



Quality of Care Principles 2014

made under section 96-1 of the

Aged Care Act 1997

Compilation No. 1

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About this compilation

This compilation

This is a compilation of the *Quality of Care Principles 2014* that shows the text of the law as amended and in force on 9 January 2015 (the *compilation date*).

This compilation was prepared on 21 January 2015.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on ComLaw (www.comlaw.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on ComLaw for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on ComLaw for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1—Preliminary

1 Name of principles

These principles are the *Quality of Care Principles 2014*.

3 Authority

These principles are made under section 96-1 of the *Aged Care Act 1997*.

4 Definitions

In these principles:

Act means the *Aged Care Act 1997*.

ADL domain has the meaning given by the *Classification Principles 2014*.

behaviour domain has the meaning given by the *Classification Principles 2014*.

CHC domain has the meaning given by the *Classification Principles 2014*.

domain has the meaning given by the *Classification Principles 2014*.

domain category has the meaning given by the *Classification Principles 2014*.

organisation means the approved provider of an aged care service.

representative, of a care recipient, has the meaning given by section 5.

service provider means the approved provider of an aged care service.

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

Note: A number of expressions used in these principles are defined in the Act, including the following:

- (a) classification level;
- (b) continuing residential care recipient.

5 Meaning of *representative*

(1) In these principles, *representative*, of a care recipient, means:

- (a) a person nominated by the care recipient as a person to be told about matters affecting the care recipient; or
- (b) a person:
 - (i) who nominates himself or herself as a person to be told about matters affecting a care recipient; and
 - (ii) who the relevant approved provider is satisfied has a connection with the care recipient and is concerned for the safety, health and well-being of the care recipient.

Part 1 Preliminary

Section 5

- (2) Without limiting subparagraph (1)(b)(ii), a person has a connection with a care recipient if:
- (a) the person is a partner, close relation or other relative of the care recipient;
or
 - (b) the person holds an enduring power of attorney given by the care recipient;
or
 - (c) the person has been appointed by a State or Territory guardianship board (however described) to deal with the care recipient's affairs; or
 - (d) the person represents the care recipient in dealings with the approved provider.

Note: Nothing in this section is intended to affect the powers of a substitute decision-maker appointed for a person under a law of a State or Territory.

Part 2—Residential care services

Division 1—Responsibilities of approved providers

6 Purpose of this Division

For subsection 54-1(1) of the Act, this Division specifies:

- (a) the care and services that an approved provider of a residential care service must provide; and
- (b) other responsibilities of an approved provider of a residential care service in relation to the quality of the aged care that the approved provider provides.

7 Care and services that must be provided

- (1) For paragraph 54-1(1)(a) of the Act, an approved provider of a residential care service must, for each item in a table in Schedule 1, provide the care or service specified in column 1 of the item to any care recipient who needs it.
- (2) The content of the care or service specified in column 1 of the item consists of the matter specified in column 2 of the item.
- (3) The care or service must be provided by the approved provider in a way that meets the Accreditation Standards specified in Schedule 2.
- (4) The maximum amount that the approved provider may charge a care recipient who is not a care recipient to whom subsection (6) applies, for the provision of care and services specified in Part 1 or 2 of Schedule 1, is:
 - (a) if the care recipient is a continuing residential care recipient—the amount permitted under Division 58 of the *Aged Care (Transitional Provisions) Act 1997*; or
 - (b) in any other case—the amount permitted under Division 52C of the Act.
- (5) The maximum amount that the approved provider may charge a care recipient to whom subsection (6) applies, for the provision of care and services specified in Part 1, 2 or 3 of Schedule 1, is:
 - (a) if the care recipient is a continuing residential care recipient—the amount permitted under Division 58 of the *Aged Care (Transitional Provisions) Act 1997*; or
 - (b) in any other case—the amount permitted under Division 52C of the Act.
- (6) This subsection applies to the following care recipients:
 - (a) a care recipient whose classification level includes any of the following:
 - (i) high ADL domain category;
 - (ii) high CHC domain category;
 - (iii) high behaviour domain category;
 - (iv) a medium domain category in at least 2 domains;

