, evaluating, and improving care and services? – Do you feel that the governing body/ provider genuinely listens to your feedback and input? • Do you have any suggestions for improving these processes? • Surveys of older people, family, carers across the provider (or similar) indicate that they are involved in corporate governance and improving care and services (as relevant).	Not applicable
Observations	Not applicable	**Category 4, 5 & 6** • Noticeboards include meeting minutes for meetings between the governing body and older people and organisational strategies or goals.
Care outcomes	Not applicable	Not applicable

6. Accountability and quality system

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates the requirements of Outcome 2.2 (quality and safety culture) and Outcome 2.3 (quality management system) as these Outcomes are interrelated and should be assessed together. Further, because quality management is core to the delivery of safe and quality care, any gaps or issues identified in processes for monitoring, evaluating or continuously improving other systems and processes (e.g. assessment and planning) may negatively impact the conformance of this theme. Similarly, any gaps or issues identified with this theme may indicate gaps in a provider/service's other systems and processes for planning, delivering and evaluating care and services.

Related Standard, Outcome, Action	Requirement
Outcome 2.2	• The governing body leads a positive culture of quality care and services and continuous improvement and demonstrates that this culture exists within the organisation
Outcome 2.3	• The provider develops and implements a quality management system that: • Supports quality care and services for all older people • Sets accountabilities and responsibilities for supporting quality care and services, specific to different roles • Sets strategic and operational expectations to support quality care and services • Supports the provider to meet strategic and operational expectations and identify opportunities for improvement – Enables the governing body to monitor the organisation's performance in delivering quality care and services, informed by: – Feedback from older people, family, carers, and workers – Analysis of risks, complaints, and incidents (and their underlying causes) – Quality indicator data – Contemporary, evidence-based practice. – Requires the provider to regularly reporting on its quality system and performance to older people, family, and carers. – Is regularly reviewed to improve its effectiveness • The governing body monitors: – The investment in priority areas to deliver quality care and services • The performance of the organisation in delivering quality care and services.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	• Strategies, organisational goals, values, business plans that articulate the goals, activities and actions related to setting and maintain a culture of safety, inclusion and quality improvement. • Policies and processes for quality management that clearly detail: – Accountabilities, roles and responsibilities for quality improvement. – Strategic and operational performance expectations and how these are measured / monitored and reported to key stakeholders (such as the governing body). – Inputs to quality monitoring (including feedback from older people, workers, etc, quality indicator data, risk, complaints, feedback and incident data, etc). – Processes for reporting on the quality system performance to older people, family, carers, workers. – Processes for regularly reviewing the effectiveness of the quality system. • Reports or similar (provided to governing body, management, workers, older people) on the performance of the quality system, including trend and analysis of the performance of: – Care and service delivery across the organisation. – Clinical safety and performance (Clinical only). – Medication management (Clinical only). – Risk management system. – Incident management system. – Complaints and feedback management system. – Feedback from older people receiving care. – Other priority systems and processes identified by the provider. • Plans for continuous improvement or other action plans that detail how the provider is improving quality and safety of care (including clinical care where relevant). • Committee and meeting records show that management and the governing body use safety and quality performance data to make decisions and take actions for improving care and services. *Continued on the next page*	• Reports or similar (provided to service management, workers, older people) on the performance of the service, including trend and analysis of the performance of: – Care and service delivery by the service – Clinical safety and performance (Clinical only) – Medication management (Clinical only) – Risks – Incidents – Complaints and feedback – Feedback from older people receiving care. – Other quality priorities as identified by the provider or service. • Plans for continuous improvement or other action plans that detail how the service is improving quality and safety of care (including clinical care where relevant). • Committee and meeting records show that service management and workers use safety and quality performance data to make decisions and take actions for improving care and services.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*	• Meeting minutes that indicate discussion and monitoring of priority areas, actions and investments by the governing body. • Evidence and examples of how the provider reports to older people about its quality performance and performance against the Standards (e.g. via newsletter or emails). • Evidence of safety and quality performance information published in annual reports, newsletters or other local media. • Evidence that the provider regularly reviews and improves the effectiveness of its quality system (i.e. by understanding if the quality system is meeting its objectives).	
Governing body feedback	• Describe how the governing body leads a positive culture of quality care and services and continuous improvement at the provider? – What strategies or initiatives have you put in place by the governing body to improve organisational culture related to safety, inclusion and quality? – How does the governing body support a positive culture underpinned by transparency, openness and a two-way sharing of information and feedback across the organisation? – How do you monitor the organisational culture? • Describe how the governing body monitors the performance of the quality management system and overall quality and safety of care and services? – How does the governing body assure itself that performance expectations are being met by the provider? – What reporting do you receive to understand this performance? – How is the governing body assured that the care and services delivered by the provider are consistently aligned with contemporary evidence-based practice? – How does the governing body monitor investment in priority areas for quality and safety of care? Can you provide specific examples? • What recent actions or improvements have been implemented to improve quality and safety?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • Who within the organisation and senior executive team has accountability for the quality management system? • How does management, together with the governing body, set the expectations for quality and safety? • How does management monitor the implementation and effectiveness of the quality system and quality of care and services (including clinical where relevant)? – What KPIs, or other indicators are in place to measure effectiveness of the system? – How do you monitor compliance with legal and regulatory requirements? – Provide examples of improvements and changes made in the previous 12 months? – How is feedback from older people used to inform quality improvements? – How are risk, incident and complaints trends across the provider used to inform performance improvement? • Provide an example of how the effectiveness of the quality system was improved as a result of a review of the system?	**Category 4, & 5** • How do you monitor the quality of care and services delivered by your service? – What reporting and KPIs are used to measure effectiveness and quality? – Can you provide examples of improvements and changes made in the previous 12 months? – How is feedback from older people used to inform improvements to quality of care and service delivery? – How does the service use risk (older person and workforce risks), incidents and complaints trends to inform performance improvement? • How does this apply to brokered services? How do you monitor their performance and quality of care? **Category 4, 5 & 6** • How do you monitor the quality of care and services delivered by your service? – What reporting and KPIs are used to measure effectiveness and quality? – Can you provide examples of improvements and changes made in the previous 12 months? – How is feedback from older people used to inform improvements to quality of care and service delivery? • How does the service use risk (older person and workforce risks), incidents and complaints trends to inform performance improvement?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4, 5 & 6** • Can you describe the organisational culture in relation to safety and quality? • Do you feel safe and supported to raise concerns and disclose issues or incidents or suggest improvements? • Do you believe management walk the talk, i.e. role model positive leadership in relation to quality, safety and inclusion? • Can you recall a recent example of where you have identified an issue or an improvement opportunity for care and service delivery? – What was it and who did you raise this with? – Was it rectified? If not, what feedback did you receive? • Have you seen any reports on the quality performance of the service?
Third party feedback	Not applicable	**Category 4, 5 & 6** • Can you recall a recent example of where you have identified an issue or an improvement opportunity for care and service delivery? – What was it and who did you raise this with? – Was it rectified? If not, what feedback did you receive?
Experience of older people	**Category 4, 5 & 6** Older people that are involved in the governance of the organisation, or setting priorities or improving quality of care and services: • Have you been provided information on the quality performance of the provider as a whole? • Have you had input into the actions for improving the performance? • Do you feel that this process (partnering with you) is working effectively?	**Category 4, 5 & 6** • Has the service spoken to you about how it is planning on improving its care and services? – Did you understand the information provided and did you find it useful? If not, do you have any suggestions for improvement? – Have you had the opportunity to join in governance groups or committees to provide feedback on care and services? – Are you aware of any improvements in care and services that have occurred as a result of your feedback?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 4, 5 & 6** • Current performance of quality system (e.g. key performance indicators, results of audits, etc.) and improvement actions are placed on noticeboards or similar • Observe implementation of actions or initiatives identified by the provider to improve quality and safety of care, including any priority areas (e.g. prioritising infection control or dining experience).
Care outcomes	Not applicable	Not applicable

7. Risk Management System

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly linked to Outcome 2.4 (risk management system) but also incorporates one requirement from Outcome 7.1 related to strategies for protecting physical and psychological safety. This is because the processes for risk management should support the provider and service eliminate or minimise physical and psychological risks to older people. The systems and processes required by this theme should also be applicable to a number of other themes and Outcomes, for example, the provider/service's risk management processes may address how workers will undertake environmental risk assessments at an older person's home. When assessing this theme, assess how the provider identifies and mitigates risks at the enterprise-level (i.e. risks that impact the whole of the provider organisation), not just the service-level or individual older person level.

Related Standard, Outcome, Action	Requirement
Outcome 2.4	• The provider develops and implements a risk management system that: – Has processes for identifying, assessing, documenting, managing, regularly reviewing risks to older people, workers, and the organisation (includes but is not limited to operational risks, financial risks, legal risks, health, and safety risks). – Requires the provider to put strategies in place to prevent, control, minimise or eliminate risks. – Has processes for collecting and analysing data to inform risk assessment and management (related all types of risks) and uses this to improve care and services. • Is regularly reviewed to improve its effectiveness.
Action 7.1.3	• The provider develops and implements strategies to protect the physical and psychological safety of older people.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies or processes for risk management that detail processes for: – Identifying, assessing, documenting, managing, regularly reviewing risks to older people, workers, and the organisation – Developing strategies or actions to prevent, control, minimise or eliminate risks. – Collecting and analysing data to inform risk assessments and risk management. – Reviewing and improving the effectiveness of risk management. – Roles and responsibilities for management and workers. • Enterprise (i.e. organisation wide) risk register detailing risks and controls for organisational risks. • Sample of provider-level risk assessments that identify risks and controls/mitigations. • Records of risk assessment and risk register reviews. • Plans for continuous improvement. • Meeting minutes from governing body or management meetings demonstrating discussion of critical risks. • Evidence that the risk management system has been reviewed and updated to improve effectiveness.	**Category 4 & 5** • Sample of service-level risk register and risk assessments. • Service-level clinical risk register or similar. • Plans for continuous improvement. • Evidence of use of risk assessment processes to support workers undertake risk assessments of an older person's home environment. **Category 6** • Sample of service-level risk register and risk assessments. • Service-level clinical risk register or similar. • Plans for continuous improvement. • Strategies developed to protect physical and psychological safety of older people.
Governing body feedback	**Category 4, 5 & 6** • Please describe the top five risks for the provider? – How does the governing body gain visibility of these risks? – How does the governing body support management to mitigate these risks? – Is the governing body comfortable that risks are being managed effectively? • How does the governing body assure itself that the provider's risk management system is operating effectively?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • How have you identified your key enterprise risks? What are the top 5 risks? – How do you know if enterprise risks are being managed effectively? – What sources of information / data are used to inform risk assessment and management? – What improvements have you initiated to respond to risks? • How do you monitor the implementation of the risk management system? What improvements have been made to this system to improve its effectiveness?	**Category 4 & 5** • What are the key risks for older people (in addition to clinical risks)? • What are the key clinical risks for this service? (Clinical only) • How often do you review your service-level risks and controls? • What improvements have you initiated to respond to risks? • What workers are involved in risk assessments? • What does your quality, complaints and incident data tell you about your risks and risk assessments? **Category 6:** • What are the key risks for older people (in addition to clinical risks)? • What are the key clinical risks for this service? (Clinical only) • How often do you review your service-level risks and controls? • What improvements have you initiated to respond to risks? • What workers are involved in risk assessments? – What does your quality, complaints and incident data tell you about your risks and risk assessments? What strategies have you implemented to eliminate or minimise physical or psychological risks to older people at the service?
Worker feedback	Not applicable	**Category 4 & 5** • How do you undertake a risk assessment to understand the environmental risks at an older person's home? **Category 6** • Can you tell me about an older person that was recently subject of a risk assessment to support them do something they wanted to do? What was your role in this risk assessment? • Can you tell me about an older person whose behaviour potentially impacts the wellbeing or safety (physical or psychological) of a worker or another older person? What has been done about this?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	Not applicable
Experience of older people	Not applicable	Not applicable
Observations	Not applicable	**Category 4, 5 & 6** • Any observations as necessary to validate controls identified in risk assessments and risk registers are implemented.
Care outcomes	Not applicable	Not applicable

8. Incident Management System

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly linked to Outcome 2.5, incident management system. There is a link between this theme and Outcome 2.6 (complaints and feedback) as both require processes for open disclosure; therefore any gaps or issues related to open disclosure identified in this theme may impact Outcome 2.6/theme 9 or vice versa.

Related Standard, Outcome, Action	Requirement
Outcome 2.5	The provider develops and implements an incident management system that: • Has processes to record, investigate, respond to, and manage incidents and near misses that occur in connection with the delivery of care and services (including clinical, non-clinical, and medication related incidents). • Supports reduction or prevention of incidents from recurring. • Requires the provider to take timely action to respond to and manage incidents. • Requires the provider to support older people, family and carers to report incidents and encourage their involvement in identifying ways to reduce incidents from occurring. • Requires the provider to practice open disclosure when things go wrong (linked to Outcome 2.6). • Requires the provider to support the workforce to prevent, recognise, respond to and report incidents. • Has processes for collecting and analyses of incident data and reporting outcomes to older people and the workforce and feeding into the quality management system to improve quality of care and services. • Is regularly reviewed to improve its effectiveness. • Is aligned with regulatory reporting requirements, e.g. Serious Incident Response Scheme (SIRS)

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	• Policies and processes for incident (including clinical where relevant) management and investigation that detail processes for: – Incident reporting, recording, investigation, management. – Provider to take timely action to respond to and manage incidents. – Supporting older people and workers report incidents. – Practicing open disclosure. – Analysing incident data and using it to improve quality. – Regularly reviewing and improving the effectiveness of the system. – Roles and responsibilities for management and workers. • Provider-level incident register or similar including incident reports and records (including any SIRS) from previous 12 months. • Evidence that the organisation undertakes incident data trend analysis and: – Improves the quality and safety of care and services as a result. – Reports outcomes from trend analysis to the governing body. – Reports outcomes from trend analysis to older people and workers. • Committee and meeting records in which trends in incidents are discussed. • Evidence of improvements adopted after review of the incident management system. • Plans for continuous improvement. • Policies and processes for open disclosure consistent with the Australian Open Disclosure Framework.	• Service-level incident register or similar including incident reports and records (including any SIRS) from previous 12 months for the service. • Sample of incident investigations and associated improvements/ corrective actions from previous 12 months (understanding effectiveness, timeliness and implementation of actions). • Trend analysis of incidents (including clinical) and evidence of improvements adopted (including to clinical safety) after analysis. • Committee and meeting records in which trends in incidents are discussed. • Evidence that older people, families and carers (where appropriate) are reporting incidents, involved in investigations and identifying solutions to prevent reoccurrence. • Evidence that workers have been informed of outcomes and improvements from recent incident(s). • Plans for continuous improvement.
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure yourself that the provider's incident management systems are implemented and effective? – Does the governing body monitor incident trends across the provider? • What action does the governing body take if they see a change in the trend (i.e. increase or decrease)?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • How does the provider ensure that all workers (including agency or subcontractors) know how to respond to (and report/escalate) incidents when they occur? – What training or instruction is provided to workers on incident management? – Are you confident that agency or subcontractor staff always report incidents? – Is there a way for you to monitor this? • How are workers supported to prevent, recognise, respond to, and report incidents and near misses (e.g. training, no blame culture, psychological supports, etc.)? • How does management monitor incident data and trends (including clinical incidents where relevant) across all services? – Can you provide an example of where incident trends have influenced improvements to safety and quality of care and services? – How do you communicate outcomes from the trend analysis to the service management, older people and workers? • How do you monitor and improve the effectiveness of the incident management system? Can you provide an example of how a recent review improved the system?	**Category 4, 5 & 6** • How do you ensure that all workers (including agency and subcontractors) know how to respond to (and report/escalate) incidents when they occur? – Are you confident that agency or subcontractor staff always report incidents? – Is there a way for you to monitor this? • How do you encourage older people, family, carers to report incidents? • How do you report any incidents to an older person's family or carer? (Open disclosure) – How are older people, family, carers engaged in assessing and investigating incidents and identifying solutions to minimise recurrence? • How do you monitor the service's incident data and trends (including clinical incidents where relevant)? – Can you provide an example of where incident trends have influenced improvements to safety and quality of care and services? – How do you communicate outcomes from the trend analysis to workers and older people?
Worker feedback	Not applicable	**Category 4 & 5** • Do you know what an incident is? What would you do if you witnessed or were involved in an incident? – How and who do you report the incident to? – Do you get feedback from management on how the incident has been resolved and action taken to prevent recurrence? • How do you encourage older people, family and carers to report incidents? • Can you describe what would you do in the case of a non-response to a scheduled visit? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback *(continued)*		**Category 6** • Do you know what an incident is? What would you do if you witnessed or were involved in an incident? – How and who do you report the incident to? – Do you get feedback from management on how the incident has been resolved and action taken to prevent recurrence? • How do you encourage older people, family and carers to report incidents?
Third party feedback	Not applicable	**Category 4, 5 & 6** • Do you know what an incident is? What would you do if you witnessed or were involved in an incident? – How and who do you report the incident to? – Do you get feedback from management on how the incident has been resolved and action taken to prevent recurrence?
Experience of older people	• Not applicable	**Category 4 & 5** • Can you recall a time where you were involved in an accident/incident when receiving care from the provider (e.g. falling over or getting hurt)? Can you tell me what happened? – How did the provider respond to this? – Were you encouraged to be involved in identifying ways to reduce incidents from happening? – Did the provider take any steps to improve this in response to the incidents? • Category 6 • Can you recall a time where you were involved in an accident/incident? Can you tell me what happened? – How did the provider respond to this? – Were you encouraged to be involved in identifying ways to reduce incidents from happening? – Did the provider take any steps to improve this in response to the incidents?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 4, 5 & 6** • Incident reporting forms or similar observed to be available at the service for workers (including subcontractors), older people, family, carers. • Posters, flyers, communication or similar observed to capture incident reporting requirements.
Care outcomes	Not applicable	**Serious Incident Response Scheme** • Increase or decrease in incidence of SIRS reportable incidents.

