1. Overview of the Community Care Common Standards Guide

This section provides background information about accountability requirements related to the community care programs across jurisdictions (Commonwealth, State and Territory governments).

1.1 Purpose

This guide has been developed to assist service providers to prepare and participate in a quality review using the Community Care Common Standards (the Standards) for ensuring quality in community care. The guide is also used by quality reviewers in conducting quality reviews of community care services. Community care includes:

- the Home and Community Care (HACC) Program
- packaged care programs [Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD)]
- the National Respite for Carers Program (NRCP).

1.2 Guide Contents

This guide is designed to support service providers in responding to the requirements of the Standards during a quality review of their services, and to help them continuously improve. The guide provides information in the following areas:

- An overview of the applicable programs and jurisdictions
- Quality review processes for the Standards
- Information on the Standards’ expected outcomes
- Examples of results and performance measures
- Other information
- Appendices (including tools and forms).

The Appendices to this guide contain: information for quality reviewers; acronyms and glossary; national program documents and references; quality review documentation, including the self-assessment tool, an example of a completed self-assessment tool, the on-site visit schedule, the quality reviewer tool, the quality review report and the improvement plan. These have been included to provide service providers with the resources they need to participate in the quality review process and an understanding of the documents used in the quality review process.

1.3 Standards and Expected Outcomes Structure

The Community Care Common Standards comprise three Standards and 18 expected outcomes relating to those Standards. Each of the Standards includes a principle that summarises the intent of that Standard, as shown overleaf.
Community Care Common Standards Principles

**Standard 1: Effective Management**

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

**Standard 2: Appropriate Access and Service Delivery**

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

**Standard 3: Service User Rights and Responsibilities**

Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

The full Standards and expected outcomes are provided in Section 3: The Community Care Common Standards.

**1.4 Applicable Community Care Frameworks**

The Standards apply to service providers who are receiving funding under the HACC Program, packaged care programs or the NRCP. An overview of these programs is provided below; more detailed information about these programs can be found in the respective program guidelines.

**1.4.1 Home and Community Care (HACC) Program**

The HACC Program provides community care services to frail aged and younger people with disabilities and their carers, and is a joint Commonwealth, State and Territory government initiative.

The program provides a basic level of support to assist service users to remain independent at home and in the community and to reduce the potential for inappropriate admission to residential care.

Some of the services funded through the HACC Program include:

- Nursing care
- Allied health care
- Meals and other food services
- Domestic assistance
- Personal care
- Home modification and maintenance
- Transport
- Respite care
- Counselling, support, information and advocacy
- Assessment of service users and coordination of services.

The HACC Program is a key element of the Australian and State and Territory governments’ aged care policy and its vision for a world-class community care system.
Currently the Australian Government provides approximately 60 per cent of funding for the program and maintains a broad strategic policy role. The State and Territory governments provide the remaining funding and are the primary points of contact for the program’s service providers and service users. The State and Territory governments are also responsible for program management, including the approval and funding of individual HACC Program services in their jurisdictions.

All governments, with the current exception of the Victorian and Western Australian State Governments, have agreed that the Australian Government will have full policy and funding responsibility for the aged care component of the HACC Program from July 2011 and will take on administrative responsibility from July 2012.

1.4.2 Packaged Care Programs

Community Aged Care Packages (CACPs)

Since 1992 the Australian Government has provided individually tailored packages of community aged care services, in the form of CACPs, designed to meet the needs of frail older people with complex care needs who wish to remain living in their own homes. To be eligible to receive a CACP, the service user must first be assessed by an Aged Care Assessment Team (ACAT) (Aged Care Assessment Service (ACAS) in Victoria) as having complex care needs that can only be met by a coordinated package of care services. They would be otherwise eligible for at least low level residential aged care while preferring and being able to remain at home.

CACPs are very flexible and are designed to meet each individual’s care needs. The types of services that may be provided as part of a CACP include:

- Personal care
- Social support
- Transport to appointments
- Home help
- Meal preparation
- Gardening.

Extended Aged Care at Home (EACH) Packages and Extended Aged Care at Home Dementia (EACHD) Packages

EACH and EACHD packages are individually planned and coordinated packages of care, tailored to provide for the complex care needs of older people to assist them to remain living at home. EACHD packages focus on providing high-level care for service users who have been assessed as experiencing behaviours of concern and psychological symptoms associated with dementia. EACH and EACHD packages are funded by the Australian Government. To receive an EACH or EACHD package, a person must be assessed by an ACAT (ACAS in Victoria) as requiring high-level care. The types of services that may be provided as part of an EACH or EACHD package include:

- Care provided by a registered nurse
- Care provided by an allied health professional, such as a physiotherapist, podiatrist or other type of allied health care
- Personal care
- Transport to appointments
- Social support
- Home help
- Assistance with oxygen and/or enteral feeding.

1.4.3 National Respite for Carers Program (NRCP)

The NRCP is one of several initiatives designed to support and assist relatives and friends caring at home for people who are unable to care for themselves because of disability or frailty. This program is funded by the Australian Government, and assists by arranging respite when carers need to take a break from
The program provides for a wide range of respite services including day respite care delivered in aged care homes, overnight community respite services and respite services for employed carers.

The NRCP also funds Commonwealth Respite and Carelink Centres (the Centres), which can provide access to respite in a variety of settings including homes, day centres, host families and residential overnight cottages. The Centres work closely with existing community agencies to assist families. They are able to identify carers’ respite support needs and work to ensure access to services. The Centres also provide information for the general public and health professionals about community and aged care services.

The Network of Carers Associations in each state and territory provides carers with professional counselling through the National Carer Counselling Program (NCCP), as well as specialist information and advice. Counselling is provided by qualified counsellors on issues that are specific to carers’ needs, such as depression, stress-related issues, grief and loss and coping skills.1

1.5 Accountability in Community Care

The accountability framework for community care includes:

- Quality reviews
- Financial reporting
- Service provision reporting.

As part of accountability requirements under the relevant legislation, or through contractual obligations, service providers must keep and retain appropriate records, and must provide access to such records and other information about their services and key personnel. Service providers are also required to participate in monitoring and evaluation programs undertaken by the Australian Government for the CACP, EACH, EACHD and NRCP programs, and by the State and Territory governments for the HACC Program.

The quality review process for the Standards involves cooperation between State and Territory governments administering the HACC Program and the Department of Health and Ageing (which administers packaged care programs and the NRCP). The revision and streamlining of the Standards and the collaborative approach in the conduct of quality reviews are expected to reduce the administrative burden on both service providers and governments.

The aims of the Standards quality review process are to assess whether:

- Safe, high-quality community care services are delivered
- Service provision meets the identified needs of service users
- Program Standards and expectations are met
- Funds are used according to the purposes specified in funding agreements. (While financial accountability requirements are monitored separately, the desk review process completed by quality reviewers includes reviewing information retained by State and Territory governments and/or the Department of Health and Ageing related to service funding and monitoring.)

1.6 Program And Legislative Requirements

Quality reviewers may be acting on behalf of State or Territory governments or the Department of Health and Ageing in the conduct of quality reviews. This guide must be read in conjunction with State and Territory government and Department of Health and Ageing documents and guidelines, which fully describe the administrative processes relevant to each jurisdiction.

References to relevant national documents are included in Appendix 3: National Program Documents and References.

2. The Quality Review Process

This section details the quality review process for the Community Care Common Standards for service providers.

2.1 Overview of the Quality Review Process

2.1.1 Purpose and Scope of the Quality Review Process

The quality review process, conducted once in every three-year cycle, aims to encourage community care providers to review, refine and continuously improve service delivery. As part of the process, service providers are required to report on how well their services meet the Standards and program requirements. The focus of quality reviews is on the results achieved for service users through effective service systems and approaches.

Quality reviews for packaged care (CACP, EACH and EACHD) and NRCP are undertaken at service outlet level. Arrangements for HACC Program services vary between jurisdictions. The quality reviewers will specify the site for the quality review at the time of initial advice to the service provider.
2.1.2 Components of the Quality Review Process

The components of the quality review process are shown in Figure 2.1. Each component is described in detail in this section.

**Figure 2.1: The Quality Review Process for Service Providers**

1. **Notification of Quality Review**
   - Quality review team sends notification letter to service provider advising of quality review
   - Service provider advises quality review team of contact person for on-site visit within 10 working days

   **Review commences**
   **Week 1**

2. **Self-assessment**
   - Quality review team sends copy of self-assessment tool to contact person two weeks after notification of quality review
   - Service provider completes self-assessment and returns it to quality review team within six weeks; it may be submitted on-line, electronically or on paper, depending on jurisdiction
   - Quality review team reviews self-assessment prior to conducting on-site visit

   **Weeks 3–9**

3. **On-site Visit**
   - Quality review team confirms arrangements for on-site visit and, where required, ensures service provider has arranged consent to access information
   - On-site visit occurs, generally about four to eight weeks after review of self-assessment; it takes around six to eight hours with two reviewers, depending on size and complexity of service outlet

   **Approx. Weeks 12–16**

4. **Quality Review Report**
   - Quality review report with improvement plan template sent to service provider within 10 days after on-site visit
   - Service provider may, if desired, provide additional information to quality review team within approximately 10 days of receipt of quality review report
   - Service provider may request reconsideration of quality review report, which may extend time frame for completion of improvement plan (see below)

   **Weeks 16–18**

5. **Improvement Plan**
   - Service provider must submit improvement plan within 10 working days of receiving quality review report
   - Quality review team reviews improvement plan and may negotiate changes and time frames for improvement with service provider, especially if immediate improvements required
   - Improvement plan agreed to by quality review team and monitored by relevant area within Department

   **Review completed**
   **Week 20**

6. **Annual Improvement Plan**
   - Following agreement of improvement plan, quality review team advises service provider when updated improvement plan will be required the following year
   - Service provider sent reminder four weeks before updated improvement plan due
2.1.3 Quality Review Time Frames

Service providers are generally required to participate in the quality review process once during a three-year cycle; to the extent possible, service providers can have one on-site visit to assess all of their funded programs at the site being reviewed. Providers who have difficulty in meeting the Standards are likely to receive further quality review visits and improvement plan reviews to help them establish sustainable practices in their approach to service delivery.

The quality review process will generally be completed within a 20-week time frame, from notification of the quality review to completion of the improvement plan following the on-site review.

The quality review process includes the following elements:

1. Notification of the quality review
2. Self-assessment
3. On-site visit
4. Quality review report
5. Improvement plan
6. Annual improvement plan.

2.2 Notification of the Quality Review

Each quality review team is generally made up of two or more quality reviewers, coordinated by a principal quality reviewer. The principal quality reviewer coordinates each quality review visit and is available to assist if a service provider has any concerns or questions regarding the quality review process.

