Aged Care Act 1997

Quality of Care Principles 1997

I, JUDI MOYLAN, Minister for Family Services, make the following Principles under subsection 96-1 (1) of the *Aged Care Act 1997*.

Dated 24. 9. 1997.

Judi Moylan

Minister for Family Services

Aged Care Act 1997

Quality of Care Principles 1997

Table of Provisions

Table of Provisions—continued

Aged Care Act 1997

Quality of Care Principles 1997

Note: Part 4.1 of the Aged Care Act 1997

Part 4.1 of the *Aged Care Act 1997* is about the responsibilities of approved providers for the quality of the aged care they provide through their aged care services.

The responsibilities of approved providers include compliance with a number of standards set out in these Principles. The standards are:

- the Accreditation Standards
- the Residential Care Standards
- the Community Care Standards
- the Flexible Care Standards.

Part 1—Preliminary

18.1 Citation

These Principles may be cited as the *Quality of Care Principles 1997*.

18.2 Commencement

(1) These Principles commence on 1 October 1997.

(2) However, items 1.1, 1.3, 2.1, 2.3, 3.1 and 3.3 of Schedule 3 commence on 1 January 1998.

18.3 Definitions

In these Principles:

Act means the *Aged Care Act 1997*.

assessed as requiring nursing services, for a resident, includes the resident being given a rating of C or D on question 20 of the Resident Classification Scale.

on-site care means care given by upright staff within the building housing the service.

organisation means the approved provider of an aged care service.

resident means a care recipient who is provided with care through an aged care service.

Resident Classification Scale means the scale in Schedule 1 of the *Classification Principles 1997*.

Note: Definitions

A number of expressions used in these Principles are defined in the *Aged Care Act 1997* (see Dictionary in Schedule 1), including:

- accreditation day
- aged care
- approved provider
- community care
- flexible care
- residential care.

18.4 References to care recipient (or his or her representative) etc

(1) In this section:

care recipient includes prospective care recipient and resident.

(2) In these Principles, a reference to a ***care recipient (or his or her representative)*** is a reference to:

(a) the care recipient; or

(b) the care recipient's representative; or

(c) both the care recipient and his or her representative.

Examples of representative:

1. Advocate
2. Carer
3. Legal guardian
4. Relative.

(3) This section is made to remove any possible doubt.

Part 2—Specified care and services for residential care services

18.5 Purpose of Part (Act, s 54-1)

This Part specifies the care and services that an approved provider of a residential care service must provide.

18.6 Specification of care and services

(1) An approved provider of a residential care service must, for each item in Schedule 1, provide the care or service stated in column 2 of the item to any resident who needs it.

(2) If there is an entry in column 3 of an item in Schedule 1, the care or service mentioned in column 2 of the item consists of the matter stated in column 3.

(3) However, the services stated in Part 3 of Schedule 1 are required only for residents receiving a high level of residential care.

Part 3—Accreditation standards

18.7 Purpose of Part (Act, s 54-2)

This Part sets out Accreditation Standards. Accreditation Standards are standards for quality of care and quality of life for the provision of residential care on and after the accreditation day.

18.8 Accreditation Standards

(1) The Accreditation Standards are set out in Schedule 2.

(2) The standards deal with the following matters:
- (a) management systems, staffing and organisational development;
- (b) health and personal care;
- (c) resident lifestyle;
- (d) physical environment and safe systems.

(3) The accreditation standard for a matter consists of:
- (a) the Principle for the matter; and
- (b) the expected outcome for each matter indicator for the matter.

Note: Accreditation Standards

The 4 matters dealt with in the Accreditation Standards are dealt with in separate Parts of Schedule 2.

18.9 Application of Accreditation Standards

(1) The Accreditation Standards are intended to provide a structured approach to the management of quality and represent clear statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its residents. It is not expected that all residential care services should respond to a standard in the same way.

(2) The Accreditation Standards apply equally for the benefit of each resident of a residential care service, irrespective of the resident's financial status, applicable fees and charges, amount of residential care subsidy payable, agreements entered into, or any other matter.

Part 4—Residential Care Standards

18.10 Purpose of Part (Act, s 54-3)

This Part sets out Residential Care Standards. Residential Care Standards are standards for quality of care and quality of life for the provision of residential care before the accreditation day.