Part 2 Residential care services

Division 1 Responsibilities of approved providers

Section 7

- (b) a care recipient whose classification level is high level residential respite care;
- (c) a care recipient for whom there is no classification and who is taken, under subsection 25-1(4) of the Act, to be classified at the lowest applicable classification level under section 12 of the *Classification Principles 2014*;
- (d) a continuing residential care recipient who on 19 March 2008 was receiving a high level of residential care (as defined in the Act on 19 March 2008);
- (e) a care recipient who:
 - (i) on 31 December 2009, was receiving a high level of residential care (as defined in the Act on 31 December 2009); and
 - (ii) between 1 January 2010 and 30 June 2014, was not eligible to receive a high level of residential care solely because of the amendment to the meaning of *high level of residential care* in the *Classification Principles 1997* that commenced on 1 January 2010; and
 - (iii) is being provided with residential care through the same residential care service from which he or she was receiving care on 31 December 2009.

Division 2—Accreditation Standards

9 Purpose of this Division

For section 54-2 of the Act, this Division provides for Accreditation Standards. Accreditation Standards are standards for quality of care and quality of life for the provision of residential care.

10 Accreditation Standards

- (1) The Accreditation Standards are the standards specified in Schedule 2.
- (2) The Accreditation Standards deal with the following matters:
 - (a) management systems, staffing and organisational development (Part 1 of Schedule 2);
 - (b) health and personal care (Part 2 of Schedule 2);
 - (c) care recipient lifestyle (Part 3 of Schedule 2);
 - (d) physical environment and safe systems (Part 4 of Schedule 2).
- (3) The accreditation standard for a matter consists of:
 - (a) the Principle for the matter specified in the relevant Part of Schedule 2; and
 - (b) the expected outcome for each matter indicator specified in the table in the relevant Part of Schedule 2.

11 Application of Accreditation Standards

- (1) The Accreditation Standards are intended to provide a structured approach to the management of quality and represent clear statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its care recipients. It is not expected that all residential care services should respond to a standard in the same way.
- (2) The Accreditation Standards apply equally for the benefit of each care recipient being provided with care through a residential care service, irrespective of the care recipient's financial status, applicable fees and charges, amount of residential care subsidy payable, agreements entered into, or any other matter.

Section 12

Part 3—Home care services

Division 1—Responsibilities of approved providers

12 Purpose of this Division

For paragraph 54-1(1)(a) of the Act, this Division specifies the care and services that an approved provider of a home care service may provide to a care recipient.

13 Care and services that may be provided

- (1) An approved provider of a home care service must provide a package of care and services selected from the care and services specified in Part 1 of Schedule 3.
- (2) The care recipient and the approved provider may agree to include, in the package of care and services, other care and services required to support the care recipient to live at home, provided that:
 - (a) the approved provider is able to provide the care and services within the limits of the resources available; and
 - (b) the item is not specified in Part 2 of Schedule 3 as an excluded item.
- (3) The package of care and services may be used to support the use of telehealth and digital technology, such as remote monitoring, if this is agreed under subsection (2).
- (4) The care and services must be consistent with the care recipient's care needs identified in the care plan developed for the care recipient in accordance with table item 2.3 of clause 2 of the Home Care Common Standards specified in Schedule 4.
- (5) The care and services must be provided by the approved provider in a way that meets the Home Care Common Standards specified in Schedule 4.

Division 2—Home Care Standards

14 Purpose of this Division

For section 54-4 of the Act, this Division provides for Home Care Standards. Home Care Standards are standards for quality of care and quality of life for the provision of home care.

