



# Residential Aged Care Services Policy

## 1. Background

The purpose of this policy is to ensure that WA Country Health Service (WACHS) Residential Aged Care Facilities meet the National Safety and Quality Health Service Standards (NSQHS) and Aged Care Quality (ACQ) Standards and Standards of Clinical Practice outlined within WACHS policy documents.

Commonwealth funded Residential Aged Care Facilities are to demonstrate compliance at all times with the ACQ Standards. Multi-Purpose Service Sites and Small Hospitals providing residential care are to demonstrate compliance with the NSQHS (including the Aged Care Module).

## 2. Policy Statement

Whole of WA Health system policies are the overarching documents that must be complied with by all WACHS staff. In addition, WACHS endorses a number of relevant evidence based guidelines and resources from other organisations including those defined by the Australian Government Department of Health Ageing and Aged Care under the [Aged Care Act 1997 \(Cwth\)](#).

2.1 WACHS is committed to providing a safe environment which delivers a range of care services to all residents on an equitable basis.

2.2 WACHS is to ensure that residents/carers/representatives are provided with information related to their care in formats appropriate to their needs during their orientation, assessment and through observation and review.

2.3 WACHS is to ensure that residents/carers/representatives remain aware of their rights and responsibilities and have the opportunity to discuss the care and services they receive.

2.4 Lesbian, Gay, Bisexual, Transgender, Intersexual and Queer (LGBTIQ) communities, including older LGBTIQ people, will be actively engaged in the planning, delivery and evaluation of ageing and aged care policies, programs and services.

2.5 Older people from Culturally and Linguistically Diverse (CaLD) backgrounds, their families and carers are involved in the development, implementation and evaluation of services and have the information and access to language services to engage with staff.

## 3. Scope

This policy applies to all WACHS Staff which includes persons contracted to deliver health services on behalf of WACHS (Section 6, *Health Services Act 2016 (WA)*) and WACHS volunteers.



All Staff are accountable for providing care within their scope of practice. Responsibilities and duties are clearly defined within the Job Description Form (JDF) with required competencies and context of practice clearly defined.

#### 4. Guiding Principles - NSQHS

**Standard 1 - Clinical Governance** – Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person-centred, safe and effective.

**Standard 2 – Partnering with Consumers** – Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

**Standard 3 – Preventing and Controlling Healthcare-Associated Infections** – Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients.

**Standard 4 – Medication Safety Standards** – Leaders of a health service organisation describe, implement and monitor systems to reduce the occurrence of medication incidents, and improve the safety of medication use.

**Standard 5 – Comprehensive Care** – Leaders of a health service organisation set up and maintains systems and processes to support clinicians to deliver comprehensive care. They also set up and maintain systems to prevent and manage specific risks of harm to patients during delivery of healthcare.

**Standard 6 – Communicating for Safety** – Leaders of a health service organisation set up and maintain systems and processes to support effective communication with patients; carers and families; between multidisciplinary teams and clinicians; and across health service organisations.

**Standard 7 – Blood Management** – Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products.

**Standard 8 – Recognising and Responding to Acute Deterioration** – Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration.

Note: Karlarra House, Pilbara will be assessed against the [Australian Aged Care Quality Agency Accreditation Standards](#)

### 5. Criteria for Admission

WACHS mandates that all people requiring aged care services in an MPS site or Small Hospital require an assessment and approval by the Aged Care Assessment Team (ACAT) prior to admission to the residential aged care facility. This ensures that the person's care requirements are assessed and the most appropriate type and level of aged care services are recommended.

Referrals to ACAT can be initiated by the general practitioner, the carer/representative of the person or a self-referral. The referral should be entered on My Aged Care whenever possible to ensure data is captured. Where an assessor refers a person to an MPS site/Small Hospital, they must record the decision and the reason in the support plan and approval letter.

The comprehensive assessment carried out by the ACAT assesses the person's physical capability, medical condition, psychosocial factors, cognitive and behavioural factors, physical and environmental factors and restorative needs.

A person is eligible for residential care if:

- They have physical, medical, social or psychological needs which require residential care;
- Those needs cannot be met more appropriately through non-residential care services; and
- They meet the eligibility requirements stated in section 21-1 of the *Aged Care Act 1997*(Cwth) and Part 2, Section 6 of the Approved Care Recipients Principles 2014.

