

Quality and Safety in Home Services – 5 Key Areas of Risk

Guidance for governing bodies of home service providers

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Chapter 1: Introduction

1.1 What is the purpose of this guidance?

This guidance is for the governing bodies of home service providers. You are ultimately responsible for the delivery of quality care and services to consumers and for ensuring that your organisation has effective governance, systems and processes in place to identify and manage risks and continuously improve.

The purpose of this guidance is to identify some of the key risks you need to be attuned to in the delivery of home services which include care and services delivered through a Home Care Package, Commonwealth Home Support Programme and some flexible services delivered in a home service setting. It will help you to develop and maintain effective governance, systems and processes to meet your obligations and deliver safe and quality home services by:

- describing the key areas of risk in delivering home services to raise awareness of commonly observed issues and how these result in risks to consumers
- providing prompts, examples and key considerations to educate you around your responsibilities in home services
- emphasising your accountability for the delivery of safe and quality home services
- promoting a culture of self-assurance, to support you to critically examine your organisation's performance and continuously improve.

What is self-assurance?

Providers that effectively self-assure their practices have systems and processes in place to critically examine their performance and consumer outcomes on an ongoing basis. This helps to ensure ongoing compliance and identify ways in which they can continue to improve.

Self-assurance forms an important part of managing risk in your organisation. Providers employing effective self-assurance practices demonstrate a commitment and capability to delivering quality care and services.

A provider who is applying effective self-assurance practices will:

- identify and fix issues as they arise
- manage risks to quality outcomes and, in doing so, ensure quality consumer outcomes
- have confidence that they meet regulatory requirements (including meeting the Standards) – now and into the future.

The risk checklist tool found at Attachment A can be used by you to critically examine your organisation's performance against key areas of risk and identify areas for improvement.

As a home service provider, you are responsible for delivering care and services to help older people live safely and independently in their homes for as long as possible. This guidance points to a number of critical areas where some providers encounter challenges. Failings in these areas can have a significant negative impact on consumers, including causing a decline in physical condition or mental capacity or resulting in incidents that cause harm to consumers.

By reading this guidance and critically reviewing your performance, you can identify any areas for improvement and work to improve your organisation's governance, systems and processes to ensure you are delivering quality, best practice and continuously improving care and services to consumers to help them optimise their quality of life and stay safe in their homes for as long as possible.

1.2 What key risks have been identified in home services?

Through analysis of complaints, performance assessments, compliance outcomes and other data and intelligence, the Aged Care Quality and Safety Commission (the Commission) has identified the following key areas of risk in home services.

Key areas of risk	What is the problem or risk to be addressed?
Organisational governance	A lack of oversight or inadequate organisational governance means that providers are less able to identify deficiencies and continuously improve.
Care planning and assessment	Failure to undertake appropriate assessment and care planning can deprive consumers of the care and services they need.
Clinical care	Poor clinical governance can result in poor outcomes for consumers (even where clinical care is not being delivered).
Vulnerable consumers	Failure to identify (and appropriately support and monitor) vulnerable consumers can lead to particularly poor outcomes for consumers who are already at risk.
Management of package funds	Inappropriate use of Home Care Package funds or failure to consult with consumers regarding fees and charges can result in consumers receiving care and services that do not meet their assessed care needs.

As a provider of aged care, you are responsible for understanding and meeting **all** of your obligations, including the requirements of the *Aged Care Act 1997* and associated legislation and all the relevant requirements under the Aged Care Quality Standards (the Standards). The Department of Health (the Department) and the Commission provide a wide range of resources to support you to do this. We are focusing on these specific areas because they are common areas of complaint/non-compliance and can have significant impacts for consumers.

1.3 How does the Commission work with providers to lift performance?

The Commission monitors, assesses and aims to lift provider performance in a variety of ways, including:

- educating providers regarding their responsibilities, including through engagement, tools, guidance and campaigns
- analysing a wide range of data and intelligence relevant to provider performance (including in relation to complaints, serious incidents, referrals from other agencies, etc.)
- undertaking monitoring contacts (for example, through telephone calls, surveys, information requests and consumer engagement) to assess sector, provider and service level risk
- conducting performance assessments (quality reviews and assessment contacts) to determine compliance against the Standards
- working with providers to support continuous improvement.

As part of these activities, the Commission will be looking at the same types of evidence (and asking the same types of questions) that you as the governing body should be examining to assess your own organisation's performance. The Commission encourages you to continually examine your organisation's performance to enable you to proactively identify issues and make improvements rather than relying on the Commission's regulatory activities to identify issues.

The Commission is seeking to lift performance in the home services sector, including by embedding a culture of self-assurance where you are able to independently review your performance and ensure that you are meeting your obligations and appropriately addressing these key areas of risk. A risk checklist tool can be found at [Attachment A](#), which you can use to critically examine your organisation's performance against these key areas of risk and identify areas for improvement.

The Commission will also be auditing provider performance against the Standards and will be focusing on areas of risk such as those discussed in this guidance.

Chapter 2: Organisational Governance

Risk: A lack of oversight or inadequate organisational governance means that providers are less able to identify deficiencies and continuously improve.

2.1 What should you consider in reviewing your own performance?

1

How do you know that consumers receiving care and services through sub-contracted organisations are actually receiving those services, and that those services are delivered in line with the specifications outlined in their care and service plans?

2

What systems does your organisation have in place to identify and manage high-impact, high-prevalence risks and how are these systems reviewed to keep improving outcomes for consumers?

3

How do you know that your organisation's governance systems for managing and communicating information, managing finances, workforce planning, clinical governance and care planning, reporting serious incidents and ensuring regulatory compliance and managing feedback and complaints are effective?

2.2 What is the problem?

Organisational governance is a key area of non-compliance in home services. Many organisations providing home services are small businesses that lack mature governance structures, information management systems and risk management processes. This means that providers may not maintain adequate oversight of the care and services being delivered to drive positive outcomes for consumers and continuous improvement.

The Commission has observed a range of high-risk business models characterised by providers with limited or compromised capacity to effectively deliver care and services and maintain appropriate oversight and organisational governance. These include:

- **organisations that sub-contract or broker some or all of the services delivered without adequate governance or oversight of these services**
 - Some providers fail to recognise that even where services are sub-contracted to be delivered by other organisations or individuals, it remains their responsibility to maintain oversight of these contracted services, ensure quality of care, resolve issues or complaints and monitor consumer outcomes. Failure to maintain oversight of care delivery can lead to gaps and breakdowns in the consumer's care.

