

Audit Evidence Collection Tool (AECT) – Registration renewal

Guide for providers

Version 1.0 | August 2026



Australian Government

Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Contents

About this guide	3
Getting started	4
How to complete an AECT	9
Step 1: Use the resources	9
Step 2: Get to know the AECT Excel workbook	9
Step 3: Decide on the reference style and record management system for your supporting documents	10
Step 4: Add information to the columns in the strengthened Quality Standards (tabs 3 to 7)	11
Step 5: Supporting documents and record management	31
Step 6: Uploading supporting documents	36
AECT checklist	37
More information	38
AECT guidance feedback	38
Appendix A	39

About this guide

This guide helps providers complete the **Audit Evidence Collection Tool (AECT) – Renewal** as part of a renewal of registration audit in categories 4, 5 and 6.

The audit initiation - request for information email you have received contains several attachments. The AECT is only one of those attachments. Please review all attachments and follow instructions for your documents.

Renewal of registration audit

Audits are forward-looking. The renewal of registration audit (renewal audit) helps us to understand if the provider can conform with (meet) the strengthened Aged Care Quality Standards (strengthened Quality Standards) for the service categories they are registering to deliver.

Providers need to complete the AECT - renewal as part of the audit program to show that they are still suitable and capable of providing safe and quality services. They need to complete one AECT per audit program. This will be every 3 years if they are conforming with their registration responsibilities.

You can download the [AECT – renewal](#) from our website.

Getting started

Before you complete the AECT, it's important to understand its purpose and where it fits in the renewal audit process.

Purpose of the AECT

We use the AECT in stage 1 of the renewal audit (audit initiation) to collect evidence about:

- your **governance systems and processes**
- how you provide safe and quality care that conforms with the strengthened Quality Standards and their outcomes.

Provider evidence

You need to provide information and examples in the AECT that show how you monitor your governance systems and processes. This includes how you know they are:

- working as they should
- providing the information your governing body and senior management need for effective oversight (supervision) of each residential care home and registration category 4 and 5 [care delivery location](#)
- supporting your organisation to improve.

Examples of provider evidence include:

- policy and procedures that follow [contemporary evidence-based practice](#)
- [workforce](#) training and position descriptions that show:
 - roles and responsibilities
 - how workforce planning will deliver aged care services
- monitoring, auditing and survey processes
- Continuous Improvement Plan (CIP) activities
- meeting minutes that show the governing body knows how effective their governance systems are.

We analyse the information you provide in the AECT at stage 2 of the renewal audit (audit delivery).

We may ask you for more evidence about:

- each residential care home
- a sample of category 4 and 5 care delivery locations.

We collect this evidence through the Care Delivery Evidence Collection Tool (CDECT).

Care delivery evidence

The information and examples you provide in the CDECT need to show how you:

- follow and consistently apply your governance systems and processes when delivering aged care across all service types
- know that the services you provide are delivering positive outcomes for older people and their supporters, workers and the organisation.

Examples of care delivery evidence include:

- detailed staff lists (managers, workers, volunteers, subcontractors)
- care delivery location workplace structure or organisation charts
- worker rosters and shift allocation sheets
- training records, competency matrices and education plans
- infection prevention and control processes and worker training
- detailed lists of older people receiving aged care
- CIPs or similar plans
- risk registers, incident registers, complaint and feedback logs
- care delivery location meeting minutes.

You can find out more about the renewal audit process in Appendix A in the [Renewal of registration audit guide](#).

Who should complete the AECT

A [responsible person](#) should complete the AECT.

You need to:

- know your organisation's governance systems and processes
- have access to records and information about how the organisation monitors how effective these systems and processes are.

How to complete the AECT

- Only fill in information for outcomes that apply to the [category of services you deliver](#).
- In the outcome section, describe:
 - the governance systems and processes you use to conform with the outcome
 - how you review and monitor systems and processes to make sure they are effective
 - how the systems and processes have improved outcomes for older people
 - give examples
 - how contemporary evidence-based practices have supported innovation (doing things in new ways) and continuous improvement – give examples.
- Provide supporting documents that:
 - support the information you add in the AECT
 - are relevant to the specific outcome.
- Clearly refer to the supporting documents:
 - where the information appears in the AECT
 - with the relevant outcome.
- Arrange files and documents for upload in a clear and logical way.

How the audit team uses the information and supporting documents

The AECT supporting documents you provide may include sensitive, personal and commercial (business) information. We handle all information in line with the *Australian Privacy Act 1988* and store it securely to keep it confidential and protect sensitive data.

The audit team uses the information and supporting documents to understand:

- your governance systems and processes
- how you use these in your day-to-day operations.

This helps us decide if you can continue to conform with the strengthened Quality Standards.

We expect you to provide evidence that:

- supports an efficient audit process
- creates a strong foundation for the audit team to collect evidence onsite
- helps the audit team make accurate and reliable findings.

How we assess evidence

When we assess evidence, we consider (think about):

- the older person's experience and care outcomes
- how appropriate the evidence is. Is it:
 - relevant – does it relate to the strengthened Quality Standards and outcomes?
 - current – does it relate to the systems and processes you have and the timeframe specified in the AECT?
 - credible – does it come from credible and unbiased sources?
 - valid – can you verify (confirm) it and is it consistent with other sources?
- how strong the evidence is, and how much there is:
 - Is there enough information to support accurate, valid and reliable findings?
- the evidence in total including:
 - the environment you work in (for example, rural, remote, metropolitan)
 - how your governance systems and processes are performing
 - the impact on older people.

This is how we make sure we assess evidence in a way that's reliable, consistent, fair and minimises actual and possible bias.

Resources to help you

You can use these resources to complete the AECT:

- [Strengthened Aged Care Quality Standards – Quick reference guide](#) to understand the outcomes that apply to your registration categories.
- [Renewal of registration audit guide](#) to understand where the AECT fits in the audit process.
- [Strengthened Quality Standards guidance](#) to understand:
 - what you need to do to conform with strengthened Quality Standards and outcomes
 - the systems and processes you need to apply actions and evaluate them
 - examples you can give to show how effective your systems and processes are.
- [Glossary](#) to understand the meaning of terms.

What we expect

We expect you to:

- show that you can conform by:
 - completing the AECT properly
 - preparing supporting documents
 - uploading them to the portal using the link provided
 - making sure we can access them
- submit the AECT and required documents by the specified time.

If you need more time to do this, you should talk to the Assistant Director, Audit. They can consult with the Audit Director about giving you an extension. They make their decision on a case-by-case basis.

What happens if you don't complete the AECT

Providers must have an audit to become registered and stay registered. If you don't complete the AECT we can't do the audit. If we can't do the audit, we can't renew your provider registration.

If you don't submit the AECT before the deadline:

- we will contact you to remind you and to confirm your next steps
- we can withdraw your application.

How to complete an AECT

The following information is guidance only. It is based on feedback from providers and audit teams. We use the feedback to update and create resources to support providers to participate effectively in the audit process.

The examples we provide are made up. We use them to show how you can organise your information. The detail and form of the information and supporting documents you provide is up to you.

Step 1: Use the resources

The resources we listed in the [Resources to help you section](#) will help you:

- know which sections of the AECT you need to complete for your registration category or categories
- identify systems, processes and examples for each Quality Standard outcome
- decide which documents and records to submit to support the information you provide
- understand the terms in the AECT and what the questions are asking for.

Step 2: Get to know the AECT Excel workbook

Tab 1: Guidance – explains the purpose of the AECT, how to use the Excel tool and how to complete the strengthened Quality Standards tabs in the Excel workbook.

 1. Guidance

Tab 2: Supporting document list – is where you list your supporting documents.

 2. Supporting document list

Tabs 3 to 9: strengthened Quality Standards 1 to 7 – you only need to enter information for the strengthened Quality Standards outcomes that apply to your registration category or categories.

 Standard 1  Standard 2  Standard 3  Standard 4  Standard 5  Standard 6  Standard 7

Step 3: Decide on the reference style and record management system for your supporting documents

To make sure the audit is efficient and accurate, you need to give clear references for your supporting documents and use a consistent record management system. This helps the audit team to easily find the supporting documents and examples you provide in columns D, E, F and G of the strengthened Quality Standards' tabs.

You need to provide and clearly refer to your information and evidence. It's not the audit team's responsibility to find it.

What we expect

We expect you to:

- refer to supporting documents clearly, consistently and accurately
- include page numbers for specific information
- use a consistent, accurate **cataloguing system** (a system to list, describe and find references) that matches your referencing style
- upload **files** in an organised way that matches your catalogue
- only upload **relevant** documents that support your information and examples.

Good foundations

Naming conventions

Make sure you:

- ☒ clearly describe what the document contains in the document title
- ☒ include important information in the file name, such as the related system or process and the version number
- ☒ clearly label different versions of policies and procedures for category 4 and 5 services and residential care
- ☒ label files with unique identifiers, such as the incident, report or complaint number
- ☒ use a consistent version control method (for example, for policies and procedures)
- ☒ use a consistent dating method (for example, for meeting minutes and monitoring activities).

Cataloguing and filing systems

Make sure your electronic files are:

- ☒ organised in a consistent and logical way
- ☒ easy to find
- ☒ clearly labelled.

Referencing

Make sure you:

- ☒ use a documentary–note system that places a number in the text to link to references
- ☒ put reference markers (such as numbers) in the right place so users can find references without interrupting their reading
- ☒ use capitals, italics, punctuation and numbers consistently when you cite (reference) titles
- ☒ cite specific pages or page ranges by adding:
 - the letter ‘p’ and the page number to cite one page (p12)
 - the letters ‘pp’ and the page number range to cite a range of pages (pp12–15).

Step 4: Add information to the columns in the strengthened Quality Standards (tabs 3 to 7)

Select a Quality Standard and an outcome.

Read the information in columns A–C:

- **Column A:** Outcome – this column shows the outcomes we audit against
- **Column B:** Action – this column shows the action number
- **Column C:** Description – this column describes the action you can take (what you can do) to conform with the outcome.