15 Home Care Standards

- (1) The Home Care Standards are the Home Care Common Standards specified in Schedule 4.
- (2) The Home Care Common Standards specified in Schedule 4 deal with the following matters:
 - (a) effective management (Part 1 of Schedule 4);
 - (b) appropriate access and service delivery (Part 2 of Schedule 4);
 - (c) service user rights and responsibilities (Part 3 of Schedule 4).
- (3) The home care standard for a matter consists of:
 - (a) the Principle for the matter specified in the relevant Part of Schedule 4; and
 - (b) the expected outcome for each matter indicator for the matter specified in the table in the relevant Part of Schedule 4.

Schedule 1 Care and services for residential care services

Part 1 Hotel services—to be provided for all care recipients who need them

Schedule 1—Care and services for residential care services

Note 1: See section 7.

Note 2: The care and services specified in this Schedule are to be provided in a way that meets the Accreditation Standards specified in Schedule 2 (see subsection 7(3)).

Part 1—Hotel services—to be provided for all care recipients who need them

1 Hotel services—for all care recipients who need them

The following table specifies the hotel services that must be provided for all care recipients who need them.

Hotel services—to be provided for all care recipients who need them		
Item	Column 1 Service	Column 2 Content
1.1	Administration	General operation of the residential care service, including documentation relating to care recipients.
1.2	Maintenance of buildings and grounds	Adequately maintained buildings and grounds.
1.3	Accommodation	Utilities such as electricity and water.
1.4	Furnishings	Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space and towel rails. Excludes furnishings a care recipient chooses to provide.
1.5	Bedding	Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting.
1.6	Cleaning services, goods and facilities	Cleanliness and tidiness of the entire residential care service. Excludes a care recipient's personal area if the care recipient chooses and is able to maintain this himself or herself.
1.7	Waste disposal	Safe disposal of organic and inorganic waste material.
1.8	General laundry	Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed. Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a care recipient chooses and is able to do this himself or herself.
1.9	Toiletry goods	Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable razors and deodorant.

Care and services for residential care services **Schedule 1**
Hotel services—to be provided for all care recipients who need them **Part 1**

Hotel services—to be provided for all care recipients who need them		
Item	Column 1 Service	Column 2 Content
1.10	Meals and refreshments	(a) Meals of adequate variety, quality and quantity for each care recipient, served each day at times generally acceptable to both care recipients and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper; (b) Special dietary requirements, having regard to either medical need or religious or cultural observance; (c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice.
1.11	Care recipient social activities	Programs to encourage care recipients to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service.
1.12	Emergency assistance	At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance.

Schedule 1 Care and services for residential care services

Part 2 Care and services—to be provided for all care recipients who need them

Part 2—Care and services—to be provided for all care recipients who need them

2 Care and services—for all care recipients who need them

The following table specifies the care and services that must be provided for all care recipients who need them.

Care and services—to be provided for all care recipients who need them

Item	Column 1 Care or service	Column 2 Content
2.1	Daily living activities assistance	Personal assistance, including individual attention, individual supervision, and physical assistance, with the following: (a) bathing, showering, personal hygiene and grooming; (b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management; (c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary); (d) dressing, undressing, and using dressing aids; (e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids; (f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles. Excludes hairdressing.
2.2	Meals and refreshments	Special diet not normally provided.
2.3	Emotional support	Emotional support to, and supervision of, care recipients.
2.4	Treatments and procedures	Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a care recipient's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law. Includes bandages, dressings, swabs and saline.
2.5	Recreational therapy	Recreational activities suited to care recipients, participation in the activities, and communal recreational equipment.
2.6	Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a care recipient's ability to perform daily tasks for himself or herself, or assisting care recipients to obtain access to such programs.

Care and services for residential care services **Schedule 1**
Care and services—to be provided for all care recipients who need them **Part 2**

Care and services—to be provided for all care recipients who need them

Item	Column 1 Care or service	Column 2 Content
2.7	Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients, or are made direct with a health practitioner.
2.8	Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients.
2.9	Support for care recipients with cognitive impairment	Individual attention and support to care recipients with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such care recipients and ongoing support (including specific encouragement) to motivate or enable such care recipients to take part in general activities of the residential care service.