- Regardless of whether your organisation directly delivers care and services, or sub-contracts other organisations to deliver some (or all) of these, it is your responsibility to ensure that services are delivered in line with regulatory responsibilities and best practice.
- **organisations where a high proportion of staff are sub-contractors without adequate governance or oversight of these staff**
 - Where organisations sub-contract most or all of their staff, this can create challenges for maintaining oversight of quality of care and regulatory compliance, including staff competency, communicating information, receiving feedback and ensuring continuity of care for consumers. This can lead to poor quality care and impact negatively on consumer outcomes.
 - Regardless of whether staff delivering services to consumers are employees or sub-contractors, it is your responsibility to ensure these staff operate in line with regulatory responsibilities and best practice.
- **organisations that are franchised**
 - Some franchisors develop and maintain a set of policies and procedures that must be utilised by all franchisees. Where these procedures are not compliant or effective (resulting in potential risks to consumers), this is the legal responsibility of the franchisee.
 - If you run a franchised business operating under the brand of another business, it is up to you to ensure your governance, systems and practices are compliant and effective.
- **organisations that don't maintain appropriate oversight of risks for consumers who self-manage their care packages**
 - Each consumer's motivation to self-manage is different, as is each provider's business model. As such there is no single way to describe self-management in the context of home care. In self-managed care, the consumer is active in managing the practical tasks of their home care, and the provider continues to be responsible for ensuring quality and safe care that meets the needs of the consumer is provided.
 - Some organisations do not maintain appropriate oversight where consumers self-manage their Home Care Packages (including to undertake an assessment of the consumer's needs, noting that a consumer self-assessment is not sufficient). This means that consumer care needs, goals and preferences are often not adequately assessed, and consumers may not be receiving the care and services they need. This can also result in consumers spending their Home Care Package funds inappropriately (for example, by purchasing excluded items).
 - A consumer wishing to have more independence around the management of their Home Care Package does not remove your responsibility to appropriately assess and plan for the consumer's needs, goals, preferences, manage risks to the consumer's health and well-being, monitor outcomes and review their care

plan. All providers must remain involved with their self-managing consumers to make sure they have the care and support they need.

2.3 What do you need to focus on?

As a home service provider, you must have appropriate governance, systems and processes in place to ensure that:

- consumers, their representatives and other key delivery partners are appropriately involved in assessment and care planning
- consumers are receiving quality care and services that meet their needs, goals and preferences and are delivered in a way that is culturally safe, best practice and effective
- information is communicated to consumers in a way that they can understand and that enables them to make informed decisions about their care and services
- workers act in accordance with ethical and professional expectations
- workers are appropriately skilled, trained and equipped to deliver care and services
- workers have the appropriate qualifications, checks and clearances to deliver aged care services
- workers have all the information required to deliver care and services that are tailored to individual needs
- information relating to the delivery of care and services is effectively communicated between all relevant parties involved in the consumer's care
- any changes to the consumer's physical, cognitive or mental condition are identified, monitored and escalated as necessary, including to inform reviews of the consumer's care and services
- care plans are regularly reviewed to ensure alignment with the consumer's needs, goals and preferences
- any risks to the consumer's health, safety and well-being are identified and appropriate strategies put in place to mitigate these risks and/or their potential impact
- consumers are not subjected to abuse, neglect or exploitation
- complaints and incidents are identified, managed and resolved effectively.

Consider how your organisation's governing body assures themselves that workers (including where they are sub-contracted) are delivering care and services consistent with your organisation's policies and procedures. Consider how your organisation's governing body monitors care and service delivery, promotes a culture of safety and quality and drives continuous improvement. Consider how your organisation works with sub-contracted organisations to plan for, identify and manage risks, incidents, emergencies and disasters.

You are accountable for the provision of safe and quality care and services to consumers, regardless of who is actually delivering these.

Regardless of whether your organisation is part of a franchise, sub-contracts or brokers delivery of part, or all, of the services delivered to consumers or whether consumers self-manage their services, it is **your legal responsibility** to ensure those services are delivered in line with the Standards and other relevant requirements.

Information management

Your organisation should have effective information management systems and processes that give members of the workforce access to training, support and information that helps them in their roles. As appropriate to their role, staff (including management) should be able to access relevant information about each consumer's care and services at any point in time, for example:

- any particularly vulnerable or high needs consumers (refer [vulnerable consumers](#))
- any high prevalence, high impact risks to consumers across the service – these are common risks that can have a significant impact on the health, wellbeing and safety of consumers and may include falls, pressure injuries/wounds, choking, medication mismanagement, physical or cognitive decline
- consumers who have been involved in incidents and any strategies in place to manage risks to their health, safety and well-being
- the date and outcomes of each consumer's most recent care plan review
- consumers awaiting a higher level of Home Care Package or residential care.

Risk and incident management

Providers are required to have effective risk management systems and practices for:

- managing high-impact or high-prevalence risks associated with the care of consumers
- identifying and responding to abuse, neglect and exploitation of consumers
- supporting consumers to live the best life they can
- managing and preventing incidents, including the use of an incident management system, reporting incidents as required and adopting a policy of open disclosure when things go wrong.

Risk and incident management are integral to ensure your organisation delivers safe and quality care that meets the needs of consumers. Your workforce must be trained to identify risks and incidents and respond appropriately. You must also have systems and processes in place for assessing, documenting and managing risks and incidents and reporting on these to mitigate risks and harm to consumers and to feed into organisation-wide continuous improvement.

The Commission has published [best practice guidance](#) to support you to implement an effective incident management system.

Where other third parties (i.e. individuals and organisations that are not employed, subcontracted or otherwise engaged by your organisation) are involved in a consumer's care, it is expected that you maintain appropriate knowledge and understanding of the supports they deliver. You should maintain open communication with these third parties as appropriate to ensure that the consumer is receiving the type, frequency and level of care they require overall.

2.4 Where can you get further information

- The [Aged Care Quality Standards](#)
- The [Quality of Care Principles 2014](#)
- Accountabilities of governing bodies [webinar](#)
- The Commission's [Effective incident management systems: Best practice guidance](#)
- [The Department's Home Care Packages Program Operational Manual: A Guide for Home Care Providers including advice on self-management](#)
- COTA Australia's [Self-management resources and tools](#)
- [Home services providers will be required to report Serious Incidents from 1 July 2022.](#)

Chapter 3: Care planning and assessment

Risk: Failure to undertake appropriate assessment and care planning can deprive consumers of the care and services they need.

3.1 What should you consider in reviewing your own performance?

- 1 How do you ensure that consumers and other key partners in care are appropriately engaged in assessment and care planning of the consumer's aged care needs?
- 2 How do you know that staff delivering care and services have access to current and sufficiently detailed information to guide and enable them to deliver care and services in accordance with the consumer's needs, goals and preferences?
- 3 How do you ensure the workforce can recognise signs and symptoms of deterioration in a consumer's mental health, cognitive or physical condition, function or capacity and respond appropriately?

3.2 What is the problem?

The Commission has observed that some providers of home services fail to undertake appropriate assessment and care planning, including failure to:

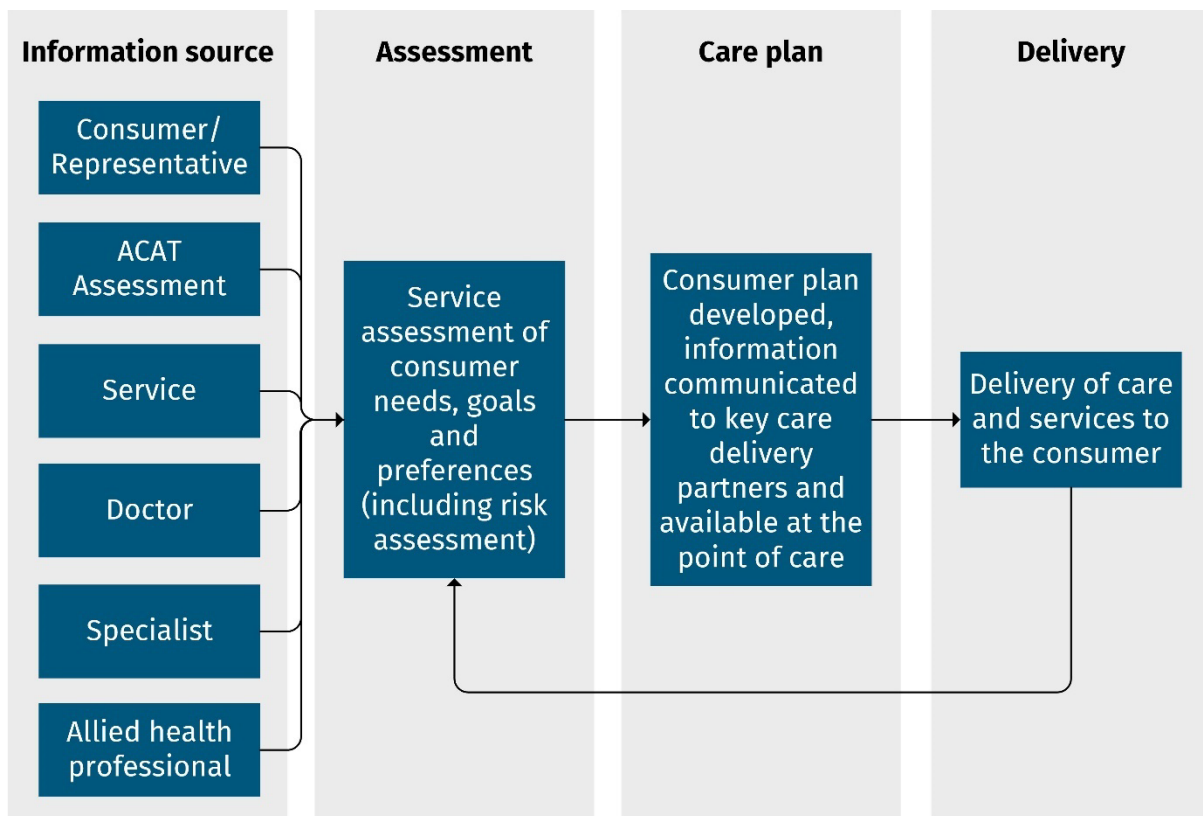
- **undertake assessment of each consumer's needs, goals and preferences**
 - Some providers undertake a limited assessment that does not identify the full range of a consumer's needs, nor how the consumer's physical, mental or emotional condition may impact the risks associated with their care and service delivery (for example, how a consumer's home environment, clinical and cognitive condition may impact delivery of personal care or domestic services).
 - Some providers rely on the consumer's Aged Care Assessment Team (ACAT) or Regional Assessment Service (RAS) assessment to inform care planning rather than undertaking their own detailed assessment of a consumer's care needs, goals and preferences. This means that assessments may be inaccurate or outdated and can lead to the consumer receiving care and services that do not meet their needs.
 - Some providers do not adequately assess the needs, goals and preferences of consumers who self-manage their Home Care Packages. These providers may also fail to monitor and regularly reassess the care needs of these consumers.

- **use validated assessment tools**
 - Some providers do not use validated, evidence-based, best practice assessment tools and/or do not have appropriately skilled and qualified workers undertaking assessment. This can lead to significant deficits in care planning and delivery. The tools used should also be appropriate to the scope of practice of the clinical staff undertaking assessments.
- **tailor care planning**
 - Some providers use generic, templated or standardised care planning to direct the delivery of each consumer's care and services. Care plans that lack specificity and detail make it challenging for workers to deliver appropriate care and services that are tailored to each consumer's individual needs, goals and preferences. While templates can be used to guide and inform the assessment process, these must enable you to capture necessary personalised information.
- **coordinate, communicate and ensure information is available at the point of care**
 - Some providers do not centrally coordinate care planning or ensure that all parties involved in care delivery have sufficient, current and appropriate information available at the point of care to enable them to deliver care and services. This means that staff delivering services do not always have access to the information they need to guide service delivery. It also means that the provider may not have appropriate oversight of the consumer's care and services, and care may be disjointed, disorganised and otherwise poorly managed.

Failure to appropriately assess need, plan care and manage consumers' care information to ensure it is appropriately communicated and available at the point of care, has been identified as an area of deficiency in the delivery of many home services.

3.3 What do you need to focus on?

You are responsible for undertaking assessment of consumer care needs, goals and preferences to inform delivery of care and services. While the consumer's ACAT or RAS assessment will be an important source of information, you are required to undertake your own assessment of the consumer's needs, goals and preferences and work with the consumer to develop a detailed and individualised care plan. Assessment must be comprehensive and identify all the risks associated with a consumer's environmental, physical, mental or emotional condition or capacity and consider the impact of such risks on the care and services being delivered. You must work with the consumer to identify what will help them to live the best life possible (rather than telling the consumer what you will provide them). You should consider innovative approaches to engage consumers in assessment and care planning and consider different ways your organisation can help each consumer live a fulfilled, safe and healthy life (rather than offering a set 'menu' of services).

Figure 1: Overview of the assessment and care planning process

Even where only basic services are being delivered, you must assess all risks associated with the consumer's conditions that may be relevant to how services are delivered.

Example 1

A provider is delivering personal care services to Nancy in her home. Nancy has lost some mobility over the previous few weeks and has been assessed as having a high falls risk. This was identified as part of Nancy's most recent reassessment and documented in her care plan, which is available to staff delivering Nancy's personal care services at the point of care. The care plan details how these risks should be addressed when delivering personal care services to Nancy, including by using a shower chair, a non-slip mat and supporting her movement into the shower. Madeline, one of the staff delivering Nancy's personal care, has been notified of updates to Nancy's care plan and reviews this carefully before providing her personal care. Madeline follows the detailed instructions in Nancy's care plan to guide delivery of her personal care and ensure she is safe while being showered.

In the above example, if this service had not identified that Nancy has a falls risk or had identified that Nancy had a falls risk but had not assessed this risk, identified strategies for managing the risk and communicated this to care staff, the service would not be compliant with the requirements of the Standards.

Example 2

A provider is supporting Nathan with transport, purchasing groceries and food preparation. Nathan has Parkinson's disease and requires daily medication but can administer this himself. If Nathan misses his medication, his walking can be impacted and he can become unsteady. This is documented in Nathan's care plan so that staff are aware of this risk and know to check whether Nathan has taken his medication before they take him grocery shopping. When Cindy arrives to take Nathan grocery shopping, she checks that he has taken his medication. Where Nathan seems a little unsteady, she brings his walker along just in case he needs it. While the provider does not need to support Nathan with his Parkinson's medication, it is important that care staff are aware of this and know to check whether he has taken his medication.

Such risks **must** be considered in the consumer's assessment, and strategies for managing these risks must be identified. It is **your responsibility** to ensure that this information is clearly documented in the consumer's care plan and communicated within the organisation and with others where responsibility for care is shared. As part of undertaking assessment, it is critical that you comprehensively look at the consumer's condition and think about any ways this might impact the services your organisation is providing to that consumer.

Where a consumer declines to receive certain care and services that they have been assessed as requiring, you should work with the consumer to ensure they understand the impacts of this and mitigate any risks.

Example 3

Ling has been assessed and the provider has found that given her mobility challenges, there are certain things around the house that present risks to Ling if she does them without support. However, Ling values her social life, involvement in the community and independence and wants to spend the majority of her Home Care Package on transport to enable her to continue to participate in her regular community group events.