Column D

Asks you to: **Describe the systems and processes you have established and implemented to achieve conformance with this outcome.**

The key words in this statement are:

- systems and processes
- implemented
- achieve conformance.

Use the information in Column C to help you understand what you can do to conform with the outcome.

Describe how you use your systems and processes. Be specific.

Example of Column D information

Outcome 1.1 Person-centred care

Column D – example answer

We support older people to feel safe, welcome, included and understood when they enter our organisation.

To understand their personal background, culture, needs and preferences, we complete assessment forms 1, 2 and 3 in a timely manner with the older person and their supporters.

We use the assessment information and other relevant information to complete a plan for service delivery, and we tell workers about the plan.

We review the plan regularly or if we need to because of changes in the older person's needs. Our workers receive regular training, as outlined in our organisation training program.

Workers build trusting relationships with older people and respect older peoples' decisions and choices. Where the older person cannot make decisions, we use supported decision-making.

Our feedback



This information is too generic. There is not enough detail to understand the provider's systems and processes.

Outcome 1.1 Person-centred care

Column D – example answer

Our organisation has a structured, rights-based engagement system to encourage safety, inclusion and genuine independence and understanding for every older person. This framework is supported by the Person-Centred Care Policy and Procedure, the Assessment Planning and Coordination Policy and Procedure, and the Anti-Discrimination, Inclusion and Diversity Policy and Procedure.

Our admissions officers are the first to communicate with older people and their supporters. They learn about the person and record their communication needs, preferences, cultural context and personal goals. At care delivery locations, responsible persons (care managers, clinical workers and care coordinators) check that older people understand the information we have given them. They do more detailed assessments using our comprehensive residential assessment suite and category 4 and 5 services assessment suite. The insights we collect through these processes and by partnering with the person shape the way we plan for and provide care and services.

We support workforce capability in trauma-aware, culturally-safe and inclusive communication, consultation and partnering approaches, through initial and regular ongoing training, as outlined in the Workforce Competency and Training Policy and Procedure and Person-Centred Care Policy and Procedure. We design every interaction with older people to uphold their dignity and independence, build trust and support mutual understanding.

Our feedback



This information is more specific. It describes the systems and processes, responsibilities, and supporting policies and procedures.

Make sure you:

- ☒ refer to relevant policies, procedures or records to support your information
- ☒ check that the information and supporting documents relate to the outcome
- ☒ respond to the actions in Column C.

After you add your information in Column D and reference the relevant supporting documents, you need to add the supporting document details in Column H.

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

Column H

In Column H, you need to list all the documents you referenced in Column D.

Only list referenced documents once in Column H.

Make sure you:

- ☒ use consistent referencing, naming and numbering styles
- ☒ reference page numbers where needed.

Tips

- Remember the guidance on [good foundations](#) for referencing in Step 3.
- Column H must include all references from column D for the outcome.

Example of Column D and H information

Note: Column H in the example below only shows documents that relate to the information in Column D. You can refer to Appendix A for the full example of Outcome 1.1 as it would appear in the AECT Excel worksheet format.

Standard 1: The Individual							
Intent	Standard 1 underpins the way that providers and aged care workers are expected to treat older people and is relevant to all standards. Standard 1 reflects important concepts about dignity and respect, individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and quality of life for older people. Older people are valuable members of society, with rich and varied histories, characteristics, identities, interests and life experiences. Older people can come from a diverse range of backgrounds and groups, including, but not limited to, Aboriginal or Torres Strait Islander persons, people from culturally and linguistically diverse backgrounds, people living in rural or remote areas, people who are financially or socially disadvantaged, people who are veterans, people experiencing homelessness or at risk of becoming homeless, people who are care leavers (i.e. older people who spent time in care as a child), people who are parents separated from their children by forced adoption or removal, people who are lesbian, gay, bisexual, transgender or intersex, people of various religions, people experiencing mental health problems and mental illness, people living with cognitive impairment, including dementia, and people living with disability. A person's diversity does not define who they are, but it is critical that providers recognise and embrace who persons are and who they are holistically as a person, and that this drives how providers and aged care workers engage with older people and deliver their funded aged care services.						
Expectation statement for older people	I have the right to be treated with dignity and respect and to live free from harm and what is important to me, and this determines the way my funded aged care services, with support when I want or need it. My identity, culture and diversity are valued and supported, and I have the right to express my identity, culture and diversity.						
Outcome	Action	Description	Column D	Describe how you review and monitor your systems and processes to make sure they are effective	Provide specific practice examples of how your systems and processes have improved care for older people	Provide specific examples of how your contemporary evidence-based practices have led to innovation and continuous improvement for this Outcome	Column H
Outcome 1.1: Person-centred care							Policies and Procedures: 1) - Person Centred Care Policy (current) 2) - Communication, consultation and partnering (workers, older person, representatives, other health professionals) Policy (current) 3) - Quality and Safety Management Policy (current) 18) - Assessment and Planning Policy (current) Other supporting documentation required: 31) - Provider partnering meetings with older people consumer committees or similar meeting reports/minutes or similar (last 4 meetings)
The provider demonstrates that the provider understands that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services. The provider demonstrates that the provider understands and values individuals, including their identity, culture, ability, diversity, beliefs and life experiences. The provider demonstrates that the provider develops funded aged care service with, and tailored to, individuals, taking into account their needs, goals and preferences.	1.1.1	The way the provider and aged care workers engage with individuals supports them to feel safe, welcome, included and understood.					
	1.1.2	The provider implements strategies to: a) identify the individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and uses this to direct the way their funded aged care services are delivered b) identify and understand the particular communication needs and preferences of the individual c) ask and record if an individual identifies as an Aboriginal or Torres Strait Islander person d) deliver funded aged care services that meet the needs of individuals with specific needs and diverse backgrounds, including Aboriginal or Torres Strait Islander persons and individuals living with dementia e) deliver funded aged care services that are culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice f) support individuals to cultivate relationships and social connections, including for individuals who identify as Aboriginal or Torres Strait Islander persons, connection to community, culture, and Country and Island Home g) continuously improve its approach to inclusion and diversity.					
	1.1.3	The provider and aged care workers recognise the rights, and respect the autonomy, of individuals, including their right to intimacy and sexual and gender expression.					

< > ≡

1. Guidance

2. Supporting document list

Standard 1

Standard 2

Standard 3

Standard 4

Standard 5

Standard 6

Standard 7

Standard 1

Outcome 1.1 Person-centred care

Column D	Column H
Describe the systems and processes you have established and implemented to achieve conformance with this outcome	Supporting documents
Our organisation has a structured, rights-based engagement system to encourage safety, inclusion and genuine independence and understanding for every older person. This framework is supported by the Person-Centred Care Policy and Procedure (1), the Communication and Consultation Policy and Procedure (2), Assessment Planning and Coordination Policy and Procedure (3) and the Anti-Discrimination, Inclusion and Diversity Policy and Procedure (4). Recruitment Policy and procedures (5) and the Workforce Competency and Training Policy and Procedure (6) support the HR Manager who is responsible for making sure that we recruit, onboard and train all workers in line with the Aged Care Code of Conduct and the organisation's diversity expectations (4). This embeds respectful behaviour and zero tolerance for discrimination across the workforce. In practice, we engage through clearly defined operational steps. These include intake assessment, collaborative care planning, culturally-appropriate and trauma-aware (where people choose to disclose) service matching, scheduled care reviews, and consistent documentation in care service notes. This person-centred, holistic approach makes sure that workers support older people's safety, inclusion, sense of being understood and personal goals. Our admissions officers are the first to communicate with older people and their supporters. They learn about the person and record their communication needs, preferences, cultural context and personal goals.	1. Person-Centred Care Policy and Procedure_v1.3: Organisation Framework Folder pp9-12 2. Communication and Consultation Policy and Procedure_v2.8 Organisation Framework Folder pp17-19 3. Assessment Planning and Coordination Policy and Procedure_v4.1: Organisation Framework Folder pp21-24 4. Anti-Discrimination, Inclusion and Diversity Policy and Procedure_v2.7: Organisation Framework Folder pp32-36 5. Recruitment Policy and procedure_v1.8 Organisation Framework Folder pp53-56 6. Workforce Competency and Training Policy and Procedure_v2.9: Organisation Framework Folder pp57-59 7. a. Residential care service agreement b. Support at Home care service agreement 8. Category 4 and 5 services financial management policy and procedure: Organisation Framework Folder pp66-69 9. Residential Care Service Assessment Suite 10. Category 4 and 5 Care Service Assessment Suite 11. a. Orientation training program_122025 b. Mandatory training program_122025 c. Bi-annual training evaluations analysis and summary report March 2026 12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025

Column D	Column H
We explain the agreement (7a,b), Statement of Rights, budget management (8) and services and supports to encourage choice and control. At care delivery locations, responsible persons (care managers, clinical workers and care coordinators) check that people understand the information we have given them. They do more detailed assessments using our comprehensive residential assessment suite (9) and category 4 and 5 services assessment suite (10). The insights we collect through these processes and by partnering with the older person, shape the way we plan for and provide care and services. Where an older person is cognitively impaired, workers use supported decision-making principles. Responsible persons follow up with the older person after a probation period. They do this to check that the older person feels safe and comfortable in the environment and with the workers who deliver their care and services (2). The governing body and leadership team encourage a culture of focusing on older people's strengths, and workers 'doing with' rather than 'doing for' the older person. We support workforce capability in trauma-aware, culturally safe and inclusive communication, consultation and partnering approaches. We do this by providing initial and regular ongoing training (11a, b, c), as outlined in the Workforce Competency and Training Policy and Procedure (6) and Person-Centred Care Policy and Procedure (1). We design every interaction with older people to uphold their dignity and independence, build trust and support mutual understanding. At the governance level, the CEO and governing body provide oversight (12) to make sure that service delivery follows the Statement of Rights and the organisation's person-centred framework (1). They do this by changing management-led culture, workforce planning, training, and organisation policies and procedures, as needed.	