The principal quality reviewer sends each service provider a letter outlining details of the impending quality review. The letter asks the service provider to respond to the letter within 10 working days and to nominate a contact person for the principal quality reviewer to communicate with throughout the quality review process. If the service provider delivers multiple services across programs (such as the HACC Program and packaged care services), the service provider will be contacted by a quality reviewer from either the State or Territory government or the Department of Health and Ageing. Where joint jurisdiction reviews are possible, the government departments will work together where feasible so that each service provider has only one on-site visit to review all of their programs at each service outlet. Where this is not feasible, quality reviewers will seek to reduce the administrative burden by, for example, sharing quality review information with the permission of the service provider.

If the service provider does not respond to this letter, the principal quality reviewer sends a further final notice letter requesting that the service provider participate in the quality review process and detailing the consequences of failing to participate in the review.

2.3 The Self-Assessment

2.3.1 Purpose of the Self-assessment

The purpose of the self-assessment is to report to the applicable government department(s) on how the service provider is implementing the Standards, and to give the service provider an opportunity to review their operations against the requirements of the Standards. Wherever possible, only one self-assessment tool will need to be completed irrespective of the number of programs being delivered at the site being reviewed. Quality reviewers use the self-assessment to:

- Gain insight into the service provider’s operations
- Assist in scheduling and planning of the on-site visit, including:
  - Workload of each of the quality reviewers
  - Conduct of service user and staff interviews
2.3.2 The Self-assessment Tool

The self-assessment tool can be submitted on-line, electronically or on paper (not all options are available in each jurisdiction), by agreement with the quality review team. Responses to the questions provided in the tool can be completed by filling in the form online, by typing directly into the Microsoft Word document or by printing the document and completing it by hand. The first letter sent to the service provider (see above) will outline the options available for completing the self-assessment tool.

The self-assessment tool contains each of the 18 expected outcomes relating to the three Standards. There are three self-assessment questions to be completed for each expected outcome:

- What practices and processes do you have in place to meet this expected outcome?
- What results have you achieved that demonstrate that you are meeting this expected outcome?
- What plans, if any, do you have for improvement in this area?

The completed self-assessment tool must be returned to the quality review team within six weeks of receipt of the self-assessment tool and/or link (the link is provided if the self-assessment tool is to be completed online).

2.3.3 Completing the Self-assessment Tool

The improvement plan template will be provided to the service provider with the quality review report following the quality review on-site visit. The service provider has 10 working days to return their improvement plan to the principal quality reviewer. During this time the service provider also has the opportunity to provide additional information which may influence the ratings of the expected outcomes; these would then be incorporated into the improvement plan. The principal quality reviewer provides a copy of the improvement plan to the quality review team for feedback.

The quality reviewers then read the improvement plan in order to:

- Ensure that the required improvements and improvement opportunities reflect those documented in the quality review report
- Review the priority of the improvements allocated by the service provider
- Review the intended actions/tasks documented to ensure the improvements are appropriate
- Determine whether the proposed time frames for addressing required improvements are appropriate
- Acknowledge any other improvements the service provider may have identified or completed.

Once feedback has been received from the quality review team, the principal quality reviewer may make contact with the service provider to discuss any areas requiring clarification. If the improvement plan...
2.3.4 How to Submit the Self-assessment Tool

Once the self-assessment tool has been completed and the on-line declaration has been signed by the person authorised by the service provider, it should be submitted either on-line, electronically or on paper (as agreed with the quality review team) to the principal quality reviewer, whose details are included in the notification letter.

2.3.5 Example of a Completed Self-assessment Tool

Appendix 5: Example Completed Self-assessment Tool provides several examples of completed expected outcomes questions, which may assist you in completing the self-assessment tool.

2.3.6 How do the Quality Reviewers Use the Self-assessment?

The quality reviewers conduct a desk review of your organisation’s self-assessment alongside a review of other relevant documentation relating to your organisation. This provides them with the opportunity to:

- Review relevant information collected from State and Territory governments and the Department of Health and Ageing (as applicable) such as financial reports, any notification of complaints, service delivery statistics, previous quality review outcomes and compliance activity (where it has occurred)
- Understand the current practices and processes your organisation uses to meet the Standards
- Review the information contained in the self-assessment to identify issues that need to be discussed during the on-site visit
- Assist in the planning of the on-site visit.

The principal quality reviewer receives the self-assessment and:

- Ensures that all sections of the self-assessment have been completed
- Acknowledges receipt of the self-assessment to the service provider contact
- Provides a copy of the self-assessment to the other members of the quality review team.

In reviewing the self-assessment, the quality reviewers consider:

- The range of program types provided by the service provider
- The practices and processes, results and improvement plans listed against each expected outcome
- The ratings applied by the service provider for each expected outcome
- Any information that needs to be clarified on site
- Any gaps in the information provided
- Any issues for specific follow-up at the on-site visit
- The evidence to be reviewed while on site.

During the desk review, the quality reviewers record any relevant notes or areas for follow-up against each expected outcome in the quality reviewer tool to guide them in the on-site visit.

2.4 On-site Visit

2.4.1 On-site Visit Planning

The principal quality reviewer will contact the service provider in advance with proposed details of the on-site visit, including the date, time and proposed schedule of the visit, including staff and service user or representative interviews. The service provider is required to review the schedule and advise the principal quality reviewer of any concerns, such as unavailability of staff at the specified times or other difficulties.

An on-site visit generally takes about six to eight hours, but could take longer depending on the size and
complexity of the organisation. The visit generally occurs no later than eight weeks after submission of your self-assessment (depending on the scheduling of service reviews).

**Helpful tips for preparing for the on-site visit**

- Share the details of the on-site visit schedule with the staff of your organisation, and allocate specific staff to talk with the quality reviewers at the allocated times.
- Also advise service users and/or representatives who might wish to meet the quality reviewers (or talk with them by telephone).
- Make any special arrangements required for special-needs groups, such as interpreters.
- Prepare and organise your documents and other evidence to show the quality reviewers, including:
  - Policies and procedures (these may be in paper or electronic format)
  - Current improvement plan
  - Minutes of meetings (including meetings of the board, management committee, management, staff, service users, etc.)
  - Service user and carer brochures, newsletters and other information sources
  - Comments, complaints, compliments and feedback from service users and/or carers
  - Results of internal audits and surveys
  - Data such as accident, incident and medication incident reports
  - Service user records for each type of service your organisation provides (quality reviewers will select records while on site)
  - Staff records, including a mix of new and longer-serving staff across a range of positions; provide approximately six unless otherwise advised (quality reviewers will select records while on site)
  - Any other documentation or evidence referred to in your self-assessment.
- Prepare an area for the quality reviewers to work; remember that the quality reviewers may be interviewing different people at the same time, so it is best to have two interviewing areas available. If this is not possible, the quality reviewers will interview staff in their work area.
- Organise a small group of service delivery staff to meet with the quality reviewers.
- Organise a small group of service users and/or representatives to meet with (or be telephoned on the day by) the quality reviewers.
  - If you run a range of programs, consider inviting service users from all the programs you deliver.
  - If you are going to offer refreshments to focus group participants, it is advisable to offer these after the interview, as they can be a distraction during the interview process.
- In the course of a review, the quality reviewers may wish to randomly select records to verify that processes are being followed. The Commonwealth and State and Territory governments have different arrangements for authorising access to records (including, for the Commonwealth, authorised officers under the *Aged Care Act 1997*, with specific powers in relation to CACP, EACH and EACHD). For this reason, if your services are funded by both the Commonwealth Government (through CACP, EACH, EACHD and the NRCP) and State or Territory government (through the HACC program), it is advisable that you include access to records by quality reviewers in your generic consent forms for service users and staff. The principal quality reviewer will check that you have consent from your service users and staff to review records (where appropriate) when they contact you to plan the on-site visit.

### 2.4.2 On-Site Visit Protocols

The on-site visit allows the quality reviewers to confirm the information contained in the self-assessment and to obtain any further information necessary to ascertain whether the expected outcomes have been achieved. The on-site visit will include the following.

- **Entry meeting**
  - Introductions / Role of quality reviewers and/or authorised officer / Purpose of visit / Sampling method / Open and transparent approach / Confidentiality / Review of schedule and relevant personnel / Work areas / Exit meeting / Questions / Tour
  - Review of practices and processes examples
• Documentation review
• Staff interviews (including a range of staff such as managers, coordinators and service delivery staff, as available)
• Service user/stakeholder feedback through a focus group on site (or telephone interview)
• Exit meeting
  o Thank you / Discussion with personnel regarding visit outcomes and/or recommendations / Quality review report time frame (10 working days), including: processes for providing additional information; requesting a reconsideration of the outcome decision; making a complaint about the process / Follow-up by quality reviewers / Questions / Discussion regarding the improvement plan
  o A feedback form will be provided at the end of the on-site visit to service providers delivering packaged care and/or NRCP services. The purpose of the feedback form is to collect information from service providers about their experience of the self-assessment and on-site visit processes that can help to improve the way quality reviews are conducted in future. Service providers are encouraged to complete this form and return it to the addressee to assist in improving the quality review process.

2.4.3 Interviews with Staff, Volunteers, Service Users and/or Representatives and Other Stakeholders

Purpose of Interviews

As part of the quality review process, quality reviewers are required to conduct interviews with service provider management, staff and volunteers and with service users and/or representatives. The quality reviewers will plan the range of stakeholders to be interviewed through a review of the self-assessment tool. Talking to a range of stakeholders provides the quality reviewers with the opportunity to validate the information received from the service provider and to explore service delivery with service users and/or representatives.

Staff and Volunteer Interviews

• When interviewing staff and volunteers, quality reviewers will consider the following issues.
• The confidentiality of the information shared by staff and volunteers may not be able to be ensured.

However, staff and volunteers will be reassured that they will not be referred to by name in the quality review report or to other staff or management in providing feedback

• Staff may feel more comfortable talking in a group. The on-site visit schedule provides time for a service delivery staff group meeting; this allows the group to be interviewed about their general work practices. However, quality reviewers must also make time to speak with staff individually throughout the review process to ensure that information is corroborated.

Examples of Areas for Discussion with Staff

The following are some examples of areas for discussion with staff. The quality reviewers will select relevant areas for discussion based on their desk review and areas identified during the on-site visit (usually time will not permit discussion of all areas).