9. Feedback and Complaints Management System

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly linked to Outcome 2.6, feedback and complaints management system. There is a link between this theme and Outcome 2.5 (incident management) as both require processes for open disclosure; therefore any gaps or issues related to open disclosure identified in this theme may impact Outcome 2.5/theme 8 or vice versa.

Related Standard, Outcome, Action	Requirement
Outcome 2.6	The provider develops and implements a complaints and feedback management system that: • Has processes to receive, record, respond to and report on complaints and feedback. • Requires the provider to encourage and support older people, family and carers, workers and others to provide feedback and make complaints. • Requires the provider to empower older people to access advocates, language services and other ways of raising and resolving feedback and complaints (Linked to Outcome 1.3) • Requires the provider to take timely action to resolve complaints. • Requires the provider to practice open disclosure when things go wrong. • Has processes for collecting and analyses of complaints data and reporting outcomes to the governing body, older people and the workforce, and feeding into the quality management system to improve quality of care and services. • Is regular reviewed to improve its effectiveness.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	• Policies and processes for complaints and feedback management that include processes for: – Receiving, recording, responding to and reporting on complaints. – Encourage and empower older people, family, carers to provide feedback and make complaints. – Encourage workers to provide feedback and make complaints. – Taking timely action to resolve complaints. – Analysing complaints data to improve quality of care and services. – Roles and responsibilities for management and workers. • Provider-level complaints and feedback register or similar including complaints and feedback records from previous 12 months. • Evidence that the organisation undertakes complaints data trend analysis and: – Improves the quality and safety of care and services as a result. – Reports outcomes from trend analysis to the governing body. – Reports outcomes from trend analysis to older people and workers. • Committee and meeting records in which trends in complaints and feedback are discussed. • Evidence of improvements adopted after review of the complaints and feedback management system. • Policies and processes for open disclosure consistent with the Australian Open Disclosure Framework.	• Service-level complaints and feedback register or similar including complaints and feedback records from previous 12 months. • Sample of complaints and associated improvements/ corrective actions from previous 12 months: – Evidence that shows that the service protects the identity of those who want to give anonymous or confidential feedback or make an anonymous or confidential complaint – Evidence that shows that the communication by the organisation after complaints is open, honest and timely. This may include communication between older people, family, carers, members of the workforce and where relevant, between organisations. • Trend analysis of complaints and feedback and evidence of continuous improvements adopted after analysis. • Committee and meeting records in which trends in complaints and feedback are discussed. • Availability of information about complaints and how complaints are managed by the organisation, that older people, their representative, the workforce and others can easily access. • Evidence that outcomes of feedback and complaints have been provided to older people, family, carers and workers using open disclosure. • Plans for continuous improvement.
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider's complaints and feedback systems are implemented and effective? – Does the governing monitor complaint trends across the provider? • What action does the governing body take if you see a change in the trend (i.e. increase or decrease)?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • How does the provider ensure that everyone (including older people, family, carer, workers, agency workers, subcontractors, third parties) is aware of their right to provide feedback or make a complaint? – What training or instruction is provided to workers on complaints and feedback? • How does the organisation support diverse and vulnerable groups (both workers and older people) to give feedback and make complaints about their care and services? • How does management monitor complaints data and trends across all services? – What are the 3 main areas of complaint for the provider and what actions are you taking to address these? – Do the complaints the organisation receives reflect the diversity of older people using the service? If not, are there barriers to some older people making a complaint or accessing an advocate? – Can you provide an example of where complaint trends have influenced improvements to safety and quality of care and services? – How do you communicate outcomes from complaints management to the service management, older people and workers? • How do you monitor and improve the effectiveness of the complaints management system? Can you provide an example of how a recent review improved the system? • How would you know if the complaints management system was not being used or not working?	**Category 4, 5 & 6** • How do you ensure that everyone (including older people, family, carers, workers, agency workers, subcontractors, third parties) is aware of their right to provide feedback or make a complaint? – What training or instruction is provided to workers on complaints and feedback? – Are you confident that agency or subcontractor workers encouraging older people, family and carers to provide feedback and complaints? Is there a way for you to monitor this? • How do you encourage older people, family, carers to provide their feedback about the service, care delivery and workers? • How do you monitor the service's complaints data and trends? – Can you provide an example of where complaints trends have influenced improvements to safety and quality of care and services? – How do you communicate outcomes from the trend analysis to workers and older people? • <When minimal inputs on feedback register – prompts inquiry> What proactive steps are taken to ensure the older person feels safe to raise their concerns? • <If using technology-based surveys e.g. online or through a mobile device> How do you support / engage all older people to access and provide feedback" – <Select a recent complaint from the complaints register> What happened in response to this complaint? How was open disclosure was practiced?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4, 5 & 6** • How do you support and encourage older people, family and carers to provide feedback or make complaints? – Do you know how to support older people to access advocacy or external help to make a complaint? • Do you feel you and other workers are encouraged to provide feedback and make complaints about care and services delivered by the service? • Does management tell you about the action (to improve quality and safety of care and services) that has been taken after receiving feedback and complaints? • Can you recall a recent change? What happened?
Third party feedback	Not applicable	**Category 4, 5 & 6** • Do you feel you are encouraged to provide feedback and make complaints about care and services delivered by the service? • What is your role in supporting and encouraging older people, family and carers to provide feedback or make complaints?
Experience of older people	**Category 4, 5, & 6** Surveys of older people, family, carers across the provider (or similar) indicate that complaints and feedback processes are effective.	**Category 4, 5 & 6** • Do you recall a time that you had a concern about your care and services? What happened? – Did they encourage you to inform your family or carer or advocate about the issue or complaint? – Do you know about the complaints and feedback mechanisms that are available to you? – Do you feel the service is helpful in finding a solution to feedback? – Did the service tell you what action it had taken to resolve your complaint or issue? – Did the service apologise if the complaint related to something that went wrong and discuss the actions taken?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 4, 5 & 6** • Complaints and feedback forms or similar observed to be available at the service for workers (including subcontractors), older people, family, carers. • Posters, flyers, communication or similar observed to capture information for accessing advocacy and language services. • Posters, flyers, communication or similar observed to capture information on providing feedback and raising complaints.
Care outcomes	Not applicable	Not applicable

10. Information Management System

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 2.7 and incorporates one requirement from Outcome 5.1 related to the digital clinical information system. There is also a link to Outcome 1.3 (informed consent) and Outcome 2.9 (record keeping for worker records), which should also be considered when assessing this theme.

Related Standard, Outcome, Action	Requirement
Outcome 2.7	• The provider develops and implements an information management system that: – Securely manages records, including worker records (Linked to Outcome 2.9). – Ensures workers and older people have access to the right information at the right time to deliver and receive quality care and services – Ensures the accuracy and completeness of information collected and stored is maintained – Ensures informed consent is sought to collect, use and store the information of older people or to disclose their information (including assessments) to other parties (Linked to Outcome 1.3). – Ensures older people understand their right to access or correct their information or withdraw their consent to share information. – Ensures that information from different sources is integrated. – Is regular reviewed to improve its effectiveness. • The provider maintains policies and procedures that are current, regularly reviewed, informed by contemporary, evidence-based practices, and are understood and accessible by workers and relevant parties.
Outcome 5.1	• The provider works towards implementing a digital clinical information system that: – Integrates clinical information into nationally agreed electronic health and aged care digital records – Supports interoperability using national healthcare and aged care unique identifiers and standard national terminology – Has processes for workers and others to access information in compliance with legislative requirements.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for information management, record control, document management. • Policies and processes for managing verbal communication e.g. older person care notes, internal message systems. • Roles and responsibilities for management and workers in relation to information management. • Version control is on all provider-level document (forms, guidelines, policies, procedures, SOPs). • Centralised system (e.g. intranet) or register to maintain, track and monitor documentation versions and review, including the date of effect, dates that policy documents were amended and a prioritised schedule for review • Communication with workforce on new or updated policy documents (e.g., emails, memos, meeting minutes). • Evidence that provider policies and procedures have been informed by contemporary evidence-based practices. • Plans for continuous improvement. • Strategy, plan or roadmap for implementation of digital clinical information system aligned to the requirement of Outcome 5.1.	**Category 4, 5 & 6** • Policies and processes for managing verbal communication e.g. older person care notes, internal message systems (if at the service-level). • Version control is on all service-level document (forms, guidelines, policies, procedures, SOPs). • Centralised system (e.g. intranet) or register to maintain, track and monitor documentation versions and review, including the date of effect, dates that policy documents were amended and a prioritised schedule for review • Communication with workforce on new or updated policy documents (e.g., emails, memos, meeting minutes).Evidence that provider policies and procedures have been informed by contemporary evidence-based practices. • Plans for continuous improvement. • Sample of older person files indicate that informed consent was obtained to collect, use, or disclose the older person's information.
Governing body feedback	Not applicable	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • How do you organise and operate the information management systems? Are these set up at a centralised provider-level or does each service operate its own information systems? – Are policies and procedures set up centrally and to be used by all services? – Do all services use the same digital or electronic systems? – Do all services use the same incident and complaints systems? • How do you draw on current contemporary evidence-based practice to develop policies, processes and procedures? • What is the process to review, maintain and improve the information management system? • How are worker records (e.g. pre-employment medicals, training records, competency records) managed by the provider? • Have you implemented a digital clinical information system? (Clinical only) – If not, how are you working towards implementing a digital clinical information system? This may include evidence such as: – Strategy or plans that address how the provider will implement the system. – Procurement process related documents that show the provider is working towards a system. – Action plans or roadmaps that provide a timeline for the implementation of the system. – Meeting minutes that demonstrate discussion of selecting a system or progress updates on implementing a system. – Approval from governing body on procurement of a new system. – If yes, please describe the digital clinical information system utilised and how it works. – Does the system integrate clinical information into nationally agreed electronic health and aged care digital records? Does it support interoperability using national healthcare and aged care unique identifies and standard national terminology? • How do you ensure that workers comply with health and privacy legislative requirements when accessing the digital clinical information system?	**Category 4, 5 & 6** • How does the information management system operate at your service? How is information collected, stored and managed including how the older person's consent is obtained? – Do you have your own policies and procedures or are these central ones provided by the provider? • How do you draw on current contemporary evidence-based practice to develop policies, processes and procedures? • How is verbal communication and information managed, e.g. handovers? Is this information every documented/recorded? • How do you ensure that workers (including agency and subcontractors) have ready and easy access to information about the older person, including care plans, progress notes, medication charts, etc. when they need it to deliver care and services? • How do you ensure information gathered and recorded in assessments, care plans and risk assessments is current, accurate and complete? – How is information from different sources integrated e.g. external specialist recommendations?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4, 5 & 6** • Do you have access to the provider/service's policies and processes? Can you readily access current versions of these documents when you need? – Do you believe that clinical and non-clinical care procedures are aligned with contemporary evidence-based practice? • Do you have easy access to information about the older person, including care plans, progress notes, medication charts, etc. when you need it? • Do you have any challenges in accessing the information you need when you need it or in otherwise communicating with others about the care and services you deliver?
Third party feedback	Not applicable	Refer to Worker feedback questions.
Experience of older people	Not applicable	**Category 4, 5 & 6** • Has the service explained to you your right to access information about your care and services? • Do you have access to your care and services plan? • Has the service sought consent from you to collect, use, and disclose your information to other parties? – Has the service explained you can correct information and withdraw consent to share information as you wish?
Observations	Not applicable	• Observation of secure storage (if documents are paper based) • Walkthrough of information management system if on site. • Observation of handovers to understand how critical/key information is shared by workers. • Observation of the digital clinical information system (if relevant).
Care outcomes	Not applicable	Not applicable

11. Workforce and human resources management

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates the requirements of Outcome 2.8 (workforce strategy) and Outcome 2.9 (human resource management) to support a more cohesive and efficient assessment process. The theme also incorporates one requirement from Outcome 5.1 related to qualification and competency of workers delivering clinical care. Any gaps, issues or risks related to workforce (including strategy, rostering, competency, training, safety, skills), even if identified under other themes, should be captured under this theme.

Related Standard, Outcome, Action	Requirement
Outcome 2.8	• The provider develops and implements a workforce strategy to: – Identify, record and monitor the number and mix of workers required and engaged to manage and deliver quality care and services – Identify the skills, qualifications and competencies required for each role – Engage suitably qualified and competent workers – Use direct employment to engage workers whenever possible, and minimise the use of independent contractors – Mitigate the risk and impact of workforce shortages and worker absences or vacancies (linked to Outcome 2.4). • The provider develops and implements strategies to support and maintain a satisfied and safe (physically and psychologically) workforce.
Outcome 2.9 Outcome 5.1	• The provider's information management system supports maintenance of records of worker pre-employment checks, contact details, qualifications, and experience (linked to Outcome 2.7). • The provider develops and implements strategies or processes to effectively roster the right number and mix of workers to deliver and manage quality care and services • The provider develops and implements processes to ensure workers have access to supervision, support and resources. • The provider develops and implements processes to undertake regular assessment, monitoring and review of the performance of workers. • The provider develops, implements and maintains a training system that: – Requires workers providing clinical care to be qualified, competent, and work within their defined scope of practice or role. – Includes training strategies to ensure that workers have the necessary skills, qualifications and competencies to effectively perform their role – Draws on the experience of older people to inform training strategies – Is responsive to feedback, complaints, incidents, identified risks and the outcomes of regular worker performance reviews. – Requires all workers to regularly receive competency-based training in core matters, at a minimum: – The delivery of person-centred, rights-based care – Culturally safe, trauma aware and healing informed care – Caring for people living with dementia – Responding to medical emergencies – The requirements of the Code of Conduct, the Serious Incident Response Scheme, the Quality Standards and other requirements relevant to the worker's role. – Is regularly reviewed to improve its effectiveness.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Workforce strategy at the provider-level addressing requirements of Outcome 2.8 • Risk mitigation strategy to respond to workforce shortages (short, medium and long term) • Evidence of strategies, processes or initiatives for maintaining a satisfied and safe (physically and psychologically) workforce. • Policies and processes for worker supervision. • Policies and processes for worker performance assessment, monitoring and reviews. • Policies and processes for training and induction management that address: – Training strategies to ensure that workers have the necessary skills, qualifications and competencies to effectively perform their role – Core and non-core training requirements for all workers. – Responsiveness to complaints, incidents, feedback, risks. – Process for monitoring worker qualifications, competency and training. – Roles and responsibilities for management and workers. – Processes for monitoring and improving the training management system. • Provider-level training needs analysis and training matrix or similar. • Provider-level Plans for continuous improvement. • Evidence of improvements adopted after review of the training management system. • Agency and subcontractor agreements that detail roles of each party (provider and subcontractor) in ensuring workers meet relevant qualification and competency requirements.	**Category 4 & 5** • Workforce strategy at the service-level addressing requirements of Outcome 2.8 • Risk mitigation strategy to respond to workforce shortages (short, medium and long term) • Evidence of strategies, processes or initiatives for maintaining a satisfied and safe (physically and psychologically) workforce. • Service-level training needs analysis and training matrix or similar. • Induction manuals, education and training resources • Service-level Plans for continuous improvement. • Sample of training and induction records for workers including agency and subcontractors (core requirements as well as training requirements relevant to strengthened Quality Standards). • Sample of position descriptions for workers (clinical and non-clinical). • Sample of worker performance reviews. • Master roster and shift rosters, identifying unfilled shifts, services cancelled, rescheduled. • Evidence of worker files to verify worker records are kept up to date (including pre-employment checks). **Category 6** • Workforce strategy at the service-level addressing requirements of Outcome 2.8 • Risk mitigation strategy to respond to workforce shortages (short, medium and long term) • Evidence of strategies, processes or initiatives for maintaining a satisfied and safe (physically and psychologically) workforce. • Service-level training needs analysis and training matrix or similar. • Induction manuals, education and training resources • Service-level Plans for continuous improvement. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*		• Sample of training and induction records for workers including agency and subcontractors (core requirements as well as training requirements relevant to strengthened Quality Standards). • Sample of position descriptions for workers (clinical and non-clinical). • Sample of worker performance reviews. • Master roster and shift rosters, identifying unfilled shifts. • Sample of call bell data (from previous 4 weeks). • Evidence of worker files to verify worker records are kept up to date (including pre-employment checks).
Governing body feedback	**Category 4, 5 & 6** • What is the governing body's role in the workforce strategy to ensure there are sufficient (and the right mix of) workers to deliver safe and quality care? • How does the governing body assure itself that the provider's workforce strategy, recruitment, training, supervision and workforce performance management systems are implemented and effective? • How does the governing body monitor these systems? • What strategies or initiatives have been recently implemented in this area?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • Can you describe your workforce strategy to: – Ensure you have the right mix of workers to deliver quality care and services. – Ensure that workers who are hired have the right skills, qualification and competencies required for the role. – Mitigate the risk of workforce shortages and worker absences or vacancies. – Minimise the use of independent contractors, where possible. • How do you monitor the implementation and effectiveness of your workforce strategy? – What triggers the review of the workforce strategy? – Can you please provide examples of recent actions that have been taken to improve the workforce strategy? • Do you monitor missed shifts, worker absence and vacancies to understand and mitigate risk to older people? • How do you monitor the implementation of your training management system? – How do you ensure that workers receive relevant competency-based training related to core matters in the Standards? – How do you ensure that training processes are effective? • How are feedback, complaints, incidents and risks used to improve training? Can you give me an example?	**Category 4, 5 & 6** • How do you ensure that you have the right number and mix of workers to meet older people's care needs and preferences? – How do you respond to any change to older people needs or preferences that require different number and mix of workers? Can you provide an example? • What strategies have you implemented to maintain a workplace that is safe (including psychologically safe) for workers? Can you please provide some examples? • Can you show me where you store worker records (including pre-employment records, qualifications, contact details)? • How do you supervise workers (including agency and subcontractors)? – What supports and resources are available to workers to access and how do they access this? • How do you manage the currency of qualifications, competency, training and scope of practice of workers? • Can you please describe how you train the workforce (including agency and subcontractors), including on core topics such as: – Person-centred and right-based care. – Culturally safe, trauma aware and healing informed care. – Caring for those living with dementia. – Responding to medical emergencies. – Requirements of Aged Care Code of Conduct, SIRS, Quality Standards and other requirements relevant to worker's role. – Clinical care (Clinical only). • How do you ensure that clinical workers are qualified, competent and work within their defined scope of practice? (Clinical only) • Do you regularly seek feedback from older people in relation to the workforce? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• How do you use feedback from older people and performance reviews to improve training? Can you give me an example? • Is there any area where you think staff need more training? • How do you ensure that workers have the time and capacity to attend trainings? – How are worker performance reviews conducted and by whom? How often are reviews conducted?
Worker feedback	**Category 4, 5, & 6** • Surveys of workers (including agency or subcontractors) indicate that there the provider has a sufficient (the right number and mix of workers) and competent workforce that feels supported and safe to deliver quality and safe care.	**Category 4, 5 & 6** • Do you feel that the provider/service maintains a safe (including psychologically safe) work environment? – Are you aware of any initiatives that the provider is implementing to support your wellbeing and safety? • Do you believe that there are sufficient (number and mix) of workers to deliver safe and quality care? If not, why not? – Can you tell me about a time that you were short on workers for a shift? When was this and what did the service do? • Are you able to provide care and services to older people when they want it? If not, why not? • Who/where do you go if you need help with something? – Do you have access to provider/service resources to help you with any questions or clarifications you may have? • <Supervisor> How do you assess the competency and performance of other workers (including agency workers) to deliver care? • Does the provider/service support you to take time to participate in training and courses? • Are there any areas where you would like more training? • Have you received competency training in relation to the minimum core matters (list matters)? When was the last time?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	**Category 4, 5 & 6** • Are you able to provide care and services to older people when they want it? If not, why not? • Who/where do you go if you need help with something from the provider/service?
Experience of older people	**Category 4, 5, & 6** Surveys of older people, family, carers across the provider (or similar) indicate that there are sufficient and trained workers to deliver quality and safe care.	**Category 4 & 5** • Are workers usually on time? Have they ever cancelled appointments with short notice? Can you tell me about this? • Do you feel that workers who provide you care and services do a good job and are trained well? **Category 6** • Do you feel that workers who provide you care do a good job and are trained well? • Do you ever feel that workers are rushed or don't have enough time to deliver your care and services? Can you tell me about this? – Do you have to wait long for workers to respond to your call bells and requests? Can you tell me about this?
Observations	Not applicable	**Category 4 & 5** • Noticeboards display information on support and resources available to workers. • Category 5 (service environment only) & 6 • Noticeboards display information on support and resources available to workers. • Observation of service environment to confirm there are sufficient workers to provide safe and quality care to older people. • Observation of agency workers, students (nursing or carer) and volunteers to validate they are receiving appropriate supervision
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of staff turnover.