In this case, the provider should explain to Ling the risks associated with her continuing to undertake some of these household tasks unaided. The provider must work with Ling to help her understand the full range of options available to her and to balance her priorities and goals with her immediate needs. For example, the provider might explore whether:

- Ling's community group is able to arrange transport to and from some events
- Ling wishes to spend some of her package on physiotherapy and/or a walker to help her become mobile enough to take the bus to some events
- Ling could spend a certain proportion of her package on assistance with the aspects of her housework that she finds more challenging (or that are considered higher risk for Ling to do herself).

The provider should support Ling to take risks when she understands what those risks are. The provider should also talk to Ling about possible strategies for mitigating risks (for example, a personal alarm for when Ling is alone, or Ling's daughter could aid Ling when she undertakes certain household duties) and ensure any discussions and agreed

strategies are documented in her care plan. The provider should also ensure that systems are in place to monitor Ling's health, safety and well-being and to regularly assess whether Ling's care and services are effectively meeting her needs and helping her to fulfil her goals.

Key components of best practice care planning and assessment include:

- **Engaging with the consumer**

Consumers are partners in deciding what care and services they require and how and when these are delivered. Each consumer's unique living situation, life experiences, culture, background and interests should be considered as part of assessment and care planning (even where they only receive basic home services).

It is best practice to undertake care planning and assessment face-to-face with the consumer where care is to be delivered, unless the consumer wishes otherwise. This will help you to understand the consumer's living situation and any risks in their immediate care environment, which may impact their care and services and any modifications required to manage risks and enable the consumer to remain living at home. This will also help you to identify and manage any potential WHS risks to staff.

It is also expected that you support the consumer to participate in decision-making, including by explaining to them what care and services may be provided under their care package within their budget. You should inform consumers of the services you directly offer and what you can subcontract for them to enable informed decision-making.

- **Engaging with the consumer's other care delivery partners**

In assessing a consumer's care needs and identifying the care and services they require, you should identify the consumer's partners in care and, where necessary, seek the consumer's consent to engage with them. This may include the consumer's representatives, carers, family members or loved ones, and other health professionals, service providers and community organisations involved in the consumer's care. Based on your assessment of the consumer's care needs, you may also need to refer the consumer to other service providers to ensure their care needs are appropriately met.

These care delivery partners will help you to identify what services and support the consumer is receiving elsewhere, prioritise what should be provided under their Home Care Package and better understand the consumer's circumstances, needs, goals and preferences.

Depending on the nature of the services being delivered, you may wish to speak with these delivery partners about what care and services you will be providing under the consumer's Home Care Package. Clarify any assumptions you may have about what supports they will be receiving elsewhere to ensure all delivery partners are on the

same page and that there will be no unintentional duplication, gaps or oversights in the consumer's care. It is paramount that you (and the consumer) understand the role and responsibilities that each party is playing in the delivery of care and services to ensure the consumer's needs, goals and preferences are appropriately met.

Engaging with these partners (with the consumer's agreement) can also help you to adopt a holistic and comprehensive approach to care and service delivery.

- **Enabling informed decision making**

It is critical that when engaging with consumers about their care and services, you support them to make informed decisions. For some consumers, this may require you to use different mechanisms and tools to support communication (for example, using hearing aids, translators or visual cues). For some consumers (particularly those with cognitive impairment or dementia), you may need to adopt supported decision-making processes.

Information provided to each consumer must be communicated in a way that is clear, easy to understand and enables the consumer to exercise choice.

In the case of Home Care Package care and services, you should provide options to the consumer and clearly explain what they can and cannot do with their Home Care Package funds (see Section 9 of the [Home Care Packages Program Operational Manual](#)).

Consumers may seek a care or service type that is not specifically included (or excluded) in the Home Care Packages Program. In this case, you will need to work in partnership with the consumer to determine if the service, support or purchase:

- is directly linked to their identified care needs and goals
- provides support for daily living that is important for the consumer's health and wellbeing
- is necessary for them to support functional safety in their home
- can be delivered within their package budget
- is acceptable use of Government funds.

You will also need to consider whether you have the capacity and capability to deliver, or source, the proposed support.

Where consumers are charged for administration of the package (including for example, the cost of engaging sub-contractors), these costs must be explained. You should also explain to consumers what services and supports they may be eligible to receive outside of the Home Care Package (for example, through other government programs or community organisations).

Where you identify risks associated with what the consumer chooses to include in their Home Care Package (e.g. where they refuse care for an identified need), you should explain the risks to the consumer and document the conversation, acknowledging their right to take risks to live the best life they can. You should also

work with the consumer to assess the risk and put in place agreed strategies to minimise any risks (ensuring this is documented and communicated as necessary).

Any changes to the consumer's care and services (including any changes to fees and charges) must be discussed with the consumer. Consumers have a right to understand how their funds are being spent and to negotiate any changes. Consumers should direct their Home Care Package, what's included, how services are delivered and the provider from which they choose to receive care and services – you should ensure consumers are aware of this at all times.

- **Documenting the consumer's needs, goals and preferences**

The outcomes of assessment and planning must be documented and clearly articulate the consumer's care needs, goals and preferences.

The care planning documents should be detailed and specific enough to enable workers who are unfamiliar with the consumer to deliver their care and services in line with the consumer's needs and preferences. It could include details such as:

- instructions on how to enter a consumer's home (noting the confidential nature of this information), what to do and who to contact if the consumer doesn't answer the door
- the days, times, duration and frequency with which the consumer receives certain services and who will provide the services
- specific information about how certain care and services are to be delivered – where clinical care is being delivered, you must include explicit detail to ensure this
- any risks to the consumer's health, well-being or safety and how these are being managed
- how consumers should be supported to take risks and undertake certain tasks themselves
- any risks or hazards in the consumer's home and strategies for addressing these
- any cultural needs or personal preferences the consumer has and how these influence care and service delivery
- where the consumer has cognitive impairment, describe any interventions or strategies for preventing and managing behaviours and communicating effectively with the consumer
- the services and supports the consumer is receiving from other individuals/service providers, who is providing these, when these are delivered, etc.
- care management arrangements, including how the consumer (and other parties are involved in care planning)
- timeframes for regular review and reassessments.

The outcomes of assessment and planning must also be effectively communicated to the consumer and documented in a care plan. Talk the consumer through their care plan and help them to understand what it means for them. You should make it

available to the consumer and ensure it can be accessed in their home, where services are delivered. Where appropriate, you may wish to confirm aspects of the consumer's care plan with others where responsibility for care is shared (noting privacy considerations).

- **Regularly reassessing consumer care needs**

Regular review and reassessment are fundamental to ensure that the care and services being provided continue to meet the consumer's needs, goals and preferences. This is equally applicable to consumers who self-manage their care and services. Care plans should be reviewed **at least** once every 12 months to make sure services are meeting the consumer's needs. However, review and reassessment should also occur whenever there has been a change in the consumer's circumstances or condition, or when an incident has occurred that may impact on the consumer's needs.

It is critical that all staff providing care and services (regardless of the type of services) are trained to identify changes in the consumer's condition that may impact on their care needs or wellbeing. You must have systems and processes that are understood and followed by all staff for:

- monitoring consumers to track their physical and mental well-being
- regularly reviewing the care and services provided to consumers to ensure these remain appropriate
- identifying concerns, changes or incidents that may impact on a consumer's condition or care needs
- communicating or escalating this information appropriately within the organisation (for example to care coordinators or managers)
- ensuring the consumer is reassessed to determine whether they require additional or different services and supports to enable them to continue safely living at home.