18.11 Residential Care Standards

(1) The Residential Care Standards are set out in Schedule 3.

(2) The standards deal with the following matters:
- (a) health and personal care;
- (b) resident lifestyle;
- (c) physical environment and safe systems.

(3) The residential care standard for a matter consists of:
- (a) the Principle for the matter; and
- (b) the expected outcome for each matter indicator for the matter.

Note: Residential Care Standards

The 3 matters dealt with in the Residential Care Standards are dealt with in separate Parts of Schedule 3.

18.12 Application of Residential Care Standards

(1) The Residential Care Standards are intended to provide a structured approach to the management of quality and represent clear statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its residents. It is not expected that all residential care services should respond to a standard in the same way.

(2) The Residential Care Standards apply equally for the benefit of each resident of a residential care service, irrespective of the resident's financial status, applicable fees and charges, amount of residential care subsidy payable, agreements entered into, or any other matter.

Part 5—Community Care Standards

18.13 Purpose of Part (Act, s 54-4)

This Part sets out Community Care Standards. Community Care Standards are standards for quality of care and quality of life for the provision of community care.

18.14 Community Care Standards

(1) The Community Care Standards are set out in Schedule 4.

(2) The standards deal with the following matters:
- (a) information and consultation;
- (b) identifying care needs;
- (c) coordinated, planned and reliable service delivery;
- (d) social independence;
- (e) privacy, dignity, confidentiality and access to personal information;
- (f) complaints and disputes;
- (g) advocacy.

(3) The community care standard for a matter consists of:
- (a) the Principle for the matter; and
- (b) the expected outcome for each matter indicator for the matter.

Note: Community Care Standards

The 7 matters dealt with in the Community Care Standards are dealt with in separate Parts of Schedule 4.

SCHEDULE 1

Section 18.6

SPECIFIED CARE AND SERVICES FOR RESIDENTIAL CARE SERVICES

PART 1—HOTEL SERVICES—TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM

Col. 1 *Item*	*Column 2* *Service*	*Column 3* *Content*
1.1	Administration	General operation of the residential care service, including resident documentation
1.2	Maintenance of buildings and grounds	Adequately maintained buildings and grounds
1.3	Accommodation	Utilities such as electricity and water
1.4	Furnishings	Bed-side lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), resident wardrobe space, and towel rails Excludes furnishings a resident chooses to provide
1.5	Bedding	Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting
1.6	Cleaning services, goods and facilities	Cleanliness and tidiness of the entire residential care service Excludes a resident's personal area if the resident chooses and is able to maintain it himself or herself
1.7	Waste disposal	Safe disposal of organic and inorganic waste material

SCHEDULE 1—continued

PART 1—HOTEL SERVICES—TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM—continued

Col. 1 *Item*	*Column 2* *Service*	*Column 3* *Content*
1.8	General laundry	Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a resident chooses and is able to do this himself or herself
1.9	Toiletry goods	Bath towels, face washers, soap, and toilet paper
1.10	Meals and refreshments	(a) Meals of adequate variety, quality and quantity for each resident, served each day at times generally acceptable to both residents and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper (b) Special dietary requirements, having regard to either medical need or religious or cultural observance (c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice
1.11	Resident social activities	Programs to encourage residents to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service
1.12	Emergency assistance	At least 1 responsible person is continuously on call and in reasonable proximity to render emergency assistance

SCHEDULE 1—continued

PART 2—CARE AND SERVICES—TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM

Col. 1	*Column 2*	*Column 3*
Item	*Care or Service*	*Content*
2.1	Daily living activities assistance	Personal assistance, including individual attention, individual supervision, and physical assistance, with: (a) bathing, showering, personal hygiene and grooming (b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management (c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary) (d) dressing, undressing, and using dressing aids (e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids (f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles Excludes hairdressing
2.2	Meals and refreshments	Special diet not normally provided
2.3	Emotional support	Emotional support to, and supervision of, residents

SCHEDULE 1—continued

PART 2—CARE AND SERVICES—TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM—continued