12. Emergency and disaster management

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 2.10 emergency and disaster management.

Related Standard, Outcome, Action	Requirement
Outcome 2.10	The provider develops and implements emergency and disaster management plans that: • Describe how the organisation and workers will respond to an emergency or disaster and manage risks to health, safety and wellbeing of older people and workers. • Outline strategies to prepare for, and respond to an emergency or disaster • Consider the input of older people, family, carers and workers • Are regularly tested and reviewed in partnership with older people, family, carers, workers and other response partners.

Examples of evidence

Evidence category	Provider-level	Service-level
Documents and records	**Category 4, 5 & 6** • Policies and procedures for emergency management. • Roles and responsibilities for management and workers in relation to emergency management. • Provider-level emergency and disaster management plans that address strategies to prepare for and respond to an emergency or disaster. • Roles and responsibilities of other response partners.	**Category 4, 5 & 6** • Service-level emergency and disaster management plans that address strategies to prepare for and respond to an emergency or disaster. • Older person-specific emergency/disaster management plan (if relevant). • Sample of reports or other evidence of emergency tests or drills conducted (e.g. fire evacuation, infectious disease lockdown, etc.) • Sample of training records for workers and management that have received emergency management training. • Schedule for external parties to check emergency equipment (e.g. extinguishers, fire blankets, defibrillators). • Evidence of engagement/partnering with older people, family, carers and workers on emergency management.
Governing body feedback	Not applicable	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • What is the role of the provider in emergency and disaster management? How does this differ from the role of the individual services? • How are priorities reviewed and communicated during emergencies and disasters, including during infectious outbreaks? • What strategies are in place to prepare for, and respond to, emergencies and disasters? • How do you monitor and improve the emergency management systems and processes? • What other response partners are involved in the review of emergency systems, processes and plans?	**Category 4, 5 & 6** • What is the service's role in emergency and disaster management? – How are priorities reviewed and communicated during emergencies and disasters, including during infectious outbreaks? – What strategies are in place to prepare for, and respond to, an emergency or disaster? • How does the service engage with older people, families, carers, workers and other response partners to: – Develop strategies for emergency and disaster management? – Test and review emergency and disaster management plans? – How does the service alert and communicate with older people in case of an emergency and disaster?
Worker feedback	Not applicable	**Category 4 & 5** • What is your role during an emergency or disaster event? How would you support older people that receive care? **Category 6** • What is your role during an emergency or disaster event? • In case of an evacuation, do you know what to do and take with you (e.g. equipment, medical devices) to continue providing care and services? • Do you have ready access to the emergency and disaster management policies, processes, and plans?
Third party feedback	Not applicable	**Category 4, 5 & 6** • What is your role during an emergency or disaster event?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people	Not applicable	**Category 4 & 5** • Has the service sought your input on how to manage emergency situations that may affect your home and your safety and wellbeing (e.g. bushfires, floods)? **Category 6** • Has the service sought your input and provided you an opportunity to test and review emergency and disaster plans on what would happen in case of an emergency such as a bushfire or flood?
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 5 (service environment only) & 6** • Emergency exits signed, well-lit and clear. • Emergency evacuation diagram(s) in appropriate locations with assembly point clearly noted. • Emergency management workers (first aiders and wardens) identified and contact numbers listed. • Fire blankets and extinguishers are in date.
Care outcomes	Not applicable	Not applicable

13. Assessment and planning

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates all requirements related to assessment and planning from the Quality Standards (except for food and nutrition) in one place to reduce duplication and support a holistic assessment by auditors – this includes holistic assessment of all care and services including clinical care and services. The theme incorporates the requirements from Outcome 3.1 and Outcome 5.4 (clinical only). Auditors must holistically assess all aspect of the provider' systems and processes for assessment and planning only – any aspects related to the actual delivery of care, communication related to care, coordination and transitions, and clinical safety must be assessed under their own themes (i.e. theme 14 - delivering comprehensive care and services, theme 15 – clinical safety, and theme 16 – care coordination and transitions).

Related Standard, Outcome, Action	Requirement
Outcome 3.1	The provider develops and implements systems and processes for assessment and planning that: • Person-centred: Informs and enables person-centred, inclusive and culturally safe, trauma aware and healing informed care (Linked to Outcome 1.1) • Goals and quality of life: Detail requirements to support preventative care, optimise quality of life, reablement and maintenance of function by: – Understanding and recording the older person's needs goals and preferences. – Enabling positive risk-taking that promotes the person's autonomy and quality of life. – Recording, monitoring and responding to changes to the older person's quality of life. • Risks: Detail requirements for identifying risks to the older person's health, safety and wellbeing and, with the older person identifies strategies for managing these risks. • Health professionals: Detail requirements for involving relevant health professionals where required • Direct the delivery of care and services (Linked to Outcome 3.2). • Partnering: Detail requirements for communicating and partnering with the older person and others that the older person wishes to involve • Communication: Ensure that the outcomes of assessment and planning are effectively communicated to: – The older person, in a way they understand • The older person's family, carers and others involved in their care, with their informed consent
Outcome 5.4 (Clinical only)	• Clinical assessment: Detail requirements for comprehensive clinical assessments at commencement of care that includes: – A comprehensive medical assessment with a General Practitioner – Collaboration with health professionals who know the older person – Identifying, documenting and planning for clinical risks, acute conditions and exacerbations of chronic conditions – Identifying an older person's level of clinical frailty and communication barriers and planning clinical care to optimise the older person's quality of life, reablement and maintenance of function. – Referring and facilitating access to medical, rehabilitation, allied health, specialist nursing and advisory services to address the older person's clinical needs – Identifying and providing access to the equipment, aids, devices and products required by the older person. • Advance care planning: Detail requirements for advance care planning that: – Support the older person to discuss future medical treatment and care needs, in line with their needs, goals and preferences, including beliefs, cultural and religious practices and traditions – Support the older person to complete and review advance care planning documents, if and when they choose – Support the older person to nominate and involve a substitute decision maker for health and care decisions, if and when they choose – Ensure that advance care planning documents are stored, managed, used and shared with relevant parties, including at transitions of care.

13. Assessment and planning

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates all requirements related to assessment and planning from the Quality Standards (except for food and nutrition) in one place to reduce duplication and support a holistic assessment by auditors – this includes holistic assessment of all care and services including clinical care and services. The theme incorporates the requirements from Outcome 3.1 and Outcome 5.4 (clinical only). Auditors must holistically assess all aspect of the provider' systems and processes for assessment and planning only – any aspects related to the actual delivery of care, communication related to care, coordination and transitions, and clinical safety must be assessed under their own themes (i.e. theme 14 - delivering comprehensive care and services, theme 15 – clinical safety, and theme 16 – care coordination and transitions).

Related Standard, Outcome, Action	Requirement
Outcome 3.1 Outcome 5.4	• Develop care plans: Detail requirements for development of care and services plans that: – Are individualised – Detail the older person's individual background, culture, diversity, beliefs, life experiences and use this to direct the way their care and services are delivered (Linked to Outcome 1.1) – Record if an older person is culturally or linguistically diverse, including whether they identify as an Aboriginal or Torres Strait Islander person (Linked to Outcome 1.1) – Describe the older person's needs, goals and preferences – Are current and reflect the outcomes of any assessments (including clinical assessments where required) – Document food and nutrition information, including but not limited to older person's dining needs, what they like to eat and drink, when they like to eat and drink, what makes a positive dining experience for them, clinical or other physical issues that impact their ability to eat and drink (Linked to Outcome 6.2) – Include information about the risks associated with care and service delivery and how workers can support the older person manage these risks – Document existing or known allergies or side effects to medicines, vaccines or other substances (Linked to Outcome 5.3). – Identify the older person's individual communication needs and preferences (Linked to Outcome 1.1) – Identify others involved in the older person's care (including family, carers, other health professionals and other providers) – Are offered to, and able to be accessed by the older person – Are used and understood by workers to guide the delivery of care and services. • Review care plans: Detail requirements to monitor, review and update care and services plans when: – The older person's needs, goals or preferences change – The older person's ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition deteriorates or changes – The care that can be provided by an older person's family or carer changes – Risks emerge or there are changes or an incident that impacts the older person – Care responsibility changes between others involved in the older person's care. • Continuous improvement: Detail requirements for monitoring, reviewing and continuously improving the effectiveness of systems and processes for assessment and planning.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Strategies, policies and procedures that support a person-centred approach to assessment and planning. • Policies and processes for assessment and planning, aligned with contemporary evidence-based practice, that address: – Processes for identify risks to older people. – Processes for identifying goals and preferences for older people. – Processes for communicating outcomes of assessment and planning. – Processes for partnering with older people on assessment and planning. – **<Clinical only>** Processes for coordinating with other health professionals on clinical assessments. – **<Advanced care planning>** Processes for advanced care planning. – Processes for monitoring the delivery of care to ensure it complies with the older person's care plans and advance care plans (where relevant). – Processes for developing, monitoring, reviewing and updated care plans. – Roles and responsibilities for management and workers. – Processes for monitoring and improving the effectiveness of assessment and planning processes. • Evidence of the provider monitoring assessment and planning processes to ensure they are effective (e.g. audits or assessments). • Provider-level plans for continuous improvement of assessment and planning. – Evidence of improvements adopted to assessment and planning systems and processes. • Evidence of arrangements or agreements with those outside the service involved in planning care and services, to meet the older person's needs, goals and preferences. • Evidence that information and resources are available in appropriate formats and language translations to help older people partner in assessment and planning. *Continued on the next page*	**Category 4, 5 & 6** • Service-level plans for continuous improvement of assessment and planning. • Evidence of improvements adopted to assessment and planning systems and processes. – Sample of care plans and clinical notes for older people reviewed to validate: – That care plans are individualised and tailored. – That care plans include goals of reablement and evidence of how care is delivered to enable this including review and evaluation. – That assessments are goal-oriented and capture pre-existing conditions, risks, allergies, cultural and communication preferences, etc. – The involvement of the older person, family, carers and others as part of the assessment and planning process. – **<Clinical only>** That comprehensive clinical assessment were completed at commencement of care – **<Clinical only>** That clinical risks, acute conditions and exacerbations of chronic conditions are documented together with clinical frailty. – **<Clinical only>** Includes referrals and access to medical, rehabilitation, allied health, specialist nursing and advisory services to address the older person's clinical needs – **<Advanced care planning>** Advance care planning decisions were made with the older person / nominated substitute decision maker. – That care plans are regularly reviewed and updated as necessary, including after significant changes in the older person's diagnosis, behaviour, cognition, mental state or condition, preferences, goals – whether conferences with older persons, families, carers are held as necessary. – That care plans are reviewed and updated at transitions of care. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*	• Training content and guidance for workers on assessment and planning, including clinical assessments and advance care planning. • **<Advanced care planning>** Evidence of communication of information related to advance care planning and end of life to older persons, families, carers, others. • **<Advanced care planning>** Evidence that there is clear guidance for members of the workforce on decision-making processes when an older person's wishes and preferences are not known. This includes wishes that were documented in the past, advance directives, and the role of substitute decision makers and representatives.	• Records reflect that the older person and others they want to involve, are involved in deciding how the service delivers their services and supports. • Records show that the organisation designs services and supports with the older person and that they adjust these to reflect the older person's changing needs, goals and preferences. • Evidence that the service monitors reports and keeps improving outcomes for older people through effective assessment and planning. • Evidence of communications with health professionals being involved in the review of care and how their inputs have informed the review of the care plans. • **<Advanced care planning>** Sample of advance care plans or similar reviewed to validate: – That advance care plans document advance care directives, plans and substitute decision makers. • That advance care plans are reviewed and updated when circumstances change.
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure yourself that the provider has implemented effective systems and processes for assessment and planning? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • How do you monitor the implementation of the assessment and planning processes: – How do you monitor that assessment and planning systems and processes are aligned with contemporary evidence-based practice? – How do you monitor the effectiveness of care plans and that agency and subcontractor workers are following care plans? – How does feedback from older people improve assessment and planning processes? – What actions have you taken to improve their effectiveness? • <Advance care planning> How does the provider monitor the effectiveness of its processes for advance care planning? What actions have been taken to improve the effectiveness of advance care planning? • What data, key performance indicators and other information do you monitor to understand the provider's performance related to assessment and planning?	• Who is responsible for assessment and planning of care and services? How do you ensure that they are skilled and qualified to assess and plan care (including clinical care where relevant)? – **<Clinical only>** Do you conduct comprehensive clinical assessments? What is involved? – **<Clinical only>** Is the older person's General Practitioners and other preferred service providers, such as those providing dental care, hearing aids or glasses involved in the comprehensive clinical assessment? Are other allied health professionals involved? – How do you partner with older people (and those they wanted involved in their care) to plan care and services, including reassessments and reviews? • How do you support older people who need help communicating to take part in planning their care and services? • How and what information is provided to agency and subcontractor workers about the older person's assessment and planning? How do you monitor that subcontractors are delivering care in accordance with the care plans? • How do you monitor and respond to risks, clinical conditions, deterioration of the older person to ensure they are reassessed and care plans are updated? – What training is provided to workers to ensure they are monitoring the risks, clinical conditions, deterioration of the older person and responding to the change in needs and preferences? – In what circumstances is the care plan updated? – How do you inform older people and their families about changes to the care plans? – How do incidents that impact an older person inform the review of their care plan? – **<Advance care planning>** What are the provider's processes for advance care planning? – **<Advance care planning>** How does the provider ensure workers are skilled and qualified to undertake advance care planning? What training is provided to workers to consider the older person's preferences, beliefs, cultural and religious practices and traditions as part of advance care planning?