Any changes to a consumer's care plan (or to their home care agreement) must be made in consultation with and agreed to by the consumer.

Where changes to the consumer's condition result in increased care needs and the current level of package funds do not support the increased needs, you should also refer the consumer to My Aged Care for reassessment to determine further funding eligibility. Where a consumer is awaiting a higher level of care (or already receiving a Level 4 package), you may need to consider other options. For example:

- reviewing their care plan to identify alternatives and priorities (for example, reducing higher cost services, such as support on weekends and replacing with informal supports)
- purchasing additional care and services from their own funds
- supporting the consumer to transfer to another provider that is better able to meet the consumer's needs

- the benefits of residential care, either as short-term respite to complement their package or as a long-term option.

3.4 Where can you get further information

- The [Aged Care Quality Standards](#)
- The [Quality of Care Principles 2014](#)
- Section 7 of the [Home Care Packages Program Operational Manual](#)
- ‘Care plans for Home Care Packages’ on the Department’s [website](#)
- [Advance Care Planning Australia](#)
- World Health Organisation [Integrated care for older people: Guidelines on community-level interventions to manage declines in intrinsic capacity](#)
- COTA Australia [Home Care Today resources](#)
- [Supported Decision-Making in Aged Care: A Policy Development Guideline for Aged Care Providers in Australia](#)
- The [National Screening and Assessment Form \(NSAF\) User Guide](#) outlines the information My Aged Care assessors consider in undertaking aged care assessments
- The [National Screening and Assessment Form](#) also describes a number of supplementary assessment tools that may help inform assessment of a consumer’s needs
- Tools for assessing cognition and dementia are described on the Department’s [website](#).

Chapter 4: Clinical care

Risk: Poor clinical governance can result in poor outcomes for consumers (even where clinical care is not being delivered).

4.1 What should you consider in reviewing your own performance?

- 1 How do you know those delivering clinical care have access to all relevant consumer information to inform delivery of care and services?
- 2 How do you know that the workers delivering clinical care are qualified, competent, appropriately trained and supported to effectively perform their role?
- 3 What clinical data or information do you receive to enable you to monitor whether care and services are being delivered safely, effectively and in line with best practice?

4.2 What is the problem?

The Commission has observed that some home service providers do not have a robust clinical governance framework that enables them to provide best practice clinical care. Some providers that do not provide clinical care also fail to appropriately consider clinical matters which should inform the delivery of care and services and identify risks to consumers.

Inadequate or ineffective clinical governance manifests in various ways, including:

- unclear pathways for reporting, escalating and responding to risks and issues that may impact the clinical care of consumers
- ineffective systems for ensuring workers have the necessary skills, training and support to provide best practice clinical care
- limited mechanisms for monitoring care delivery and consumer clinical outcomes to ensure care continues to meet needs and inform organisational continuous improvement
- a lack of oversight of, and accountability for, the coordination and delivery of clinical care to consumers
- unclear roles and responsibilities, such that there may be gaps in care planning, management/coordination and delivery of care and services (particularly where third parties are involved)

- ineffective information management systems, resulting in workers delivering clinical care not having access to the information required to deliver care.

Poor clinical governance often results in poor clinical outcomes for consumers and is a key area of risk in home services.

4.3 What do you need to focus on?

To deliver clinical care and services (for example, nursing, allied health, therapy services, etc.), a robust clinical governance framework is essential.

Clinical governance is an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are necessary to support safe, quality clinical care and good clinical outcomes for each consumer. This is particularly important for providers that sub-contract some or all of the clinical care services provided. While another organisation may deliver clinical care services, you are responsible for the provision of safe and quality care that meets the Quality Standards.

Even where you do not deliver clinical care, you should maintain effective clinical governance (proportionate to the services you deliver) recognising that clinical matters can impact consumer wellbeing and risk in relation to the delivery of all care and services.

1. Staff must be appropriately trained to recognise signs of decline or deterioration in mental, emotional or physical function.
2. You must have systems in place for staff to report their observations and escalate risks to management and for management to escalate issues to third parties as appropriate.
3. You must have systems in place to ensure staff are trained, competent and appropriately supported to deliver care and services.
4. Management must have systems in place to monitor and assess the condition of consumers, regularly.

You must ensure the following:

- **Clinical care is delivered in line with best practice and tailored to the consumer's needs, goals and preferences in accordance with the Standards**
 - Clinical care must be delivered in line with established and evidence based best practice guidelines with use of validated clinical assessment and monitoring tools.
 - Providers are required to ensure that any services are delivered in line with the Standards – this includes where some or all services are sub-contracted.
 - This means you should have systems and processes in place to ensure that the staff delivering care are appropriately qualified, trained and equipped to deliver services in line with the consumer's needs, goals and preferences. You will need to ensure that staff are aware of and understand current relevant national clinical care guidance and are able to apply this. You also need to have

systems for assessing the capability of staff (and contractors), identifying any deficits and ensuring staff are continuously improving their knowledge, skills and competencies.

- You should work in partnership with consumers to understand how effectively clinical care is being delivered, identify areas for improvement and ensure that clinical care is delivered in a safe and appropriate manner.
- **Monitoring and reporting on the health and well-being of consumers**
 - Where care is delivered in the home, it is even more important that providers have effective systems for monitoring consumer wellbeing and identifying risks or issues.
 - It is important that critical clinical indicators (such as number and types of incidents, wound factors, weight, etc.) are monitored and reported, and that management maintain oversight of this information to help identify trends and risks and continuously improve the organisation's delivery of clinical care.
- **Oversight of the care and services provided by third parties**
 - You are accountable for the delivery of all care and services to consumers, regardless of whether these are delivered by staff employed by your organisation or subcontracted to other individuals or service providers.
 - Where you engage third parties to deliver clinical care to consumers, you should have contractual agreements in place to ensure the respective roles, responsibilities and expectations are clear to all parties involved. You should also have established and regular communication protocols with third parties to enable effective monitoring of care outcomes.
 - Where a separate third party (i.e. that is not subcontracted or engaged by your organisation) is delivering distinct care and services to a consumer, you are required to understand this to the extent that it may impact on the care and services you provide. For example, where a consumer has been prescribed certain medications by their GP, you are required to understand the ways in which these medications (or failure to take these medications) may impact the way you deliver care and services.
- **Systems and processes for communicating information relevant to the clinical care needs of consumers to those who need it**
 - You must ensure that all staff delivering clinical care have access to relevant, clear and up-to-date information about the consumer's background, circumstances, needs, goals and preferences.
 - Care staff need to have access to information that is sufficiently detailed and specific that even those unfamiliar with the consumer would understand what is required and the risks associated with the consumer's clinical condition.
 - You must also have systems to enable staff delivering care to communicate key information relevant to consumer care to others where responsibility for care is shared and to escalate any issues identified within the organisation.

- **Clear roles and responsibilities for all relevant parties**

- It is important that each person involved in the delivery of a consumer's care understands their role and responsibilities and how these relate to the responsibilities of others.
- You should have a clear picture of all parties involved and the scope and frequency of the services they provide to the consumer. This includes carers and informal supports, as well as third party health professionals and service providers.
- This is critical to ensure there are no misunderstandings or 'gaps' in the consumer's care.