Part 3—Care and services—to be provided for all care recipients who need them—fees may apply

3 Care and services—for all care recipients who need them—fees may apply

The following table specifies the care and services that must be provided for all care recipients who need them.

Note: A care recipient to whom subsection 7(6) applies must not be charged an additional fee for the provision of care or services specified in the following table (see subsection 7(5)).

Care and services—to be provided for all care recipients who need them		
Item	Column 1 Care or service	Column 2 Content
3.1	Furnishings	Over-bed tables.
3.2	Bedding materials	Bed rails, incontinence sheets, ripple mattresses, sheepskins, tri-pillows, and water and air mattresses appropriate to each care recipient's condition.
3.4	Goods to assist care recipients to move themselves	Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs. Excludes motorised wheelchairs and custom made aids.
3.5	Goods to assist staff to move care recipients	Mechanical devices for lifting care recipients, stretchers, and trolleys.
3.6	Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, disposable bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas.
3.8	Nursing services	Initial assessment and care planning carried out by a nurse practitioner or registered nurse, and ongoing management and evaluation carried out by a nurse practitioner, registered nurse or enrolled nurse acting within their scope of practice. Nursing services carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional appropriate to the service (for example, medical practitioner, stoma therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team), acting within their scope of practice. Services may include, but are not limited to, the following: (a) establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects; (b) insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes; (c) establishing and reviewing a catheter care program, including the insertion, removal and replacement of catheters; (d) establishing and reviewing a stoma care program;

Care and services for residential care services **Schedule 1**
 Care and services—to be provided for all care recipients who need them—fees may apply **Part 3**

Care and services—to be provided for all care recipients who need them		
Item	Column 1 Care or service	Column 2 Content
		(e) complex wound management; (f) insertion of suppositories; (g) risk management procedures relating to acute or chronic infectious conditions; (h) special feeding for care recipients with dysphagia (difficulty with swallowing); (i) suctioning of airways; (j) tracheostomy care; (k) enema administration; (l) oxygen therapy requiring ongoing supervision because of a care recipient's variable need; (m) dialysis treatment.
3.11	Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain care recipients' levels of independence in activities of daily living; (b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow care recipients to reach a level of independence at which maintenance therapy will meet their needs. Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma.

Schedule 2—Accreditation Standards

Note: See section 10.

Part 1—Management systems, staffing and organisational development

1 Standards relating to management systems, staffing and organisational development

- (1) This Part specifies the standards relating to management systems, staffing and organisational development for the provision of residential care.

Principle

- (2) Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Intention of standard

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

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

Management systems, staffing and organisational development		
Item	Column 1 Matter indicator	Column 2 Expected outcome
1.7	Inventory and equipment	Stocks of appropriate goods and equipment for quality service delivery are available.
1.8	Information systems	Effective information management systems are in place.
1.9	External services	All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.

Part 2—Health and personal care

2 Standards relating to health and personal care

- (1) This Part specifies the standards relating to health and personal care for the provision of residential care.

Principle

- (2) Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

Health and personal care		
Item	Column 1 Matter indicator	Column 2 Expected outcome
2.1	Continuous improvement	The organisation actively pursues continuous improvement.
2.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care.
2.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively.
2.4	Clinical care	Care recipients receive appropriate clinical care.
2.5	Specialised nursing care needs	Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff.
2.6	Other health and related services	Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences.
2.7	Medication management	Care recipients' medication is managed safely and correctly.
2.8	Pain management	All care recipients are as free as possible from pain.
2.9	Palliative care	The comfort and dignity of terminally ill care recipients is maintained.
2.10	Nutrition and hydration	Care recipients receive adequate nourishment and hydration.
2.11	Skin care	Care recipients' skin integrity is consistent with their general health.
2.12	Continence management	Care recipients' continence is managed effectively.
2.13	Behavioural management	The needs of care recipients with challenging behaviours are managed effectively.
2.14	Mobility, dexterity and rehabilitation	Optimum levels of mobility and dexterity are achieved for all care recipients.
2.15	Oral and dental care	Care recipients' oral and dental health is maintained.
2.16	Sensory loss	Care recipients' sensory losses are identified and managed effectively.