• Consultation with staff regarding services (e.g. surveys, meetings, focus groups)
• Feedback processes for staff to provide input into the organisation (e.g. staff feedback forms, staff meetings, complaints and compliments processes, verbal feedback)
• Processes to inform staff of how the organisation is improving (e.g. newsletters, meetings, updates)
• Processes to ensure that staff are safe in the service user’s home and in the organizational environment (e.g. occupational health and safety home assessment, consultation regarding staff use of hazardous chemicals, training)
• Staff professionalism, skill and competence in their role (e.g. orientation processes, education and training, qualifications, performance review processes, supervision)
THE QUALITY REVIEW PROCESS

- Understanding of information provided to service users/representatives (relevant to role) (e.g. what information is provided, when it is provided, how it is provided with consideration of special needs, information on other relevant community services, information on waiting lists, understanding of what services are available, fees for services, eligibility criteria, service agreement, privacy considerations, advocacy information)
- Assessment processes (relevant to role) (e.g. timeliness of assessment, involvement of service user/representative in process, arrangements for service users with special needs)
- Care/service plan processes (e.g. consultation regarding care/service plan, plan meets service user needs, plan revised periodically, care workers able to deliver services described in plans, satisfaction with care/service plans to describe care/services)
- Reassessment processes (e.g. how often reassessed, changes in care/service plan in response to changing needs, staff input into reassessment)
- Referral to other services (e.g. timeliness of referral, staff input into referral requirement [as applicable to role])
- Privacy and confidentiality (e.g. processes for ensuring privacy and confidentiality)
- Advocacy (e.g. knowledge of right to advocate, information on advocacy, evidence of support of advocacy)
- Independence (e.g. processes to foster independence, knowledge of community links)
- Any other areas identified through the review or by staff

Specific Considerations when Interviewing Service Users/Representatives

Interviews with service users and/or representatives can occur during the on-site visit either face to face as a focus group or via telephone. Time is allocated on the on-site visit schedule for these interviews.

Service providers are requested to select service users and/or representatives to participate in a focus group. It is acknowledged that this can influence the feedback provided and precludes some service users from participating, such as those with sensory loss or certain types of disability, those with dementia and those who do not speak or understand sufficient English to participate in a focus group. However, the conduct of service user/representative focus groups does allow the quality reviewers to validate some of the organisation’s processes and practices, seek feedback on satisfaction with service provision and explore any issues that may have been identified through the conduct of the review. It is also a good opportunity for the service provider to obtain (de-identified) feedback through an independent interviewer, which may identify improvement opportunities.

Some specific considerations for service providers in planning focus groups of service users and/or representatives include the following.

- Organise any refreshments for the participants for after the focus group, as these can be a distraction during the focus group process.
- Ensure the privacy of the participants and the interviewer during the focus group; staff or other representatives of the service provider should not be present during the focus group.
- Give consideration to people with sensory loss, dementia or language limitations (quality reviewers may wish to interview some service users or representatives separately, or may plan to use interpreters during the on-site visit).
- Reassure the service users and/or representatives that the quality reviewers are bound to keep the source of any information that they share with you confidential.
- Offer service users and/or representatives the option of speaking with a quality reviewer separately if they wish to discuss confidential issues.

Examples of Areas for Discussion with Service Users/Representatives

The following are some examples of areas for discussion with service users and/or representatives. The quality reviewers will select relevant areas for discussion based on their desk review and areas identified during the on-site visit (usually time will not permit discussion of all areas).

- Consultation with service users regarding services (e.g. surveys, focus groups)
- Feedback processes for them to provide input into the organisation (e.g. complaints, compliments, general feedback, satisfaction with complaints management, timely feedback from the service on issues raised, lack of retribution following complaints)
THE QUALITY REVIEW PROCESS

2.4.4 Quality Reviewer Rating of Expected Outcomes

In the course of the on-site visit, the quality reviewers will view, document and discuss with the service provider the evidence presented on the day, and will summarise the findings during the exit meeting. The quality reviewers will advise whether they consider each expected outcome to have been met or not met; they are required to provide the service provider with evidence that validates their ratings and to talk with the service provider about any improvements that may be required to meet the expected outcomes. The service provider is able to provide additional information while the quality reviewers are on site if they believe that the quality reviewers have not reviewed all relevant information where an expected outcome has been rated as not met.

If an expected outcome is rated as not met, the quality reviewers in consultation with the service provider will identify specific improvement(s) required to address the issue, and will determine an appropriate timeframe within which the required improvements must be implemented. In determining the time frame, the quality reviewers will take into account the importance of the required improvement to the care of and service delivery to service users as well as regulatory and legislative requirements. The service provider will be required to include the agreed time frame(s) in their improvement plan (see 2.6 Improvement Plan).

Note: If multiple programs are delivered by the service, it may be the case that a not met rating against a particular expected outcome is applied to one program, rather than to all programs. This can occur if a specific program is found not to meet the expected outcome, while other programs are found to meet that outcome. In this case, the organisation will be rated as not met against that specific program but met against other programs, for example: ‘Not met (CACP); met (HACC Program and NRCP)’.

In addition, the quality reviewers may identify that while a particular expected outcome is rated as met, there are some improvements that the service provider should consider implementing. These will be documented in the quality review report against the applicable expected outcome(s). Service providers are encouraged to include improvement opportunities in their improvement plan.

Note: The quality reviewers will assess the expected outcomes while on site and, depending on the programs being reviewed (HACC Program, packaged care or NRCP), may make the decision on the rating to be applied at the time or may discuss it after the quality review, with program management following the on-site visit. Quality reviewers for packaged care and NRCP will make recommendations to the...
supervisory jurisdictional manager regarding proposed ratings; the supervisory jurisdictional manager will make the final decision on the expected outcome ratings. Generally, quality reviewers assessing the HACC Program will make their rating decisions at the conclusion of the on-site visit. However, these arrangements may differ in different jurisdictions.

3. The Community Care Common Standards

This section sets out the three Standards, including the overarching principle for each standard, the 18 expected outcomes relating to the Standards, and practices and processes that support the achievement of the expected outcomes.

3.1 Structure of the Community Care Common Standards

The Standards are made up of three Standards and 18 expected outcomes relating to those Standards. Each of the Standards includes a principle that summarises the intent of that Standard.

The three Standards are:

1. Effective Management
2. Appropriate Access and Service Delivery

Each of the 18 expected outcomes relating to the Standards includes the following information:

- A description of practices and processes that support the achievement of that expected outcome
- Information on the type of evidence that the quality reviewers may look at while assessing that expected outcome
- Some considerations to assist service providers in addressing the expected outcomes (where applicable).

Section 5 contains additional information about addressing the Standards, including:

- Some key program considerations for each of the community care programs related to some expected outcomes (service providers are encouraged to become familiar with specific program guidelines and funding agreements, as this list is not exhaustive)
- Other information that may be helpful in guiding service providers to meet the expected outcomes, such as references to other standards and resources.

Note: The Standards are intended to guide a range of community care service provision. However, it is expected that more detailed practices and processes will be in place for the delivery of more complex care and services.

The three Standards, the principle for each Standard and the corresponding expected outcomes are presented in Figure 3.1. The Standards, expected outcomes and practices and processes are then provided in full on the following pages.
### Figure 3.1: The Community Care Common Standards

<table>
<thead>
<tr>
<th>Standard 1: Effective Management</th>
<th>Expected Outcome 1.1: Corporate Governance</th>
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<tbody>
<tr>
<td>The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.</td>
<td>The service provider has implemented corporate governance processes that are accountable to stakeholders.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 2: Appropriate Access and Service Delivery</th>
<th>Expected Outcome 1.2: Regulatory Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.</td>
<td>The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 3: Service User Rights and Responsibilities</th>
<th>Expected Outcome 1.3: Information Management Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.</td>
<td>The service provider has effective information management systems in place.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcome 1.4: Community Understanding and Engagement</th>
<th>Expected Outcome 1.5: Continuous Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service provider understands and engages with the community in which it operates and reflects this in service planning and development.</td>
<td>The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcome 1.6: Risk Management</th>
<th>Expected Outcome 1.7: Human Resource Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.</td>
<td>The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Expected Outcome 1.8: Physical Resources</th>
<th>Expected Outcome 2.1: Service Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.</td>
<td>Each service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcome 2.2: Assessment</th>
<th>Expected Outcome 2.3: Care Plan Development and Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.</td>
<td>Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcome 2.4: Service User Reassessment</th>
<th>Expected Outcome 2.5: Service User Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service users’ care/service plans are reviewed in consultation with them.</td>
<td>The service provider refers service users (and/or their representative) to other providers as appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcome 3.1: Information Provision</th>
<th>Expected Outcome 3.2: Privacy and Confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.</td>
<td>Each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcome 3.3: Complaints and Service User Feedback</th>
<th>Expected Outcome 3.4: Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.</td>
<td>Each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.</td>
</tr>
</tbody>
</table>

| Expected Outcome 3.5: Independence |  |
|-----------------------------------| |
Standard 1: Effective Management

PRINCIPLE: The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Eight expected outcomes (EOs) relate to Standard 1:

- Corporate governance
- Regulatory compliance
- Information management systems
- Community understanding and engagement
- Continuous improvement
- Risk management
- Human resource management
- Physical resources.

Addressing corporate and management processes assists service providers to focus on the delivery of services to service users. Without a structure of robust management processes the quality of direct services to service users can be reduced.

Service providers should seek to implement effective management processes that include consultation with management, staff and service users, and should apply a continuous improvement approach to identify improvements, implement them and then evaluate whether they are effective.

To promote consistent practices in a sector where many personnel work independently in the community, the service provider should have clearly documented policies and procedures to enable it to appropriately and effectively manage its organisation and services, including meeting any relevant legislative and regulatory requirements.

The organisational structure should ensure clear lines of reporting and communication. Governance and management roles and responsibilities should be clearly documented, and processes should be in place to monitor performance against all associated requirements. Further, these processes should be transparent to all stakeholders.
EO 1.1: Corporate Governance

The service provider has implemented corporate governance processes that are accountable to stakeholders.

Corporate governance incorporates the processes the organisation uses to manage its business. Practices and processes that support effective corporate governance include:

- Organisational structure and decision-making processes
- Roles and responsibilities within the organisation
- Accountability and reporting processes
- Planning processes
- Financial management and reporting processes
- Monitoring and managing of compliance and service performance in accordance with contractual obligations, service/funding agreements, associated program guidelines and relevant professional standards
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Documented governance arrangements, including:

- Constitution and roles and responsibilities (or rules/terms of reference) of the board and/or management committee and/or senior executives
- Board policies, including delegation processes
- Records related to board and/or management committee and/or senior executive meetings, including timing of meetings, decision making, recording of minutes, attendance records

Orientation and training records for board and/or management committee members and/or senior executives

Audits, reports and plans required by board and/or management committee, service/funding agreements and other regulations/legislation

Records of compliance with contractual obligations and service/funding agreements (e.g. reporting requirements, Minimum Data Set (MDS) reports)

Organisational records that demonstrate the involvement of the board and/or management committee in organisational decision making (e.g. minutes of meetings, reports)

Organisational plan and other planning documents

Budgets and financial reports related to community care services, including reports to the board and/or management committee

Processes for ensuring that community care services are provided within budget and in accordance with funding program requirements

Documented roles and responsibilities of staff/volunteers

Policies and procedures
EO 1.2: Regulatory Compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

Practices and Processes

Organisations have a responsibility to identify the regulatory and legislative requirements with which they need to comply. These are often many and varied, and depend on the service type, size and complexity of the organisation. Practices and processes that support regulatory compliance include:

- Identifying the regulatory and legislative requirements with which the organisation needs to comply
- Identifying the requirements of funded program guidelines
- Managing and monitoring compliance with regulatory and legislative requirements and funded program guidelines
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Procedures to identify and monitor regulatory compliance, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing identification of relevant regulations and legislation</td>
</tr>
<tr>
<td>Identification of funding agreement and program guidelines requirements</td>
</tr>
<tr>
<td>Internal audit results to monitor compliance with relevant legislation</td>
</tr>
<tr>
<td>Reviews and updates to policies and procedures to reflect changes in legislative requirements</td>
</tr>
<tr>
<td>Communication of changes to staff, volunteers and, where applicable, service users</td>
</tr>
<tr>
<td>Appropriate policies and procedures to reflect legislative requirements (e.g. occupational health and safety, equal employment opportunity, superannuation, awards, privacy, insurance, food safety, police checks, etc.)</td>
</tr>
<tr>
<td>Up-to-date records of health professionals’ qualifications, such as registration, evidence of completion of qualifications and training</td>
</tr>
<tr>
<td>Police check registers and processes, to ensure that all staff and unsupervised volunteers have police checks as required by program guidelines and applicable legislation</td>
</tr>
<tr>
<td>Documentation related to sharing of regulatory compliance information, such as new requirements or changes to requirements (e.g. memos, minutes, training records, papers)</td>
</tr>
<tr>
<td>Staff and volunteers’ knowledge of relevant regulatory requirements</td>
</tr>
<tr>
<td>Policies and procedures</td>
</tr>
</tbody>
</table>
Consideration

Service providers may access a range of information and support in identifying and keeping up-to-date with relevant regulatory and legislative requirements, through review of program guidelines and funding/service agreements, subscription to peak bodies, online sources of legal information and networking with other community care providers.
EO 1.3: Information Management Systems

The service provider has effective information management systems in place.

Practices and processes

Information management includes how an organisation identifies information requirements and maintains, shares and stores information. Practices and processes that support effective information management systems include:

- Identifying, maintaining, sharing and storing information
- Policies and procedures that are suitable to the size, complexity and service provision of the organisation, reflect current practices and are accessible, as appropriate, to the board and/or management committee, senior management, staff, volunteers and service users
- Maintaining records of organisation practices (such as minutes of meetings, data, etc.), staff and volunteer records (such as personnel records) and service user records (such as service user assessments, records of care and service delivery, etc.)
- Communication strategies to ensure that all stakeholders, including the organisation’s management, staff, volunteers and service users, are kept informed of service provision changes and developments that may affect them (this may include meetings, newsletters, personal communications, memos, etc.)
- Ensuring staff and volunteers’ knowledge of relevant information management systems
- Documented policies and procedures for these practices and processes.

<table>
<thead>
<tr>
<th>What the quality reviewers may look at</th>
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</thead>
<tbody>
<tr>
<td>Policies, procedures and systems for managing information systems</td>
</tr>
<tr>
<td>Minutes of meetings for board and/or management committee, senior management, staff, volunteers and service users</td>
</tr>
<tr>
<td>Information for service users</td>
</tr>
<tr>
<td>Storage of service user records, including assessments, reassessments, records of care/services, medication records, service delivery data, complaints records, accident and incident records</td>
</tr>
<tr>
<td>Storage systems for records, including security, confidentiality, retrieval, archiving and destruction (including staff/volunteers’ files and records, service user files and records, administration records) with consideration to the requirements of relevant privacy legislation</td>
</tr>
<tr>
<td>Processes for service users to access their information</td>
</tr>
<tr>
<td>Staff and volunteers’ knowledge of relevant information management processes</td>
</tr>
<tr>
<td>Systems for educating and training staff and volunteers in the use of policies and procedures, and strategies for informing staff and volunteers of updates to policies, procedures and organisational changes</td>
</tr>
<tr>
<td>Service user satisfaction with relevant information management processes (e.g. confidentiality of information, access to personal information)</td>
</tr>
</tbody>
</table>
Consideration

The organisation, staff, volunteers and service users need to be considered when addressing information management strategies, as all of these stakeholders have specific information needs. For example, service users’ information may need to be in a larger font size if service users have visual impairment, or materials may need to be provided in the language of the cultural group(s) to which the organisation provides services (see also EO 3.1: Information Provision).
EO 1.4: Community Understanding and Engagement

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

Practices and processes

To deliver appropriate services to meet the needs of service users, service providers need to understand the community in which they operate and their target population, and use this information to plan and develop services. Practices and processes that support community understanding and engagement include:

- Monitoring the profile and needs of the community in which the service operates, and applying this information to the planning and development of services
- Meeting the needs of people most in need of services, who are most disadvantaged and who have limited access to services due to cultural and linguistic barriers or special needs such as sensory loss or dementia
- Responding to changing community needs, within contractual obligations and service/funding agreements
- Liaising with funding bodies through funding applications to adjust the scope of services to meet changing community needs and contractual requirements
- Engaging service users, including special-needs groups and the community, in service development and management
- Working in collaboration with other community partners to meet the needs of identified groups within the community
- Documented policies and procedures for these practices and processes

What the quality reviewers may look at

| Information on the community profile |
| Information on service users           |
| The process for identifying gaps in service delivery | The process for ensuring service delivery is in accord with funding/service agreements |
| Results of community surveys and other data collection activities |
| Records of consultations with service users and key community groups or people (such as minutes of meetings, focus groups, etc.) |
| Records of participation in networks/links with other service providers (such as interagency meetings) |
| Policies and procedures |
EO 1.5: Continuous Improvement

The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

Practices and processes

Continuous improvement is an ongoing process of striving to improve outcomes for service users, staff, volunteers and the organisation through leadership, research, monitoring, consultation and evaluation. Practices and processes that support continuous improvement include:

- Ongoing consultation with stakeholders including service users, management, staff, volunteers and the wider community
- Involving management, staff and volunteers in the management and development of the continuous improvement process
- Encouraging and facilitating ongoing feedback from service users and their representatives (including complaints, compliments and other feedback), management, staff, volunteers, the community, suppliers and other relevant stakeholders
- Ensuring feedback collected is recorded, considered by the organisation and acted upon (if appropriate), and that the originator of the feedback is given information about the actions taken (if possible) and the outcome of the feedback is evaluated
- Monitoring processes to assess the effectiveness of service operations and to identify areas for improvement. (These could include: internal audits; service users staff/volunteer and other stakeholder satisfaction surveys; monitoring of organisation key performance indicators; reviewing of the risk management plan; collation of feedback, accidents, incidents and hazards; and determining the accuracy of policies and procedures to current practices)
- Maintaining an improvement plan
- Maintaining records of improvements that demonstrate what has been achieved over time
- Providing feedback on implemented improvements to service users, management, staff, volunteers and other stakeholders as appropriate
- Ensuring management, staff and volunteers have knowledge of and can participate in the organisation’s continuous improvement processes, as appropriate to their position
- Documented policies and procedures for these practices and processes

What the quality reviewers may look at

Mechanisms to identify opportunities for improvement (e.g. capture of verbal and written feedback, complaints, suggestions, corrective action sheets, incident/accident reports, hazard identification reports, audits, etc.)

Feedback from service users, carers and representatives, staff, volunteers and other stakeholders

Processes and reports analysing improvement information (e.g. quality improvement logs, complaints registers, accident/incident reports) and identifying strategies for service improvement
What the quality reviewers may look at

<table>
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<tr>
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<tbody>
<tr>
<td>Processes and reports for monitoring and evaluating outcomes of improvement activities</td>
</tr>
<tr>
<td>Processes and records of changes to services in response to feedback</td>
</tr>
<tr>
<td>Processes and documents to inform stakeholders of outcomes of improvement activities including service</td>
</tr>
<tr>
<td>users, management, staff, volunteers and the wider community</td>
</tr>
<tr>
<td>Minutes of meetings and/or discussions regarding quality with management, staff and volunteers</td>
</tr>
<tr>
<td>Staff and volunteer education, training and knowledge in relation to continuous improvement</td>
</tr>
<tr>
<td>Policies and procedures</td>
</tr>
</tbody>
</table>

Consideration

Processes for measuring improvements can also assist in demonstrating the implementation of improvements: internal audits, surveys, focus groups, and organisation data collection and review can all assist in demonstrating that improvements have been implemented. (See Section 4: Results and Performance Measures for some examples.)
EO 1.6: Risk Management

The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

Practices and processes

Risk management involves the ongoing identification of risks to service users, staff, volunteers and the organisation, and the identification of strategies to minimise the occurrence of these risks and to deal with the risks should they occur. Practices and processes that support risk management include:

- Ongoing identification of risks
- Ongoing review of risks
- Identification and implementation of strategies to reduce the occurrence of the risks
- Identification of strategies to deal with risks should they occur
- Involvement of management, staff and volunteers in the identification of risks and preventative practices
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Processes for identifying and managing potential risks</th>
</tr>
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<tbody>
<tr>
<td>A risk management plan or other documentation showing the identification of risks and the management of risks to service users, staff, volunteers and the organisation, including appropriate insurance coverage</td>
</tr>
<tr>
<td>Documentation showing the ongoing monitoring of risks, including identification and reporting of potential risks/non-compliance with risk reduction strategies</td>
</tr>
<tr>
<td>Documentation demonstrating the management of specific risk areas such as:</td>
</tr>
<tr>
<td>• Occupational health and safety risks to staff, volunteers and service users</td>
</tr>
<tr>
<td>• Infection control</td>
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<tr>
<td>• Clinical risks associated with nursing and allied health services</td>
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<tr>
<td>• Financial management risks</td>
</tr>
<tr>
<td>• Brokerage, subcontracting or other outsourcing of services risks</td>
</tr>
<tr>
<td>• Service users who do not respond to scheduled visits</td>
</tr>
<tr>
<td>Staff/volunteer education, training and knowledge in relation to specific risks such as occupational health and safety and infection control</td>
</tr>
<tr>
<td>Policies and procedures</td>
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</table>
Consideration

Often service providers identify ‘high-level’ risks to the organisation, but do not apply the risk management approach to the ‘hands-on’ areas of their business. This expected outcome requires that the organisation identifies risks to: service users, for example the risk of not receiving services due to local weather conditions (such as floods and snow) or unexpected natural disasters (such as cyclones or bushfires); staff/volunteers, for example the risk of their work environment in service users’ homes, and travelling risks to reach service users in remote areas; and the organisation, for example, financial risks.
EO 1.7: Human Resource Management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

Practices and processes

Human resource management is the provision of support to management, staff and volunteers to ensure that the goals of the organisation are being met and that service users are being provided with appropriate and quality service. Practices and processes that support human resource management include:

- Identifying required staff/volunteers’ skills and competence to ensure that there are adequate staff/volunteer numbers to meet funding requirements and to provide quality services that meet the assessed needs of service users
- Recruiting staff and volunteers (where used) with the appropriate skills, competence and qualifications
- Providing training and development opportunities for staff and volunteers to ensure appropriate skills and competence. This could include:
  - An induction or orientation program
  - Ongoing training based on the needs of the organisation and the individual
  - Orientation and training to address any special or specific needs of service users
- Staff/volunteer leave and emergency backup staffing arrangements to ensure that appropriately qualified staff/volunteers are always available to provide the required services
- Strategies to promote and encourage staff/volunteer retention
- Monitoring and feedback processes for brokered/subcontracted staff
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

| Staff/volunteer position descriptions and selection criteria |
| Recruitment processes and documentation including advertising of positions, shortlisting, interviewing, police check systems and reference checking |
| Staff/volunteer information such as handbooks |
| Rosters and duty statements |
| Education and training records including: |
  - Compulsory and optional education and training |
  - Training needs identification strategies |
  - Course content |
  - Staff/volunteer participation records |
What the quality reviewers may look at

- Monitoring of education and training
- Evaluation of education and training

Regular checking of staff and volunteer driving licences and/or motor vehicle insurance, as required by organisation procedures

Staff/volunteer personnel files, to verify orientation, position descriptions, employment contracts, supervision and performance reviews

Feedback from service users, staff and volunteers

Policies and procedures

Consideration

Each organisation will determine the required qualifications and skills of staff/volunteers to deliver services that meet the funding requirements and assessed needs of service users. There may be funding program qualification requirements for staff. Importantly, service providers need to give consideration to the complexity of service user needs and match the care/service requirements of service users to the competence of staff/volunteers.