Continued on the next page

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		– **<Advance care planning>** How does the provider ensure that advance care plans are documented in the older person's clinical records and care is provided in accordance with these plans? How are these plans shared at transition of care in accordance with legal requirements and evidence-based guidance? – **<Advance care planning>** How often are advance care plans reviewed?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**

Worker feedback	Not applicable	**Category 4, 5 & 6**
		• Who is responsible for assessment and planning of care, including clinical care?
		  – How do you involve and communicate about assessment and planning with the older person and others that the older person wishes to involve?
		• How and when would a care plan be reviewed? What triggers the review process? How is the older person, family and carers involved in the review process?
		  – How are you notified when an older person's services or preferences for care delivery change?
		• Is there any information you need to deliver care that you don't get?
		• Is the information and level of detail in the care plans enough for you to deliver care safely and in line with each older person's preferences?
		• **<Worker coordinating clinical assessments at commencement>** Can you describe the initial clinical assessment process that is conducted on commencement of care? What activities are undertaken and who is involved?
		• **<Clinical only>** How do you monitor the clinical conditions of the older person? Who is notified if clinical conditions change or incidents occur?
		• **<Clinical only>** Can you tell me about an older person who has had a significant change in their diagnosis, deterioration in behaviour, cognition, mental, physical or oral health? Has their care plan been reviewed and what was the outcome of that review?
		• **<Advance care planning>** Can you describe a time you had a conversation with an older person about advance care planning? Did you feel comfortable and prepared to handle that conversation?
		• **<Advance care planning>** (If relevant) How do you coordinate advance care planning with substitute decision-maker if an older person loses capacity?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	**Category 4, 5 & 6** • How are you involved in an older person's assessment and care planning processes? • How does the service communicate with you regarding care planning and reviews? Are these processes effective? If not, do you have suggestions for improvement? • Is there sufficient information and level of detail in the care plans? • Is there any information you need for assessment and planning that you don't get from the service?
Experience of older people	**Category 4, 5 & 6** Surveys of older people, family, carers across the provider (or similar) indicate that older people are happy with assessment and planning processes, including advanced care planning.	**Category 4, 5 & 6** • Tell me about the type of services you are receiving. How do they help you? – Do you feel like you get the care and services that you need? If not, why not? – Do workers explain things to you about your care? – Do workers/the service offer you a copy of your care plan? – Do workers communicate information about your care in a way that you can easily understand? – What choice do you have about your care and services? For example, genders of workers and times that you would prefer your meals, medication and personal care. • Does the provider check in with you regularly to reassess whether your care and services still meet your needs, goals and preferences? – Do they involve you, your family and carers in these assessments? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people *(continued)*		• <Representative/carer> Are you involved in assessment/reassessment and the development of the care plan? Have you received a copy of the full care plan? • <Older person new to the service> How was your overall experience on commencement of care? Did the provider undertake comprehensive assessments to determine your care needs, goals and preferences? Were you or your family/carer involved in these assessments? • <Advance care planning> Have workers spoken to you about advanced care planning to help determine what is important to you and your preferences for future health care if you were to become seriously ill and unable to communicate your preferences or make treatment decisions?
Observations	Not applicable	**Category 4 & 5** Not applicable **Category 6** • Observations of assessments or reassessments being conducted by the service.
Care outcomes	Not applicable	Not applicable

14. Delivering comprehensive care and services

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates key requirements related to delivering comprehensive care and services from the Quality Standards in one place to reduce duplication and support holistic assessment by auditors – this theme relates to all care and services. The theme incorporates the requirements from Outcome 3.2, Outcome 3.3, Outcome 4.1, Outcome 5.4 (clinical only), Outcome 5.6 (clinical only) and Outcome 7.1 (category 6 providers only). Auditors must holistically assess all aspect of the provider' systems and processes for delivering comprehensive care and services. Any gaps or issues related to the actual assessment and planning systems or processes should be captured under theme 13.

Note: This theme excludes themes 15 (clinical safety) and 16 (care coordination and transitions). Whilst these themes are fundamental to delivering comprehensive care and services, they have been excluded to make the size of theme manageable for a single auditor.

Related Standard, Outcome, Action	Requirement
Outcome 3.2 Outcome 5.4	The provider develops and implements systems and processes for delivering comprehensive care and services that: • Person-centred: Ensure older people receive person-centred, inclusive, culturally safe, trauma aware and healing informed care that (Linked to Outcome 1.1): – Is provided in accordance with contemporary, evidence-based practices – Meet their current needs, goals and preferences – Optimises their quality of life. • Goals and quality of life: Ensure care and services are delivered in a way that optimise quality of life, reablement and maintenance of function where this is consistent with the older person's preferences. • Recognising and responding to risks: Detail strategies to support workers to: – Recognise risks or concerns related to an older person's health, safety and wellbeing – Identify deterioration or changes to an older person's ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition – Respond to, and escalate, risks in a timely manner. • Communication: Detail strategies to support workers to: – Understand the way different older people communicate, including people living with dementia or have difficulty communicating – Communicate effectively with different older people, both verbally and non-verbally. • Worker choice: Enables the provider to make reasonable efforts to involve the older person in selecting their workers (including the gender of, and language spoken by, workers providing care) and maximise worker continuity. • Continuous improvement: Detail requirements for monitoring, reviewing and continuously improving the effectiveness of systems and processes for delivering comprehensive care and services. – Detail processes for delivering coordinated, multidisciplinary and holistic comprehensive care in line with the care and services plan.

14. Delivering comprehensive care and services

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates key requirements related to delivering comprehensive care and services from the Quality Standards in one place to reduce duplication and support holistic assessment by auditors – this theme relates to all care and services. The theme incorporates the requirements from Outcome 3.2, Outcome 3.3, Outcome 4.1, Outcome 5.4 (clinical only), Outcome 5.6 (clinical only) and Outcome 7.1 (category 6 providers only). Auditors must holistically assess all aspect of the provider' systems and processes for delivering comprehensive care and services. Any gaps or issues related to the actual assessment and planning systems or processes should be captured under theme 13.

Note: This theme excludes themes 15 (clinical safety) and 16 (care coordination and transitions). Whilst these themes are fundamental to delivering comprehensive care and services, they have been excluded to make the size of theme manageable for a single auditor.

Related Standard, Outcome, Action	Requirement
Outcome 7.1 (Category 6 only)	• Activities of daily living: Detail requirements for the provider to support and enable older people to do the things they want to do, including but not limited to: – Participating in lifestyle activities that reflect the diverse nature of the residential community – Promoting their quality of life – Minimising boredom and loneliness – Maintaining connections and participating in activities that occur outside the residential community – Having social and personal relationships – Contributing to their community through participating in meaningful activities that engage the older person in normal life – Maintaining relationships of choice free from judgement, including intimate relationships, and engage in sexual activity – Entertaining their visitors in private. – Controlling who goes into their room and when this happens. • Function for ADLs: Detail processes for identifying, monitoring and recording older people's function in relation to activities of daily living.
Outcome 3.2 Outcome 4.1a Outcome 4.1b	• Equipment: Ensure older people are supported to use equipment, aids, devices and products safely and effectively. – Equipment and aids provided by the provider are safe, clean, well-maintained and meets the needs of older people (Category 4 & 5 only). – Equipment used in the delivery of care and services is safe, clean, well-maintained and meets the needs of older people (Category 5 & 6).

14. Delivering comprehensive care and services

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates key requirements related to delivering comprehensive care and services from the Quality Standards in one place to reduce duplication and support holistic assessment by auditors – this theme relates to all care and services. The theme incorporates the requirements from Outcome 3.2, Outcome 3.3, Outcome 4.1, Outcome 5.4 (clinical only), Outcome 5.6 (clinical only) and Outcome 7.1 (category 6 providers only). Auditors must holistically assess all aspect of the provider' systems and processes for delivering comprehensive care and services. Any gaps or issues related to the actual assessment and planning systems or processes should be captured under theme 13.

Note: This theme excludes themes 15 (clinical safety) and 16 (care coordination and transitions). Whilst these themes are fundamental to delivering comprehensive care and services, they have been excluded to make the size of theme manageable for a single auditor.

Related Standard, Outcome, Action	Requirement
Outcome 3.2 Outcome 5.6	**Cognitive impairment and dementia** • The provider develops and implements systems and processes for caring for older people living with cognitive impairment and dementia that: • Incorporate contemporary, evidence-based strategies for the timely recognition of dementia and the delivery of care that best supports people living with dementia • Detail processes for identification and regular review of the strengths and skills of people living with dementia and encourages use of these day-to-day • Enables family, carers and health professionals involved in the older person's care to collaborate as partners in planning and delivering the older person's care (in line with the older person's wishes) to optimise outcomes. • Detail processes to identify and respond to the complex clinical care needs of people with delirium, dementia and other forms of cognitive impairment, including (Clinical only): – Identifying and mitigating clinical risks – Delivering increased care requirements – Being alert to deterioration and underlying contributing clinical factors. • Detail processes for identifying and minimising situations that may precipitate changes in behaviour (Clinical only). • Detail processes for identifying and responding to clinical and other identified causes of changes in behaviour (Clinical only).
Outcome 3.2	**Restrictive practices** The provider develops and implements strategies for minimising the use of restrictive practices, and where restrictive practices are used, these are: • Used as a last resort • Used in the least restrictive form and for the shortest time needed • Used with the informed consent of the older person • Monitored and regularly reviewed.

14. Delivering comprehensive care and services

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates key requirements related to delivering comprehensive care and services from the Quality Standards in one place to reduce duplication and support holistic assessment by auditors – this theme relates to all care and services. The theme incorporates the requirements from Outcome 3.2, Outcome 3.3, Outcome 4.1, Outcome 5.4 (clinical only), Outcome 5.6 (clinical only) and Outcome 7.1 (category 6 providers only). Auditors must holistically assess all aspect of the provider' systems and processes for delivering comprehensive care and services. Any gaps or issues related to the actual assessment and planning systems or processes should be captured under theme 13.

Note: This theme excludes themes 15 (clinical safety) and 16 (care coordination and transitions). Whilst these themes are fundamental to delivering comprehensive care and services, they have been excluded to make the size of theme manageable for a single auditor.

Related Standard, Outcome, Action	Requirement
Outcome 3.3	**Communicating for safety and quality** The provider develops and implements systems and processes for communicating structured information about older people and their care and services that: • Ensure critical information is effectively communicated in a timely way to workers family, carers and health professionals involved in the older person's care. • Detail processes for using the communication system when: – The older person commences receiving care and services – The older person's needs, goals or preferences change – Risks emerge, there is a change, deterioration or an incident that impacts the older person (including clinical incident) – Handover or transitions of care occurs between workers or others involved in the older person's care. • Detail processes for older people, family, carers and health professionals involved in the older person's care to escalate concerns about the older person's health, safety or wellbeing. • Detail processes for correctly identifying and matching older people to their care and services • Detail requirements for monitoring, reviewing and continuously improving the effectiveness of systems and processes for communicating structured information.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Strategies, policies and procedures that support a person-centred approach to care delivery. • Policies and processes for delivery of comprehensive care and services, aligned with contemporary evidence-based practice, that address: – Processes for delivering person-centred, culturally safe, trauma aware, healing informed care. – Monitoring and responding to risks and deterioration in health and function of older people. – Processes for use of equipment, aids and devices. – Processes for communicating with older people. – Processes for monitoring the delivery of care to ensure it complies with the older person's care plans and advance care plans (where relevant). – Roles and responsibilities for management and workers. – Processes for monitoring and improving the effectiveness of processes for delivering comprehensive care and services. • <Restrictive practices> Policies and processes for restrictive practices, aligned with contemporary evidence-based practice and aligned with legislative requirements. • <Cognitive impairment> Policies and processes for cognitive impairment, aligned with contemporary evidence-based practice. • <Communicating for safety> Policies and processes for communicating for safety, aligned with contemporary evidence-based practice. • <Activities for daily living> Policies and processes for activities for daily living, aligned with contemporary evidence-based practice (Category 6 only) *Continued on the next page*	**Category 4 & 5** • Service-level plans for continuous improvement of processes for delivery of comprehensive care and services. – Evidence of improvements adopted to processes for delivery of comprehensive care and services. • Evidence of timely communication of information between workers, family, carers and health professionals included in the older person's care. • Escalation procedure for older people, health professionals and families around how to escalate and respond to changes. • Rosters and worker staffing model supports preferences of older people for worker selection (where reasonable). • Guidance and information for workers on delivering culturally safe, trauma aware and healing informed care. • Sample of care plans and notes for older people reviewed to validate: – Informed consent in place where restrictive practices are in use. – Behaviour support plan in place where necessary. – Risk assessment is in place. – Tracking of risks and deterioration of health and function. **Category 6** • Service-level plans for continuous improvement of processes for delivery of comprehensive care and services. – Evidence of improvements adopted to processes for delivery of comprehensive care and services. • Evidence of timely communication of information between workers, family, carers and health professionals included in the older person's care. • Escalation procedure for older people, health professionals and families around how to escalate and respond to changes. • Evidence of communication of monthly care statements to older people receiving residential care services. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*	• Evidence of the provider monitoring the implementation of processes for: – Delivery of comprehensive care and services. – Restrictive practices. – Cognitive impairment. – Communicating for safety. – Activities for daily living (Category 6 only) • Provider-level plans for continuous improvement of processes for delivery of comprehensive care and services. • Evidence of improvements adopted to processes for delivery of comprehensive care and services.	• Rosters and worker staffing model supports preferences of older people for worker selection (where reasonable). • Guidance and information for workers on delivering culturally safe, trauma aware and healing informed care. • Sample of care plans and notes for older people reviewed to validate: – Informed consent is in place where restrictive practices are in use. – Behaviour support plan is in place where necessary. – Goals and preferences for daily living are documented. – Tracking of risks and deterioration of health and function. – Older person's preferences for privacy and access to their room. • Maintenance records or similar for equipment, aids and devices used to deliver care and services. • Schedule of activities for daily living. • Sample of intake assessment forms capture the older person's preferences and goals in relation to daily living. • Evidence of how the organisation has maintained social supports for older people and increased opportunities for social interaction. • Evidence of how the service has tackled barriers that prevent older people from taking part in their community and other activities. • Evidence that the organisation works with external groups offering tailored and culturally safe services and supports to an older person or group of older people.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for delivering comprehensive care and services, including managing cognitive impairment, restrictive practices, and activities for daily living? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable
Management feedback	**Category 4, 5 & 6** • How do you monitor the implementation of processes for delivering comprehensive care and services: – How do you ensure that processes for delivering comprehensive care and services are aligned with contemporary evidence-based practice? – **<Category 6 only>** How do you ensure that processes for activities for daily living are aligned with contemporary evidence-based practice? – How do you monitor the effectiveness of care delivery and ensure it is aligned with care plans and is person-centred? – How do you ensure that monitoring processes are in place and effective at identifying and responding to changes in an older person's health? – How does feedback from older people improve processes for delivering comprehensive care and services? – What actions have you taken to improve the effectiveness of these processes? • **<Restrictive practices>** How does the provider monitor the effectiveness of its processes for restrictive practices? What actions have been taken to improve the effectiveness of these processes? • **<Cognitive impairment>** How does the provider monitor the effectiveness of its processes for cognitive impairment? What actions have been taken to improve the effectiveness of these processes? *Continued on the next page*	**Category 4 & 5** • When an older person can't manage day to day activities like they used to, how does the service support older people to regain function? • How does the service support the workforce to respect an older person's wishes to act independently, but also to identify and reduce risks so they can support their independence as safely as possible? • How does the service respond when changes or risks to an older person's health or function are identified? • What processes are in place to maximise worker continuity and engage older people in the selection of their workers? • How do you ensure that workers communicate effectively with older people, particularly those with communication challenges (e.g. low literacy levels, sensory or hearing impairments, language barriers or poor cognition)? • How do you communicate critical information in a structured manner to older people, family, carers, health professionals involved in care and workers, including when: – The older person commences receiving care and services – The older person's needs, goals or preferences change – Risks emerge, there is a change, deterioration or an incident that impacts the older person *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*	• **<Communicating for safety>** How does the provider monitor the effectiveness of its processes for communicating critical information about an older person? What actions have been taken to improve the effectiveness of these processes? • What data, key performance indicators and other information do you monitor to understand the provider's performance related to: – Delivery of comprehensive care and services. – Activities for daily living (Category 6 only) – Restrictive practices. • Cognitive impairment.	• How can older people, family, carers, health professionals and workers escalate concerns about the health and wellbeing of the older person? • **<Restrictive practices>** How do you monitor, review and minimise use of restrictive practices? How do you ensure that it is used as a last resort and informed consent is sought from the older person or their substitute decision maker? • **<Cognitive impairment>**How do you ensure that care and services are adapted and responsive to the individual needs of older people living with dementia? – How are workers trained and supported to manage these situations? • **<Equipment>** How does the provider ensure that equipment provided to older people is safe, clean, well-maintained and meets the needs of older people? **Category 6** • When an older person can't manage day to day activities like they used to, how does the service support older people to regain function? • How does the service support the workforce to respect an older person's wishes to act independently, but also to identify and reduce risks so they can support their independence as safely as possible? • How does the service respond when changes or risks to an older person's health or function are identified? • What processes are in place to maximise worker continuity and engage older people in the selection of their workers? • How do you ensure that workers communicate effectively with older people, particularly those with communication challenges (e.g. low literacy levels, sensory or hearing impairments, language barriers or poor cognition)? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• How do you communicate critical information in a structured manner to older people, family, carers, health professionals involved in care and workers, including when: – The older person commences receiving care and services – The older person's needs, goals or preferences change – Risks emerge, there is a change, deterioration or an incident that impacts the older person • How can older people, family, carers, health professionals and workers escalate concerns about the health and wellbeing of the older person? • What processes are in place to ensure care statements are provided monthly to older people? • **<Restrictive practices>** How do you monitor, review and minimise use of restrictive practices? How do you ensure that it is used as a last resort and informed consent is sought from the older person or their substitute decision maker? • <Cognitive impairment>How do you ensure that care and services are adapted and responsive to the individual needs of older people living with dementia? – How is feedback from older persons with cognitive impairment, and their families and carers collected and used to inform improvement strategies? – Can you provide an overview of the number incidents in the previous 12 months involved an older person with cognitive impairment (e.g. agitated, escalation in behaviour)? What can be learned from the data and what actions have been taken to improve care delivery for those with cognitive impairment? – How do you identify and manage change in behaviour of an older person with cognitive impairment. How does the provider respond to clinical and other identified causes of changes in behaviour? – How are workers trained and supported to manage these situations?