A person who is eligible for residential care may require daily assistance with:

- Meals including special diets;
- Bathing, showering, dressing and personal hygiene;
- Toileting and continence management;
- Organising and taking medication;
- Communication (including the fitting of sensory and communication aids); and
- Transfers and mobility

#### 5.1 Emergency Approvals

A person can receive care before an approval by an ACAT if they urgently require care and it is not practicable to apply for approval beforehand. Emergency admissions should only occur rarely and will usually be precipitated by a crisis situation, e.g. if there is no primary carer for the person and no other options are available (section 22-5, *Aged Care Act 1997*(Cwth))

Within five business days the provider must:

- Inform the local ACAT of the emergency admission and ask for a copy of the Application for Care forms to be sent to them by fax/email. The ACAT must ensure that the person's name is written on the form prior to sending.
- Ensure the Application for Care forms are completed by the person (or by someone else on their behalf).
- Ensure the application for approval identifies the date the person entered the service and the facility's address and contact number.
- Fax or email the signed Application for care to the local ACAT within five business days following the day on which the care commenced.
- Provide the original Application for Care to the ACAT at the time of the assessment.

An emergency admission is the only circumstance in which an approval can take effect from the day on which the care commenced, rather than the day the approval was signed and dated.

### 5.2 Respite care

A person can access respite care once they have been approved by the local ACAT for high or low dependency respite. GP approval is not required for a respite admission except when the person uses a private health fund.

The person receiving respite is required to have all medications packaged in a Webster Pak accompanied by a pharmacy signing sheet. If a person becomes unwell during their period of respite or requires a GP service, they should be processed as an emergency presentation. If the illness results in an acute admission, the person ceases to be a respite resident and all appropriate acute documentation is used. The facility must notify the family/representative of the change in status.

It is expected that at the end of the respite period, the person will return to their original home address. If it is deemed unsafe for a person to be discharged (e.g. due to carer illness; carer death; environmental issues; inadequate service provision), the health service may assist the family to seek alternative placement.

## 6. Charter of Aged Care Rights (1 July 2019)

The Charter of Aged Care Rights (the Charter) is designed to ensure that a person's rights are not diminished when they move into an aged care service. The Charter also sets out that residents in aged care services should exercise their individual rights in ways that do not adversely affect other residents' rights (section 56-1. *Aged Care Act*, section 23.12, section 23.14, Schedule 1, User Rights Principles 1997).

Residents of aged care services must be given sufficient information to help them make informed choices. When a resident enters a service, the facility must provide the resident, and/or their representative, assistance and support to understand the Charter signed by the provider, and ensure that the resident or their representative is given a reasonable opportunity to sign a copy of the Charter - [Charter of Aged Care Rights Template for Signing](#).

The purpose of requesting the resident's signature is to allow them to acknowledge they have received the Charter and understand it. Consumers are not required to sign the Charter and can commence, and/or continue to receive care and services, even if they choose not to sign.

### 7. Caring for Residents

Moving permanently into residential aged care is a major life transition especially if the decision is made as the result of a medical crisis or under time pressure. As with any significant change, feelings of loss, fear, uncertainty and sadness are common. Residents have to adjust and cope with unfamiliar surroundings and people; living in close proximity to others; loss of independence; loss of important roles in the family and wider community; missing the family home; and being unable to bring many of their cherished possessions into the new space. It is important that the depth and impact of these losses are recognised by Staff. Residents need time and support to adjust to this time of change. The move can be especially traumatic to the Forgotten Australians, Former Child Migrants and Stolen Generations and people living with dementia.

When providing aged care services Staff and volunteers are 'to ensure residents are treated with dignity and respect; can make informed choices; get the services and supports for daily living that are important for their health and well-being; are cared for in a safe and comfortable environment; are free from abuse and neglect; are enabled to live the best life they can and their sense of belonging is optimised'.(NSQHS Aged Care Module)

Developing positive relationships with Staff and volunteers allows the resident/carer/representative to communicate effectively about their care wishes and assists in building a relationship of trust. The resident/carer/representative is encouraged to participate in care planning, case conferences and resident meetings. Comprehensive screening, assessment and person-centred care planning is essential to inform the development of an individualised care plan ideally suited to the resident. It is important that residents maintain their usual activities and interests as much as possible. This could include visiting the homes of family and friends, and continuing to participate in hobbies, spiritual activities and other outside activities.

### 8. Dignity of Risk

Dignity of Risk is the principle of respecting an individual's autonomy to self-determination in making choices and the right to take reasonable risks. This concept means that all adults have the right to make their own decisions about their health and care unless they have been deemed not to have legal capacity.