Training and development of staff/volunteers are a key focus of this expected outcome. There may be specific training and development requirements related to occupational health and safety and requirements that service providers need to consider, such as the provision of appropriate equipment and the development of skills to manually handle service users with mobility limitations, training of staff/volunteers in the preparation of meals and food handling processes and ensuring that staff/volunteers understand their responsibilities in the management of emergency situations, such as fire.
EO 1.8: Physical Resources

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

Practices and processes

The physical resources applicable to each service provider may differ depending on the services they provide. In managing these resources, consideration needs to be given to the safety of both service users and staff/volunteers, while acknowledging that many risks are not controllable for service users living with support in the community. Practices and processes that support physical resources management include:

- Ensuring a safe and comfortable environment that is consistent with service users’ care needs and staff and volunteers’ safety
- Consideration of special-needs groups, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with dementia, people with a mental illness, people living in remote or isolated areas, people who are financially or socially disadvantaged, people with disabilities, veterans, people who are homeless or at risk of being homeless and care leavers (people who have experienced institutional care, such as orphans and child migrants)
- Ensuring a safe working environment that meets regulatory requirements
- Monitoring the safety and condition of service physical resources
- Identifying and monitoring any safety issues at the service user’s home that are relevant to the services they receive
- Training for staff/volunteers in identifying and reporting safety issues associated with physical resources
- Documented policies and procedures for these practices and processes.

<table>
<thead>
<tr>
<th>What the quality reviewers may look at</th>
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<tbody>
<tr>
<td>Assets register and the system for the replacement of physical resources</td>
</tr>
<tr>
<td>Maintenance programs and records for physical resources – preventative and corrective maintenance, including equipment and motor vehicles</td>
</tr>
<tr>
<td>Staff/volunteer training in the use of equipment and other resources</td>
</tr>
<tr>
<td>Appropriateness of the service delivery environment for service users, including the service user’s home and service provider’s premises such as accommodation areas, meeting areas, food preparation and eating areas, and arrangements for people with special needs (where applicable to the services delivered)</td>
</tr>
<tr>
<td>Suitability of the service provider’s premises for staff/volunteers, including office areas</td>
</tr>
<tr>
<td>Occupational health and safety and other regulatory requirements, including disabled access to premises and facilities, fire alarms, exit doors, safe entry and exit, food preparation and chemical storage in the organisation’s community care facilities</td>
</tr>
<tr>
<td>Emergency procedures in the organisation’s community care facilities, including fire and evacuation</td>
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</table>
### What the quality reviewers may look at

<table>
<thead>
<tr>
<th>What to Look At</th>
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<tbody>
<tr>
<td>Staff/volunteer education and training in emergency procedures, including the use of fire protection equipment (where appropriate) and evacuation of premises in the organisation’s community care facilities</td>
</tr>
<tr>
<td>Staff/volunteer knowledge of safety and emergency procedures</td>
</tr>
<tr>
<td>Service user feedback on the service environment and facilities such as vehicles and meeting areas</td>
</tr>
<tr>
<td>Policies and procedures</td>
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</table>
Standard 2: Appropriate Access and Service Delivery

**PRINCIPLE:** Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Five expected outcomes (EOs) relate to Standard 2:

- Service access
- Assessment
- Care plan development and delivery
- Service user reassessment
- Service user referral.

This Standard requires service providers to demonstrate that people within the community in which the provider operates can access the provider’s services, if they are eligible for and require the service. The Standard also requires that each person accessing the service receives a comprehensive assessment to determine their needs.

Access to services should be prioritised based on service users’ needs and the ability of the service provider to meet those needs within the guidelines of the funding received.

Service users need to be assessed, a care plan developed and delivered, reassessed periodically and referred to other service providers if the service provider is unable to meet their assessed needs.
EO 2.1: Service Access

Each service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

Practices and processes

Service users and/or their representatives should be afforded access to services in accordance with funding program guidelines and their assessed needs, with consideration given to the amount and type of services the service provider is funded to provide. Practices and processes that support service access include:

- Identifying eligibility criteria
- Determining service user eligibility based on:
  - Program eligibility requirements
  - The service target group
  - Prioritised need relative to the demand for services
- Informing the community and potential users of the services available, eligibility and access
- Access for people with special needs
- Managing a waiting list where appropriate
- Referrals for ineligible people where appropriate
- Actions when service users do not respond to a scheduled visit
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Information for potential service users on the services available, the service target group and eligibility in accordance with funding agreements/guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for special-needs groups</td>
</tr>
<tr>
<td>Forms for intake</td>
</tr>
<tr>
<td>Service user assessment records and their Aged Care Client Record (ACCR) if an Aged Care Assessment Team (ACAT) approval (Aged Care Assessment Service (ACAS) in Victoria) is required under the care program</td>
</tr>
<tr>
<td>Timeliness of assessments/intake and provision of services</td>
</tr>
<tr>
<td>Information on other relevant community services</td>
</tr>
<tr>
<td>Referral records</td>
</tr>
<tr>
<td>Waiting list and processes to advise service users about their position on the list</td>
</tr>
<tr>
<td><strong>What the quality reviewers may look at</strong></td>
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<tr>
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</tr>
<tr>
<td>Internal quality processes, including audits of service users’ files in relation to eligibility</td>
</tr>
<tr>
<td>Arrangements for people with special needs (such as liaising with representatives, use of interpreters, information in different languages or media and other strategies for assisting those with special needs)</td>
</tr>
<tr>
<td>Staff/volunteer education, training and knowledge in relation to service access and eligibility</td>
</tr>
<tr>
<td>Service user knowledge of services available and eligibility</td>
</tr>
<tr>
<td>Policies and procedures</td>
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</tbody>
</table>
EO 2.2: Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Practices and processes

The assessment process ensures that the services delivered are appropriate to the needs of the service user and are in accord with the funding requirements and guidelines. Practices and processes that support assessment include:

- Assessment tools that reflect the individual needs of the service user and the requirements of the funding programs/guidelines
- Assessments that clearly identify the care needs of service users and the needs of carer(s) where required, including the need for specialised assessments or referral to other services
- Service users and/or their representatives, where required, actively participating in the assessment process and being informed of the outcome in a timely manner
- Assessments taking account of and considering relevant information obtained from other current comprehensive assessments of the service user by other service providers or agencies
- Consideration of special-needs groups
- Staff conducting assessments having the necessary skills and competence
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

| The suitability of assessment tools for conducting assessments of service users and their carers (when required) |
| The skills, competencies and training undertaken by staff completing the assessments of service users. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs) |
| Completed assessments, including: |
| Use of specific assessment tools that may be mandated or required under program guidelines |
| Arrangements for people with special needs |
| Processes for monitoring the time frames and quality of assessments such as audits and service user surveys |
**What the quality reviewers may look at**

<table>
<thead>
<tr>
<th>What the quality reviewers may look at</th>
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<tbody>
<tr>
<td>Staff knowledge of assessment processes and service eligibility</td>
</tr>
<tr>
<td>Service user perceptions of the assessment process</td>
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<tr>
<td>Policies and procedures</td>
</tr>
</tbody>
</table>

**Consideration**

The comprehensiveness of the assessment and who conducts the assessment are dependent on how complex the needs of service users are and the requirements of the funder. For example, a service user eligible for high-care services will require a comprehensive assessment by an appropriate health professional, whereas a service user seeking domestic assistance will require a simple assessment of support needs.
EO 2.3: Care Plan Development and Delivery

Each service user and/or their representative participates in the development of a care/service plan that is based on assessed needs, and is provided with the care and/or services described in their plan.

Practices and processes

The service provider determines the complexity and layout of the care/service plan but, it should describe the care/services being delivered in enough detail to guide staff in the delivery of care/services. Practices and processes that support care plan development and delivery include:

- Care/service planning reflects the needs of service users and the requirements of the funding programs/guidelines
- Care/service plans are developed in partnership with the service user and/or their representative and are based on assessed needs and service user preferences
- Service users are informed about their care/service plans
- Care/service planning:
  - Is goal orientated and/or outcomes based (goals should be observable and measurable where possible)
  - Recognises and addresses the requirements of service users with complex care needs
  - Promotes functional and social independence and quality of life
- Consideration of special-needs groups
- Service users are consulted with and provided with a service agreement or offer that includes:
  - The services that may be offered to meet the service user’s care needs, including agreed procedures to follow if the service user does not respond to a scheduled visit
  - The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn
- Staff conducting care plan development and delivery have the necessary skills and competence
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Whether care/service planning tools reflect the needs of service user and the requirements of the funding programs/guidelines