Column E

Asks you to: **Describe how you review and monitor your systems and processes to make sure they are effective.**

The key words in this statement are:

- review
- monitor
- effective.

Use the information in Column C to help you understand what you can do to conform with the outcome.

Describe how you identify gaps in your systems and processes. Be specific.

Example of Column E information

Outcome 1.1 Person-centred care

Column E – example answer

We follow our care plan review schedule to make sure our care service delivery follows our policies and procedures. We use monitoring, such as audits, surveys and complaint processes, to make sure older people receive person-centred care. Where we identify opportunities to improve, we use corrective actions across the organisation to make sure our services are effective and deliver outcomes for older people.

Our feedback



This information is too generic. It does not adequately describe how the organisation monitors and reviews their systems and processes to make sure they are effective.

Outcome 1.1 Person-centred care

Column E – example answer

We check that we provide services in line with the Person-Centred Care Policy and Procedure and older people's experience. We do this through:

- regular person-centred care audits of older people's care and service files. We do these audits at set times (based on the service) to make sure we tailor services to meet the older person's needs.
- monthly consumer advisory body meetings
- annual older person experience surveys
- monitoring trends in feedback and complaints from older people, their supporters and workers.

Our feedback



This information is more specific. It describes how the organisation monitors and reviews their processes. It refers to the relevant policy and procedure and describes how often they monitor activities.

Make sure you:

- ☒ refer to relevant policies, procedures, reports and records to support your information
- ☒ include timeframes and schedules
- ☒ check that the information and supporting documents relate to the outcome
- ☒ respond to the actions and information in Column C.

After you add your information in Column E and refer to relevant supporting documents, add the details in Column H.

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

Column H

In this column, list all the documents you have referred to in Column E.

If you have referred to the same documents across Column D and E, remember, you only need to list them once in Column H. You do not have to repeat them.

Make sure you:

- ☒ use consistent referencing, naming and numbering styles
- ☒ reference page numbers where needed.

Tips

- Remember the guidance on [good foundations](#) for referencing in Step 3.
- Column H now includes all references in columns D and E for the outcome.

Example of Column E and H information

Note: Column H in the example below only shows documents that relate to information in Column E. You can refer to Appendix A for the full example of Outcome 1.1 as it would appear in the AECT Excel worksheet format.

Standard 1: The Individual						
Intent	Standard 1 underpins the way that providers and aged care workers are expected to treat older people and is relevant to all standards. Standard 1 reflects important concepts about dignity and respect, individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and quality of life for older people. Older people are valuable members of society, with rich and varied histories, characteristics, identities, interests and life experiences. Older people can come from a diverse range of backgrounds and groups, including, but not limited to, Aboriginal or Torres Strait Islander persons, people from culturally and linguistically diverse backgrounds, people living in rural or remote areas, people who are financially or socially disadvantaged, people who are veterans, people experiencing homelessness or at risk of becoming homeless, people who are care leavers (i.e. older people who spent time in care as a child), people who are parents separated from their children by forced adoption or removal, people who are lesbian, gay, bisexual, transgender or intersex, people of various religions, people experiencing mental health problems and mental illness, people living with cognitive impairment, including dementia, and people living with disability. A person's diversity does not define who they are, but it is critical that providers recognise and embrace each person's diversity and who they are, beliefs, values, preferences and needs. This drives how providers and aged care workers engage with older people and deliver their funded aged care services.					
Expectation statement for older people	I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my life and what is important to me, and this determines the way my funded aged care services are delivered.					
Outcome	Action	Description	Describe the systems and processes you have established and implemented to achieve conformance with this Outcome	Column E Describe how you review and monitor your systems and processes to make sure they are effective	Provide specific practice examples of how your systems and processes have improved care for older people	Column H Supporting documents (Example only) (Refer to 2. Supporting Document List)
Outcome 1.1: Person-centred care						
The provider demonstrates that the provider understands that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services. The provider demonstrates that the provider understands and values individuals, including their identity, culture, ability, diversity, beliefs and life experiences. The provider demonstrates that the provider develops funded aged care service with, and tailored to, individuals, taking into account their needs, goals and preferences.	1.1.1	The way the provider and aged care workers engage with individuals supports them to feel safe, welcome, included and understood.				Policies and Procedures: 1) - Person Centred Care Policy (current) 2) - Communication, consultation and partnering (workers, older person, representatives, other health professionals) Policy (current) 9) - Quality and Safety Management Policy (current) 18) - Assessment and Planning Policy (current) Other supporting documentation required: 31) - Provider partnering meetings with older people consumer committees or similar meeting reports/minutes or similar (last 4 meetings)
	1.1.2	The provider implements strategies to: a) identify the individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and uses this to direct the way their funded aged care services are delivered b) identify and understand the particular communication needs and preferences of the individual c) ask and record if an individual identifies as an Aboriginal or Torres Strait Islander person d) deliver funded aged care services that meet the needs of individuals with specific needs and diverse backgrounds, including Aboriginal or Torres Strait Islander persons and individuals living with dementia e) deliver funded aged care services that are culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice f) support individuals to cultivate relationships and social connections, including for individuals who identify as Aboriginal or Torres Strait Islander persons, connection to community, culture, and Country and Island Home g) continuously improve its approach to inclusion and diversity.				
	1.1.3	The provider and aged care workers recognise the rights, and respect the autonomy, of individuals, including their right to intimacy and sexual and gender expression.				

Standard 1

Outcome 1.1 Person-centred care

Column E	Column H
Describe how you review and monitor your systems and processes to make sure they are effective	Supporting documents
We monitor how effective our systems and processes are by using a structured quality management and continuous improvement framework. The framework is outlined in the Quality and Safety Management Policy and Procedure (13). This framework includes feedback from older people, supporters and workers, audit activity and governance oversight. Our Continuous Improvement Plan (CIP) (14) is based on this information. In line with our Quality and Safety Management Policy and Procedure (13), we do annual audits (15) of our policies and procedures to make sure they are current and follow evidence-based practice and legislation. We review and monitor our systems and processes at residential care homes and category 4 and 5 care delivery locations. We assess how effective they are through site-specific quality monitoring activities and board oversight (12, 21). We monitor: • older people's experience and outcomes • how the way we deliver services follows the Person-Centred Care Policy and Procedure (1) • how workers' behaviour follows the Communication, Consultation and Partnering Policy (2), Statement of Rights and Aged Care Code of Conduct. We do this through: • regular person-centred care audits (16a, b) of older people's care service files. We do these audits at set times (based on the service) to make sure our services are meeting each person's needs • monthly consumer advisory body meetings (17a, b)	1. Person-Centred Care Policy and Procedure_v1.3: Organisation Framework Folder pp9-12 2. Communication, Consultation and Partnering Policy_v2.8 Organisation Framework Folder pp17-19 12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025 13. Quality and Safety Management Policy and Procedure_v3.2: Organisation Framework Folder pp3-8 14. Organisational Continuous Improvement Plan (CIP) 15. Organisation policy/procedure Audit October 2025 16. Person-centred care audits a. Residential care home A, February 2026 b. Category 4 and 5 care delivery location B, December 2025 17. Consumer advisory body meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026

Column E	Column H
• annual older person experience surveys, including if they feel culturally safe and if they have been treated with dignity and respect (18a, b) • monitoring trends in feedback and complaints from older people, their supporters and workers (22a, b) • annual staff performance reviews (19a, b) • monitoring staff turnover (23a, b). We use retention strategies to support job satisfaction and longevity in roles. This helps to create trusting, long-term relationships between workers and older people. We review the above quality assurance data from each residential care home and category 4 and 5 care delivery location at monthly site quality management meetings (20a, b). We discuss outcomes, gaps and opportunities to improve to assess how effective our services are. Where we identify issues, we escalate them through our quality and risk processes to make sure we take the right action, review and follow up. We report on and escalate issues from these site quality management meetings through quarterly residential care home and category 4 and 5 care delivery location reports to the board (21a, b). The board reviews the reports from each residential care home and category 4 and 5 care delivery location at their quarterly governance meetings (12). They do this to assess how effective the system is, confirm areas of organisational strength and identify themes, organisational risks and opportunities to improve. We link the findings to our CIP to monitor actions and ongoing improvement (14). Together, these monitoring activities are a layered and evidence-based approach to reviewing how effective our systems are. They make sure that person-centred, rights-based care systems are working as planned and continue to support positive experiences and outcomes for older people.	18. Older person experience survey April 2026 a. Residential care home A b. Category 4 and 5 care delivery location B 19. Annual staff performance reviews report a. Residential care home A b. Category 4 and 5 care delivery location B 20. Quality management meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 21. Quarterly board reports 2025–2026 a. Residential care home A i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025 b. Category 4 and 5 care delivery location B i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025 22. Complaints trending analysis a. Residential care home A b. Category 4 and 5 care delivery location B 23. Workforce management trends and analysis a. Residential care home A b. Category 4 and 5 care delivery location B

Column F

Asks you to: **Provide specific practice examples of how your systems and processes have improved care for older people.**

The key words in this statement are:

- practice examples
- improved care.

Use the information in Column C to help you understand what you can do to conform with the outcome.

Provide specific examples of outcomes for older people (not a summary of processes from Column D).

Make sure your examples:

- ☒ are at a provider (organisation) level, not a care delivery location level
- ☒ include the:
 - input (how you identified the issue or what the trigger was for the change or action)
 - output (the actions you took or processes you set up)
 - outcome (how effective your results were and how you measured this).

Provide several examples for each outcome (relevant to the category of services you deliver) to show how effective your strategies and monitoring systems are. You can refer to the same example for different outcomes if it's relevant.

Example of Column F information

Outcome 1.1 Person-centred care

Column F – example answer

We updated the mandatory training program to include topics on rights-based care, supported decision-making, trauma-informed care and reablement.

Our feedback



This information does not give the triggers for the update. It only lists the actions and does not describe how the organisation knows if the actions were effective or what the outcome was.