Continued on the next page

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• **<Equipment>** How does the provider ensure that equipment used to deliver care and services (including by subcontractors and other health professionals) is safe, clean, well-maintained and meets the needs of older people? • **<Activities for daily living>** How do you partner with older people to identify ways to support wellbeing and connection and minimise loneliness and boredom? • **<Activities for daily living>** How do you monitor the impact of lifestyle activities on older people (e.g. whether they are meaningful, enjoyable, etc.) and continuously improve these? • **<Activities for daily living>** How is the workforce supported to recognise and engage with older people who are at risk of being socially isolated or feeling lonely? • **<Activities for daily living>** How do you plan, adopt and review ways to support older people's choice and decision-making, including when it involves taking positive risks?
Worker feedback	Not applicable	**Category 4 & 5** • Can you tell me what it means to deliver care that is culturally safe, trauma aware and healing informed? How do you do this in practice? • How do you recognise and respond to risks, changes, deterioration etc, to an older person? – What do you do if risks, changes or deterioration are identified? – What is the process for identifying when an older person may need an external service or health professional and referring them to the services they need? • Can you tell me about <older person name> and what is important to them in their care delivery? How do you support them to maintain their independence and quality of life? • **<Equipment>** What is your role in ensuring that equipment, aids and devices provided to older people are safe, clean and effective? • How do you receive critical information about an older person and their care and services (including any changes)? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback *(continued)*		• How do you communicate with older people that have difficulty communicating due to cognitive impairment or non-verbal? • **<Restrictive practices>** Can you tell me about an older person that is subject to restrictive practices? Can you tell me why and what other strategies were trialled before they were subject to restrictive practices? • **<Cognitive impairment>** How do you provide care for people living with dementia in a way that is sensitive to their abilities and supports their strengths? • **<Cognitive impairment>** What training do you receive in supporting people living with dementia? • **<Cognitive impairment>** Can you tell me about an older person who was identified as having delirium, dementia or other cognitive impairment? What has been done to increase care requirements and what strategies are in place to manage their behaviour? **Category 6** • Can you tell me what it means to deliver care that is culturally safe, trauma aware and healing informed? How do you do this in practice? • How do you recognise and respond to risks, changes, deterioration etc, to an older person? – What do you do if risks, changes or deterioration are identified? – What is the process for identifying when an older person may need an external service or health professional and referring them to the services they need? • Can you tell me about <older person name> and what is important to them in their care delivery? How do you support them maintain their independence and quality of life? • **<Equipment>** What is your role in ensuring that equipment, aids and devices provided to older people are safe, clean and effective? • How do you receive critical information about an older person and their care and services (including any changes)? • How do you communicate with older people that have difficulty communicating due to cognitive impairment or non-verbal? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback *(continued)*		• **<Restrictive practices>** Can you tell me about an older person that is subject to restrictive practices? Can you tell me why and what other strategies were trialled before they were subject to restrictive practices? • **<Cognitive impairment>** How do you provide care for people living with dementia in a way that is sensitive to their abilities and supports their strengths? • **<Cognitive impairment>** What training do you receive in supporting people living with dementia? • **<Cognitive impairment>** Can you tell me about an older person who was identified as having delirium, dementia or other cognitive impairment? What has been done to increase care requirements and what strategies are in place to manage their behaviour? • **<Activities for daily living>** Have you had a time when an older person has wanted to do something that you couldn't offer? How did you manage this? • **<Activities for daily living>** Are there opportunities for unplanned and self-directed activities? • **<Activities for daily living>** How do you tailor activities or services to individual needs, levels of ability and preferences? • **<Activities for daily living>** How do you ensure that activities for daily living don't impact the physical and psychological safety of older people? • **<Activities for daily living>** How and where can older people entertain their visitors?
Third party feedback	Not applicable	**Category 4, 5 & 6** • How does the provider proactively engage with you where risks, changes or deterioration are identified for an older person that require your input/expertise? • How do you receive critical information about an older person and their care and services (including any changes)?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people	Not applicable	**Category 4 & 5** • What is important to you about how your care is delivered? Do you feel that the service helps you achieve this and maintain independence and quality of life? • Are you happy with workers that provide you care? Do you have a good relationship with them? • <Representative interview> Do you feel that the service effectively communicates with you about important changes or information about <older person name>? How do they keep you involved? • <Equipment> Is the equipment, aids, devices provided by the provider safe, clean and maintained? Do they meet your needs? • <Restrictive practices representative interview> I understand that <older person name> is subject to a form of restrictive practice. This can impact their health, safety and wellbeing and should only be used as a last resort. – Has anyone told you what the primary purpose of the <name the type of restrictive practice> is? – Do you have any concerns about how this impacts <older person name> on a daily basis? – Have any other strategies been trialled to manage behaviours? – Have you been (or someone else) been asked to give your informed consent for <type of restrictive practice> to be used? – Has anyone at the service talked to you about how to best develop a behaviour support plan for <older person name>? • <Cognitive impairment representative interview> How are workers supporting <older person name> living with dementia? Do you have any concerns? – Do you know if the service has sought support from specialist dementia services in relation to <older person name> behaviours? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people *(continued)*		**Category 6** • What is important to you about how your care is delivered? • Do you feel that the service helps you achieve and maintain independence and quality of life? • Are you happy with workers that provide you care? Do you have a good relationship with them? • **<Representative interview>** Do you feel that the service effectively communicates with you about important changes or information about <older person name>? How do they keep you involved? • **<Equipment>** Do you feel that your <name of personal equipment, e.g. walker, wheelchairs, other aids> is helping you move around/maintain mobility/do what you like to do? Do you like using it? Is there any other equipment that you need? • **<Restrictive practices representative interview>** I understand that <**older person name>** is subject to a form of restrictive practice. This can impact their health, safety and wellbeing and should only be used as a last resort. – Has anyone told you what the primary purpose of the <name the type of restrictive practice> is? – Do you have any concerns about how this impacts <older person name> on a daily basis? – Have any other strategies been trialled to manage behaviours prior to the use of restrictive practices? – Have you been (or someone else) been asked to give your informed consent for <type of restrictive practice> to be used? And do you understand what the informed consent is – Has there been a discussion of the risks and benefits of the use of restrictive practice? – Has anyone at the service talked to you about how to best develop a behaviour support plan for <older person name>? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people *(continued)*		• **<Cognitive impairment representative interview>** How are workers supporting **<older person name>** living with dementia, including managing responsive behaviours such as wandering, calling out, resistiveness to care? Do you have any concerns? – Do you know if the service has sought support from specialist dementia services in relation to <older person name> behaviours? • **<Activities for daily living>** Are there things you would really like to do at or outside of the service? Can you tell me more? • **<Activities for daily living>** Do staff respect your privacy and preferences in how they enter your room? • **<Activities for daily living>** Are you able to entertain guests in private (in your room or other areas of the service) when you like?
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 6** • Observation to validate that: – Care and services delivered are aligned with the older person's care plan. – Workers are engaging with older people and delivering care in a person-centred manner. – Handover processes between workers and shifts to ensure critical information is shared and documented. • **<Restrictive practices>** Observation to validate that all restrictive mechanical restraints are used safely. • **<Equipment>** Observations to validate that: – Equipment, aids, devices and products used by the older person are aligned with the older person's care plan. – Older people who require aids have necessary equipment and aids within their reach (e.g. adaptive eating equipment and tableware, call bells, hearing aids, etc.) – Equipment, aids, devices are clean and safe to use. – Equipment, aids, devices meet the needs of the older person. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations *(continued)*		• <Activities for daily living> Observation to validate that: – Activities, entertainment, socialising have been organised or is in place, and there are no barriers for older people (including those with specific needs) to participate. – Workers engage with older people in a positive manner. – Older people are actively participating in daily activities. – Workers entering rooms are respecting the preferences of the older person (e.g. knocking before entering, calling out their name, etc.). • Older people can spend
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older peoples whose ADL function has declined. • Percentage of older peoples who were physically restrained. • Percentage of older peoples who report 'good' or 'excellent' experience of the service. • Percentage of older peoples who report 'good' or 'excellent' quality of life.

15. Clinical safety

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 5.5, clinical safety. Whilst Outcome 5.5 explicitly details requirements for 9 specific clinical needs or risks, these must be used as a guidance rather than an exhaustive list. Auditors must assess clinical safety holistically by reviewing an older person as a whole rather than focusing on a specific clinical need or risk.

This theme is closely linked to themes 13 (assessment and planning), 14 (delivering comprehensive care and services), and 16 (care coordination and transitions) and auditors must consider whether gaps or issues with clinical safety may be related to these other themes or may impact the conformance of those themes and vice versa. Any gaps or issues related to systems and processes for assessment and planning or delivering comprehensive care and services should be captured under theme 13 and 14.

Related Standard, Outcome, Action	Requirement
Outcome 5.5	The provider develops and implements systems and processes for clinical risks and safety, including processes to: • Identify, monitor and address specific clinical care needs of older people, aligned with their goals and preferences, and to minimise risk of harm. Clinical care needs include, but are not limited to: – Choking and swallowing. – Continence. – Falls and mobility. – Nutrition and hydration. – Mental health. – Oral health. – Pain management. – Pressure injury and wounds. – Sensory impairment. • Facilitate access to relevant health professionals to address clinical safety. • Regularly review and improve the effectiveness of the systems and processes for clinical safety.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for management of clinical risks and safety that address: – Processes for identifying, monitoring and responding to clinical needs and risks. – Policies and procedures for managing clinical needs, including but not limited to: Choking and swallowing, continence, falls and mobility, nutrition and hydration, mental health, oral health, pain management, pressure injury and wounds, sensory impairment. – Processes for making referrals to other health professionals in relation to clinical needs and risks. – Roles and responsibilities for management and workers. – Reviewing and improving the effectiveness of the policies and processes for clinical risks and safety. • Training content and guidance for workers on managing clinical needs, risks and safety. • Evidence of data analysis and reporting related to clinical incidents and risks to identify learnings and improve systems and processes. • Evidence of monitoring of processes for clinical risks and safety (e.g. audits or assessments or other evidence). • Plans for continuous improvement or similar for improving processes for clinical risks and safety. • Meeting minutes or similar indicating provider management and governing body monitor and discuss processes for clinical risk and safety, including improvements required. • Evidence that feedback and input from workers, health professionals, older people, family and carers is used to improve processes for clinical risks and safety.	**Category 4, 5 & 6** • Standard operating procedures or guidelines for managing clinical needs and risks, including but not limited to: Choking and swallowing, continence, falls and mobility, nutrition and hydration, mental health, oral health, pain management, pressure injury and wounds, sensory impairment. • Evidence of data analysis and reporting related to clinical incidents and risks from the previous 12 months that identify learnings and actions taken to improve systems and processes. • Evidence of access to relevant health professionals (e.g. external or internal referrals to health professional) to support with management of clinical care needs, risk or safety (e.g. a speech therapist conducting a swallowing assessment). • Sample of care plans, clinical assessment records and progress notes for older people detail the following: – Identification of key clinical needs and risks relevant to the older person. – Assessments conducted, including involvement of other health professionals – Monitoring activities (e.g. bowel charting) and changes to trends in clinical data indicating clinical risk (e.g. unplanned weight loss). • Actions taken to respond to clinical risks, including involvement of other health professionals, are aligned with contemporary evidence-based practice.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for managing clinical risks and safety? • How does the governing body monitor this? • How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems and processes?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • Has the provider established processes for identifying, monitoring and addressing clinical risks and safety? This includes but is not limited to clinical care needs and risks such as: – Choking and swallowing – Continence – Falls and mobility – Nutrition and hydration – Mental health – Oral health – Pain management – Pressure injury and wounds – Sensory impairment. • How do you monitor clinical incidents and near misses across your services? What have you learned from these and how have you implemented the learnings? • How do you monitor the implementation of processes for managing clinical risks and safety? – o How do you know if these processes are aligned with contemporary evidence-based practice? • What actions have you taken recently to improve the effectiveness of the processes?	**Category 4, 5 & 6** • What are the key clinical needs and risks for older people receiving care from the service and how are these managed. Key clinical needs and risks may include, but are not limited to: – Choking and swallowing – Continence – Falls and mobility – Nutrition and hydration – Mental health – Oral health – Pain management – Pressure injury and wounds – Sensory impairment. • Has the provider or service established documented policies, procedures for managing key clinical needs and risks? • How do you ensure that workers are trained to identify, monitor and respond to clinical risks, including making referrals to health professionals where required? • How do you facilitate access to other health professionals where required to mitigate risk of harm to older people e.g. allied health professionals, General Practitioners, psychologists, other specialists? • How do you monitor clinical incidents and near misses at your service? What have you learned from these and how have you implemented the learnings?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4, 5 & 6** The questions for workers need to be modified by the auditor to target the specific clinical condition, risk or issue for a particular older person (review care plan in advance). The Guidance for Quality Standards may support auditors with modification of these questions to specific clinical conditions, risks or issues. • What is your role in supporting the management of <Older person name's> condition/issue/risk <Select specific clinical condition, risk or issue e.g. choking, continence related issues, falls and mobility, nutrition, mental health, oral health, pain management, pressure injuries, wounds, sensory impairment or other>? – How is access facilitated or referrals made to other relevant health professionals (e.g. allied health, General Practitioner, psychologists, etc)? • Do you have any concerns about the service's processes or capacity to manage key clinical needs and risks?
Third party feedback	Not applicable	**Category 4, 5 & 6** The questions for third parties need to be modified by the auditor to target the specific clinical condition, risk or issue for a particular older person (review care plan in advance). The Guidance for Quality Standards may support auditors with modification of these questions to specific clinical conditions, risks or issues. • What is your role in supporting the management of <Older person name's> condition/issue/risk <Select specific clinical condition, risk or issue e.g. choking, continence related issues, falls and mobility, nutrition, mental health, oral health, pain management, pressure injuries, wounds, sensory impairment or other>?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people	Not applicable	**Category 4, 5 & 6** The questions for older people and their representatives need to be modified by the auditor to target the specific clinical risk or condition for the older person (review care plan in advance). • Do you get the care you need? • I see you **<had a fall recently, are on XX medication, have an ongoing wound, have diabetes, had recent weight loss, are using oxygen, etc.>**. How do the service/ workers help you to manage this? • If there are any, what are the strategies that the service has put in place to ensure the care delivery is safe and minimise your clinical risk? • Have you had any issues? • Do you have to wait long to receive care/your medication? • Do workers check-in with you to see how you are feeling?
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 6** • Observations of clinical care delivery to validate that it is safe, including but not limited to: – Workers monitoring older people eating, drinking, taking oral medication where required. – Wait time for toileting support. – Use of mobility equipment and other devices. – Monitoring of older person's nutrition and hydration. – Monitor signs of escalating pain or inappropriate use of pain medication. – Providing care in alignment to minimise pressure injuries (e.g. shifting or moving the older person during the night). • The older person's room being adjusted to support them with their sensory loss (as appropriate).

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Care outcomes	Not applicable	**National Quality Indicator Program** • Older peoples with one or more pressure injuries reported against each of the six pressure injury stages. • Percentage of older peoples who experienced significant unplanned weight loss (5% or more). • Percentage of older peoples who experienced consecutive unplanned weight loss. • Percentage of older peoples with incontinence- associated dermatitis • Hospitalisations. • Percentage of older peoples who had one or more emergency department presentations. • Percentage of older peoples who were hospitalised.

16. Care coordination and transitions

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates requirements from Outcome 3.4, Outcome 5.1, Outcome 5.4, and Outcome 7.2 (category 6 only) to reduce duplication and support holistic assessment of care coordination and transitions by auditors. This theme is closely linked to themes 13 (assessment and planning), 14 (delivering comprehensive care and services), and 15 (clinical safety) and auditors must consider whether gaps or issues with care coordination or transitions may be related to these other themes or may impact the conformance of those themes and vice versa.