The skills, competencies, education and training of staff completing the care/service plans. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into care planning to meet their individual needs)
## What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Completed care/service plans, including:</th>
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<tbody>
<tr>
<td>• Timeliness of the care/service plan development following assessment</td>
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<tr>
<td>• Involvement of the service user and/or representative</td>
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<tr>
<td>• Completeness of the care/service plans including whether signed and dated by the assessor and agreed to by the service user and/or their representative</td>
</tr>
<tr>
<td>• Extent to which the care/service plans identify services related to the assessment</td>
</tr>
<tr>
<td>• Service user’s goals/outcomes and strategies to achieve these</td>
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<tr>
<td>• Arrangements for people with special needs</td>
</tr>
<tr>
<td>• Strategies aimed at promoting functional independence and social inclusion and enhancing the service user’s quality of life</td>
</tr>
<tr>
<td>• Any equipment and/or aids to be provided and used (if required)</td>
</tr>
<tr>
<td>• Role of the service provider and any other individuals or organisations providing services</td>
</tr>
<tr>
<td>• Coordination of care and services with other service providers for service users with complex care needs</td>
</tr>
<tr>
<td>• Process for ensuring that service users and/or representative have received a copy of the plan and the effectiveness of the plans in informing service users about the services they will receive, how often and where they will be provided</td>
</tr>
<tr>
<td>• Time frames for the review of the care/service plan</td>
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<thead>
<tr>
<th>Service agreements that include:</th>
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<tr>
<td>• Services being offered to meet the service users’ care needs</td>
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<tr>
<td>• Circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn</td>
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<table>
<thead>
<tr>
<th>How service providers ensure that care/service workers:</th>
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<tbody>
<tr>
<td>• Have appropriate skills and qualifications to deliver specified services</td>
</tr>
<tr>
<td>• Are familiar with the care/service plan and know what services should be delivered to the service user</td>
</tr>
<tr>
<td>• Record and report any problems that may have been observed or occurred during the care visit</td>
</tr>
<tr>
<td>• Record reasons for not providing a particular service</td>
</tr>
<tr>
<td>• Are meeting appropriate care and/or professional standards while delivering care to service users, particularly services involving clinical care, which may also be services specified in the Quality of Care Principles under the Aged Care Act 1997</td>
</tr>
<tr>
<td>• Receive regular direct supervision by senior staff</td>
</tr>
</tbody>
</table>

| How care/service staff or contractors inform the service provider if changes are needed to the care/services being delivered |

| How service providers ensure that services delivered under brokerage/subcontracting arrangements meet their contractual requirements, including adherence to the Community Care Common Standards, funding program requirements and guidelines and ongoing reporting of service delivery activities and service user outcomes. |

| The policies and procedures that are in place and processes that are followed in the event that a service user does not respond to a scheduled visit |
### What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>How service providers ensure that staff and/or contractors are delivering services as documented in the care/service plan</td>
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<tr>
<td>Staff knowledge of care/service planning processes</td>
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<tr>
<td>Service user perceptions of the care/service planning process and of their care/service plan</td>
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<tr>
<td>Policies and procedures</td>
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EO 2.4: Service User Reassessment

Each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service user’s care/service plans are reviewed in consultation with them.

Practices and processes

Service user needs may change, resulting in the need for reassessment and a change to their care/service plan. Service users requiring complex care will generally require more regular reassessment, as their care needs are likely to change more frequently. Practices and processes that support service user reassessment include:

- Monitoring and regularly reassessing service users’ care needs, preferences, goals and outcomes
- Revising service user care/service plans as required
- Following the procedures for reassessment and care/service planning
- Making changes to service delivery in consultation with and explained to the service user and/or their representative
- Staff conducting service user reassessments having the necessary skills and competence
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

The period for regular reviews of service users (with consideration to program guidelines requirements) and the extent to which reviews are carried out

The skills, competencies, education and training of staff completing the reassessment and care/service plans. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into care planning to meet their individual needs)

Processes for monitoring the progress of service users and the need for out of period reviews. Service providers are generally expected to ensure that each service user’s condition and circumstances are carefully monitored (especially EACH and EACHD service users who have more complex care needs) and any changes to care needs are recorded in the service user care record, such as:

- A change in physical or cognitive ability
- Discharge home from hospital treatment including day procedures
- Changed support from carer(s) and/or changed support arrangements

Processes for scheduling and monitoring reassessments

Processes for ensuring staff or contractors report any changes in service users condition or circumstances

Processes for informing service users about changes in service provision
### What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Service user files, including:</th>
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<tr>
<td>• Care/service plans</td>
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<tr>
<td>• Service user care records</td>
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<tr>
<td>• Reassessments</td>
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<tr>
<td>• Revisions to care/service plans</td>
</tr>
<tr>
<td>• Service user and/or representative input into the reassessment and revised care/service plans</td>
</tr>
<tr>
<td>• Comprehensiveness of the reassessment</td>
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<tr>
<td>• Appropriateness to service users’ needs</td>
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<tr>
<th>Arrangements for people with special needs</th>
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<tr>
<th>Staff knowledge of monitoring and reassessment processes, as appropriate to their position</th>
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<tr>
<th>Service user perceptions of the reassessment process</th>
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<th>Policies and procedures</th>
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EO 2.5: Service User Referral

The service provider refers service users (and/or their representatives) to other providers as appropriate.

Practices and processes

Community care providers are responsible for providing care and services to service users in accordance with the funding they receive. If a service provider is unable to provide appropriate services, they are required to refer service users to another service provider. Practices and processes that support service user referral include:

- Facilitation of referrals and participation in the coordination of care with other service providers and agencies
- Compliance with referral and coordination processes contained in relevant State/Territory and Commonwealth legislation, where applicable
- Consideration of the needs of service user’s representatives with referral to other service providers if needed
- Protocols between agencies to facilitate the referral of service users
- Documented policies and procedures for these practices and processes.

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<tr>
<th>What the quality reviewers may look at</th>
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<tbody>
<tr>
<td>Links and protocols with other service providers</td>
</tr>
<tr>
<td>Processes for ensuring the consent of service users or their representatives to referrals and to the sharing of information between agencies</td>
</tr>
<tr>
<td>Coordination processes between agencies that ensure service user’s needs are met, including:</td>
</tr>
<tr>
<td>• Information sharing (with consent from service user)</td>
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<tr>
<td>• Case conferencing</td>
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<tr>
<td>• Documenting of care responsibilities of other service providers in the service user care record</td>
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<tr>
<td>• Provision of support for service users during the transition to other services</td>
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<tr>
<td>• Participation in service provider networks (where they are established)</td>
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<tr>
<td>Referral forms or other information on referrals, such as in service user care records</td>
</tr>
<tr>
<td>Staff education, training and knowledge in referral processes</td>
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<tr>
<td>Service user perceptions of the referral process</td>
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<tr>
<td>Policies and procedures</td>
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</table>
Standard 3: Service User Rights and Responsibilities

**PRINCIPLE:** Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Five expected outcomes (EOs) relate to Standard 3:

- Information provision
- Privacy and confidentiality
- Complaints and service user feedback
- Advocacy
- Independence.

This Standard requires service providers to demonstrate that each person is provided with information to assist them in understanding: the services that are available; the costs of services; their rights and responsibilities in receiving community care services; complaints processes and advocacy services; and any other relevant information that may affect how and when services are delivered. The information should be sufficiently comprehensive to enable people to make choices about the services they receive.

This Standard also requires service providers to ensure that service users and prospective service users understand their rights and their responsibilities with regard to service provision. The service provider is required to demonstrate that once service users have been provided with information about possible services, they are then consulted with and finally informed, usually in writing, about the services to be provided (the Service Agreement). This should include: the services being offered; the reasons why; and the circumstances under which service provision may change.

This information constitutes general confirmation (i.e. the terms and conditions) of the services to be provided, rather than the specific details of service provision, which are detailed in a care/service plan (see Standard 2). For example, this may be a letter that informs the service user that the service provider is offering domestic assistance for two hours, once per fortnight, or a package of services including domestic assistance, personal care, transport for shopping once a week and assistance to prepare meals weekly.
EO 3.1: Information Provision

Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

Practices and processes

Providing information to prospective service users ensures that they understand the type and amount of services that they may be eligible to receive and their rights and responsibilities as service users. Practices and processes that support information provision include:

- The service provider compiling, reviewing and updating service user information, giving consideration to service user needs and feedback and funding program requirements
- All service users and prospective service users being provided with information in formats appropriate to their needs throughout their contact with the service, including on first contact, during assessment, on service commencement, during reviews and on an ongoing basis, to ensure that the service user remains aware of their rights and responsibilities and has the opportunity to discuss the care and services they receive
  - Consideration of special-needs groups
  - Service users being consulted with and provided with a service agreement or offer that includes:
    - The services that could be offered to meet the service user’s care needs
    - The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn
- All service users being assisted to fully understand the information provided to them
- Staff/volunteers being aware of the information provided to service users and prospective service users
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Information provided to service users. This information is expected to include (but not limited to):

- The Charter of Rights and Responsibilities for Community Care (and/or other program policy documents)
- Services available
- Service agreement
- Assessment, care plan development and reassessment
- Referral process
- Services to be provided, including when, amount and cost
- Processes for changing services
## What the quality reviewers may look at

- Other relevant community services
- Service fees policy
- Internal and external complaints processes
- Privacy of information
- Access to personal information
- Advocacy
- Other information relevant to the service

**Processes to ensure that every service user and prospective service user receives relevant information and a verbal explanation about service arrangements (e.g. responsible staff/volunteer positions, use of an intake check sheet, signature of service user to confirm receipt and explanation of information, notes in the service user care record, specified time frames, audits of service user records, service user surveys)**

**Arrangements for people with special needs**

**Review of service user files, including:**

- Records of service users being provided with a copy of a service agreement
- Records of the provision and explanation of information
- Records of the update of information
- User preferences and special needs in regards to information

**The availability of information in a variety of formats to meet service users’ requirements (e.g. newsletters, videos, CDs, brochures, posters, web pages, information in other languages)**

**Processes for reinforcing information for service users and/or their representatives**

**Staff/volunteer knowledge of information provided to service users, as appropriate to their position**

**Service user feedback on information provided**

**Policies and procedures**
EO 3.2: Privacy and Confidentiality

Each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.

Practices and processes

Service users have a right to privacy, dignity and confidentiality. Practices and processes that support privacy and confidentiality include:

- Compliance with State/Territory and Commonwealth legislation regarding:
  - Collection, use and disclosure of personal information
  - Service users’ rights to access their personal information
- Each service user’s right to privacy, dignity and confidentiality being respected
- Consideration of special-needs groups
- Staff/volunteers being aware of and respecting service users’ right to privacy
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Staff/volunteer education and training on the relevant requirements under State/Territory and Commonwealth legislation, such as:

- Appropriate processes and circumstances for obtaining verbal and written consent, including:
  - Prior to the release of personal information
  - For the release of personal information in an emergency situation and to meet the requirements of the quality review process access to service user information
  - Identification of who may give consent on the service user’s behalf (authorised representatives)
  - The service user’s right to withdraw consent to the release of personal information
  - The circumstances under which a request to gain access to personal information may be denied

Understanding of the legislative requirements relating to ‘health information’, ‘personal information’ and ‘sensitive information’

Information provided to service users on their right to privacy and the process to ensure that this occurs

Procedures for the appointment and verification of authorised service user representatives and the process for service users and/or their representative to access personal information

Service user consent to share documentation, including:

- Completed consent forms
- Details on who information can be released to
- The type of information that can be released
### What the quality reviewers may look at

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<th>Category</th>
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<tr>
<td>Arrangements for people with special needs</td>
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<tr>
<td>Staff/volunteer knowledge of service user’s rights to privacy, as appropriate to their position</td>
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<tr>
<td>Service user feedback on privacy</td>
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<tr>
<td>Policies and procedures</td>
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#### Consideration