Outcome 1.1 Person-centred care

Column F – example answer

To meet the strengthened Quality Standards, we updated the mandatory training program to include rights-based care, supported decision-making, trauma-informed care and reablement. Training evaluations, feedback from workers and observations of worker practice show that this training has improved workers' capability to understand and respond to each older person's identity, preferences, communication needs and lived experience. Surveys and feedback from older people show that workers are providing care in a more respectful, personalised and meaningful way that supports the older person's independence, strengths and goals.

Our feedback



This information describes the triggers for the initiative (to meet the strengthened Quality Standards), the actions taken (mandatory training program modified), measures of effectiveness (training evaluations, surveys and feedback) and the outcomes (worker capabilities, improved interactions with older people).

Make sure you:

- ☒ include what triggered the change or improvement process
- ☒ include how you measured the effectiveness of the actions and the results you achieved
- ☒ refer to relevant documents or records to support your examples
- ☒ check that the examples and supporting documents are relevant to the outcome
- ☒ respond to all actions and information in Column C.

After you add your information in Column F and refer to relevant supporting documents, you need to add the details in Column H.

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

Column H

Asks you to list all the documents you have referred to in Column F.

If you have referred to the same documents across Column D, E and F, remember, you only need to list them once in Column H. You do not have to repeat them.

Make sure you:

- ☒ use consistent referencing, naming and numbering styles
- ☒ reference page numbers where needed.

Tips

- Remember the guidance on [good foundations](#) for referencing in Step 3.
- Column H now includes all references in columns D, E and F for the outcome.

Example of Column F and H information

Note: Column H in the example below only shows documents that relate to information in Column F. You can refer to Appendix A for the full example of Outcome 1.1 as it would appear in the AECT Excel worksheet format.

Standard 1: The Individual							
Intent	Standard 1 underpins the way that providers and aged care workers are expected to treat older people and is relevant to all standards. Standard 1 reflects important concepts about dignity and respect, individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and quality of life for older people. Older people are valuable members of society, with rich and varied histories, characteristics, identities, interests and life experiences. Older people can come from a diverse range of backgrounds and groups, including, but not limited to, Aboriginal or Torres Strait Islander persons, people from culturally and linguistically diverse backgrounds, people living in rural or remote areas, people who are financially or socially disadvantaged, people who are veterans, people experiencing homelessness or at risk of becoming homeless, people who are care leavers (i.e. older people who spent time in care as a child), people who are parents separated from their children by forced adoption or removal, people who are lesbian, gay, bisexual, transgender or intersex, people of various religions, people experiencing mental health problems and mental illness, people living with cognitive impairment, including dementia, and people living with disability. A person's diversity does not define who they are, but it is critical that providers recognise and embrace each person's diversity and who they are holistically as a person, and that providers, their workers and service users engage with older people and deliver their funded aged care services in a way that respects and supports their diversity.						
Expectation statement for older people	I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my funded aged care services, with support where I need it, and what is important to me, and this determines the way my funded aged care services are delivered.						
Outcome	Action	Description	Describe the systems and processes you have established and implemented to achieve conformance with this Outcome	Describe how you review and monitor your systems and processes to make sure they are effective	Column F Provide specific practice examples of how your systems and processes have improved care for older people	Provide specific examples of how your contemporary evidence-based practices have led to innovation and continuous improvement for this Outcome	Column H Supporting documents (Example only) (Refer to 2. Supporting Document List)
Outcome 1.1: Person-centred care							
The provider demonstrates that the provider understands that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services. The provider demonstrates that the provider understands and values individuals, including their identity, culture, ability, diversity, beliefs and life experiences. The provider demonstrates that the provider develops funded aged care service with, and tailored to, individuals, taking into account their needs, goals and preferences.	1.1.1	The way the provider and aged care workers engage with individuals supports them to feel safe, welcome, included and understood.					Policies and Procedures: 1) - Person Centred Care Policy (current) 2) - Communication, consultation and partnering (workers, older person, representatives, other health professionals) Policy (current) 9) - Quality and Safety Management Policy (current) 18) - Assessment and Planning Policy (current) Other supporting documentation required: 31) - Provider partnering meetings with older people consumer committees or similar meeting reports/minutes or similar (last 4 meetings)
	1.1.2	The provider implements strategies to: a) identify the individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and uses this to direct the way their funded aged care services are delivered b) identify and understand the particular communication needs and preferences of the individual c) ask and record if an individual identifies as an Aboriginal or Torres Strait Islander person d) deliver funded aged care services that meet the needs of individuals with specific needs and diverse backgrounds, including Aboriginal or Torres Strait Islander persons and individuals living with dementia e) deliver funded aged care services that are culturally safe, trauma aware and healing informed. In accordance with contemporary, evidence-based practice f) support individuals to cultivate relationships and social connections, including for individuals who identify as Aboriginal or Torres Strait Islander persons, connection to community, culture, and Country and Island Home g) continuously improve its approach to inclusion and diversity.					
	1.1.3	The provider and aged care workers recognise the rights, and respect the autonomy, of individuals, including their right to intimacy and sexual and gender expression.					

Standard 1

Outcome 1.1 Person-centred care

Column F	Column H
Provide specific practice examples of how your systems and processes have improved care for older people	Supporting documents
To make sure our practice follows the strengthened Quality Standards, we have updated the mandatory training program to include rights-based care, supported decision-making, trauma-informed care and reablement (11a-c). Training evaluations, feedback from workers and observations of worker practice show this training has strengthened workers' capability to understand and respond to each older person's identity, preferences, communication needs and lived experience. Surveys and feedback from older people show that workers are providing care in a more respectful, personalised and meaningful way that supports the older person's independence, strengths and goals (12a-d, 14, 16, 18, 20). To improve the quality of person-centred care in line with the strengthened Quality Standards, we collaborated with the consumer advisory body. We co-designed and applied a new suite of person-centred assessments written in the first person (9, 10). Workers are using the assessments to understand older people's life history, routines, preferences and priorities, and to create personal care plans. Person-centred care audits and worker feedback show this system change has improved the quality and relevance of care services planning. It has done this by shifting the focus from task-based documentation to strengths-based care that matches the older person's goals and how they want to live. This has resulted in care that more closely follows older people's preferences and improves their daily experience (9, 10, 12a-c, 14, 16, 17, 18, 20, 21).	3. Assessment Planning and Coordination Policy and Procedure_v4.1: Organisation Framework Folder pp21-24 6. Workforce Competency and Training Policy and Procedure_v2.9: Organisation Framework Folder pp57-59 a. Residential care service agreement b. Support at home care service agreement 9. Residential Care Service Assessment Suite 10. Category 4 and 5 Care Service Assessment Suite 11. a. Orientation training program_122025 b. Mandatory training program_122025 c. Bi-annual training evaluations analysis and summary report March 2026 12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025 14. Organisational Continuous Improvement Plan (CIP) 16. Person-centred care audits a. Residential care home A, February 2026 b. Category 4 and 5 care delivery location B, December 2025 17. Consumer advisory body meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026

Column F	Column H
We have strengthened dementia-informed care by introducing a storytelling initiative (3, 6, 11b). This supports workers to engage with older people living with dementia by capturing and sharing their life stories through photography and narrative. It focuses on identity, relationships and lived experience rather than diagnosis. By including this approach in engagement and care conversations, workers have developed a deeper understanding of each person. This supports more meaningful interactions, improves communication and reinforces dignity and identity in daily care. We can see evidence of this in staff performance reviews and feedback from workers and older people (9, 10, 12a-c, 14, 16, 17, 18, 20, 21).	b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 18. Older person experience survey April 2026 a. Residential care home A b. Category 4 and 5 care delivery location B 19. Annual staff performance reviews report a. Residential care home A b. Category 4 and 5 care delivery location B 20. Quality management meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026

Column G

Asks you to: **Provide specific examples of how your contemporary evidence-based practices have led to innovation and continuous improvement for this outcome.**

The key words in this statement are:

- contemporary evidence-based practice
- innovation
- continuous improvement.

Use the information in Column C to help you understand what you can do to conform with the strengthened Quality Standards outcomes.

Provide specific examples of how you keep improving as a provider overall, not at individual care-delivery locations.

Make sure your examples include the:

- ☒ input (what the trigger was for the change or action, and what evidence it's based on)
- ☒ output (the actions you took or processes you set up)
- ☒ outcome (how effective your results were).

Provide several examples for each outcome (relevant to the category of services you deliver) to show how effective your strategies and monitoring systems are. You can refer to the same example for different outcomes if it's relevant.

Example of Column G information

Outcome 1.1 Person-centred care

Column G – example answer

To improve care and services, we updated the mandatory training program to include topics on rights-based care, supported decision-making, trauma-informed care and reablement.

Our feedback



The information 'to improve care and services' is generic. While the actions taken are listed, information such as sources of the evidence-based practice, or a description of the outcome are not included.

Outcome 1.1 Person-centred care

Column G – example answer

To make sure our practices follow the strengthened Quality Standards, we updated the mandatory training program to include rights-based care, supported decision-making, trauma-informed care and reablement. We made these improvements based on guidance and resources from the Commission, DHDA, peak provider bodies and leading industry advocacy, research and allied health groups. Training evaluations, feedback from workers and observations of worker practice show that this training has improved workers' capability to understand and respond to each older person's identity, preferences, communication needs and lived experience. Surveys and feedback from older people show that workers are providing care in a more respectful, personal and meaningful way that supports the older person's independence, strengths and goals.

Our feedback



This information describes the trigger for the initiative, evidence-based practice sources and guidance, the actions taken, how actions were measured for effectiveness, as well as the outcomes achieved.

Tips

- Include innovative practices. Not all improvements are triggered from gaps or deficits. Check your CIP.
- Refer to the guidance, research papers, evidence collecting, registers and other things that triggered the continuous improvement activities.
- Include the referenced material in your supporting document list.

Make sure you:

- ☒ include the triggers for the innovation or continuous improvement process, the evidence-based practice sources, and the results
- ☒ reference relevant documents or records to support your examples
- ☒ check that the examples and supporting documents are relevant to the outcome
- ☒ respond to all actions and information in Column C.