Related Standard, Outcome, Action	Requirement
Outcome 3.4 Outcome 5.4 Outcome 5.1	The provider develops and implements systems and processes for coordinating and transitioning care and services, that: • Recognise that carers are partners in the older person's care and involved in the coordination of care and services. – Ensure the provider and health professionals agree on their respective roles, responsibilities, and protocols for providing care.
Outcome 3.4	• **Referrals:** Details processes for referrals to ensure older people receive timely and appropriate referrals to support early identification and intervention, reablement, maintenance of function and quality of life, including to health professionals and/or My Aged Care for re-assessment as required. • Facilitate access to after-hours and urgent clinical care. • Facilitate a planned and coordinated transition to or from the provider in collaboration with the older person and other providers of care and services, and this is documented, communicated and effectively managed.
Outcome 7.2 (Category 6 only)	• Detail processes for transitioning older people to and from hospital, other care services and stays in the community, and ensure that: – Use of hospitals or emergency departments are recorded and monitored – There is continuity of care for the older person – Older people, their family and carers as appropriate, are engaged in decisions regarding transfers – Receiving family, carers, health professionals or organisations are given timely, current and complete information about the older person as required – When the older person transitions back to the service, their care and services are reviewed and adjusted as needed. • Ensure the provider facilitates access to services offered by health professionals, other individuals or organisations when it is unable to meet the older person's needs. • Ensure the provider maintains connections with specialist health services, including specialist dementia care services, and accesses these services as required. • Detail requirements for monitoring, reviewing and continuously improving the effectiveness of systems and processes for coordinating and transitioning care and services.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for care coordination and transitions that address: – Recognising carers as partners in care and services. – Referrals. – Access to after-hours and urgent clinical care. – Coordination of care. – Transition of care. – Roles and responsibilities for management and workers. – Processes for monitoring and continuous improvement of the processes for care coordination and transitions. • Training content and guidance for workers related to teamwork, collaboration, coordination of care and transitions of care. • Evidence of arrangements or agreements with a network of individuals, organisations or providers that the older person may be referred to, to ensure they receive care and services unable to be delivered by the provider. • Evidence of care coordination and transitions systems and processes (e.g. audits or assessments or other evidence). • Plans for continuous improvement or similar for improving care coordination and transition systems and processes. • Meeting minutes or similar indicating provider management and governing body monitor and discuss coordination and transition systems and processes, including improvements required.	**Category 4, 5 & 6** • Sample of care plans or clinical notes reviewed indicate that: – The provider collaborates with other individuals, organisations and providers in care delivery. – Notifications are made to the older person's General Practitioner, family, carers and relevant health professionals where clinical incidents or changes have occurred – Timely referrals have been made to health practitioners, specialist allied health and other services to meet the clinical care needs of older people. – After-hours or urgent care has been used by providers to manage the clinical care needs of older persons. – Reviews have been conducted after transitions. • Information provided to older people, carers and families and representatives that outlines their role in clinical handover processes, such as a patient charter of rights or patient admission information sheet. • Evidence (e.g. email, meeting minutes, formal agreements, notes in IT system, etc.) of service agreeing to roles and responsibilities and protocols with health professionals. • Evidence that the service monitors how the workforce manages information in relation to information gaps, pending and missing information and that follow up occurs. • Evidence that the service has obtained consent to release or share information using methods suitable for each older person and in accordance with privacy legislation. • Evidence that there are structured handover processes in place, taking into account the setting, the minimum information content to be transferred, the relevant workforce to be involved, older people's needs and care goals, and accountability for care. • The service's list of current specialist health services and providers. • Evidence that the organisation is actively communicating with others, internally and externally, to make sure that service and supports are delivered without any disruptions.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for care coordination and transitions? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • How do you ensure that its care coordination and transitions systems and processes are aligned with contemporary evidence-based practice? • How do you monitor the implementation of the care coordination and transitions systems and processes? • What actions have you taken to improve their effectiveness?	**Category 4 & 5** • How do you coordinate care and services for older people where there are multiple organisations and/or health professionals involved? • How does the organisation bring together those involved in an older person's care (including other organisations, individuals and specialist service providers) to make sure the older person's care and services are seamless and focused? How do you ensure they are kept in the loop about the older persons care? – What information is shared between the organisations and individuals? • **<Transitions>** How are transitions to or from the provider managed? – Who is responsible for transitions at the service? – What information is shared during transitions? Is it sufficient? – How can this process be improved? • **<Clinical only>** How are roles, responsibilities, and protocols for providing clinical care agreed with health professionals? • Does the provider understand what services an older person may need (in case of a deterioration in condition) that it cannot safely provide? • Can you describe how you make timely referrals to other health professionals or My Aged Care where re-assessment is required? • Does the service maintain arrangements with specialist providers to ensure there is access to after-hours and urgent care?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		**Category 6** • How do you coordinate care and services for older people where there are multiple organisations and/or health professionals involved? • How does the organisation bring together those involved in an older person's care (including other organisations, individuals and specialist service providers) to make sure the older person's care and services are seamless and focused? How do you ensure they are kept in the loop about the older persons care? – What information is shared between the organisations and individuals? • <Transitions> How are transitions to or from the provider managed? – Who is responsible for transitions at the service? – What information is shared during transitions? Is it sufficient? – How can this process be improved? • How are roles, responsibilities, and protocols for providing clinical care agreed with health professionals? • What is the process for engaging with other external health professionals (e.g. Nurse Practitioner or General Practitioners or allied health) to ensure safe and quality clinical care for the older person? – How do you make timely referrals? • Does the service maintain arrangements with specialist providers to ensure there is access to after-hours and urgent care? • How do you develop and maintain networks with specialist health services? What are the circumstances in which you access these?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4 & 5** • How do you involve the older person's carer in the planning and coordinating care and services? • Where there is more than one worker or service providing an older person care, how do you coordinate care and services with them? – What information do you share with the other worker and provider? – How do you work together to plan and coordinate services? • **<Transitions>** If an older person is transitioning to/from your service to/from another service or hospital, what information do you request/send to the other service or hospital? Who is responsible for this? • **<Transitions>** Can you talk me through a recent example where an older person either returned from hospital, or transitioned from elsewhere? How did you support them during it? Did you find that the information required was provided in a timely manner and care could be continued fairly seamlessly? **Category 6** • How do you involve the older person's carer in the planning and coordinating care and services? • Where there is more than one worker or service providing an older person care, how do you coordinate care and services with them? – What information do you share with the other worker and provider? – How do you work together to plan and coordinate services? • **<Transitions>** If an older person is transitioning to/from you service to/from another service or hospital, what information do you request/send to the other service or hospital? Who is responsible for this? • **<Transitions>** Can you talk me through a recent example where an older person either returned from hospital, or transitioned from home, other provider/service or elsewhere? How did you support them during the transition? Did you find that the information required was provided in a timely manner and care could be continued fairly seamlessly?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	**Category 4, 5 & 6** • How does the provider/service coordinate with you to ensure that the older person receives coordinated and seamless care and services? – What information do you share with the other worker and provider? – How do you work together to plan and coordinate services?
Experience of older people	Not applicable	**Category 4 & 5** • Do you have more than one provider or worker involved in care you receive? Do you feel that there is adequate coordination and communication between the providers/workers so you receive seamless care and don't need to repeat yourself? • **<For older person recently transitioned to provider>** I noticed that you have recently moved from [hospital/other provider/service]. Do you feel your care was well coordinated? Did workers know your care needs or any changes in your care? Or did you have to repeat information or direct them in what to do? • **<For carers>** Do you feel that your role is recognised by providers and they work with you to coordinate care for the older person? How can this be improved? • Where the provider can't provide you care/ service you need, are they timely in referring you to another provider or health professional? **Category 6** • Do you feel that there is adequate coordination and communication between workers delivering you care, so your experience is seamless? Or do you have to repeat yourself when workers change over for their shifts? • **<For older person recently transitioned>** I noticed that you have recently moved from [hospital/other provider/service]. Do you feel your care was well coordinated? Did workers know your care needs or any changes in your care? Or did you have to repeat information or direct them in what to do? • **<For carers>** Do you feel that your role is recognised by providers and they work with you to coordinate care for the older person? How can this be improved? • Do you have access to a doctor/specialist (or other relevant allied health professionals/ specialists) when you need it? Do you have to wait long?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	Not applicable
Care outcomes	Not applicable	Not applicable

17. Environment

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 4.1, the environment (service environment or home environment). This theme is also linked to Outcome 2.4, risk management system as it is expected that providers will have systems and processes to support workers and/or the service assess and manage environmental risks that may impact the health, safety and wellbeing of older people.

Related Standard, Outcome, Action	Requirement
Outcome 4.1a Outcome 4.1b	**Category 4:** Where care and services are delivered in an older person's home, the provider uses its risk management system (Linked to Outcome 2.4), as relevant to the services being delivered, to: • Identify any environmental risks to the safety of the older person. • Discuss with the older person, any environmental risks and options to mitigate these. **Category 5 and 6:** The provider develops and implements processes to ensure the service environment: • Is routinely cleaned and well-maintained • Is safe, welcoming and comfortable • Is fit-for-purpose. • Is accessible, including for older people with disability • Promotes movement, engagement and inclusion through design • Enables older people to move freely both indoors and outdoors • Unobtrusively reduces safety risks, optimises useful stimulation and is easy to navigate.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	Not applicable	**Category 4 & 5** • Policies and processes for conducting risk assessments and to manage risks at an older person's home. • Roles and responsibilities for management and workers in relation to environmental risk management. • Sample of completed risk assessments of an older person's home. • Sample of older person care plans identify environmental risks that may impact older person or workers and how these need to be managed. • Sample of hazard or incident records related to environmental risks at an older person's home. **Category 5 (service environment only) and 6** • Policies and processes for maintaining a safe, welcoming and fit-for-purpose service environment that address: – Accessibility of the service environment for older people (including those with disability) – Promotion of movement, engagement and inclusion through design. – Enabling older people to move freely both indoors and outdoors. – Unobtrusively reducing safety risks, optimising useful stimulation and ease of navigation. – Roles and responsibilities for management and workers. • Sample of records of maintenance of the service environment (validate with feedback/ complaints if relevant). • Sample of cleaning records, including outdoor service environment. • Strategies to create a relaxed, welcoming, peaceful, safe and comfortable service environment in line with older people's needs and preferences. • Service-level plans for continuous improvement that identify improvements required/made to the service environment. • Sample of feedback or complaints or incidents related to the service environment, including action taken to improve the service environment. • Evidence that the provider promptly purchases, services, maintains, renews and replaces indoor and outdoor furniture, fittings and equipment.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4 & 5** • Not applicable **Category 5 (service environment only) and 6** • How does the governing body assure itself that the provider maintains safe, welcoming, and inclusive service environments? – How does the governing body monitor this? • What strategies or initiatives have been recently implemented to improve the service environments?	Not applicable
Management feedback	Not applicable	**Category 4 & 5** • Does the provider/service have a standardised process for workers to conduct environmental risk assessment at the older person's home and support the older person eliminate or minimise these risks? – How is the implementation of this process monitored by management? **Category 5 (service environment only) and 6** • How is maintenance and cleaning managed at the service? – How do you know when there is an issue that requires attention and how is approval obtained to address this? Can you provide a recent example? • Have you received any complaints or feedback related to the service environment (cleanliness, inclusiveness, movement, risk reduction, stimulation)? What happened? How were these situations resolved? • Can you provide some examples on how you have established, modified or adapted the environment to: – Make it accessible for older people with disabilities – Promote movement, engagement and inclusion? – Unobtrusively reduce safety risks? – Optimise useful stimulation? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback (continued)		**Note:** Optimise useful stimulation refers to strategies that the provider/service must implement to ensure that the service environment does not confuse or disorient an older person with cognitive impairment and supports them maintain their abilities and increase independence. This includes strategies such as even lighting with minimum lighting levels, placing commonly used items in clear sight, providing clear signage and symbols. Further details are available from Dementia Australia.
Worker feedback	Not applicable	**Category 4 & 5** • When you start delivering care to a new older people, do you first identify any safety risks to them and yourself at their home? – How do you do this? Is this recorded somewhere? Can you give me an example? – How do you raise these risks with the older person? **Category 5 (service environment only) and 6** • Can you tell me about an older person who has had their room environment or the service environment modified/adapted due to their specific care needs and preferences? • Do you believe that the service environment is fit-for-purpose and clean? If not, why not? • How are older people supported to move freely around the service, both indoors and outdoors safely (i.e. older people with limited mobility, or sensory or cognitive impairment)?" – Can you tell me about an older person that often wanders away/outside? How do you manage this risk while supporting their freedom of movement? • What do you do when you identify a maintenance or safety issue at the service? Are these issues addressed promptly?
Third party feedback	Not applicable	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Experience of older people	Not applicable	**Category 4 & 5** • Do workers help you identify safety risks in your home and help you manage them? **Category 5 (service environment only) and 6** • Do you find that the service environment is clear, safe and comfortable for you? – Does everything work properly (e.g. aircon, lights, beds)? Can you recall at time when something stopped working? What happened? • Do you find it easy to find your way around the service? Are you able to move freely indoors and outdoors as you please?
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 5 (service environment only) and 6** • Observations of the following in the service environment: – General cleanliness of the service environment (common areas, rooms, kitchens, laundry, outdoor areas, bins not overflowing). – Safety of stairs and handrails, safety equipment, emergency exits, fire extinguishers. – Whether the environment is welcoming e.g. colours, plants, comfortable seating areas. – Whether the environment is fit-for-purpose for the cohort of older people residing there. – Whether obstacles (e.g. aid equipment, furniture such as chairs) are removed as soon as practicable by workers. – Risks to older people are unobtrusively managed and any security measures in place in the service environment reflect the older person's assessed needs. – Free and safe movement of older people both indoors and outdoors. • Ease of navigation of the service environment, with appropriate guidance from signage and colours.
Care outcomes	Not applicable	Not applicable

18. Infection Prevention and Control

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme incorporates requirements for infection prevention and control in Outcome 4.2 and Outcome 5.2 to reduce duplication in the assessment of systems and processes for infection prevention and control. Auditors should note that this theme articulates requirements for an antimicrobial stewardship system that is only relevant for providers delivering clinical. Additionally, this theme articulates the requirement for an infection prevention and control lead, which is mandatory for category 6 (residential) and optional for category 4 and 5.

Related Standard, Outcome, Action	Requirement
Outcome 4.2 Outcome 5.2	The provider develops and implements systems and processes for infection prevention and control that: • Is used when care and services are being delivered (clinical and non-clinical). • Identifies an appropriately qualified and trained infection prevention and control lead **(only mandatory for Category 6)** • Describes standard and transmission-based precautions appropriate for the setting, including cleaning practices, aseptic techniques, hand hygiene practices, respiratory hygiene, cough etiquette and waste management and disposal • Detail processes for using, managing and reviewing invasive devices including urinary catheters • Prioritises the rights, safety, health and wellbeing of older people • Complies with contemporary, evidence-based practice • Includes additional precautions to respond promptly to novel viruses and outbreaks of infectious diseases (suspected or confirmed) • Communicates and manages infection risks to older people, family, carers and workers • Detail vaccine and immunisation processes, including: – Risk-based vaccine-preventable diseases screening and immunisation for older people and the workforce – Disease screening and immunisation for visitors. • Detail requirements for monitoring, reviewing and continuously improving the effectiveness of systems and processes for infection prevention and control. **Antimicrobial stewardship (Clinical only):** The provider develops and implements an antimicrobial stewardship system that complies with contemporary, evidence-based practice and is relevant to the service context. **Personal protective equipment:** The provider develops and implements a system to ensure: • That personal protective equipment is available to workers, older people and others who may need it • Workers, older people and others who need to use personal protective equipment are supported to correctly use personal protective equipment.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for infection prevention and control aligned with contemporary evidence-based practice, addressing: – Standard and transmission-based infection prevent and control precautions, appropriate for setting. – Processes for managing invasive devices – Precautions for novel viruses and outbreaks. – Communication and management of risk to older people, family, carers, and workers. – Risk-based vaccine-preventable disease screening and immunisation for older people, workers and visitors (as relevant). – Roles and responsibilities for management and workers. – Processes for monitoring and reviewing effectiveness. • Policies, processes, strategies for antimicrobial stewardship aligned with contemporary evidence-based practice. • Policies and processes for procurement, ordering, monitoring of PPE and requirements for selection, use and maintenance of PPE. • Policies and processes related to outbreak management at the provider-level. • Evidence of monitoring of infection data and effectiveness of the infection prevent and control processes. • Evidence of monitoring of the effectiveness of the antimicrobial stewardship system across the provider. • Plans for continuous improvement or similar for improving infection prevent and control and antimicrobial stewardship processes. • Meeting minutes or similar indicating provider management monitor and discuss infection prevention and control processes, including improvements required.	**Category 4, 5 & 6** • Evidence of an outbreak management plan, such as for COVID-19, gastroenteritis or influenza, that explains how the service will prepare for, identify and manage any outbreaks. • Evidence of cleaning and disinfection schedules **(Category 5 (service environment) and 6 only)**. • Sample of care plans that identify older person infections and any transmission-based precautions implemented. • Sample of vaccination / immunisation records demonstrate up to date vaccinations / immunisations (where relevant) for older people, workers, and visitors. • Emails, meeting minutes or similar indicating discussion of infection prevention and control processes, including potential outbreaks and actions for improving IPC. • Reports or data that is used to monitor infections and the effectiveness of the infection prevention and control program. • Plans for continuous improvement or similar for improving infection prevent and control and antimicrobial stewardship processes. • Sample of communication with workforce and older people about infectious agents and measures that can be taken to reduce risks (this may include posters and flyers). • Training content or guidance/information for infection prevention and control, antimicrobial stewardship and use of PPE. • Evidence to demonstrate an onsite IPC lead is appointed and has completed or is enrolled to complete the relevant IPC training in line with legislative requirements (Category 6 only).