Ensure that you have received consent from staff and service users (as applicable) for the quality reviewers to access documents and records. The quality reviewers may wish to randomly select records to verify that processes are being followed. The Commonwealth and State and Territory governments have differing arrangements for authorising access to records. For this reason, if your services are funded by both the Commonwealth Government (through CACP, EACH, EACHD and NRCP funding) and your State or Territory government (through the HACC program), it is advisable that you include access to records by quality reviewers in your generic consent forms for service users and staff.
EO 3.3: Complaints and Service User Feedback

Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

Complaints and service user feedback provide information for improving your services. Practices and processes that support complaints and service user feedback include:

- Providing service users with information about the complaints and feedback processes
- Effective complaints management processes that include:
  - Enabling service users to complain if they wish to do so
  - Protection of service users’ rights
  - Recognition of service users with special needs
  - Roles and responsibilities of staff/volunteers
  - Timely responses
  - Provision of feedback about each complaint to the complainant and, where appropriate, staff and/or volunteers
  - Assistance to service users to access external complaints process
  - A complaints form
- Inclusion in the complaints process of all negative feedback from service users, and inclusion in feedback processes of all positive feedback
- Ensuring complaints are dealt with without retribution to the complainant
- Ensuring service users (or their representatives) and staff/volunteers are aware of the complaints process
- Effectively recording, monitoring, collating and analysing complaints to identify trends
- Reporting complaints to the board and/or management committee and/or senior executives on a regular basis, informing them of action taken in response to complaints including changes/modifications to service delivery
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

- Process for managing complaints, including feedback to the complainant and timeliness of responses
- Process for ensuring that there is no retribution to complainants
- Information on complaints and feedback processes provided to service users and/or their representatives
- Complaints register (if available) and completed complaints forms, including:
  - Timeliness of responses
**What the quality reviewers may look at**

- Action taken and appropriateness to the complaint
- Feedback to the complainant
- Complainant’s satisfaction with the outcome of the complaint

**Arrangements for people with special needs**

- Staff/volunteer education, training and knowledge in relation to the complaints/feedback processes, as appropriate to their position

**Results of the review and analysis of complaints information and service improvements resulting from complaints**

**Reports to board and/or management committee and senior staff**

**Service user knowledge of the complaints process and attitudes to complaining**

**Policies and procedures**

**Consideration**

Complaints and feedback provide invaluable information for improving services. When developing and implementing complaints processes, consideration may be given to the following issues.

- Older people, particularly those with special needs, may be reluctant to complain.
- The needs of people with vision or hearing impairments and those of culturally and linguistically diverse people may require special consideration.
- Often service users will want reassurance that their complaints have been heard and that any resultant improvements will be implemented.
- Feedback other than complaints is also important and should be recorded. For example, if a service user lets a support worker know that the time of a service does not suit them, this should be passed on and logged in your feedback system so that you can understand if this is a one-off event or if many service users are not happy with their service time. This ‘trending’ of feedback can assist you to focus on how to improve services for your service users.
- Value your regular complainants.

Regular complainants are sometimes challenging, but should continue to be engaged to see how services can be improved to meet their needs. If, however, complaints or requests are not able to be met, it is important to meet with the service user and explain what you can and cannot deliver with the funding you receive.
EO 3.4: Advocacy

Each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

Practices and processes

An advocate is a person selected to act on behalf of a service user or their representative. The service provider has a responsibility to support the right of a service user to an advocate. Practices and processes that support advocacy include:

- Providing service users with information about their right to an advocate of their choice
- Providing assistance to service users to access and use an advocate
- Staff/volunteers understanding the role of advocates and being able to work with an advocate
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

| The process for service users to access and use an advocate of their choice, including forms |
| Information on the right to an advocate that is provided to service users and/or their representatives, including information on the role of an advocate and the process for involving an advocate (this may be provided as part of a general information pack for service users) |
| Documentation related to service users who have used an advocate |
| Arrangements for people with special needs |
| Staff/volunteer education and training records in relation to advocacy that covers: |
- What an advocate is
- The right of service users to use an advocate of their choice
- The process for service users to use an advocate
- Assisting service users to identify an appropriate person to act as an advocate
- Working with advocates |
| Staff/volunteer knowledge of advocacy, as appropriate to their position |
| Service user knowledge of their right to an advocate |
| Policies and procedures |
EO 3.5: Independence

The independence of service users is supported, fostered and encouraged.

Practices and processes

One of the key aims of all community care service provision is to support, foster and encourage service user independence. Practices and processes that support service user independence include:

- Individualised assessment of service users including assessment of their physical independence (such as mobility and dexterity), social and psychosocial independence (including decision making), focusing on the service user's strengths and abilities
- Provision of support in daily living activities that aims to consolidate and, where possible, improve the service user's existing capacity for independent living rather than building dependencies
- Encouragement of and support for service users to seek support (when required) from family, community groups and others to foster their independence and inclusion in their community
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

<table>
<thead>
<tr>
<th>Processes for ensuring that all service staff/volunteers support, foster and encourage service user independence and respect service users’ rights to make decisions and choices about their lives</th>
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<tbody>
<tr>
<td>Information on independence provided to service users and/or their representatives (this may be provided as part of a general information pack for service users), which may include information on a range of ways services users can support their own independence and on where and how service users can access aids and services that support their independence</td>
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<tr>
<td>Service user assessments and whether these include the assessment of independence, including:</td>
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<tr>
<td>- Mobility and dexterity in activities of daily living</td>
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<tr>
<td>- Maintaining adequate nutrition and hydration (the ability to source and prepare food)</td>
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<tr>
<td>- Social networks including family and community links</td>
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<tr>
<td>Care plans/service agreements and whether they contain effective strategies to promote and foster service users’ independence, such as:</td>
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<tr>
<td>- Retraining in activities of daily living</td>
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<tr>
<td>- Facilitating access to allied health services such as physiotherapy, occupational therapy and dieticians</td>
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<td>- Encouraging participation in local health-promoting activities</td>
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<tr>
<td>- Strengthening social support including family and community links</td>
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<tr>
<td>Records of induction and ongoing training of staff/volunteers in concepts of promoting and fostering independence while working with service users</td>
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### What the quality reviewers may look at

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<tr>
<th>Arrangements for people with special needs</th>
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<tbody>
<tr>
<td>Staff/volunteer knowledge with respect to supporting, fostering and encouraging service user independence</td>
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<tr>
<td>Service user perceptions of whether independence is supported, fostered and encouraged</td>
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<tr>
<td>Policies and procedures</td>
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</tbody>
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4. Results and Performance Measures

Note: The Community Care Common Standards do not specify results and performance measures. The information in this section is provided to assist organisations that wish to further develop their results and performance measures as part of their continuous improvement approach. The following information may also assist service providers when developing responses for each of the expected outcomes in the self-assessment.

4.1 Introduction

Results and performance measures are about collecting data on the operations of an organisation to provide some idea of how well the organisation is meeting its goals or objectives. Within the community care sector, most organisations generally share the goal of delivering quality services to service users to assist them to continue to live independently in the community for as long as possible.

The Standards are also based on this goal and provide a framework for organisations and funding bodies to assess their performance. At the simplest level, meeting all of the outcomes of the standards is an indicator that an organisation is delivering quality services.

It is likely that many organisations are delivering higher-quality services, but this is not directly assessed in the Standards. If an organisation wants to understand how well they are performing they need to use measures that will, over time, provide an indication of improvements in quality and how well the organisation is performing. These measures also provide targets for the organisation to aspire to.

This section includes some example results and performance measures for each of the expected outcomes in the Community Care Common Standards, to assist organisations interested in assessing their performance.

4.2 How to Measure Performance

The value of results and performance measures is in their use by the organisation to improve services, which may involve comparing them to other organisations or sector benchmarks. There are a variety of results and performance measures (e.g. quantitative and qualitative) and approaches to measuring performance; however, measures should always assist in understanding performance and not be too onerous on the organisation.

For example, if it is identified in an organisation that board or management committee members’ attendance over the previous 12 months was 67 per cent, this is great to know, but what does it mean? The organisation must somehow decide whether 67 per cent attendance is poor, acceptable or excellent. Given the issues with volunteer boards and what they know about other organisations, they decide that this is an acceptable result. They are, however, an organisation with a strong improvement ethos, so they set a target for 75 per cent attendance and identify strategies to achieve this. They review their result in six months and repeat the process of evaluating the result and identifying any required action.

Results and performance measures considered on their own are of limited value. A single measure does not indicate performance against a community care expected outcome. If 90 per cent board attendance is identified, it cannot be concluded that this is an exceptionally good outcome in meeting EO 1.1: Corporate Governance. Numerous results and measures related to this outcome are needed to make this kind of assessment. Results and performance measures do provide an idea of how things are progressing, and they help in setting targets to improve.

2 This is calculated as follows: (number of individual attendances) ÷ (number of board members x number of meetings in the past 12 months) x 100. For example: (40 attendances) ÷ (6 members x 10 meetings) x 100 gives committee members’ attendance in percentage terms as 67 per cent.

In general, a performance measure can be expressed as a proportion by dividing the number of a subset of items of a particular type by the total number of these items, and then multiplying this number by 100. The result can then be reported as a percentage.
4.3 Some Example Results and Performance Measures for the Community Care Common Standards Expected Outcomes

Included below are some example results and performance measures that could be used to demonstrate performance against the expected outcomes of the Community Care Common Standards. **There are many more measures that can be developed for each outcome; these represent just a few that organisations may wish to consider.**

**Standard 1**

**EO 1.1: Corporate Governance**
- Proportion of board/management committee members attendance at meetings in a year
- Proportion of government accountability requirements/reports submitted within required time frames
- Proportion of board/management committee members provided with training/education on the complaints handling process

**EO 1.2: Regulatory Compliance**
- Internal audit results on the implementation of changes in relevant regulations and legislation over the past 12 months
- Number of staff accidents and incidents within a particular period (e.g. month, quarter or year) and percentage reduction or increase over previous periods
- Number of service user accidents and incidents within a particular period (e.g. month, quarter or year) and percentage reduction or increase over previous periods
- Renewal of police checks initiated within appropriate time frames

**EO 1.3: Information Management Systems**
- Internal audit results on the currency of organisation policies and procedures – i.e. the extent to which documented policies and procedures match practice
- Internal audit results on the security of records
- Proportion of staff provided with training/education on the policies and procedures

**EO 1.4: Community Understanding and Engagement**
- Number of interagency meetings attended within a particular period (e.g. quarter or year)
- Number of meetings held with community stakeholders within a particular period (e.g. quarter or year)
- Number of consultations held with service users within a particular period (e.g. quarter or year)
- Identification of gaps in service delivery

**EO 1.5: Continuous Improvement**
- An up-to-date improvement plan
- Number of feedback forms from key stakeholder groups and proportion of group providing feedback
- Proportion of feedback forms resulting in an improvement
- Number of internal audits conducted
- Number of surveys and results of surveys