### 8.1 Principles of Dignity of Risk

1. Adults have the right to make their own decisions and to be assumed to have capacity to do so unless shown otherwise – and capacity should be viewed as decision-specific.
2. A person should be offered all reasonable support and assistance in making and following through on their decision before others step in to make decisions for them.
3. People have the right to:
  - make decisions that others feel are unwise or disagree with
  - have a different tolerance for the risks associated with a decision and
  - fail after making a decision.
4. When others are involved in decision making with a person, any decisions are to be made with the person's best interests and preferences in mind.

In residential aged care facilities, there needs to be a balance between dignity of risk and duty of care, and Staff should accept that duty of care does not exist to create restrictions for residents.

Dignity of Risk acknowledges that life experiences come with risk, and we must support people in experiencing success and failure. Dignity of Risk is about honouring the resident's right to choose and supporting them to have the quality of life they desire whilst placing more of an emphasis on reducing the risk that could potentially cause them harm.

## 9. Chaperoning Guidelines and Intimate Personal Care

Much of the day-to-day care provided in residential facilities is delivered without the presence of a chaperone. However, Staff must consider the need for a chaperone on a case-by-case basis, being mindful of any special circumstances.

Residents should always be offered the opportunity for a chaperone if they wish and due consideration should be given to privacy which should be free from exploitation, abuse and degrading treatment.

- 9.1 All individuals requiring assistance with personal care should first be assessed by a Registered Nurse to identify whether there is a clinical need for which nursing care should be provided.
- 9.2 Decisions about whether personal care should be provided by a nurse or unregulated health worker (UHW) can only be made by the Registered Nurse. Decisions should be based on the health status of the person requiring the care, the level of support required, the activities to be performed and the competence, education and training of the person providing the care.
- 9.3 All Staff and volunteers must ensure that individuals receive personal care that is individualised to them and their specific needs and preferences. The care plan should be reviewed every 3 months or when there is a change in health status of the individual.

- 9.4 WACHS encourages and supports the involvement where appropriate, of relatives, carers and friends during episodes of delivering and planning the personal care of the individual.
- 9.5 Residents should be offered consistency and continuity with their personal care needs wherever possible (e.g. same Staff/volunteer, same routine). Wherever possible, both male and female staff should be available, allowing the resident choice regarding the gender of the staff member who attends to their personal needs.
- 9.6 If any personal care support is to be given by a member of the opposite sex, the individual's consent should be obtained and they should be offered the option of a chaperone. The chaperone, wherever possible, should be the same sex as the individual receiving the care and the name of the chaperone must be documented in the resident's health record (refer to the [WACHS Chaperone Policy](#)).
- 9.7 All Staff and volunteers must communicate appropriately with the resident before, during and after episodes of personal care and personal care should be provided in an environment that promotes dignity and privacy.
- 9.8 All Staff and volunteers must promote a culture of independence ensuring that residents are provided with sufficient time, equipment and support to be able to perform some or all aspects of their personal care.
- 9.9 All Staff and volunteers are recommended to consider being accompanied by a chaperone when undertaking intimate personal care to avoid any misunderstanding and in rare cases false accusations of abuse. A risk assessment should be completed for residents where there is documented history of false allegations of abuse by staff, and who require intimate personal care. The risk assessment should also take into account any history of physical/sexual abuse and the effect that intimate personal care may have on the resident's psychological wellbeing and should take into account culture, religion, and language preferences.

## 10. Advance Care Planning

Advance Care Planning is the process of planning for future health and personal care needs. It provides a way for the resident to identify their values, beliefs and preferences so that they can guide decision-making at a future time when they are unable to communicate their decisions and may result in a written advance care plan.

Advance Care Planning can lead to avoidance of non-essential hospital transfers and their inherent risks and is more likely to facilitate a dignified, peaceful death. If an Advance Health Directive or an Advance Care Plan exists for any resident, staff should ensure that a copy accompanies the resident if they are transferred to another hospital for medical care.

In residential aged care, this document can assist staff to make decisions consistent with the resident's wishes when the need arises. However, the issue of discussing advance care planning and its subsequent documentation is difficult, particularly when new residents are often not ready to discuss such options. Initiation of discussions with the resident/family/representative could take place on admission to the facility as part of the need to complete certain forms before the admission form and care plan can be completed. Clinical care and treatment of the resident should be informed by Advance Care Plans and Health Directives.

[Advance Care Planning form](#)

[Advance Health Directive form \(PDF 343KB\)](#)

[Advance care planning in aged care: A guide to support implementation in community and residential settings](#)

**Table 1: Overview of best practice advance care planning in residential aged care facilities** (consistent with best practice principles in National Framework for Advance Care Directives.)