After you add your information in Column G and refer to relevant supporting documents, you need to add the details in Column H.

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

Column H

This column asks you to list all the documents you have referenced in Column G.

If you have referred to the same documents across Column D, E, F and G, remember, you only need to list them once in Column H. You do not have to repeat them.

Make sure you:

- ☒ use consistent referencing, naming and numbering styles
- ☒ reference page numbers where needed.

Tips

- Remember the guidance on [good foundations](#) for referencing in Step 3.
- Column H now includes all references from columns D, E, F and G for the outcome.

Example of Column G and H information

Note: Column H in the example below only shows documents that relate to information in Column G. You can refer to Appendix A for the full example of Outcome 1.1 as it would appear in the AECT Excel worksheet format.

Standard 1: The Individual							
Intent	Standard 1 underpins the way that providers and aged care workers are expected to treat older people and is relevant to all standards. Standard 1 reflects important concepts about dignity and respect, individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and quality of life for older people. Older people are valuable members of society, with rich and varied histories, characteristics, identities, interests and life experiences. Older people can come from a diverse range of backgrounds and groups, including, but not limited to, Aboriginal or Torres Strait Islander persons, people from culturally and linguistically diverse backgrounds, people living in rural or remote areas, people who are financially or socially disadvantaged, people who are veterans, people experiencing homelessness or at risk of becoming homeless, people who are care leavers (i.e. older people who spent time in care as a child), people who are parents separated from their children by forced adoption or removal, people who are lesbian, gay, bisexual, transgender or intersex, people of various religions, people experiencing mental health problems and mental illness, people living with cognitive impairment, including dementia, and people living with disability. A person's diversity does not define who they are, but it is critical that providers recognise and embrace each person's diversity and who they are holistically as a person, and that this drives how providers and aged care workers assess, plan, deliver, evaluate and improve their funded and non-funded services.						
Expectation statement for older people	I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my funded aged care services, with support when I want or need it. My identity, culture and diversity are respected, and what is important to me, and this determines the way my funded aged care services are delivered.						
Outcome	Action	Description	Describe the systems and processes you have established and implemented to achieve conformance with this Outcome	Describe how you review and monitor your systems and processes to make sure they are effective	Provide specific practice examples of how your systems and processes have improved care for older people	Column G Provide specific examples of how your contemporary evidence-based practices have led to innovation and continuous improvement for this Outcome	Column H Supporting documents (Example only) (Refer to 2. Supporting Document List)
Outcome 1.1: Person-centred care							
The provider demonstrates that the provider understands that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services. The provider demonstrates that the provider understands and values individuals, including their identity, culture, ability, diversity, beliefs and life experiences. The provider demonstrates that the provider develops funded aged care service with, and tailored to, individuals, taking into account their needs, goals and preferences.	1.1.1	The way the provider and aged care workers engage with individuals supports them to feel safe, welcome, included and understood.					Policies and Procedures: 1) - Person Centred Care Policy (current). 2) - Communication, consultation and partnering (workers, older person, representatives, other health professionals) Policy (current) 9) - Quality and Safety Management Policy (current) 18) - Assessment and Planning Policy (current) Other supporting documentation required: 31) - Provider partnering meetings with older people consumer committees or similar meeting reports/minutes or similar (last 4 meetings)
	1.1.2	The provider implements strategies to: a) identify the individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and uses this to direct the way their funded aged care services are delivered b) identify and understand the particular communication needs and preferences of the individual c) ask and record if an individual identifies as an Aboriginal or Torres Strait Islander person d) deliver funded aged care services that meet the needs of individuals with specific needs and diverse backgrounds, including Aboriginal or Torres Strait Islander persons and individuals living with dementia e) deliver funded aged care services that are culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice f) support individuals to cultivate relationships and social connections, including for individuals who identify as Aboriginal or Torres Strait Islander persons, connection to community, culture, and Country and Island Home g) continuously improve its approach to inclusion and diversity.					
	1.1.3	The provider and aged care workers recognise the rights, and respect the autonomy, of individuals, including their right to intimacy and sexual and gender expression.					
< > ≡ 1. Guidance2. Supporting document list Standard 1Standard 2Standard 3Standard 4Standard 5Standard 6Standard 7							

Standard 1

Outcome 1.1 Person-centred care

Column G	Column H
Provide specific examples of how your contemporary evidence-based practices have led to innovation and continuous improvement for this outcome To make sure our practices follow the strengthened Quality Standards, we updated the mandatory training program to include rights-based care, supported decision-making, trauma-informed care and reablement. We made these improvements based on guidance and resources from the Commission, DHDA, peak provider bodies and leading industry advocacy, research and allied health groups (11a-d). Training evaluations, feedback from workers and observations of worker practice show that this training has improved workers' capability to understand and respond to each older person's identity, preferences, communication needs and lived experience. Surveys and feedback from older people show that workers are providing care in a more respectful, personal and meaningful way that supports the older person's independence, strengths and goals (12a-d, 14, 20). To make sure our practices follow the strengthened Quality Standards, we worked with national Aboriginal and Torres Strait Islander education providers and advisory bodies to co-design an organisation-wide First Nations Framework. This framework improves cultural safety and makes sure that we provide care and services for Aboriginal and Torres Strait Islander people in a way that recognises cultural identity, connection to community and lived experience. This has led to more culturally responsive assessments, care and services planning and daily care practices (12, 14, 20).	Supporting documents 11. a. Orientation training program_122025 b. Mandatory training program_122025 c. Bi-annual training evaluations analysis and summary report March 2026 12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025 14. Organisational Continuous Improvement Plan (CIP) 20. Quality management meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026

Step 5: Supporting documents and record management

Tab 2. Supporting document list

Tab 2 is a separate tab from the **Standard tabs**.

- **Tab 2, Column B** contains generic policy names. You do not need to rename your policies or records to match these names.
- **Tab 2, Column C** shows the outcomes that relate to each policy.
- Use **Tab 2, Column D** to list the documents and records identified in **Column H of the relevant Standard tabs** for your registration categories.

For each outcome:

1. Review the documents and records listed in **Column H of the relevant Standard tab**.
2. Enter these documents and records in **Tab 2, Column D**.
3. Check that the documents and records listed in **Tab 2, Column D** align with:
 - the generic policy name in **Tab 2, Column B**
 - the relevant outcome in **Tab 2, Column C**.

Before you finish

Make sure you:

- ☒ copy all documents and records from **Column H of the Standard tabs** into **Tab 2, Column D**
- ☒ use consistent document names and numbers in both the **Standard tabs** and **Tab 2**
- ☒ check that each document or record supports the correct outcome listed in **Tab 2, Column C**.

Tip

Think of the **Standard tabs** as the source of the information, and **Tab 2** as the place where you compile all supporting documents and records in one list.

Example Tab 2 Supporting document list Column D

Outcome 1.1 Person-centred care

Note: The example only shows documents and rows relevant to Outcome 1.1. You can refer to Appendix A for the full view of Outcome 1.1 as it would appear in the AECT Excel worksheet format.

Audit Evidence Collection Tool – Renewal					
Supporting document list					
Column D					
These document numbers are listed against related Quality Standards in the Standards 1-7 worksheet tabs	Policy/Procedure/document that demonstrates how you would achieve conformance against related Outcome	Policy/Procedure/document related to Outcomes below	Please record the title of your document that contains required information relevant to document description in Column B. If the information is embedded into another document, please identify that document name and include page number where information is embedded.	Please check box when you have attached the supporting documentation	Commission use only (internal record keeping)
Document Number	Policy/Procedure Document description	Related Outcomes	Provider Document Name	Submitted	Commission use only
1	Person Centred Care Policy (current)	1.1, 2.1, 3.1, 5.4, 6.2, 7.1		☐	
2	Communication, Consultation and Partnering (workers, older person, representatives, other health professionals) Policy (current)	1.1, 1.3, 2.1, 2.6a, 2.6b, 3.1, 3.2, 3.3, 3.4, 5.3, 5.4, 6.1, 6.2, 6.3, 7.2		☐	
3	Recognising, Preventing and Responding to Violence, Abuse, Racism, Neglect, Exploitation and Discrimination Policy (current)	1.2, 2.2a, 2.2b, 3.2		☐	
4	Choice, Independence and Quality of Life Policy (current)	1.3, 3.1, 3.2, 5.4, 5.5, 5.7, 6.3, 6.4, 7.1		☐	

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

These document numbers are listed against related Quality Standards in the Standards 1-7 worksheet tabs	Policy/procedure/document that shows how you would achieve conformance against the related outcome	Policy/procedure/document related to Outcomes below	Please record the title of your document that contains required information relevant to document description in Column B. If the information is embedded into another document, please identify that document name and include page number where information is embedded.
Column A Document number	Column B Policy/procedure/ document description	Column C Related outcomes	Column D Provider document name
1	Person Centred Care Policy (current)	1.1, 2.1, 3.1, 5.4, 6.2, 7.1	1. Person-Centred Care Policy and Procedure_v1.3: Organisation Framework Folder pp9-12
2	Communication, Consultation and Partnering (workers, older person, representatives, other health professionals) Policy (current)	1.1, 1.3, 2.1, 2.6a, 2.6b, 3.1, 3.2, 3.3, 3.4, 5.3, 5.4, 6.1, 6.2, 6.3, 7.2	2. Communication, Consultation and Partnering Policy_v2.8 Organisation Framework Folder pp17-19
3	Recognising, Preventing and Responding to Violence, Abuse, Racism, Neglect, Exploitation and Discrimination Policy (current)	1.2, 2.2a, 2.2b, 3.2	4. Anti-Discrimination, Inclusion and Diversity Policy and Procedure_v2.7: Organisation Framework Folder pp32-36
5	Management of Agreements, Fees, Pricing, Invoicing and Statements Policy/ Procedure (current)	1.4, 3.3	7. a. Residential care service agreement b. Support at Home care service agreement 8. Category 4 and 5 services financial management policy and procedure: Organisation Framework Folder pp66-69
9	Quality and Safety Management Policy (current)	1.1, 2.2a, 2.2b, 2.3, 2.4, 2.10, 3.3, 4.1a, 4.1b, 5.1, 5.3, 5.5	13. Quality and Safety Management Policy and Procedure_v3.2: Organisation Framework Folder pp3-8
14	Workforce Planning Policy (current)	2.2a, 2.3, 2.6a, 2.8, 2.9, 6.4	5. Recruitment Policy and procedure_v1.8 Organisation Framework Folder pp53-56
15	Workforce Competency/ Training Policy/ procedure (current)	2.2a, 2.3, 2.6a, 2.8, 2.9, 5.1	6. Workforce Competency and Training Policy and Procedure_v2.9: Organisation Framework Folder pp57-59 11. a. Orientation training program_122025 b. Mandatory training program_122025 c. Bi-annual training evaluations analysis and summary report March 2026
18	Assessment and Planning Policy (current)	1.1, 2.4, 2.7, 3.1, 5.4, 5.6, 5.7, 6.2, 6.3, 7.1, 7.2	2. Communication and Consultation Policy and Procedure_v2.8 Organisation Framework Folder pp17-19 9. Residential Care Service Assessment Suite 10. Category 4 and 5 Care Service Assessment Suite a. Orientation training program b. Mandatory training program c. Bi-annual training evaluations analysis and summary report January 2026