End of life care

While many consumers receiving home services will not be receiving end of life or palliative care, you should work with consumers to understand their end of life wishes and how this might impact the way that you deliver care:

- Do care planning and assessment processes include consideration of the consumer's end of life preferences?
- Do you know who each consumer would like involved in their end of life care?
- Do you know who is responsible for making decisions on the consumer's behalf if they are not able to?
- Are staff appropriately trained in the delivery of palliative care and pain management?
- Do you have connections to or agreements with other service providers or community organisations that can support delivery of palliative care and/or cultural, spiritual and emotional support?
- How do you ensure you deliver care and services in a way that maximises consumer comfort and enjoyment of quality time with loved ones as they near the end of their life?

While it is important to have these conversations with consumers early, if a consumer does not wish to undertake advance care planning, this should be noted in their care plan. You should check in with consumers on this again over time. It should be noted that some consumers may prefer to have these conversations with their GP, palliative care team or others.

4.4 Where can you get further information?

- The [Aged Care Quality Standards](#)
- The [Quality of Care Principles 2014](#)
- The Commission's [Clinical Governance resources](#)
- Palliative Care Australia – [National Palliative Care Standards](#)
- [Palliative Aged Care Evidence](#) (palliAGED)
- The Australian Pharmaceutical Advisory Council's [Guiding principles for medication management in the community](#)

Chapter 5: Vulnerable consumers

Risk: Failure to identify (and appropriately support and monitor) vulnerable consumers can lead to particularly poor outcomes for consumers who are already at risk.

5.1 What questions should you consider in reviewing your own performance?

- 1** How many consumers are awaiting a higher level of care and how does your organisation work with these consumers to ensure they get the care and services they need in the meantime?
- 2** How do you know that all workers delivering care and services are able to recognise and respond to abuse, neglect and exploitation?
- 3** How do you encourage and support consumers to report any concerns or instances of abuse, neglect or exploitation?

5.2 What is the problem?

Consumers who are most at risk or are vulnerable may have some combination of the following characteristics:

- live on their own
- live in rural or remote regions with limited service options
- are socially isolated or lack close relationships
- have few or no family or friends who 'check in' on them
- have cognitive impairment and are unable to problem solve or 'speak up'
- have communication difficulties
- have limited mobility
- are highly dependent on their caregiver or have only one carer.

The Commission has observed that some providers do not have appropriate mechanisms in place to identify, monitor and protect more vulnerable consumers. Some providers do not have effective governance, systems and processes in place to ensure that:

- consumers receive care and services for the duration, frequency and quality required
- any information that may impact the delivery of care and services is appropriately documented and communicated to those who need it, including where responsibility for care is shared
- staff understand their obligations to act ethically and with respect towards consumers

- staff are trained and skilled to recognise signs of physical, mental or emotional deterioration
- staff are trained to identify and respond appropriately to incidents that impact on consumers
- staff understand the organisation's the systems and process to record, report and escalate any issues, risks or concerns
- the provider can identify, document and respond to concerns about a staff member's work or behaviour
- care managers or coordinators can monitor the health, safety and well-being of consumers
- care and service delivery is continuously improved.

Where providers fail to monitor and provide adequate support to vulnerable consumers, this can have significant negative impacts on their health, safety and wellbeing.

5.3 What do you need to focus on?

Some consumers may have characteristics or traits that make them particularly vulnerable, or otherwise impact their capacity to manage their own care needs, influence their care and services or provide feedback and make complaints. Such consumers are more susceptible to abuse, neglect and exploitation. You should consider who are the more vulnerable consumers your organisation provides home services to, how you monitor these consumers to ensure their health, safety and well-being and how you regularly review their care and services to ensure they continue to meet the consumer's needs, goals and preferences.

Such consumers might include:

- **Consumers with more complex care needs**

For some consumers, a single missed incidence of service (or an error in the way their services are delivered) may not be significant, for some consumers this may have a serious impact on their health and well-being. For example, particularly for consumers who require meals, assistance with medications or appointments, personal care or clinical care.

- **Consumers who experience cognitive impairment**

Similarly, consumers who experience cognitive impairment (including consumers with dementia) may require additional support to understand and communicate their needs, solve problems, make decisions, advocate for themselves and provide feedback. It is also particularly important for staff to have access to detailed current and accurate information to enable them to deliver care and services in line with the consumer's known needs, goals and preferences as the consumer may not be able to communicate this themselves.

- **Consumers awaiting a higher level of care**

Consumers who have been assessed as requiring a higher level of care but are awaiting availability may have care needs that are not being fully met under their

current service arrangement. It is particularly important for you to work with these consumers to prioritise their needs and help them identify how they can get the care they need while they await a higher level of care (including from another provider if necessary).

- **Consumers who live in rural or remote areas**

Consumers who live in more isolated areas may have more limited access to family support, care and services, it may be more challenging/resource intensive for you to provide services at the required frequency and it may be difficult to find appropriately qualified and trained staff to deliver care and services.

- **Consumers who are socially isolated or without representation**

Consumers without close friends, family or other representatives may need particular support to make decisions about their care and services and may require close, regular monitoring to ensure their ongoing welfare. Older consumers may have experienced a shrinking of their social network. Consideration should be given to how such consumers could be re-engaged, introduced to other connections and relationships.

- **Consumers who have only one carer**

Where consumers are receiving care and services from only one carer, they are more at risk of incidents of abuse, neglect and exploitation going unidentified. Consumers are also less likely to raise concerns or complaints about their care and services where this is delivered by a single individual.

- **Consumers who experience challenges communicating**

Consumers who experience challenges communicating (for example, because they speak a different language to their care staff, are cognitively impaired or are visually or hearing impaired) may require additional support to communicate their needs, make decisions about their care and services and to provide feedback and make complaints about their care and services.

Your organisation should have mechanisms for identifying vulnerable consumers and monitoring their outcomes.

For consumers who are particularly vulnerable, it is even more important that you have effective systems and processes to enable you to identify potential risks and incidents, and that you can put in place strategies to mitigate any risks to the consumer's health, safety and well-being. Continuity of care and workers may be more important for these consumers, as well as ensuring consumers are receiving support during holiday periods and in times of emergency. It is essential that you ensure vulnerable consumers receive care and services for the duration and frequency required. Where required, you may need to establish linkages with other service providers to facilitate ongoing access and ensure continuity of care for consumers you can no longer support appropriately.

You should also have mechanisms in place to ensure that staff delivering services act in accordance with ethical and professional expectations, including by treating consumers with dignity and respect, respecting consumer privacy and ensuring staff do not exploit consumers in any way.

Example 4

Bob lives alone and does not have any close family or friends that check up on him, but he is physically able to look after himself with the support of his Home Care Package. Jarrod regularly provides home maintenance services for Bob and usually stops for a chat with Bob once he's finished mowing the lawn. On one occasion, Jarrod notices Bob seems a little 'off' and also confused. Jarrod notifies the provider, and an RN is sent to check in on Bob and reassess his care needs.

By fostering a culture of open communication and continuous improvement, you can support consumers to provide feedback (and encourage staff to seek advice and support) to help improve the quality of care and services delivered.

Example 5

Justine is cognitively impaired and has challenges communicating. She receives regular home services from a number of staff. One of these staff, Dylan, notices bruises on Justine's leg and arm as he is helping her dress. He asks Justine about this, but she becomes distressed and is unable to communicate. Dylan is concerned she may have fallen or been subject to abuse and he escalates this with management. The provider arranges for an assessment to determine the extent of Justine's injuries and determine any immediate support required. Concerned that the bruises may have resulted from the way that Justine was handled by a staff member, the provider also investigates this.