- a. Facilities have accessible policies and procedures with advance care planning as a routine component of care
- b. Regular education on advance care planning is provided to aged care staff, residents, relatives and general practitioners
- c. Residents and families are given information regarding advance care planning before or at admission
- d. Advance care planning is offered to residents within 28 days of admission
- e. Advance care planning is completed by an appropriately skilled healthcare professional during a discussion with the resident and/or their family
- f. The conversation focuses on reasonable outcomes and 'living well', raising the issue of life-prolonging treatment generally without focussing on specific treatment
- g. GPs are involved in any advance care planning discussions
- h. Completed plans are regularly reviewed
- i. Advance care planning documents clearly specify a nominated substitute decision-maker where applicable, current state of health, values and beliefs, future unacceptable health conditions, level of preferred medical treatment indicated, any specific wanted/unwanted treatments, goals for end of life care, appropriate signatures, evidence of GP review
- j. Facilities have effective information transfer systems that enable communication of advance care planning information to other health care providers.

## 11. Resident Agreements

An Approved Provider must offer each resident a formal resident agreement (s56-1 (g), *Aged Care Act 1997*(Cwth)). The agreement must specify the care and services the facility will provide and the rights of the resident while residing in the facility. The Approved Provider is to also provide information on fees and charges and any other matters negotiated between the provider and the resident. A formal agreement may be entered into at any time during the resident's stay.



The agreement between the resident and the approved provider is to include:

- the name of the facility
- the level of care and services that the facility has the capacity to provide
- the residents' rights and responsibilities
- the facility's responsibilities
- be clear and easy to understand
- the circumstances in which the resident could be asked to leave the facility
- the assistance the provider will give the resident to obtain suitable alternative and affordable accommodation if the resident is asked to leave and
- outline the internal and external complaints resolution mechanism.

## 12. Security of Tenure

Under the legislative provisions for security of tenure, a provider may only ask a resident to leave the facility if:

- the aged care service is closing
- the aged care service can no longer provide accommodation and care relevant to the resident's long-term care needs and the provider has not agreed to provide that care
- the resident no longer needs the care provided through the aged care service, as assessed by an Aged Care Assessment Team
- the resident has not paid any agreed fee to the provider within 42 days after the due date, for a reason within the resident's control;
- the resident has intentionally caused serious damage to the facility or serious injury to the provider, an employee of the facility or to another resident or
- the resident is away on leave for more than seven days for a reason other than as permitted by the Act.

The provider must give written notice if the resident is required to leave the service and must give notice to the resident or his/her representative at least 14 days prior to the date the resident must leave. (Section 23.6 User Rights Principles 1997).

Providers must be able to demonstrate that their resident agreements and processes comply with the security of tenure provisions in the Act and the Principles.

For more information please refer to: OD0241/09 [WA Health Security of Tenure for Residents of Aged Care Facilities](#)

## 13. Complaints Mechanisms

Care recipients have a number of rights in relation to complaint mechanisms. These include the right to:

- be treated with respect and accepted as an individual, and to have their individual
- preferences taken into account and treated with respect
- freedom of speech
- complain and take action to resolve disputes
- have access to advocates and other avenues of redress and
- be free from punishment, or well-founded fear of punishment, in any form for taking action to enforce their rights.

Service providers are obliged to not act in a way that is inconsistent with these rights. (*Section 56-4, Aged Care Act 1997(Cwth)*).

### 13.1 Resolving complaints

There are two options available to people wanting to make a complaint about the quality of care or services provided by a service provider:

- internal (using the WACHS complaint handling system)
- external (through the website).

#### 13.1.1 Internal complaint resolution

WACHS is required to establish and operate an effective system for handling complaints. The system should be accessible, confidential, prompt, fair and well publicised within the service. The internal process established and operated by Approved Providers must meet the requirements set out under:

- the *Aged Care Act 1997 (Cwth) section 56-4*
- the Aged Care Principles (particularly the Quality of Care Principles and Responsibilities)
- the *Complaints Principles 2011*

#### 13.1.2 Access to external complaint mechanisms

Australian Government standards for aged care require that Approved Providers ensure residents and other interested parties have access to external complaint mechanisms and advocacy support at any time.