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

31	Provider Partnering meetings with older people, consumer committees or similar meeting reports/ minutes or similar (last 4 meetings)	1.1, 2.1, 2.6b, 2.10, 6.1	17. Consumer advisory body meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026
32	Results of any older persons' experience survey conducted by the provider (latest)	2.1, 2.6b, 4.1a, 4.1(b), 6.1	18. Older person experience survey April 2026 a. Residential care home A b. Category 4 and 5 care delivery location B
34	Governing body (for example, Board) meeting reports/minutes (last 4 meetings)	2.1, 2.2a, 2.2b, 2.3, 2.5, 2.6a, 2.6b, 4.2, 5.1	12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025
35	Mandatory Quality Committee meeting reports/minutes (last 4 meetings),	2.2a, 2.2b, 2.3, 2.4, 2.5, 2.6a, 2.6b, 7.2	20. Quality management meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 21. Quarterly board reports 2025–2026 a. Residential care home A i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025 b. Category 4 and 5 care delivery location B i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

37	Continuous Improvement Plan (current)	2.1, 2.2a, 2.2b, 2.3, 2.4, 2.6a, 2.6b, 5.1, 6.1	14. Organisational Continuous Improvement Plan (CIP)
41	Provider trend analysis of complaints (types) and feedback or similar including complaints unresolved over 3 months (past 12 months)	1.2, 2.3, 2.6a, 2.6b, 5.4 6.1	22. Complaints trending analysis a. Residential care home A b. Category 4 and 5 care delivery location B
45	Results of any audits, reviews or monitoring activities of worker qualifications, training, competency (worker, agency, subcontractor)	2.8, 2.9	11. c. Bi-annual training evaluations analysis and summary report March 2026 19. Annual staff performance reviews report a. Residential care home A b. Category 4 and 5 care delivery location B 23. Workforce management trends and analysis a. Residential care home A b. Category 4 and 5 care delivery location B
48	Results of any audits, reviews or monitoring activities of other care and service delivery systems and processes (for example, assessment and planning, partnering with older persons, rostering, feedback surveys from representatives, carers and/or older people (where feasible) about the care and services delivered) (past 12 months)	2.1, 2.3, 2.6a, 2.6b, 6.4	15. Organisation policy/procedure Audit October 2025 16. Person-centred care audits a. Residential care home A, February 2026 b. Category 4 and 5 care delivery location B, December 2025

Step 6: Uploading supporting documents

You must upload your supporting documents through the link we sent you by email to renew your registration.

Use the 'How to submit documents Audit program' guide that we sent you in the email.

The number and size of documents you can upload is limited to:

- 200 megabyte (MB) per file
- 100 files per submission.

If you want to submit documents that are above these limits, 'zip' the files into folders to reduce the file size and number.

You can submit up to:

- 100 zipped folders with multiple files within each.

Upload each supporting document **once**. Do not upload a document multiple times, even if you refer to it in more than one strengthened Quality Standard and outcome.

Make sure the names of the files you upload match the names in your AECT spreadsheet.

Make sure you only upload documents that:

- ☒ relate to the strengthened Quality Standard outcomes and to the information you added to columns D, E, F and G in the Standards tabs
- ☒ are directly linked to Column D, Tab 2.

Tips

- Column D should be a list of documents that match Column H for all outcomes for your registration categories.
- It should include all the documents you referenced in Columns D, E, F and G for all outcomes.

Troubleshooting

- If you have trouble uploading your supporting documents, contact the Assistant Director Audit. They will work through the issue with you.

AECT checklist

Quality Standards tab	
Columns D and E – description of your systems and processes and how you monitor how effective they are	
Have I entered information for all the strengthened Quality Standards outcomes that apply to my provider registration category or categories?	☐
Have I entered information in every cell (checked that none are blank) for the relevant outcomes?	☐
Does the information I provided directly answer the question – does it specifically describe the system and process and how we monitor them?	☐
Is the information I provided relevant to the outcome?	☐
Is the information I provided about provider level systems and processes (not care delivery location level)?	☐
Have I clearly referenced (used consistent naming and numbering styles and given correct page numbers) and linked supporting documents to the information I added?	☐
Columns F and G – practical examples of outcomes for older people and improvements or innovations that use evidence-based practices	
Have I entered information in every cell (checked that none are blank)?	☐
Are my examples specific? Do they include the trigger for the change (including evidence-based resources), the actions we took, how effective they were and the outcomes we achieved?	☐
Are my examples relevant to the outcome?	☐
Have I added provider level examples (not care delivery location level)?	☐
Have I clearly referenced (used consistent naming and numbering styles and given correct page numbers) and linked supporting documents to the examples in columns F and G?	☐
Column H – supporting documents	
Have I included all the supporting documents I referred to in columns D, E, F and G?	☐
Have I labelled and catalogued the supporting documents clearly (used consistent naming and numbering styles) so they match the references in columns D, E, F and G?	☐
Are all supporting documents relevant to the information in columns D, E, F and G in the Standards tabs?	☐

Tab 2 Supporting documents	
Column D	
Have I included all the documents listed in Column H of the Standards tabs?	☐
Do the supporting documents and records match their relevant outcomes in Column C?	☐
Are all the supporting documents current?	☐
Uploading supporting documents files	
Have I uploaded all the supporting documents in Column D Tab 2?	☐
Have I only uploaded supporting documents that I referred to in columns D, E, F and G in the Standards tabs (nothing extra or unrelated)?	☐
Does the cataloguing and filing system I used to upload my documents match the naming and referencing styles I used?	☐
Have I ticked that I have uploaded all supporting documents in Column E Tab 2?	☐

More information

If you need more information or have questions, you can contact the Assistant Director Audit. They will work through issues with you as your audit progresses.

AECT guidance feedback

You can provide feedback on this resource using this QR code.

Your feedback will help us update this guide to make sure it helps you to complete the AECT efficiently and correctly.



AECT Renewal Companion Provider Survey

https://forms.cloud.microsoft/pages/responsepage.aspx?id=h1Y46IBv_ECXOKjJ_3j4lx1z1dtd7CIPo8Bz55lokjURFRHUUNOTUowMjU5MUdVSFI4UVMxOUcyNC4u&origin=lprLink&route=shorturl

Appendix A

Example of Outcome 1.1 Person-centred care as it would look in the AECT excel worksheet Standard 1 tab.

Standard 1 The Individual							
Expectation statement for older people	I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my funded aged care services, with support when I want or need it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My provider understands who I am and what is important to me, and this determines the way my funded aged care services are delivered.						
Outcome 1.1: Person-centred care	Action	Description	Describe the systems and processes you have established and implemented to achieve conformance with this outcome	Describe how you review and monitor your systems and processes to make sure they are effective	Provide specific practice examples of how your systems and processes have improved care for older people	Provide specific examples of how your contemporary evidence-based practices have led to innovation and continuous improvement for this Outcome	Supporting documents (Example only) (Refer to 2. Supporting Document List)
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
The provider demonstrates that the provider understands that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services. The provider demonstrates that the provider understands and values individuals, including their	1.1.1	The way the provider and aged care workers engage with individuals supports them to feel safe, welcome, included and understood.	Our organisation has a structured, rights-based engagement system to encourage safety, inclusion and genuine independence and understanding for every older person. This framework is supported by the Person-Centred Care Policy and Procedure (1), the Communication and Consultation Policy and Procedure (2), Assessment Planning and Coordination Policy and Procedure (3) and the	We monitor how effective our systems and processes are by using a structured quality management and continuous improvement framework. The framework is outlined in the Quality and Safety Management Policy and Procedure (13). This framework includes feedback from older people, supporters and workers, audit activity and governance oversight. Our Continuous	To make sure our practice follows the strengthened Quality Standards, we have updated the mandatory training program to include rights-based care, supported decision-making, trauma-informed care and reablement (11a-c). Training evaluations, feedback from workers and observations of worker practice show this training has strengthened workers' capability to understand and	To make sure our practices follow the strengthened Quality Standards, we updated the mandatory training program to include rights-based care, supported decision-making, trauma-informed care and reablement. We made these improvements based on guidance and resources from the Commission, DHDA, peak provider bodies and leading industry advocacy, research and allied health	1. Person-Centred Care Policy and Procedure_v1.3: Organisation Framework Folder pp9-12 2. Communication and Consultation Policy and Procedure_v2.8 Organisation Framework Folder pp17-19 3. Assessment Planning and Coordination Policy and Procedure_v4.1: Organisation Framework Folder pp21-24
	1.1.2	The provider implements strategies to: a. identify the individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and uses this to direct					