Consumers living with cognitive impairment

Consumers living with dementia, intellectual disability or mental illness in their own home may need additional support to ensure their ongoing safety and welfare. Ensure systems are in place to monitor consumers for any signs of cognitive decline, to escalate internally and communicate any changes in the consumer's cognitive capacity to those involved in the consumer's care and ensure the consumer is accessing the necessary services and supports to enable them to remain living safely in their own home.

Where consumers have particular difficulty engaging in decision-making, you should consider how they can be supported to express their views and be involved in making decisions about their care and services. This may involve referral to an advocacy service such as the [Older Persons Advocacy Network](#).

5.4 Where can you get further information?

- The [Aged Care Quality Standards](#)

- The [*Quality of Care Principles 2014*](#)
- The Commission's [Effective incident management systems: Best practice guidance](#)
- Section 12 of the [Home Care Packages Program Operational Manual](#)
- The Department's [National Aged Care Advocacy Program](#)
- [Older Persons Advocacy Network](#)
- [Dementia Training Australia](#) (DTA) provides free online courses and resources
[Dementia Support Australia](#).

Chapter 6: Management of package funds

Risk: Inappropriate use of Home Care Package funds or failure to consult with consumers regarding fees and charges can result in consumers receiving care and services that do not meet their assessed care needs.

6.1 What questions should you consider in reviewing your own performance?

- 1 How do you know that consumers understand their Home Care Package budget and monthly statements?
- 2 What is the decision-making process for determining whether the care or services sought by a consumer are within scope and aligned with the intent of the Home Care Packages Program?
- 3 How do you ensure that consumers are only being charged for services they actually receive, and that unspent funds are not building up when the services are needed now?

6.2 What is the problem?

The Commission receives many complaints about inappropriate use or management of consumer Home Care Package funds and poor communication with consumers about their fees and charges. Some of the key issues at the heart of these complaints (and observed through the Commission's audit of providers), include:

- using Home Care Package funds in inappropriate ways (such as television subscription services, payment of rent or mortgage, etc.)
- lack of appropriate oversight of package expenditure for self-managed consumers who are reimbursed and/or use debit cards given by providers
- failing to apply GST rules appropriately when charging a consumer's package or reimbursing a consumer
- failing to ensure consumers receive the full value of the package when they are required to contribute a means-tested fee (i.e. reducing the package by the identified means-tested amount rather than collecting this amount from the consumer or covering the difference)
- charging a consumer the prices outlined in the provider's published pricing schedule where these have not been agreed to and documented in the consumer's home care agreement
- providing consumers with unclear or confusing monthly statements or not providing monthly statements

- failing to clearly and accurately reflect the services provided to consumers, the cost of each service instance and package management fees in monthly statements
- charging excessive or unreasonable package management or care management fees
- failing to adequately consult or engage with consumers and seek their mutual consent to any changes to fees and charges
- charging consumers for additional care and services without proper agreement or passing the debt onto a consumer where a package goes into debit
- failing to provide consumers with appropriate support to understand their Home Care Package budgets and monthly statements
- failing to provide timely refunds where overcharging has occurred
- failing to work with consumers to promote use of unspent funds to help them to live at home for longer
- failing to return unspent funds when a consumer exits the program
- failing to transfer unspent funds when consumers change providers or to transfer funds within the required timeframes.

You are responsible for ensuring Home Care Package funds are being spent appropriately, that consumers understand what they are being charged for and that they are being charged appropriately.

6.3 What do you need to focus on?

To ensure you are effectively managing consumers' Home Care Package funding you must:

- **Be transparent**
 - Your management of each consumer's package must be transparent. Consumers should be able to easily identify what they have paid for and how much they have paid. Any business costs, package management fees and surcharges (e.g. for services delivered on public holidays) should be clearly identified. It is expected that you help consumers to understand their monthly statement, explain any charges they query and discuss any changes to fees and charges with consumers before these are made.
 - You should ensure consumers understand that they are able to transfer to another provider if they wish – you should not lead a consumer to believe they are locked into a particular provider.
- **Only charge consumers for care and services they have actually received**
 - You must only charge consumers for care and services (and other costs such as care management and package management) that have actually been provided. For example, you must ensure consumers aren't charged where an instance of service has been skipped or missed, where the duration of a service is shortened (e.g. where the package includes two hours of cleaning but cleaning only occurred for one hour) or where items are purchased on behalf of a consumer that actually cost less than expected.
 - Where you inadvertently overcharge a consumer, it is your responsibility to identify this and rectify it in a timely manner.

- **Consult with consumers and seek their mutual consent to fees and charges**
 - You must work in partnership with consumers to help them to understand their Home Care Package budget and their options for how it might be spent. It is your responsibility to consult with the consumer before they commence services to explain the options available to them (including specified inclusions and exclusions) and to discuss any fees that will be payable.
 - Any changes to fees and charges must be explained and mutually agreed with consumers before these are made.
 - You must ensure consumers have a clear point of contact to speak with when they have concerns or queries about their fees and charges.
- **Work with consumers to ensure their Home Care Package services meet the program's intent**
 - The care and services you provide to consumers must be within the scope of the specified care and services (set out in Schedule 3 of the [Quality of Care Principles 2014](#)) and the inclusions and exclusions framework set out in sub-section 9.1 of the [Home Care Packages Program Operational Manual](#).
 - Where a consumer wishes to use their Home Care Package to receive services or items outside of the scope of the Home Care Packages Program, you need to work with the consumer to explain the intent of the program, the limitations and other ways they might obtain such services.
- **Track, carry over, transfer or return unspent funds**
 - You should work with consumers to ensure they are receiving the care and services they need and the right level of Home Care Package. You should promote use of any unspent funds to ensure the consumer is able to live safely in their home for as long as possible with the best possible quality of life.
 - Any unspent funds amount must carry over from month to month, and from year to year, for as long as that person continues to receive a package. You must transfer any unspent funds if a consumer changes provider or return unspent funds if they leave home care (this includes funds where a consumer has 'topped up' their Home Care Package).
 - You should expend consumer contributed funds first. Any Commonwealth unspent funds that are not returned within the statutory timeframe are a debt to the Commonwealth which could impact upon the subsidy payable (if any) on behalf of your current consumers, if the Department seeks to recover the debt.

Monthly statements

Providers are required by the [User Rights Principles 2014](#) to issue consumers with monthly statements that show the package budget funds available to them and what has been spent from their budget.

The monthly statement should clearly show services actually delivered so that consumers can easily understand how the service provider is charging for the package, including any administration fees and regardless of whether invoices from third parties have been received and paid.

For example, where a consumer receives personal care at home three times a week, the consumer's monthly statement should not simply describe '*personal care – <price>*'. Each type of care and instance of service should be individually described (identifying the specific service provided), such that it can be identified and recognised by the consumer (and by the Commission as part of performance monitoring and assessment activities).

6.4 Where can you get further information?

- The [Aged Care Quality Standards](#)
- Part 3 of the [User Rights Principles 2014](#)
- The [Quality of Care Principles 2014](#)
- Sections 8, 9 and 10 of the [Home Care Packages Program Operational Manual](#)
- The Department's [About the Home Care Packages Program and Price transparency for Home Care Package fees](#)
- [The Department's best practice monthly statement](#)
- [The Department's guidance regarding improved payment arrangements for home care](#)
- The Commission's [consumer engagement resources](#)
- The Australian Taxation Office's [GST and home care](#).