Health and personal care		
Item	Column 1 Matter indicator	Column 2 Expected outcome
2.17	Sleep	Care recipients are able to achieve natural sleep patterns.

Part 3—Care recipient lifestyle

3 Standards relating to care recipient lifestyle

- (1) This Part specifies the standards relating to care recipient lifestyle for the provision of residential care.

Principle

- (2) Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Care recipient lifestyle		
Item	Column 1 Matter indicator	Column 2 Expected outcome
3.1	Continuous improvement	The organisation actively pursues continuous improvement.
3.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about care recipient lifestyle.
3.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively.
3.4	Emotional support	Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.
3.5	Independence	Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.
3.6	Privacy and dignity	Each care recipient's right to privacy, dignity and confidentiality is recognised and respected.
3.7	Leisure interests and activities	Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.
3.8	Cultural and spiritual life	Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.
3.9	Choice and decision-making	Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.
3.10	Care recipient security of tenure and responsibilities	Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.

Part 4—Physical environment and safe systems

4 Standards relating to physical environment and safe systems

- (1) This Part specifies the standards relating to physical environment and safe systems for the provision of residential care.

Principle

- (2) Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

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

Schedule 3 Care and services for home care services

Part 1 Care and services

Schedule 3—Care and services for home care services

Note 1: See section 13.

Note 2: The care and services specified in this Schedule are to be provided in a way that meets the Home Care Standards specified in Schedule 4 (see subsection 13(5)).

Part 1—Care and services

1 Care services

The following table specifies the care services that an approved provider of a home care service may provide.

Care services		
Item	Column 1 Service	Column 2 Content
1	Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: (a) bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids; and (b) toileting; and (c) dressing and undressing; and (d) mobility; and (e) transfer (including in and out of bed).
2	Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone.
3	Nutrition, hydration, meal preparation and diet	Includes: (a) assistance with preparing meals; and (b) assistance with special diet for health, religious, cultural or other reasons; and (c) assistance with using eating utensils and eating aids and assistance with actual feeding, if necessary; and (d) providing enteral feeding formula and equipment.
4	Management of skin integrity	Includes providing bandages, dressings, and skin emollients.
5	Continence management	Includes: (a) assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas; and (b) assistance in using continence aids and appliances and managing continence.

6	Mobility and dexterity	<p>Includes:</p> <p>(a) providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs; and</p> <p>(b) providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses; and</p> <p>(c) assistance in using the above aids.</p>
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2 Support services

The following table specifies the support services that an approved provider of a home care service may provide.

Support services		
Item	Column 1 Service	Column 2 Content
1	Support services	<p>Includes:</p> <p>(a) cleaning; and</p> <p>(b) personal laundry services, including laundering of care recipient's clothing and bedding that can be machine-washed, and ironing; and</p> <p>(c) arranging for dry-cleaning of care recipient's clothing and bedding that cannot be machine-washed; and</p> <p>(d) gardening; and</p> <p>(e) medication management; and</p> <p>(f) rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need; and</p> <p>(g) emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the care recipient and carer, if appropriate; and</p> <p>(h) support for care recipients with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support; and</p> <p>(i) providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it; and</p> <p>(j) transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities; and</p> <p>(k) respite care; and</p> <p>(l) home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an adequate level of security; and</p> <p>(m) modifications to the home, such as easy access taps, shower hose or bath rails; and</p> <p>(n) assisting the care recipient, and the homeowner if the homeowner is not the care recipient, to access technical advice on major home modifications; and</p>

Schedule 3 Care and services for home care services

Part 1 Care and services

Support services

Item	Column 1 Service	Column 2 Content
		(o) advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate the risks; and (p) arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services; and (q) assistance to access support services to maintain personal affairs.
2	Leisure, interests and activities	Includes encouragement to take part in social and community activities that promote and protect the care recipient's lifestyle, interests and wellbeing.