Standard 1 The Individual

identity, culture, ability, diversity, beliefs and life experiences. The provider demonstrates that the provider develops funded aged care service with, and tailored to, individuals, taking into account their needs, goals and preferences.	b. identify and understand the particular communication needs and preferences of the individual c. ask and record if an individual identifies as an Aboriginal or Torres Strait Islander person d. deliver funded aged care services that meet the needs of individuals with specific needs and diverse backgrounds, including Aboriginal or Torres Strait Islander persons and individuals living with dementia e. deliver funded aged care services that are culturally safe, trauma aware	the way their funded aged care services are delivered Anti-Discrimination, Inclusion and Diversity Policy and Procedure (4). Recruitment Policy and procedures (5) and the Workforce Competency and Training Policy and Procedure (6) support the HR Manager who is responsible for making sure that we recruit, onboard and train all workers in line with the Aged Care Code of Conduct and the organisation's diversity expectations (4). This embeds respectful behaviour and zero tolerance for discrimination across the workforce. In practice, we engage through clearly defined operational steps. These include intake assessment, collaborative care planning, culturally-appropriate and trauma-aware (where people choose to	Improvement Plan (CIP) (14) is based on this information. In line with our Quality and Safety Management Policy and Procedure (13), we do annual audits (15) of our policies and procedures to make sure they are current and follow evidence-based practice and legislation. We review and monitor our systems and processes at residential care homes and category 4 and 5 care delivery locations. We assess how effective they are through site-specific quality monitoring activities and board oversight (12, 21). We monitor: • older people's experience and outcomes • how the way we deliver services follows the Person-Centred Care Policy and Procedure (1)	respond to each older person's identity, preferences, communication needs and lived experience. Surveys and feedback from older people show that workers are providing care in a more respectful, personalised and meaningful way that supports the older person's independence, strengths and goals (12a-d, 14, 16, 18, 20). To improve the quality of person-centred care in line with the strengthened Quality Standards, we collaborated with the consumer advisory body. We co-designed and applied a new suite of person-centred assessments written in the first person (9, 10). Workers are using the assessments to understand older people's life history, routines, preferences and priorities,	groups (11a-d). Training evaluations, feedback from workers and observations of worker practice show that this training has improved workers' capability to understand and respond to each older person's identity, preferences, communication needs and lived experience. Surveys and feedback from older people show that workers are providing care in a more respectful, personal and meaningful way that supports the older person's independence, strengths and goals (12a-d, 14, 20). To make sure our practices follow the strengthened Quality Standards, we worked with national Aboriginal and Torres Strait Islander education providers and advisory bodies to co-design an	4. Anti-Discrimination, Inclusion and Diversity Policy and Procedure_v2.7: Organisation Framework Folder pp32-36 5. Recruitment Policy and procedure_v1.8 Organisation Framework Folder pp53-56 6. Workforce Competency and Training Policy and Procedure_v2.9: Organisation Framework Folder pp57-59 7. a. Residential care service agreement b. Support at Home care service agreement 8. Category 4 and 5 services financial management policy and procedure: Organisation Framework Folder pp66-69
--	--	---	---	---	--	--

Standard 1 The Individual

		and healing informed, in accordance with contemporary, evidence-based practice f. support individuals to cultivate relationships and social connections, including for individuals who identify as Aboriginal or Torres Strait Islander persons, connection to community, culture, and Country and Island Home g. continuously improve its approach to inclusion and diversity.	disclose) service matching, scheduled care reviews, and consistent documentation in care service notes. This person-centred, holistic approach makes sure that workers support older people's safety, inclusion, sense of being understood and personal goals. Our admissions officers are the first to communicate with older people and their supporters. They learn about the person and record their communication needs, preferences, cultural context and personal goals. We explain the agreement (7a,b), Statement of Rights, budget management (8) and services and supports to encourage choice and control. At care delivery locations, responsible persons (care managers, clinical workers and care coordinators) check that people understand the information we have given them.	• how workers' behaviour follows the Communication, Consultation and Partnering Policy (2), Statement of Rights and Aged Care Code of Conduct. We do this through: • regular person-centred care audits (16a, b) of older people's care service files. We do these audits at set times (based on the service) to make sure our services are meeting each person's needs • monthly consumer advisory body meetings (17a, b) • annual older person experience surveys, including if they feel culturally safe and if they have been treated with dignity and respect (18a, b) • monitoring trends in feedback and complaints from older people, their supporters and workers (22a, b)	and to create personal care plans. Person-centred care audits and worker feedback show this system change has improved the quality and relevance of care services planning. It has done this by shifting the focus from task-based documentation to strengths-based care that matches the older person's goals and how they want to live. This has resulted in care that more closely follows older people's preferences and improves their daily experience (9, 10, 12a-c, 14, 16, 17, 18, 20, 21). We have strengthened dementia-informed care by introducing a storytelling initiative (3, 6, 11b). This supports workers to engage with older people living with dementia by capturing and sharing their life stories through photography and narrative.	organisation-wide First Nations Framework. This framework improves cultural safety and makes sure that we provide care and services for Aboriginal and Torres Strait Islander people in a way that recognises cultural identity, connection to community and lived experience. This has led to more culturally responsive assessments, care and services planning and daily care practices (12, 14, 20).	9. Residential Care Service Assessment Suite 10. category 4 and 5 Care Service Assessment Suite a. Orientation training program b. Mandatory training program c. Bi-annual training evaluations analysis and summary report January 2026 11. a. Orientation training program_122025 b. Mandatory training program_122025 c. Bi-annual training evaluations analysis and summary report March 2026 12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025
	1.1.3	The provider and aged care workers recognise the rights, and respect the autonomy, of individuals, including their right to intimacy and sexual and gender expression.					

Standard 1 The Individual

	1.1.4	Aged care workers have professional and trusting relationships with individuals and work in partnership with them to deliver funded aged care services.	They do more detailed assessments using our comprehensive residential assessment suite (9) and category 4 and 5 services assessment suite (10). The insights we collect through these processes and by partnering with the older person, shape the way we plan for and provide care and services. Where an older person is cognitively impaired, workers use supported decision-making principles. Responsible persons follow up with the older person after a probation period. They do this to check that the older person feels safe and comfortable in the environment and with the workers who deliver their care and services (2).	• annual staff performance reviews (19a, b) • monitoring staff turnover (23a, b). We use retention strategies to support job satisfaction and longevity in roles. This helps to create trusting, long-term relationships between workers and older people. We review the above quality assurance data from each residential care home and category 4 and 5 care delivery location at monthly site quality management meetings (20a, b). We discuss outcomes, gaps and opportunities to improve to assess how effective our services are. Where we identify issues, we escalate them through our quality and risk processes to make sure we take the right action, review and follow up.	It focuses on identity, relationships and lived experience rather than diagnosis. By including this approach in engagement and care conversations, workers have developed a deeper understanding of each person. This supports more meaningful interactions, improves communication and reinforces dignity and identity in daily care. We can see evidence of this in staff performance reviews and feedback from workers and older people (9, 10, 12a-c, 14, 16, 17, 18, 20, 21).		13. Quality and Safety Management Policy and Procedure_v3.2: Organisation Framework Folder pp3-8 14. Organisational Continuous Improvement Plan (CIP) 15. Organisation policy/procedure Audit October 2025 16. Person-centred care audits a. Residential care home A, February 2026 b. Category 4 and 5 care delivery location B, December 2025 17. Consumer advisory body meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026
--	-------	--	---	--	--	--	--

Standard 1 The Individual

			The governing body and leadership team encourage a culture of focusing on older people's strengths, and workers 'doing with' rather than 'doing for' the older person. We support workforce capability in trauma-aware, culturally safe and inclusive communication, consultation and partnering approaches. We do this by providing initial and regular ongoing training (11a, b, c), as outlined in the Workforce Competency and Training Policy and Procedure (6) and Person-Centred Care Policy and Procedure (1). We design every interaction with older people to uphold their dignity and independence, build trust and support mutual understanding. At the governance level, the CEO and governing body provide oversight (12)	We report on and escalate issues from these site quality management meetings through quarterly residential care home and category 4 and 5 care delivery location reports to the board (21a, b). The board reviews the reports from each residential care home and category 4 and 5 care delivery location at their quarterly governance meetings (12). They do this to assess how effective the system is, confirm areas of organisational strength and identify themes, organisational risks and opportunities to improve. We link the findings to our CIP to monitor actions and ongoing improvement (14). Together, these monitoring activities are a layered and evidence-based approach to reviewing how effective our systems are.			b. Category 4 and 5 care delivery location B - May 2026 - April 2026 - March 2026 - February 2026 18. Older person experience survey April 2026 - Residential care home A - Category 4 and 5 care delivery location B 19. Annual staff performance reviews report - Residential care home A - Category 4 and 5 care delivery location B 20. Quality management meeting minutes - Residential care home A - May 2026 - April 2026 - March 2026 - February 2026
--	--	--	---	--	--	--	--

Standard 1 The Individual

			to make sure that service delivery follows the Statement of Rights and the organisation's person-centred framework (1) . They do this by changing management-led culture, workforce planning, training, and organisation policies and procedures, as needed.	They make sure that person-centred, rights-based care systems are working as planned and continue to support positive experiences and outcomes for older people.			b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 21 Quarterly board reports 2025–2026 a. Residential care home A i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025 b. Category 4 and 5 care delivery location B i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025
--	--	--	---	--	--	--	---

Standard 1 The Individual							
							22 Complaints trending analysis a. Residential care home A b. Category 4 and 5 care delivery location B 23 Workforce management trends and analysis a. Residential care home A b. Category 4 and 5 care delivery location B

Example of Outcome 1.1 Person-centred care as it would look in the AECT excel worksheet Supporting document tab.

*You will fill in the blank rows as you add more information to Columns D, E, F and G in outcomes of other Standards tabs and reference supporting documents in Column H.