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for antimicrobial stewardship, infection prevention and control and PPE? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable
Management feedback	**Category 4, 5 & 6** • How does the provider ensure that its antimicrobial stewardship, infection prevention and control, and outbreak management systems and processes are aligned with contemporary evidence-based practice? • How do you monitor the implementation of the antimicrobial stewardship, infection prevention and control, and outbreak management systems and processes? – What actions have you taken to improve their effectiveness? • How do you monitor adherence to vaccination and immunisation protocols for workers, older people, and visitors? • What actions have you taken to ensure that there is an onsite IPC lead for every service? (Category 6 only) • What contingency plan do you have in place if the appointed IPC leave for a service is on leave, steps down, is unable to fulfill their role? (Category 6 only)	**Category 4 & 5** • What processes have you implemented to assess and minimise infection related risks when providing care to older people, including the impact of a potential infectious disease outbreaks (e.g. gastro, influenza, COVID)? – How do you keep workers and older people safe and ensure workers do not present a transmission risk when attending to older people? – How do you communicate infection risks to older people, family carer and workers? – What improvements have you made to these processes? • Are there any current or recent (within 12 months) infection outbreaks? How were these outbreaks managed? – Were any of these infections antibiotic resistant? – What did you learn from these outbreaks and have those learnings been implemented? • Have you appointed an onsite IPC lead(s)? (Mandatory for Category 6 only) – Have they completed an identified IPC course? – Has ongoing infection control and prevention training occurred for all workers? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• Have you prepared an Outbreak Management Plan? How do you consult with your workers on planning and responding effectively to an outbreak? – What actions have you taken to test the Outbreak Management Plan and what improvements have been made as a result? • What are your processes for risk-based screening for, and immunising against, vaccine-preventable disease in older people and the workforce? – How do you encourage older people to be immunised against vaccine-preventable diseases? – Where do you record the immunisation status for older people and workers? – What are the current immunisation rates for COVID-19 and influenza? How does this information inform infection prevention and control planning? – Can you describe any recent improvements made to this process? • How do you ensure that there is sufficient PPE available for workers and older people? • How do you support workers and older persons correctly use and maintain PPE? **Category 5 (service environment only) & 6** • What processes have you implemented to assess and minimise infection related risks when providing care to older people, including the impact of a potential infectious disease outbreaks (e.g. gastro, influenza, COVID)? – How do you keep workers and older people safe and ensure workers do not present a transmission risk when attending to older people? – How do you communicate infection risks to older people, family carer and workers? – What improvements have you made to these processes? • Are there any current or recent (within 12 months) infection outbreaks? How were these outbreaks managed? – Were any of these infections antibiotic resistant? – What did you learn from these outbreaks and have those learnings been implemented?

Continued on the next page

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• Have you appointed an onsite IPC lead(s)? – Have they completed an identified IPC course? – Has ongoing infection control and prevention training occurred for all workers? • Have you prepared an Outbreak Management Plan? How do you consult with your workers on planning and responding effectively to an outbreak? – What actions have you taken to test the Outbreak Management Plan and what improvements have been made as a result? • What are your processes for risk-based screening for, and immunising against, vaccine-preventable disease in older people and the workforce? – What about for visitors? – Where do you record the immunisation status for older people, workers and visitors? – What are the current immunisation rates for COVID-19 and influenza? How does this information inform infection prevention and control planning? – Can you describe any recent improvements made to this process? • How do you ensure that there is sufficient PPE available for workers and older people? • How do you support workers and older persons to correctly use and maintain PPE?
Worker feedback	Not applicable	**Category 4 & 5** • What precautions do you take to limit or prevent the spread of infections while providing care to older people in their home? Can you provide a recent example? • **<Clinical workers>** How do you prevent, or control infection risks related to use of clinical and invasive devices such as catheters? • **<Clinical workers>** How do you clean, sanitise and store clinical equipment and medical devices (e.g. urinary catheter) after it has been used? • How do you identify signs and symptoms of an infection? What do you do when you identify infection in an older person? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback *(continued)*		• Can you tell me about an older person that recently had an infection? How did you perform care to them whilst minimising risk of infection being transmitted to yourself or other workers and older people? • How do you perform care in the event of an outbreak e.g. gastro or COVID-19 or flu? • Is sufficient PPE available for you and older people to use when you need it? Have you been trained in using the PPE? **Category 5 (service environment) & 6** • **<IPC Lead>** What are your roles and responsibilities in relation to infection prevention and control, considering: – Your role in preventing infections. – Your role in managing infections in case of an outbreak. – Your role with regards to PPE procurement, storage and usage. • What precautions do you take to limit or prevent the spread of infections while providing care to older people? – Can you recall there being any improvements to the infection prevent and control processes recently? What were these improvements? • **<Clinical workers>** How do you prevent, or control infection risks related to use of clinical and invasive devices such as catheters? • **<Clinical workers>** How do you clean, sanitise and store clinical equipment and medical devices (e.g. urinary catheter) after it has been used? • **<Clinical workers>** What are some examples of the things you can do to reduce antibiotic use? What is your role in reducing use of antibiotics and making sure when used, is appropriate? • How do you identify signs and symptoms of an infection? What do you do when you identify infection in an older person? • Can you tell me about an older person that recently had an infection? How did you perform care to them whilst minimising risk of infection being transmitted to yourself or other workers and older people? • How do you perform care in the event of an outbreak e.g. gastro or COVID-19 or flu? • Is sufficient PPE available for you and older people to use when you need it? Have you been trained in using the PPE? Do you have ready access to available PPE after hours?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	Not applicable
Experience of older people	Not applicable	**Category 4 & 5** • <Select an older person with a recent infection> Can you tell me about your recent cold/flu/infection? Did workers still attend to your care when you were unwell? **Category 5 (service environment) & 6** • <Select an older person with a recent infection> Can you tell me about your recent cold/flu/infection? Do you think this was well managed by the service?
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 5 (service environment) & 6** • Observations of a sample of workers following IPC protocols as part of care delivery (e.g. hand washing, respiratory hygiene, cough etiquette, waste management) • Observation of general level of cleanliness of environment including segregation of linen, waste, etc. • Observations of availability of clinical waste bins and safe storage. • Syringe disposal containers are kept in appropriate locations throughout the service and are not overfilled. • Availability of handwashing stations in appropriate locations. • PPE observed to be readily available, with sufficient stock for workers and older people. • Observations of the workforce using PPE appropriately.
Care outcomes	Not applicable	Not applicable

19. Medication management

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 5.3, medication management. This theme is closely linked to themes 13 (assessment and planning), 14 (delivering comprehensive care and services), and 15 (clinical safety) and auditors must consider whether gaps or issues with medication management may be related to these other themes or may impact the conformance of those themes and vice versa.

Related Standard, Outcome, Action	Requirement
Outcome 5.3	The provider develops and implements systems for safe and quality use of medicines, including processes to: • Ensure medicines-related information is available to workers and the older person • Ensure workers and others caring for an older person have access to the older person's up-to-date medicines list and other supporting information at transitions of care • Ensure safe administration including assessing the older person's swallowing ability, determining suitability of crushing medicines and providing alternative safe formulations when required • Minimise interruptions to the administration of prescribed medicines including supporting access to medicines when an older person is prescribed a new medicine or an urgent change to their medicine • Ensure a current, accurate and reliable record of all medicines is documented and the clinical reasons for the treatment are stated, including pro re nata (PRN) medicines • Support remote access for prescribing. • Ensure health professionals review, plan and make changes to medicines for the older person when they are acutely unwell. • Conduct medication reviews, including: – At the commencement of care, at transitions of care and annually when care is ongoing – When there is a change in diagnosis or deterioration in behaviour, cognition or mental or physical condition – When there is polypharmacy and the potential to deprescribe – When a new medicine is commenced, or a change is made to an existing medicine or to the medication management plan – When there is an adverse event potentially related to medicines. • Document existing or known allergies or side effects to medicines, vaccines or other substances at the commencement of care and monitors and updates documentation when new allergies or side effects occur. • Identify, monitor and mitigate risks to older people associated with the use of high-risk medicines, including reducing the inappropriate use of psychotropic medicines. • Report adverse medicine and vaccine events to the Therapeutic Goods Administration. • Regularly review and improve the effectiveness of the system for the safe and quality use of medicines.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes describing requirements for safe and quality use of medicines ('medication management'), accessible to the workforce, that includes processes for: – Availability of medicine related information. – Access to up-to-date medicines list for an older person, including at transitions of care. – Safe administration of medicine, including swallowing assessments, suitability of crushing medicines and alternative formulations. – Minimising interruptions to administration of prescribed medicines and supporting access to medicines as required (e.g. new medicines or urgent change to medicines). – Record keeping for medicine administration. – Remote prescribing. – Medication reviews and changes. – Documenting existing or known allergies or side effectives to medicines, vaccines or other substances, including monitoring and updated documentation. – Identifying, monitoring, and mitigating risks to older persons from use of high-risk medicines. – Reporting of adverse medicine and vaccine events to TGA. – Roles and responsibilities for management and workers. – Regularly reviewing and improving the effectiveness of the system for the safe and quality use of medicines. *Continued on the next page*	**Category 4 & 5** • Examples of medicines-related information (either in hard copy OR electronic) including: Specific medicines-related resources – such as product information (PI) and consumer medicine information (CMI); resources or tools to assist people in self-administering their own medicines – such as medicines lists; 'consumer medicines leaflet' for the older person; Therapeutic Guidelines. • Sample of care plans or clinical system records information about clinical conditions, allergies, and medication as relevant. • Sample of medication charts or similar capture appropriate details for medication, including clinical reasons for treatment. • Emails, meeting minutes or similar indicating worker and management discussing safe and quality use of medicines, including taking action to address issues. • Sample of medication incidents, including investigation outcomes and actions taken to minimise recurrence. **Category 6** • Examples of medicines-related information (either in hard copy OR electronic) including: Specific medicines-related resources – such as product information (PI) and consumer medicine information (CMI); resources or tools to assist people in self-administering their own medicines – such as medicines lists; 'consumer medicines leaflet' for the older person; Therapeutic Guidelines. • Sample of care plans or clinical system records information about clinical conditions, allergies, and medication as relevant. • Sample of medication charts or similar capture appropriate details for medication, including clinical reasons for treatment, and that medication is only administered as prescribed. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*	• Evidence of data analysis and reporting related to medication monitoring (e.g. use of high-risk medication, adverse reactions, medication incidents) to inform review and improvement of medication management. • Evidence of monitoring of medication management systems and processes (e.g. audits or assessments or other evidence). • Plans for continuous improvement or similar for improving medication management systems and processes. • Meeting minutes or similar indicating provider management and governing body monitor and discuss medication management processes, including improvements required. • Evidence that feedback and input from workers, health professionals, older people, family and carers is used to improve management of medication.	• Evidence that indicates that medication reviews have been conducted at commencement of care, transitions of care, annually, where there is change in diagnosis or deterioration, where there is polypharmacy (to deprescribe if possible), when new medicines are commenced or medicines are changed, and where there is an adverse event potentially related to medicines. – A Residential medication management review (RMMR) is completed at/after admission. There is evidence of clinical workers and medical officers having discussion regarding recommendations and follow up and any follow-up actions or recommendations and changes resulting from a review are documented by the prescriber on the older person's medication chart. • Sample of older person care plans or files captures informed consent for high-risk medication. • Sample of risk assessments conducted for high-risk medicines and psychotropics (if relevant). • Emails, meeting minutes or similar indicating worker and management discussing safe and quality use of medicines, including taking action to address issues. • Sample of medication incidents, including investigation outcomes and actions taken to minimise recurrence. • Evidence of new suspected ADRs being submitted to TGA (as relevant). • Evidence of data analysis and reporting related to medication monitoring (e.g. use of high-risk medication, adverse reactions, medication incidents) to inform review and improvement of medication management. • Evidence of continuity of medication regime (e.g. following a transition in care). • Evidence of timely access to newly prescribed or changed medication.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for medication management? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable
Management feedback	**Category 4, 5 & 6** • Who is responsible for conducting medication reviews and in what circumstances (should include commencement of care, transitions of care, annually, change in diagnosis, deterioration, where there is polypharmacy, change in medication, adverse event)? • Do you have visibility of the older people who are on high-risk medication across your services (including psychotropic medicines)? – o How do you ensure that the prescription, administration, and storage practices are appropriate? – o How do you monitor this to improve administration of high-risk medication? • What medication related incidents or adverse events have you had in the last 12 months? What has the provider learned from these events? • What are your processes for reporting all new suspected ADRs related to medicines and vaccines to the Therapeutic Goods Administration (TGA)? • How do you monitor the implementation of medication management systems and processes across the provider? – o How do you know if the provider's processes are aligned to contemporary evidence-based practice? • What actions have been taken to improve the effectiveness of the medication management systems and processes?	**Category 4 & 5** • How do you train workers to ensure they are competent to administer medication? How do you monitor this? • How do you get visibility of medication that has been prescribed to older people? • What is the service/worker's role in administering medication to older people or monitoring them once they have self-administered medication? • What is the service/worker's role in review of medication (if any)? • Category 6 • How do you train workers to ensure they are competent to administer medication? How do you monitor this? • How do workers gain access to the older person's up to date list of medication, allergies, and other supporting information? – o How is this information received/ shared during transitions to/from care? • What practices and processes are in place to support older people who wish to self-medicate? • What are your processes for remote prescribing, including how health professionals (General Practitioners and Pharmacists) review, plan and make changes to medication? – o Who engages with health professionals when an older person is acutely unwell to request review of medication? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• How, when and by whom are medication reviews conducted? How do you monitor the completion of these reviews? • How are workers, the older person, family and carers informed of changes to an older person's medication? • How do you monitor the use of high-risk medication, including psychotropic medication? How do you monitor use of high-risk medication to ensure it is appropriate and effective? • How do you report new suspected ADRs related to medicines and vaccines to the Therapeutic Goods Administration (TGA)? • What medication related incidents or adverse events have you had in the last 12 months? What have you learned from these? • How do you monitor the overall effectiveness of medication management systems and processes? What actions have been taken to improve the effectiveness of medication management? • How do you ensure that older people are provided with dignity and respect and medication is administered in the privacy of their rooms? • How do you ensure that medication is stored in accordance with state/territory legislative requirements?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	Auditors should first determine if a worker has a role in administering or managing medication before commencing with the questions below. This may be determined through requesting a list from the provider/service or asking workers if they administer medication. **Category 4 & 5** • Workers administering medication: • What training or information have you received regarding management and administration of medication? • What medication do you regularly administer to older people receiving care and services? **Category 6** Workers administering medication: • What training or information have you received regarding management and administration of medicine? • Do you feel you have enough time to administer medication to older people? If not, what are the reasons? • What do you do if an older person refuses to receive medication? • Can you tell me about an older person that chooses to self-medicate? How do you support them with this to ensure they actually administer the medication and administer it safely? • How are you informed of changes to the medication of an older person, e.g. if they are unwell? How do you communicate changes to medication to the next shift? • What would you do if an older person had an allergic reaction to new medication, vaccines or other substances? • **<Clinical workers>** What are your processes for handling/storing high-risk medication? • **<Clinical workers>** How do you assess an older person's ability to swallow to determine if medication should be crushed or an alternative formulation used (e.g. liquid medication)? • What information about medication is available to you if you needed it? Who do you go to for help related to medication? • Has someone spoken to the older person about the medication they take generally? • Are older people provided with dignity and respect when administering their medication in the privacy of their room?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	**Category 4 & 5** Third parties involved in prescribing, administering, managing or reviewing medication: • How does the provider/service coordinate with you in relation to medicine management? • What is your role in medication reviews?
Experience of older people	Not applicable	**Category 4 & 5** • Do workers help you take your medication? Do they help you understand the side effects of the medication? **Category 6** • Do workers give you your **<name/type of medication e.g. insulin or heart medication>** on time? Do they tell you what medication they are giving you? And answer any questions you may have. • If you are in pain and ask for pain medication, is that provided to you quickly? • Has someone spoken to you about the medication that you take? • Is your medication given to you on time? • **<Older person with recent change in medication>** Did the provider or General Practitioners talk to you about your medication and how it would be changing? • Have you ever had an allergic reaction to anything while at the facility? Can you tell me about this? • Has there been any errors made with your medication and if so, were you involved in the ways to reduce the likelihood of it happening again. • **<For older people who wish to self-administer medication>** How does the service support you to self-administer medication?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 6** • Medication is observed to be stored securely (e.g. labelled, dated, locked medication cupboards, locked medication trolleys) and provider can demonstrate that this is aligned with state or territory legislative requirements. • Medication charts observed to detail information to meet all relevant requirements, including clinical rationale for prescription of regular and PRN medication. • Medication is observed to be administered to older people in appropriate timeframes (as per medication chart) by competent workers. • Communication (e.g. posters or similar) about choking / swallowing risks and safe methods of administering medicine.
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older people who were prescribed nine or more medications. • Percentage of older people who received antipsychotic medications. • Older people who received an antipsychotic medication for a diagnosed condition of psychosis.

20. Food and nutrition

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Standard 6 and incorporates the requirements from all Outcomes in that Standard. This theme is closely linked to themes 13 (assessment and planning) and 14 (delivering comprehensive care and services) and auditors must consider whether gaps or issues with medication management may be related to these other themes or may impact the conformance of those themes and vice versa. This theme is only relevant for providers in registration category 6.

Related Standard, Outcome, Action	Requirement
Outcome 6.1	The provider develops and implements systems and processes for food and nutrition, including processes: • **Partnering:** To partner with older people (representing the diversity of older people receiving care and services) on how to create enjoyable food, drink and dining experience at the service. • **Continuous improvement:** For monitoring and continuously improving food service in response to: – The satisfaction of older people with the food, drink and the dining experience – Older peoples' intake of food and drink to ensure it meets their nutritional needs (including review of identified unplanned weight loss and malnutrition identified in Standard 5) – The impact of food and drink on the health outcomes of older people • Contemporary, evidence- based practice regarding food and drink.
Outcome 6.2	• Food and nutrition: Detail requirements for the provider to assesses and regularly reassesses each older person's nutrition, hydration and dining needs and preferences, considering: – The specific nutritional needs of older people, including a focus on protein and calcium rich foods – The older person's dining needs – What the older person likes to eat and drink – When the older person likes to eat and drink – What makes a positive dining experience for the older person • Clinical and other physical issues identified that impact the older person's ability to eat and drink.

20. Food and nutrition

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Standard 6 and incorporates the requirements from all Outcomes in that Standard. This theme is closely linked to themes 13 (assessment and planning) and 14 (delivering comprehensive care and services) and auditors must consider whether gaps or issues with medication management may be related to these other themes or may impact the conformance of those themes and vice versa. This theme is only relevant for providers in registration category 6.