3 Clinical services

The following table specifies the clinical services that an approved provider of a home care service may provide.

Clinical services

Item	Column 1 Service	Column 2 Content
1	Clinical care	Includes: (a) nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services; and (b) other clinical services such as hearing and vision services.
2	Access to other health and related services	Includes referral to health practitioners or other related service providers.

Part 2—Excluded items

4 Items that must not be included in package of care and services

The following table specifies the items that must not be included in the package of care and services provided under section 13.

Excluded items		
Item	Column 1	Column 2
1	Excluded items	<p>The following items must not be included in the package of care and services provided under section 13:</p> <ul style="list-style-type: none">(a) use of the package funds as a source of general income for the care recipient;(b) purchase of food, except as part of enteral feeding requirements;(c) payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent;(d) payment of home care fees;(e) payment of fees or charges for other types of care funded or jointly funded by the Australian Government;(f) home modifications or capital items that are not related to the care recipient's care needs;(g) travel and accommodation for holidays;(h) cost of entertainment activities, such as club memberships and tickets to sporting events;(i) gambling activities;(j) payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme.

Schedule 4—Home Care Common Standards

Note: See section 15.

Part 1—Effective management

1 Standards relating to effective management

- (1) This Part specifies the standards relating to effective management for the provision of home care.

Principle

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

Effective management		
Item	Column 1 Matter indicator	Column 2 Expected outcome
1.1	Corporate governance	The service provider has implemented corporate governance processes that are accountable to stakeholders.
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.
1.3	Information management systems	The service provider has effective information management systems in place.
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.
1.5	Continuous improvement	The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.
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.
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.
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.

Part 2—Appropriate access and service delivery

2 Standards relating to appropriate access and service delivery

- (1) This Part specifies the standards relating to appropriate access and service delivery for the provision of home care.

Principle

- (2) 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.

Appropriate access and service delivery		
Item	Column 1 Matter indicator	Column 2 Expected outcome
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.
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.
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.
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.
2.5	Service user referral	The service provider refers service users (and/or their representative) to other providers as appropriate.

Part 3—Service user rights and responsibilities

3 Standards relating to service user rights and responsibilities

- (1) This Part specifies the standards relating to service user rights and responsibilities for the provision of home care.

Principle

- (2) 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.

Service user rights and responsibilities

Item	Column 1 Matter indicator	Column 2 Expected outcome
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.
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.
3.3	Complaints and service user feedback	Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.
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.
3.5	Independence	The independence of service users is supported, fostered and encouraged.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Endnotes about misdescribed amendments and other matters are included in a compilation only as necessary.

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the amendment is set out in the endnotes.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

A = Act	orig = original
ad = added or inserted	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
am = amended	pres = present
amdt = amendment	prev = previous
c = clause(s)	(prev...) = previously
C[x] = Compilation No. x	Pt = Part(s)
Ch = Chapter(s)	r = regulation(s)/rule(s)
def = definition(s)	Reg = Regulation/Regulations
Dict = Dictionary	reloc = relocated
disallowed = disallowed by Parliament	renum = renumbered
Div = Division(s)	rep = repealed
exp = expires/expired or ceases/ceased to have effect	rs = repealed and substituted
F = Federal Register of Legislative Instruments	s = section(s)/subsection(s)
gaz = gazette	Sch = Schedule(s)
LI = Legislative Instrument	Sdiv = Subdivision(s)
LIA = <i>Legislative Instruments Act 2003</i>	SLI = Select Legislative Instrument
(md) = misdescribed amendment	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
o = order(s)	<u>underlining</u> = whole or part not commenced or to be commenced
Ord = Ordinance	

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	FRLI registration	Commencement	Application, saving and transitional provisions
Quality of Care Principles 2014	26 June 2014 (F2014L000830)	1 July 2014 (s 2)	
Quality of Care Amendment Principle 2014 (No. 1)	8 Jan 2015 (F2015L00021)	9 Jan 2015 (s 2)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LIA s 48D
s 8	rep F2015L00021