These document numbers are listed against related Quality Standards in the Standards 1-7 worksheet tabs	Policy/procedure/document that shows how you would achieve conformance against the related outcome	Policy/procedure/document related to Outcomes below	Please record the title of your document that contains required information relevant to document description in Column B. If the information is embedded into another document, please identify that document name and include page number where information is embedded.
Column A Document number	Column B Policy/procedure/ document description	Column C Related outcomes	Column D Provider document name
1	Person Centred Care Policy (current)	1.1, 2.1, 3.1, 5.4, 6.2, 7.1	1. Person-Centred Care Policy and Procedure_v1.3: Organisation Framework Folder pp9-12
2	Communication, Consultation and Partnering (workers, older person, representatives, other health professionals) Policy (current)	1.1, 1.3, 2.1, 2.6a, 2.6b, 3.1, 3.2, 3.3, 3.4, 5.3, 5.4, 6.1, 6.2, 6.3, 7.2	2. Communication, Consultation and Partnering Policy_v2.8 Organisation Framework Folder pp17-19
3	Recognising, Preventing and Responding to Violence, Abuse, Racism, Neglect, Exploitation and Discrimination Policy (current)	1.2, 2.2a, 2.2b, 3.2	4. Anti-Discrimination, Inclusion and Diversity Policy and Procedure_v2.7: Organisation Framework Folder pp32-36
4	Choice, Independence and Quality of Life Policy (current)	1.3, 3.1, 3.2, 5.4, 5.5, 5.7, 6.3, 6.4, 7.1	
5	Management of Agreements, Fees, Pricing, Invoicing and Statements Policy/Procedure (current)	1.4, 3.3	7. a. Residential care service agreement b. Support at Home care service agreement 8. Category 4 and 5 services financial management policy and procedure: Organisation Framework Folder pp66-69
6	Corporate Governance Framework and roles of governing body or similar (incl Terms of Reference/strategic plan) (current)	2.1, 2.2a, 2.2b, 2.3, 5.1	
7	Continuous Improvement Policy (current)	2.1, 2.2a, 2.2b, 2.3, 2.4, 2.6a, 2.6b, 5.1, 6.1	
8	Quality Assurance and Monitoring Policy (current)	2.2a, 2.2b, 2.3, 2.4, 2.9, 3.2, 5.1, 5.3, 5.5, 6.1	

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

9	Quality and Safety Management Policy (current)	1.1, 2.2a, 2.2b, 2.3, 2.4, 2.10, 3.3, 4.1a, 4.1b, 5.1, 5.3, 5.5	13. Quality and Safety Management Policy and Procedure_v3.2: Organisation Framework Folder pp3-8
10	Risk Management Policy (current)	1.3, 2.4, 2.10, 3.1, 3.2, 3.3, 4.1a, 4.1b, 4.2, 5.2, 5.3, 5.5,	
11	Incident Management Policy (current)	1.2, 2.3, 2.5, 3.1, 3.3	
12	Feedback and Complaints Management Policy (current)	2.3, 2.6a, 2.6b, 6.1	
13	Information Management Policy (including privacy) (current)	1.3, 1.4, 2.2a, 2.2b, 2.7, 3.1, 3.3, 5.1, 5.3, 7.2	
14	Workforce Planning Policy (current)	2.2a, 2.3, 2.6a, 2.8, 2.9, 6.4	5. Recruitment Policy and procedure_v1.8 Organisation Framework Folder pp53-56
15	Workforce Competency/Training Policy/procedure (current)	2.2a, 2.3, 2.6a, 2.8, 2.9, 5.1	6. Workforce Competency and Training Policy and Procedure_v2.9: Organisation Framework Folder pp57-59 11. a. Orientation training program_122025 b. Mandatory training program_122025 c. Bi-annual training evaluations analysis and summary report March 2026
16	Conducting Police Checks, Working with Vulnerable People checks and Banning Order checks Policy/ Procedure (current)	2.9	
17	Emergency and Disaster Management Policy/Procedure (current)	2.1, 2.10	
18	Assessment and Planning Policy (current)	1.1, 2.4, 2.7, 3.1, 5.4, 5.6, 5.7, 6.2, 6.3, 7.1, 7.2	2. Communication and Consultation Policy and Procedure_v2.8 Organisation Framework Folder pp17-19 9. Residential Care Service Assessment Suite 10. Category 4 and 5 Care Service Assessment Suite a. Orientation training program b. Mandatory training program c. Bi-annual training evaluations analysis and summary report January 2026

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

19	Delivery of Non-clinical Care Policy/ Procedure (current)	3.2, 6.2	
20	Cognitive Impairment Policy (current)	3.1, 3.2, 4.1b, 5.3, 5.4, 5.5, 5.6	
21	Transitions and Coordination of Care Policy/Procedure (current)	2.7, 3.1, 3.3, 3.4, 5.3, 5.4, 7.2	
22	Managing the Cleanliness, Maintenance and Safety of Equipment provided for Older People Policy/Procedure (current)	4.1a, 4.1b, 4.2, 5.2	
23	Infection Prevention and Control Management Policy/Procedure and Outbreak Management Plan (current)	4.2, 5.2	
24	Clinical Governance Framework or similar (current)	2.3, 5.1, 5.4, 5.6	
25	Medication Policy – Safe Administration and Review (including process for reporting adverse medicine and vaccine events to the Therapeutic Goods Administration) (current)	5.2, 5.3	
26	Delivery of Clinical Care Policy, including but not limited to falls, swallowing, and choking, hydration and nutrition, mental health (current)	5.4, 5.5, 5.6, 6.2	
27	Advance Care Planning and End Of Life Care Policy (current)	3.1, 5.7	
28	Food and Nutrition Policy (current) Category 6 only	5.5, 6.1, 6.2, 6.3, 6.4	
29	Activities for Daily Living Policy/ Procedure or similar (current) Category 6 only	3.1, 3.2, 7.1	
30	Minimising the Use of Restrictive Practices Policy	3.2, 4.1b, 5.3, 5.5, 5.6	

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

31	Provider Partnering meetings with older people, consumer committees or similar meeting reports/minutes or similar (last 4 meetings)	1.1, 2.1, 2.6b, 2.10, 6.1	17. Consumer advisory body meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026
32	Results of any older persons' experience survey conducted by the provider (latest)	2.1, 2.6b, 4.1a, 4.1(b), 6.1	18. Older person experience survey April 2026 a. Residential care home A b. Category 4 and 5 care delivery location B
33	Organisational Structure (current)	2.1	
34	Governing body (for example, Board) meeting reports/minutes (last 4 meetings)	2.1, 2.2a, 2.2b, 2.3, 2.5, 2.6a, 2.6b, 4.2, 5.1	12. Board governance meetings minutes a. April 2026 b. January 2026 c. October 2025 d. July 2025
35	Mandatory Quality Committee meeting reports/minutes (last 4 meetings),	2.2a, 2.2b, 2.3, 2.4, 2.5, 2.6a, 2.6b, 7.2	20. Quality management meeting minutes a. Residential care home A i. May 2026 ii. April 2026 iii. March 2026 iv. February 2026 b. Category 4 and 5 care delivery location B i. May 2026 ii. April 2026

			iii. March 2026 iv. February 2026 21. Quarterly board reports 2025–2026 a. Residential care home A i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025 b. Category 4 and 5 care delivery location B i. March 2026 ii. December 2025 iii. September 2025 iv. June 2025
37	Continuous Improvement Plan (current)	2.1, 2.2a, 2.2b, 2.3, 2.4, 2.6a, 2.6b, 5.1, 6.1	14. Organisational Continuous Improvement Plan (CIP)
38	Results of any audits, reviews or monitoring activities of clinical systems and performance (e.g., infection prevention and control, clinical assessments and planning, comprehensive care/clinical safety) (past 12 months),	2.3, 4.2, 5.1, 5.2, 5.3, 5.4, 5.5, 6.2	
39	Enterprise Risk Register or similar	2.2a, 2.2b, 2.4, 5.3, 5.5	
40	Provider trend analysis of incidents including type (clinical or non-clinical involving older persons or workers) or similar (last 12 months)	1.2, 2.2a, 2.2b, 2.3, 2.4, 2.5, 2.6a, 2.6b, 2.8, 5.5,	
41	Provider trend analysis of complaints (types) and feedback or similar including complaints unresolved over 3 months (past 12 months)	1.2, 2.3, 2.6a, 2.6b, 5.4 6.1	22. Complaints trending analysis a. Residential care home A b. Category 4 and 5 care delivery location B

Audit Evidence Collection Tool (AECT) – Registration renewal: Guide for providers

42	Results of any other audits, reviews, or findings from another authority (past 12 months)	2.3, 2.7	
43	Management meeting minutes (Last 4 meetings)	2.3, 2.7	
44	Position descriptions for key management, (current)including: • General manager responsible for care and service delivery • General manager responsible for clinical governance or similar • General manager responsible for quality management or similar	2.8, 2.9	
45	Results of any audits, reviews or monitoring activities of worker qualifications, training, competency (worker, agency, subcontractor)	2.8, 2.9	11. c. Bi-annual training evaluations analysis and summary report March 2026 19. Annual staff performance reviews report a. Residential care home A b. Category 4 and 5 care delivery location B 23. Workforce management trends and analysis a. Residential care home A b. Category 4 and 5 care delivery location B
46	Provider Register of adverse police checks, working with vulnerable people checks and banning order checks	2.8, 2.9	
47	Clinical Governance meeting minutes or similar (last 4 meetings)	2.2b ,2.3, 5.1, 5.5	
48	Results of any audits, reviews or monitoring activities of other care and service delivery systems and processes (for example, assessment and planning, partnering with older persons, rostering, feedback surveys from representatives, carers and/or older people (where feasible) about the care and services delivered) (past 12 months)	2.1, 2.3, 2.6a, 2.6b, 6.4	15. Organisation policy/procedure Audit October 2025 16. Person-centred care audits a. Residential care home A, February 2026 b. Category 4 and 5 care delivery location B, December 2025



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.

-  1800 951 822
-  agedcarequality.gov.au
-  Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city

Find this resource online

[agedcarequality.gov.au/providers/
provider-registration/audits/audit-
guidance-and-resources](https://agedcarequality.gov.au/providers/provider-registration/audits/audit-guidance-and-resources)