Col. 1	*Column 2*	*Column 3*
Item	*Care or Service*	*Content*
2.4	Treatments and procedures	Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a resident's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law
2.5	Recreational therapy	Recreational activities suited to residents, participation in the activities, and communal recreational equipment
2.6	Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a resident's ability to perform daily tasks for himself or herself, or assisting residents to obtain access to such programs
2.7	Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit residents, whether the arrangements are made by residents, relatives or other persons representing the interests of residents, or are made direct with a health practitioner
2.8	Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapy, podiatry, occupational or physiotherapy practitioners to visit residents, whether the arrangements are made by residents, relatives or other persons representing the interests of residents

SCHEDULE 1—continued

PART 2—CARE AND SERVICES—TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM—continued

Col. 1	*Column 2*	*Column 3*
Item	*Care or Service*	*Content*
2.9	Support for residents with cognitive impairment	Individual attention and support to residents with cognitive impairment (eg dementia, and other behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such residents and ongoing support (including specific encouragement) to motivate or enable such residents to take part in general activities of the residential care service

SCHEDULE 1—continued

PART 3—CARE AND SERVICES—TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE

Col. 1 *Item*	*Column 2* *Care or Service*	*Column 3* *Content*
3.1	Furnishings	Over-bed tables
3.2	Bedding materials	Bed rails, incontinence sheets, restrainers, ripple mattresses, sheepskins, tri-pillows, and water and air mattresses appropriate to each resident's condition
3.3	Toiletry goods	Sanitary pads, tissues, toothpaste, denture cleaning preparations, shampoo and conditioner, and talcum powder
3.4	Goods to assist residents to move themselves	Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs Excludes motorised wheelchairs and custom made aids
3.5	Goods to assist staff to move residents	Mechanical devices for lifting residents, stretchers, and trolleys
3.6	Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, disposable bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas
3.7	Basic medical and pharmaceutical supplies and equipment	Analgesia, anti-nausea agents, bandages, creams, dressings, laxatives and aperients, mouthwashes, ointments, saline, skin emollients, swabs, and urinary alkalising agents Excludes goods prescribed by a health practitioner for a particular resident and used only by the resident

SCHEDULE 1—continued

PART 3—CARE AND SERVICES—TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE—continued

Col. 1	*Column 2*	*Column 3*
Item	*Care or Service*	*Content*
3.8	Nursing services	(a) 24-hour on-call access to care by a qualified nurse, or by appropriately trained staff under the supervision of a qualified nurse, if there are 1 to 3 high care residents any of whom are assessed as requiring nursing services (b) 24-hour on-site care by a qualified nurse, or by appropriately trained staff under the supervision of a qualified nurse, if there are 4 to 7 high care residents any of whom are assessed as requiring nursing services (c) 24-hour on-site care by a qualified nurse if there are 8 or more high care residents
3.9	Nursing procedures	Technical and nursing procedures carried out by a qualified nurse, or other appropriately trained staff, under the direct or indirect supervision of a qualified nurse on a sessional or regular basis
3.10	Medications	Medications subject to requirements of State or Territory law
3.11	Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain residents' levels of independence in activities of daily living

SCHEDULE 1—continued

PART 3—CARE AND SERVICES—TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE—continued

Col. 1	*Column 2*	*Column 3*
Item	*Care or Service*	*Content*
		(b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow residents to reach a level of independence at which maintenance therapy will meet their needs Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma
3.12	Oxygen and oxygen equipment	Oxygen and oxygen equipment needed on a short-term, episodic or emergency basis

SCHEDULE 2

Section 18.8

ACCREDITATION STANDARDS

PART 1—MANAGEMENT SYSTEMS, STAFFING AND ORGANISATIONAL DEVELOPMENT

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Intention of standard:

This standard is intended to enhance the quality of performance under all accreditation standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
1.1	Continuous improvement	The organisation actively pursues continuous improvement
1.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines
1.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
1.4	Comments and complaints	Each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms
1.5	Planning and leadership	The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service
1.6	Human resource management	There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives

SCHEDULE 2—continued

PART 1—MANAGEMENT SYSTEMS, STAFFING AND ORGANISATIONAL DEVELOPMENT—continued

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
1.7	Inventory and equipment	Stocks of appropriate goods and equipment for quality service delivery are available
1.8	Information systems	Effective management systems are in place
1.9	External services	All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals

SCHEDULE 2—continued

PART 2—HEALTH AND PERSONAL CARE

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
2.1	Continuous improvement	The organisation actively pursues continuous improvement
2.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care
2.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
2.4	Clinical care	Residents receive appropriate clinical care
2.5	Specialised nursing care needs	Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff
2.6	Other health and related services	Residents are referred to appropriate health specialists in accordance with the resident's needs and preferences
2.7	Medication management	Residents' medication is managed safely and correctly
2.8	Pain management	All residents are as free as possible from pain
2.9	Palliative care	The comfort and dignity of terminally ill residents is maintained
2.10	Nutrition and hydration	Residents receive adequate nourishment and hydration

SCHEDULE 2—continued

PART 2—HEALTH AND PERSONAL CARE—continued

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
2.11	Skin care	Residents' skin integrity is consistent with their general health
2.12	Continence management	Residents' continence is managed effectively
2.13	Behavioural management	The needs of residents with challenging behaviours are managed effectively
2.14	Mobility, dexterity and rehabilitation	Optimum levels of mobility and dexterity are achieved for all residents
2.15	Oral and dental care	Residents' oral and dental health is maintained
2.16	Sensory loss	Residents' sensory losses are identified and effectively managed
2.17	Sleep	Residents are able to achieve natural sleep patterns

SCHEDULE 2—continued

PART 3—RESIDENT LIFESTYLE

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
3.1	Continuous improvement	The organisation actively pursues continuous improvement
3.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about resident lifestyle
3.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
3.4	Emotional support	Each resident receives support in adjusting to life in the new environment and on an ongoing basis
3.5	Independence	Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service
3.6	Privacy and dignity	Each resident's right to privacy, dignity and confidentiality is recognised and respected
3.7	Leisure interests and activities	Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them
3.8	Cultural and spiritual life	Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered

SCHEDULE 2—continued

PART 3—RESIDENT LIFESTYLE—continued

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
3.9	Choice and decision-making	Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people
3.10	Resident security of tenure and responsibilities	Residents have secure tenure within the residential care service, and understand their rights and responsibilities

SCHEDULE 2—continued

PART 4—PHYSICAL ENVIRONMENT AND SAFE SYSTEMS

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
4.1	Continuous improvement	The organisation actively pursues continuous improvement
4.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems
4.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
4.4	Living environment	Management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs
4.5	Occupational health and safety	Management is actively working to provide a safe working environment that meets regulatory requirements
4.6	Fire, security and other emergencies	Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks
4.7	Infection control	An effective infection control program
4.8	Catering, cleaning and laundry services	Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment

SCHEDULE 3

Section 18.11

RESIDENTIAL CARE STANDARDS

PART 1—HEALTH AND PERSONAL CARE

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
1.1	Continuous improvement	The organisation actively pursues continuous improvement
1.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care
1.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
1.4	Clinical care	Residents receive appropriate clinical care
1.5	Specialised nursing care needs	Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff
1.6	Other health and related services	Residents are referred to appropriate health specialists in accordance with the resident's needs and preferences
1.7	Medication management	Residents' medication is managed safely and correctly
1.8	Pain management	All residents are as free as possible from pain
1.9	Palliative care	The comfort and dignity of terminally ill residents is maintained
1.10	Nutrition and hydration	Residents receive adequate nourishment and hydration

SCHEDULE 3—continued

PART 1—HEALTH AND PERSONAL CARE—continued

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
1.11	Skin care	Residents' skin integrity is consistent with their general health
1.12	Continence management	Residents' continence is managed effectively
1.13	Behavioural management	The needs of residents with challenging behaviours are managed effectively
1.14	Mobility, dexterity and rehabilitation	Optimum levels of mobility and dexterity are achieved for all residents
1.15	Oral and dental care	Residents' oral and dental health is maintained
1.16	Sensory loss	Residents' sensory losses are identified and effectively managed
1.17	Sleep	Residents are able to achieve natural sleep patterns

SCHEDULE 3—continued

PART 2—RESIDENT LIFESTYLE

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
2.1	Continuous improvement	The organisation actively pursues continuous improvement
2.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about resident lifestyle
2.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
2.4	Emotional support	Each resident receives support in adjusting to life in the new environment and on an ongoing basis
2.5	Independence	Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service
2.6	Privacy and dignity	Each resident's right to privacy, dignity and confidentiality is recognised and respected
2.7	Leisure interests and activities	Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them
2.8	Cultural and spiritual life	Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered

SCHEDULE 3—continued

PART 2—RESIDENT LIFESTYLE—continued

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
2.9	Choice and decision-making	Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people
2.10	Resident security of tenure and responsibilities	Residents have secure tenure within the residential care service, and understand their rights and responsibilities

SCHEDULE 3—continued

PART 3—PHYSICAL ENVIRONMENT AND SAFE SYSTEMS

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
3.1	Continuous improvement	The organisation actively pursues continuous improvement
3.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems
3.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
3.4	Living environment	Management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs
3.5	Occupational health and safety	Management is actively working to provide a safe working environment that meets regulatory requirements
3.6	Fire, security and other emergencies	Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks
3.7	Infection control	An effective infection control program
3.8	Catering, cleaning and laundry services	Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment

SCHEDULE 4

Section 18.14

COMMUNITY CARE STANDARDS

PART 1—INFORMATION AND CONSULTATION

Principle: Each care recipient and prospective care recipient (or his or her representative) is to have access to information to assist in making an informed choice about available community care services.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
1.1	Assistance	Each prospective care recipient (or his or her representative) is assisted to make informed choices about the community care services
1.2	Rights and responsibilities	Each care recipient and prospective care recipient (or his or her representative) is informed of the rights and responsibilities of care recipients and approved providers in relation to community care services, and given the opportunity to discuss with the provider the recipient's rights and responsibilities
1.3	Fees	Each care recipient and prospective care recipient (or his or her representative) is assisted to understand the fees applying to services

SCHEDULE 4—continued

PART 2—IDENTIFYING CARE NEEDS

Principle: Each care recipient is to receive quality services that meet his or her assessed needs.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
2.1	Identifying care needs	Each care recipient receives an initial assessment and on-going monitoring that takes all of his or her support needs into account and identifies any changes in the needs

SCHEDULE 4—continued

PART 3—COORDINATED, PLANNED AND RELIABLE SERVICE DELIVERY

Principle: Each care recipient (or his or her representative) is enabled to take part in the development of a package of services that meets the care recipient's needs.

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
3.1	Service delivery plan	Each care recipient has a documented service delivery or care plan outlining the services the care recipient can expect to receive
3.2	Referral arrangements	Each care recipient benefits from the establishment of appropriate referral arrangements to ensure continuity in best meeting his or her needs when community care services are no longer appropriate

SCHEDULE 4—continued

PART 4—SOCIAL INDEPENDENCE

Principle: Each care recipient should be enabled where possible, and encouraged, to exercise his or her preferred level of social independence.

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
4.1	Social independence	Each care recipient is encouraged to exercise his or her preferred level of social independence
4.2	Financial independence	Each care recipient is encouraged to maintain financial independence

SCHEDULE 4—continued

PART 5—PRIVACY, DIGNITY, CONFIDENTIALITY AND ACCESS TO PERSONAL INFORMATION

Principle: The dignity and privacy of each care recipient are to be respected, and each care recipient (or his or her representative) will have access to his or her personal information held by the provider.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
5.1	Privacy and dignity	Each care recipient's dignity and privacy is respected
5.2	Procedures	Each care recipient is told of the service provider's privacy and confidentiality procedures and his or her rights under the procedures
5.3	Access to information	Each care recipient (or his or her representative) has access to personal information about the care recipient held by the approved provider

SCHEDULE 4—continued

PART 6—COMPLAINTS AND DISPUTES

Principle: Each care recipient (or his or her representative) has access to fair and effective procedures for dealing with complaints and disputes.

Col. 1	*Column 2*	*Column 3*
Item	*Matter Indicator*	*Expected Outcome*
6.1	Complaint procedures	Each comment or complaint about a service, or access to a service, is dealt with fairly, promptly, confidentially and without retribution

SCHEDULE 4—continued

PART 7—ADVOCACY

Principle: Each care recipient will have access to an advocate of his or her choice.

Col. 1 *Item*	*Column 2* *Matter Indicator*	*Column 3* *Expected Outcome*
7.1	Choice of advocate	The care recipient's choice and involvement of an advocate to represent his or her interests at any time is accepted by the approved provider