Chapter 7: Further information

The following reference materials are referred to throughout this resource and provide additional critical guidance for home service providers:

- [Guidance and resources for providers to support the Aged Care Quality Standards](#)
- [Home Care Packages Program Operational Manual](#)
- [Commonwealth Home Support Programme Manual](#)
- [The Charter of Aged Care Rights \(information for providers\)](#)
- The Aged Care Quality and Safety Commission [website](#) and [provider resources](#)
- The [Aged Care Act 1997](#) and delegated legislation
- The [Aged Care Quality and Safety Commission Act 2018](#) and the [Aged Care Quality and Safety Commission Rules 2018](#).

Where necessary, you may also seek support from aged care peak bodies such as [Aged and Community Services Australia](#) and [Leading Aged Services Australia](#) or consumer advocacy organisations such as [COTA Australia](#), the [Older Persons Advocacy Network](#), [Dementia Australia](#) or the [Federation of Ethnic Communities' Councils of Australia](#).

It is recommended that you use the Risk checklist tool at [Attachment A](#) to critically examine your organisation's performance and identify areas for improvement. This will help better position your organisation to deliver quality care and services to consumers, ensure you are meeting your regulatory obligations and cultivate a culture of excellence and continuous improvement within your organisation.

Attachment A: Risk checklist tool

Organisational governance

Ask yourself		Think about
1.	How do you know that consumers receiving care and services through sub-contracted organisations are actually receiving those services, and that those services are delivered in line with the specifications outlined in their care plans?	<ul style="list-style-type: none"> What information do you receive to inform your understanding of whether services are being delivered in line with consumer care plans? How do you know when there is an issue with a consumer's clinical care delivery (for example, missed services, medication mismanagement, an incident, etc.)?
Respond		

Ask yourself		Think about
2.	What systems does your organisation have in place to identify and manage high-impact, high-prevalence risks and how are these systems reviewed to keep improving outcomes for consumers?	<ul style="list-style-type: none"> What information do you receive to inform your understanding of high-impact, high prevalence risks? What are the high-impact, high-prevalence risks for consumers receiving care and services through your organisation?
Respond		

Ask yourself	Think about

3.	How do you know that your organisation's governance systems for managing and communicating information, managing finances, workforce planning, clinical governance and care planning, reporting serious incidents and ensuring regulatory compliance and managing feedback and complaints are effective?	<ul style="list-style-type: none"> • What information do you receive to inform your understanding of whether these systems are operating effectively? • How do you ensure clarity of roles and responsibilities within the organisation?
Respond		

Care planning and assessment

Ask yourself		Think about
1.	How do you ensure that consumers and other key partners in care are appropriately engaged in assessment and care planning of the consumer's aged care needs?	<ul style="list-style-type: none"> • What information do you receive to inform your understanding of whether consumers and other key partners in care are engaged in assessment and care planning? • What guidance is provided to staff responsible for assessment and care planning to ensure the appropriate involvement of consumers and other key partners in care?
Respond		

Ask yourself		Think about
2.	How do you know that staff delivering care and services	<ul style="list-style-type: none"> • What information do you receive to inform your understanding of whether staff delivering care

	have access to current and sufficiently detailed information to guide and enable them to deliver care and services in accordance with the consumer's needs, goals and preferences?	and services have access to sufficiently detailed information? <ul style="list-style-type: none"> How do you know that information relating to a consumer's care and services is consistent and current across various documents?
Respond		

Ask yourself		Think about
3.	How do you ensure the workforce can recognise signs and symptoms of deterioration in a consumer's mental health, cognitive or physical condition, function or capacity and respond appropriately?	<ul style="list-style-type: none"> What training is providing to staff on recognising and responding to signs of deterioration? How do you expect staff to respond and escalate within the organisation when they identify signs of deterioration? What triggers a reassessment of care needs?
Respond		

Clinical care

Ask yourself		Think about
1.	How do you know those delivering clinical care have access to all relevant consumer information to inform delivery of care and services?	<ul style="list-style-type: none"> What instruction or guidance is provided to staff to ensure that sufficiently detailed clinical care information is documented in the consumer's care plan and progress notes?

Respond

Ask yourself	Think about
2. How do you know that the workers delivering clinical care are qualified, competent, appropriately trained and supported to effectively perform their role?	<ul style="list-style-type: none"> What information do you receive to inform your understanding of whether workers delivering clinical care (including sub-contracted staff) are appropriately qualified, competent, trained and supported? What controls do you have in place to monitor the performance of workers (including sub-contracted staff)?
Respond	

Ask yourself	Think about
3. What clinical data or information do you receive to enable you to monitor whether care and services are being delivered safely, effectively and in line with best practice?	<ul style="list-style-type: none"> What clinical indicators do you monitor? How regularly do you receive this information? What do you do with this information?
Respond	

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Vulnerable consumers

Ask yourself	Think about
1. How many consumers are awaiting a higher level of care and how does your organisation work with these consumers to ensure they get the care and services they need in the meantime?	<ul style="list-style-type: none"> What guidance do you provide to staff to help them address risks and priorities for consumers awaiting a higher level of care?
Respond	

Ask yourself	Think about
2. How do you know that all workers delivering care and services are able to recognise and respond to abuse, neglect and exploitation?	<ul style="list-style-type: none"> What training is providing to staff on recognising and responding to signs of abuse, neglect and exploitation? How do you expect staff to respond and escalate within the organisation when they identify signs of abuse, neglect and exploitation?
Respond	

Ask yourself	Think about

3.	How do you encourage and support consumers to report any concerns or instances of abuse, neglect and exploitation?	<ul style="list-style-type: none"> • What information do you provide to consumers regarding providing feedback or complaints (to your organisation, to the Commission and others)? • How do you ensure consumers feel safe and supported to make a complaint or report concerns (without fear of retribution)? • How are consumers with barriers to communication supported to report instances of abuse, neglect and exploitation?
Respond		

Management of package funds

Ask yourself		Think about
1.	How do you know that consumers understand their Home Care Package budget and monthly statements?	<ul style="list-style-type: none"> • What information do you receive to inform your understanding of whether consumers understand their budgets, care plans and monthly statements? • What systems do you have to help consumers understand their budgets, care plans and monthly statements (particularly where there are barriers to communicating)?
Respond		

Ask yourself		Think about
2.	What is the decision-making process for determining whether the	<ul style="list-style-type: none"> • What information do you receive to inform your understanding of whether consumers are receiving

	care or services sought by a consumer are within scope and aligned with the intent of the Home Care Packages Program?	services within the scope and intent of the Home Care Packages Program? <ul style="list-style-type: none"> • How do you know that those involved in making decisions understand the scope of services available through the Home Care Packages Program?
Respond		

Ask yourself		Think about
3.	How do you ensure that consumers are only being charged for services they actually receive, ensure the consumer's budget is fully available to them to use as and when they require and that unspent funds are not building up when the services are needed now?	<ul style="list-style-type: none"> • How do you monitor unspent funds? • When a consumer's funds are unspent how do you understand the reasons why and ensure that consumers receive the care and services they need, in line with the Home Care Package Program?
Respond		