Related Standard, Outcome, Action	Requirement
Outcome 6.3	• Menus: To ensure menus (including for texture modified diets): – Are designed in partnership with older people (including cultural needs and preferences) – Are developed with the input of chefs/cooks and an Accredited Practising Dietitian, including for older people with specialised dietary needs – Are regularly changed, include variety and enable older people to make choices about what they eat and drink – Enable older people to meet their nutritional needs – Are reviewed at least annually through a menu and mealtime assessment by an Accredited Practising Dietitian. • Choice: To ensure that for each meal, older people can exercise choice about what, when, where and how they eat and drink. • Quality: To ensure that meals, drinks and snacks provided to older people (including where older people have specialised dietary needs or need support to eat): – Are appetising and flavourful – Served at the correct temperature and in an appealing way, including the presentation of texture modified foods using tools, such as moulds – Are prepared and served safely – Meet each older person's assessed needs – Are in accordance with each older person's choice – Reflect the menu.
Outcome 6.4	• Support: For the provider to support older people to eat and drink, including by: – Making sufficient workers available to support older people to eat and drink (Linked to Outcome 2.8) – Prompting and encouraging older people to eat and drink – Identifying older people who require support to safely eat or drink – Physically supporting older people who require support to safely eat and drink as much as they want, at their preferred pace. • Dining environment: To ensure the dining environment supports reablement, social engagement and a sense of belonging and enjoyment. • To ensure there are opportunities for older people to share food and drinks with their visitors. • To regularly review and improve the effectiveness of the system for food and nutrition.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	• Policies and processes for food and nutrition, aligned with contemporary evidence-based practice, that address: – Processes for partnering with older people on food and nutrition. – Assessment and reassessing nutrition, hydration and dining preferences and needs. – Processes for monitoring and continuously improving food and dining experience. – Collaboration with other parties (e.g. chefs/cooks and an Accredited Practising Dietitian). – Processes for managing nutrition and hydration of older persons to minimise risk of malnutrition, malnourishment, or unplanned weight loss or gain. – Roles and responsibilities for management and workers. – Processes for monitoring and improving the effectiveness of food and nutrition processes. • Policies and processes for food safety management. • Evidence of the provider partnering with older people on creating an enjoyable dining experience, and continuously improving it. • Evidence of monitoring of processes for food and nutrition (e.g. audits or assessments or other evidence). • Plans for continuous improvement or similar for improving processes for food and nutrition. • Meeting minutes or similar indicating provider management and governing body monitor and discuss processes for food and nutrition, including improvements required.	• Sample menus that: – Have a variety of food and drinks option available. – Have been reviewed for nutritional balance. • Sample of meal charts showing planned preparation and distribution of food and fluids based on the needs and requirements of the older person. • Evidence of an individual and flexible approach to preparing and delivering meals and for vulnerable older persons. This includes older people living with dementia or receiving palliative care. • Sample of care plans for older people that detail nutrition, hydration and dining needs and preferences of the older person. • Evidence of the service partnering with a range of older people on creating an enjoyable dining experience (including menus). • Evidence that the service reviews food and dining related complaints and feedback data to continuously improve food and dining. • Evidence that the service reviews incident/ infection data (e.g. urinary tract infections) to understand whether there are trends with regards to hydration. • Evidence that the service uses malnutrition risk assessments to identify those at risk of malnutrition and implements strategies to minimise risk of malnutrition and unplanned weight loss. • List of older people that require assistance and support during meal times, including where they prefer to dine. • Sample of rosters and work schedules show how the service ensures there are sufficient workers to support older people with eating and drinking during mealtimes (Linked to Outcome 2.8).

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for medication management? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable
Management feedback	• How do you partner with older people to create enjoyable food, drinks and dining experience across your services? • How are other parties (e.g. chefs/cooks and an Accredited Practising Dietitian) involved in developing and reviewing food and nutrition? • How do you monitor and continuously improve food and dining? – How do you know that food and drink practices are aligned with contemporary evidence-based practice? • What actions have you taken recently to improve food and dining?	• How do you partner with older people to create enjoyable food, drinks and dining experience at your service? • How do you monitor and continuously improve food and dining? – How is the satisfaction of older people factored into the improvements? – How do you monitor that food and drink intake meets the nutritional needs of older people? – How do you know that food and drink practices are aligned with contemporary evidence-based practice? – What actions have you taken recently to improve food and dining? • How do you identify and monitor older people's food and drink needs and preferences, including where these change over time or where a person may have specialised dietary needs? • How do you develop and review menus? – How do you ensure your menus meet the needs, goals and preferences of older people? – How often are menus changed and how do older people provide input into the menu? – Where an older person has dietary needs, how do you develop appropriate meal plans for them? – How do you involve other parties (e.g. chefs/cooks and an Accredited Practising Dietitian) in developing and review of menus? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback *(continued)*		• If older people have their own fridge to store food in their room, what processes are in place to ensure food is safely kept? • How do you ensure there are enough staff available to support older people who may need support to eat and drink? • How do you ensure the dining environment maximises engagement and enjoyment for older people? • How do you support older people to shared food and drinks with their loved ones?
Worker feedback	Not applicable	• How do you know if an older person is not finishing their meals or drinks? What do you do if you identify an older person is not finishing meals or drinks? – How do you encourage older people to eat and drink? Can you provide some examples • What do you do if an older person consistently requests food that presents clinical risks? • What do you do if an older person complains about the food? • What steps do you take to create an enjoyable dining experience for older people generally? And for X, Y, Z older person. What about older people who have their meals in their room? • How do you communicate feedback on what older people do and don't like to others in the service? • Can you tell me about an older person that is at risk of choking or may need support to eat or drink? How do you support these people to eat and drink safely? **Note:** Whilst designed for kitchen workers or the chef, the following questions may also be asked for care workers. • **<Kitchen workers / chef>** Can you tell me about an older person that requires special or modified meals? How do you prepare these for them and ensure they have a choice of meals? • **<Kitchen workers / chef>** How do you monitor older people's satisfaction with the food and whether they are getting enough? What do you do if an older person isn't enjoying their food or getting enough food? *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback *(continued)*		• **<Kitchen workers / chef>** How do you know what each person likes to eat and drink and what makes a positive dining experience for them? • **<Kitchen workers / chef>** How do you make food appetising and appealing for older people, including texture modified foods? • **<Kitchen workers / chef>** What processes are in place to ensure food is prepared and served safely? • **<Kitchen workers / chef>** How do you ensure meals provided meet the older persons' needs and preferences? • **<Kitchen workers / chef>** How do you ensure older people can access snacks and drinks outside of mealtimes?
Third party feedback	Not applicable	Not applicable
Experience of older people	**Category 6** • Surveys of older people, family, carers across the provider (or similar) indicate that older people are happy with food and nutrition at the service, and where improvements are identified, these are addressed in a timely manner.	**Category 6** • Do you like the food and drinks you receive from the service? If not, why? – Are you able to eat what you want? – Are you able to eat at a time that is convenient for you? – Does the service provide you with snacks or drinks when you want? • Do the service/workers seek your feedback/ input on what you would like to eat or drink and the menu? Have you seen any changes to the menu since you provided feedback? • Have there been any times when there was a delay in serving lunch or dinner? Does it happen often? • Can your family and friends join you for a meal or drinks when you want? • Do you find the dining experience enjoyable? Do you look forward to meal times? • <Older people requiring assistance with meals> Are there always workers available to help you eat or drink?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations	Not applicable	**Category 6** • Observation of dining service(s) to understand whether: – Older people enjoy the dining experience and it supports reablement, social engagement and a sense of belonging. – Older people who choose to eat in their rooms or who are confined in bed enjoy the dining experience and are supported by workers. – There is sufficient workforce to assist older people with eating and drinking (where required). – Older people can share food and drinks with their guests. – Older people can eat meals at a time that suits them. – There are delays in serving meals to older people (either in the dining areas or in their rooms). – Meals served are at the correct temperature, appealing, and meet each older person's assessed needs. – Food and drink are within the reach of older people and given in a way that older people can eat and drink safely. – The dining environment is clean and safe. • Observation of the kitchen and food preparation area to understand whether: – Meals, drinks and snacks are prepared safely. – Meals and snacks meet each older person's needs, choices and preferences. – Food items are stored safely and securely. – Food safety signs are in place (e.g. handwashing). – Food preparation workers (e.g. chefs) are aware of older person's allergies, needs and preferences. • Observation of manual or electronic communication methods used by the workforce in the food and nutrition system to ensure that the right meal is delivered to the right person. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Observations *(continued)*		• Observation of the availability and accessibility of nutritious snacks and drinks for older people. • Observation of communication materials (posters, flyers) related to nutrition and hydration for older persons, family, carers and workers. • Observation that textured meals look appetising/appealing. • Observation of how staff interact with older people during meal service including those who choose to eat in their rooms or are confined to bed, does it foster a sense of belonging and enhance reablement?
Care outcomes	Not applicable	**National Quality Indicator Program** • Percentage of older peoples who experienced significant unplanned weight loss (5% or more). • Percentage of older peoples who experienced consecutive unplanned weight loss.

21. Palliative and end of life care

Please refer to the *Glossary for Quality Standards* and the *Guidance for Quality Standards* for definitions, descriptions and guidance related to this theme.

This theme is directly related to Outcome 5.7, palliative and end of life care.

Related Standard, Outcome, Action	Requirement
Outcome 5.7	The provider develops and implements systems and processes for palliative and end of life care, including processes: • To recognise when the older person requires palliative care or is approaching the end of their life, supports them to prepare for the end of life and responds to their changing needs and preferences. • To support the older person, their family, carers and substitute decision maker, to: – Have advance care planning conversations – Develop or review documents to align with their current needs, goals and preferences – Discuss requesting or declining aspects of personal care, life-prolonging treatment and responding to reversible acute conditions. • From comprehensive care, to plan and deliver palliative care that: – Prioritises the comfort and dignity of the older person – Supports the older person's spiritual, cultural, and psychosocial needs – Identifies and manages changes in pain and symptoms – Provides timely access to specialist equipment and medicines for pain and symptom management – Communicates information about the older person's preferences for palliative care and the place where they wish to receive this care to workers, their carers, family and others – Facilitates access to specialist palliative care when required – Provides a suitable environment for palliative care – Provides information about the process when a person is dying and about loss and bereavement to family and carers. • For the last days of life that: – Recognise that the older person is in the last days of life and respond to rapidly changing needs – Ensure medicines to manage pain and symptoms, including anticipatory medicines, are prescribed, administered, reviewed and available 24-hours a day – Provide pressure care, oral care, eye care and bowel and bladder care – Recognise and respond to delirium • Minimise unnecessary transfer to hospital, where this is in line with the older person's preferences.

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records	**Category 4, 5 & 6** • Policies and processes for managing palliative and end of life care that address: – Requirements for recognising end of life, supporting an older person prepare for end of life and responding to their changing needs and preferences. – What supervision and support is provided to members of the workforce providing end of life care. – Requirements for recognising the last days of life and responding to rapidly changing needs including pain management, pressure care, oral care, eye care, bowel and bladder care, and responding to delirium. – Roles and responsibilities for management and workers in supporting palliative and end of life care. – Processes for monitoring delivery of care to ensure it complies with the older person's preferences and wishes. – Processes for monitoring and continuously improving the effectiveness of palliative and end of life care processes. • Training content and guidelines for workers supporting older person approaching end of life (including considering culture, diversity, background, etc. of the older person). • Evidence of monitoring of processes for palliative and end of life care (e.g. audits or assessments or other evidence). • Plans for continuous improvement or similar for improving processes for palliative and end of life care. • Meeting minutes or similar indicating provider management and governing body monitor and discuss processes for palliative and end of life care, including improvements required.	**Category 4, 5 & 6** • Sample of care plans for older people receiving palliative and end of life care to validate whether they: – Include palliative and end of life information. – Reflect changes in care and services, in line with the older person's end of life care needs, goals and preferences. This includes advance care planning when this has occurred. – Advance care directives and plans are in place, are current and regularly reviewed. – Highlight rapidly changing care needs in the last few days of life, including pain management, comprehensive care, responding to delirium, etc. • Sample of medication charts and clinical notes for older people receiving palliative and end of life care to validate whether: – Medication has been reviewed to minimise unwanted/unnecessary medications for end of life, especially including changes to oral medications. – Pain relieving and agitation relieving medications have been prescribed and administered. – Pain and agitation PRN administrations are effectively reviewed and evaluated. If excessive PRN pain and agitation medication are used, had there been consideration to changing the regular medications to provide better coverage of pain and agitation. – There are notations that the older person is comfortable, including in the provision of care or position changes, and there has been consideration of pre-intervention pain management. • Evidence of communication of information related to advance care planning and end of life to older persons, families, carers, others. *Continued on the next page*

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Documents and records *(continued)*		• Evidence that delivery of care is monitored to ensure it complies with the older person's advance care plan and end of life care needs. • Evidence that there is clear guidance for members of the workforce on decision-making processes when an older person's wishes and preferences are not known. This includes wishes that were documented in the past, advance directives, and the role of substitute decision makers and representatives. • Evidence of an individual and flexible approach to preparing and delivering meals and for older persons receiving palliative care. • Evidence of the provider sharing information and access to community support networks about loss and bereavement with families, carers and others as appropriate.
Governing body feedback	**Category 4, 5 & 6** • How does the governing body assure itself that the provider has implemented effective systems and processes for medication management? – How does the governing body monitor this? – How does the governing body know if these systems are aligned with contemporary evidence-based practice? • What strategies or initiatives have been recently implemented to improve the effectiveness of these systems?	Not applicable

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Management feedback	**Category 4, 5 & 6** • Has the provider established processes for palliative and end of life care? • How do you monitor and evaluate the implementation of processes for managing palliative and end of life care? – How do you know if these processes are aligned with contemporary evidence-based practice and meet the needs of older people? – What actions have you taken recently to improve the effectiveness of the processes? • How does the provider work with others outside the service (such as palliative care specialists) to improve the older person's end of life care? • How does the provider ensure that workers are competent to respond quickly and appropriately to the older person's rapidly changing needs (including recognising and responding to delirium)?	**Category 4, 5 & 6** • How does the service ensure that older persons are provided culturally safe and supportive opportunities to talk about dying so they can make their wishes known? • How do you identify an older person that is approaching the end of their life and what action is taken to prepare for end of life and respond to their changing needs? • Who is responsible for informing the older person's family, carer or others regarding their changing condition and their end of life care and preferences? – How are workers supported to share information about decisions about end-of-life care with older people, family and carers? • How does the service work with others outside the service (such as palliative care specialists) to improve the older person's end of life care? • How does the service ensure that end of life care prioritises comfort and dignity of the older person and supports the individualised spiritual, cultural, and psychosocial needs of the older person? • How does the service identify and manage changes in pain and symptoms including timely access to specialist equipment and medication? • How do clinicians gain access to specialist palliative care advice? • How does the provider make sure that it promptly recognises when the older person is moving to the terminal phase of life? And how is this communicated to the older person, their family, carers, others, and relevant health professionals?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Worker feedback	Not applicable	**Category 4, 5 & 6** • How do you recognise that an older person is approaching end of life? How do you respond to this and who is informed/contacted? Questions for workers that are involved in providing care to an older person that is palliating, nearing end of life or has passed away at the service. • How have/did you adjusted their care to reflect their changing needs and support the end of life process? • How have/did you make sure they were comfortable? Did you or the family have any concerns? • How do/did you know their preference for their last days? • What strategies are used to support the older person's wishes for end of life? • How do you ensure the older persons wishes and preferences are met? • Who is allowed to visit? How often and when? • How do you provide personal care to them? Is this any different to what they usually had? (this question is about determining personal care in the terminal phase and determining if oral and lip care, skin care, washes such a hot towel baths, hair washes, etc are occurring). • Does the older person look comfortable to you when providing care? When does the nurse provide pain relief? (this question is about determining the provision of pre-intervention pain relief, so important to effectively manage pain). What observations do you to consider if the older person is comfortable? • How is **<older person' name>'s** comfort and pain being managed? • **<Clinical workers>** How do you ensure that rapid changes to the older person's needs are addressed in a timely manner? • **<Clinical workers>** How do you determine if transfer to hospital in the last days of life is necessary? • **<Clinical workers>** Are medical officers or palliation specialists involved in making changes to care? How have they been involved, provide an example? Have there been changes to medications? • **<Clinical workers>** How are you monitoring the older person's comfort and pain? How often is PRN pain relief being provided? What is being used to manage any terminal restlessness?

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**
Third party feedback	Not applicable	**Category 4, 5 & 6** • How does the service work with you to improve the older person's end of life care? Do you believe these processes are appropriate? Are there any improvements required?
Experience of older people	Not applicable	**Category 4, 5 & 6** • How has your care changed to help you do the things important to you, be with the people important to you and maximise your comfort? • **<Representative interview for a palliating older person or recently deceased – where appropriate>** How do you feel that workers manage/managed <older person name> pain and comfort? – Do/did workers regularly check in on them and provide oral and hygiene care? – Are/were workers respectful, kind and gentle when providing care? • Are/were workers able to recognise and refer when the older person required palliative care?
Observations	Not applicable	**Category 4 & 5** • Not applicable **Category 6** • Observation that information about how to access specialist palliative care advice is readily accessible for workers providing care. • Observation of the environment the older person is in and validate against their wishes, needs and preferences noted down within their care plan or progress notes. • Observe if **<older person at end of life>** looks comfortable? Do they look like staff attend to mouth care regularly? Can you see observations of end of life wishes such a music, religious visits/preferences, friends/ family staying with them?
Care outcomes	Not applicable	Not applicable

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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