**EO 1.6: Risk Management**
- An up-to-date risk management plan
- Case study examples of how risks were identified, addressed and evaluated
• Number of risks identified and documented within a particular period
• Number of personnel involved in the identification of risks
• Number of incidents in particular risk areas and the trend over time (e.g. staff accidents and incidents)
• Proportion of relevant staff receiving training related to risk minimisation (e.g. occupational health and safety, fire procedures, infection control)

EO 1.7: Human Resource Management
• Proportion of new staff undergoing orientation within a specified period after commencement
• Proportion of staff assessed as competent in key areas of their work
• Internal audit results of staff files verifying on completion of required documentation
• Staff retention rates

EO 1.8: Physical Resources
• Number of corrective maintenance requests conducted within a particular period (e.g. year or month)
  Note: A large number of corrective maintenance requests may indicate that the organisation’s preventative maintenance program requires review. High corrective maintenance requests are also dependent on the age and condition of buildings and infrastructure.
• Proportion of corrective maintenance requests completed within the organisation’s specified time frame
• Proportion of staff provided with emergency procedures training/education

Standard 2

EO 2.1: Service Access
• Number of potential service users on the waiting list
• Average number of days potential service users spent on the waiting list before being offered services and/or referred
• Number of service users referred to other service providers within a particular period (e.g. month or year)

EO 2.2: Assessment
• Number of assessments conducted within the recommended time frame (determined by the organisation)
• Number of service users referred for specialist assessment within a particular period (e.g. month or year)
• Proportion of staff provided with training/education on the assessment process
• Internal audit results of service user files verifying on completeness of assessments

EO 2.3: Care Plan Development and Delivery
• Proportion of service users with completed care plans by the time service delivery commences (including interim care plans)
• Case studies of service users with challenging care needs and how these were managed
• Internal audit on proportion of care plans that reflect current care/service needs
• Proportion of staff provided with training/education on the principles of service delivery
• Service user feedback on satisfaction with care plan development and delivery process
EO 2.4: Service User Reassessment

- Number and proportion of reassessments completed within a particular period (e.g. year or month)
- Number of reassessments resulting in major changes to the service user’s care plan within a particular period (e.g. month or quarter)
  
  **Note:** this may indicate that service users may need to be reassessed more often.
- Proportion of (relevant) staff provided with training/education on the assessment process
- Internal audit results on service users being reassessed within the specified time frames

EO 2.5: Service User Referral

- Number of referrals completed within a particular period (e.g. year or month)
- Number of agencies service users have been referred to within the past year
- Service user feedback on satisfaction with referral process
- Number of service users who have received a service from the agency they were referred to

Standard 3

EO 3.1: Information Provision

- Proportion of new service users receiving information
- Proportion of existing service users who have received updated information
- Service user feedback on satisfaction with information
- Date of last review and update of information
- Internal audit results on currency of information

EO 3.2: Privacy and Confidentiality

- Number of complaints received regarding breaches of privacy and confidentiality received within a particular period (e.g. year or month)
- Proportion of staff provided with training/education regarding the promotion of privacy and confidentiality
- Service user feedback on satisfaction with privacy

EO 3.3: Complaints and Service User Feedback

- Number of complaints received within a particular period (e.g. year or month)
- Proportion of complaints resolved to the satisfaction of the complainant
- Proportion of complaints resolved within time frame specified by the organisation
- Proportion of staff provided with training/education on the complaints handling process

EO 3.4: Advocacy

- Number of service users currently using the services of an advocate
- Number of requests from an advocate/advocacy agency and percentage of these resolved to the satisfaction of the requester
- Proportion of staff provided with training/education on working with advocates
- Survey results of staff knowledge of the advocacy process

EO 3.5: Independence

- Number of service users referred to service providers who provide aids/services to promote independence
RESULTS AND PERFORMANCE MEASURES

- Number of targeted referrals to support service user's independence goals
- Proportion of staff provided with training/education on promoting and fostering independence
- Service user feedback on independence
5. Other Information and Resources

This section provides additional information to assist service providers, including:

- Some key program considerations for Australian Government-funded community care programs related to some expected outcomes (service providers are strongly encouraged to be familiar with specific program guidelines/funding agreements, as this list is not exhaustive)
- Other information that may be helpful in guiding service providers in meeting the expected outcomes, such as references to the Charter of Rights and Responsibilities for Community Care and to other standards and resources.

Note: HACC Program service providers are encouraged to refer to their State or Territory HACC Program policy documents and service agreement.

SOME KEY PROGRAM CONSIDERATIONS

Standard 1: Effective Management

EO 1.2: Regulatory Compliance

Packaged Care


In addition, the Department of Health and Ageing’s Office of Aged Care Quality and Compliance has produced a document titled Police Certificate Guidelines for Aged Care Providers that may assist. It is available at: health.gov.au/internet/main/publishing.nsf/Content/ageing-quality-factsheet-policechecks.htm

NRCP

NRCP service providers are required to comply with the same police check requirements as packaged care providers, as described in their funding agreement.

NRCP services that provide meals services need to be aware of their regulatory and legislative responsibilities with regard to food preparation facilities and processes to ensure the safety of service users.

EO 1.3: Information Management Systems


This international standard provides guidance on the management of a quality management system and provides specific guidance on the management of documents and records to meet the AS/NZ Standards requirement

EO 1.4: Community Understanding and Engagement

Australian Bureau of Statistics (ABS)

The ABS has information on local demographics

This information may assist your organisation to identify the profile and needs of the community in which it operates, and to apply this information to the planning and development of services
EO 1.6: Risk Management

AS/NZ ISO 31000:2009  
Australian/NZ Standard Risk Management – Principles and Guidelines  
This international standard provides guidance on the process of managing risks within an organisation at every level of operations

Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit  
Produced by the Department of Health and Ageing, 2009  
This document provides guidance for service providers in implementing policies and procedures for service users who do not respond to a scheduled visit

EO 1.8: Physical Resources

Packaged Care
Service users with high or complex care needs may require assistive aids such as hoists, pressure-relieving mattresses and ambulation aids. If these are provided by the service provider, it is essential that they are properly maintained and cleaned to ensure appropriate use.
Maintaining the temperature of medical supplies such as dressings, medications and other products may also need to be considered to ensure their effectiveness.

NRCP
If assistive aids such as hoists, pressure-relieving mattresses and ambulation aids are provided by the service provider, it is essential that they are properly maintained and cleaned to ensure appropriate use.
NRCP services that prepare and/or provide meals need to be able to demonstrate that consideration has been given to ensuring that food preparation buildings and infrastructure are safe and suitable for meal preparation.
Overnight respite service providers are required to ensure that the physical environment provided for service users is suitably maintained and safe with consideration given to the specific needs of the service users. As service users may sleep at the facility, it is essential that the environment is suitably furnished, maintained, cleaned and secure for care recipients and that adequately trained staff/volunteers are in attendance.3

Standard 2: Appropriate Access and Service Delivery

EO 2.1: Service Access

NRCP
Service access for NRCP services is based on the needs of the carer, even though the actual services may be delivered to the service user (care recipient).4


4   Australian Government Department of Health and Ageing 2004 Administrative and Program Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP) 1.9 p. 7.
EO 2.2: Assessment

Packaged Care

EACH and EACHD service users have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs. These packages are flexible in content; however, the expectation is that the package would include qualified nursing input, particularly in the design and ongoing management of the package, and also where there are high-level complex care needs.5

CACP service users with complex care needs require a comprehensive assessment to identify their needs.6

NRCP

Assessment criteria are required to ensure that total circumstances are taken into account, that service user rights and privacy are considered, that duplication of assessment is avoided and that review and referral processes are in place.7

Carers and care recipients require assessment of their care/service needs.8

EO 2.3: Care Plan Development and Delivery

Packaged Care

Any services to be provided that are specified services (for EACH and EACHD) are set out in the payment agreement between the service provider and the Department of Health and Ageing.

EACH and EACHD clinical care is to be provided by a registered nurse or under the direct or indirect care of a registered nurse or other professional appropriate to the service, and is to include 24-hour on-call care provided by or under the direct supervision of an RN.9

Reference Document Details Specific Reference/Comments

Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit

Department of Health and Ageing, 2009

This document provides guidance for service providers in implementing policies and procedures for service users who do not respond to a scheduled visit.

EO 2.4: Service User Reassessment

Packaged Care

EACH and EACHD service users have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs. These packages are flexible in content; however, the expectation is that the package would include qualified nursing input, particularly in the design and ongoing management of the package,


6 ibid, 9.12, p. 50.

7 Australian Government Department of Health and Ageing 2004, Administrative and Program Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP), 1.9, p. 7.

8 ibid, 1.9.2, p. 8.


10 ibid, 16.1, p. 88.
Packaged Care
and also where there are high-level complex care needs.\textsuperscript{10}
CACP service users with complex care needs require a comprehensive assessment to identify their needs.\textsuperscript{11}

NRCP
Carers and care recipients require periodic reassessment of their care/service plans and needs.\textsuperscript{12}

Standard 3: Service User Rights and Responsibilities

EO 3.1: Information Provision

<table>
<thead>
<tr>
<th>Reference Document</th>
<th>Details</th>
<th>Specific Reference/Comments</th>
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<tbody>
<tr>
<td>Charter of Rights and Responsibilities for Community Care</td>
<td>This document outlines the rights and responsibilities of recipients of community care services (CACP, EACH and EACHD)</td>
<td>This document provides information to community care recipients on the range of rights and responsibilities applicable to them. It is available at: health.gov.au/internet/main/publishing.nsf/Content/ageing-charter-rights.htm</td>
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EO 3.3: Complaints and Service User Feedback

Packaged Care
The Aged Care Complaints Investigation Scheme is available to anyone who has a complaint or concern about an Australian Government-subsidised aged care service (residential or CACP, EACH or EACHD).\textsuperscript{13}

NRCP
State and territory Department of Health and Ageing offices will look into any complaint or concern regarding the NRCP. Service users can contact either their state or territory office directly or the Aged Care Information Line on 1800 500 853 or 1800 555 677.

EO 3.4: Advocacy
These services may not apply to the HACC Program.

\textsuperscript{10} Australian Government Department of Health and Ageing, Draft Community Packaged Care Guidelines 2007, 9.12, p. 50.
\textsuperscript{11} Australian Government Department of Health and Ageing 2004, Administrative and Program Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP), 1.9, p. 7.
The Community Care Common Standards – Appendices are available on the National Library of Australia: Australian Government Web Archive.

- Appendix 1: Information for Quality Reviewers
- Appendix 2: Acronyms and Glossary
- Appendix 3: National Program Documents and References
- Appendix 4: Self-assessment Tool
- Appendix 5: Example Completed Self-assessment Tool
- Appendix 6: Service Outlet Information and Desk Review Summary
- Appendix 7: On-site Visit Schedule
- Appendix 8: Quality Reviewer Tool
- Appendix 9: Quality Review Report
- Appendix 10: Improvement Plan