The complaint can be made directly to the Aged Care Quality and Safety Commission. The Aged Care Quality and Safety Commission is an independent regulatory body, responsible for the approval, accreditation, assessment, monitoring, compliance and complaints management for all Commonwealth subsidised aged care providers. [Aged Care Quality and Safety Commission](#)

### 14. Confidentiality

Approved Providers must protect the personal information of a resident. Personal information can only be used:

- for a purpose related to providing aged care services to the resident by the provider or
- for a purpose for which the resident or his/her representative provided the information under division 62 -2, *Aged Care Act 1997* (WA).

Personal information is not to be disclosed without the verbal/written consent of the resident/representative and is to be protected by safeguards which protect against the loss or misuse of information. (Section 62-1 ©, *Aged Care Act 1997*) (WA).

### 15. Consent to Treatment

Consent to treatment is a person's agreement for a health professional to proceed with a specific proposed treatment. To maintain a consistent, standardised approach to documentation across WACHS, staff are required to seek formal consent from the resident/representative prior to conducting any minor medical procedure. Explicit consent to treatment must be documented in the resident's health record or recorded on the relevant consent form:

[MR30A WACHS Patient Consent to Treatment](#)

[MR30C WACHS Adults Unable to Consent to Treatment](#)

**Note:** If a resident does not have decision-making capacity, they may still have the ability to communicate their preferences and consent for medical treatment.

[OD0657/16 WA Health Consent to Treatment Policy](#)

[WACHS Adults with Impaired Decision Making Capacity Procedure](#)

### 16. Resident Trust Monies

Residents should be made aware that they are responsible for the safe-keeping of any money, documents or other valuable possessions, unless they are unable to do so due to a diagnosed cognitive impairment (WACHS [Adults with Impaired Decision Making Capacity Procedure](#)).

As a preference WACHS suggests that it is the responsibility of the resident and/or their representative to avoid bringing large sums of money into the facility. If the resident has an Enduring Power of Attorney or other person legally appointed to manage their finances, it would be expected that they manage the resident's money on their behalf.

Should the residential aged care facility receive any monies from a resident, it must be recorded and disbursed in accordance with the WACHS [Patient Trust Monies Policy](#). Regional Finance Managers are responsible for ensuring compliance and monitoring of this policy.

## 17. Documentation

The residents' health record must contain all relevant clinical information corresponding to each individual and must be adequately detailed to permit continuity of care by attending health professionals. Additionally, the health record must provide appropriate information to allow for clinical reviews and other quality assurance tasks. Accurate documentation is important as the record acts as a communication tool, as evidence in court, in research and in clinical classification. (WACHS [Documentation Clinical Practice Standard](#) and [Health Record Management Policy](#)).

As an Approved Provider, all WACHS residential aged care facilities are to keep the following records relating to residents (section 19.5, Records Principles 1997):

- Resident assessments.
- Consent to treatment.
- Individual person-centred care plan.
- Medical records, progress notes and any relevant clinical records.
- Agreements between the resident and the approved provider.
- Resident accounts.
- Records about a resident's admission, departure and leave arrangements (including death) and
- Up-to-date name and contact details of any other representative, according to information given to the approved provider by the resident/representative.

An Approved Provider is to also keep:

- Consolidated records of all incidents involving allegations of or suspicions of reportable assaults and
- Records showing compliance with police clearances and aged care clearances for all staff members, volunteers and contractors.

## 18. Definitions

<b>Advance Health Directive</b>	This document is a formal advance care plan, expressed in writing, signed by a competent adult and recognised by common law or legislation.
<b>Approved Provider</b>	WACHS is an 'Approved Provider' under the Commonwealth <i>Aged Care Act 1997</i> (the Act). Approved Providers have specific responsibilities in relation to any alleged and suspected assaults, as set out at section 63-1AA of the Act.
<b>Carer</b>	A carer is someone who provides unpaid care and support to family members and friends who have disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who are frail aged. Extract: <a href="#">Carers Australia</a>  In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person.

<b>Decision-making capacity</b>	In the context of medical treatment, a person has capacity if he/she is capable of understanding the nature, purpose and consequences of any proposed treatment.
<b>Enduring Power of Attorney</b>	A legal agreement that enables a person to appoint a trusted adult to make financial and/or property decisions on their behalf.
<b>Guardian</b>	An adult appointed by the State Administrative Tribunal to make decisions on behalf of a person regarding their health and safety
<b>Health Professional</b>	A person registered under the <a href="#">Health Practitioner Regulation National Law (WA) 2010</a> in the health professions listed therein.
<b>Representative</b>	A carer or support organisation or group authorised to speak on behalf of that individual.
<b>Staff</b>	<b>staff member</b> , of a health service provider, means. (a) an employee in the health service provider (b) a person engaged under a contract for services by the health service provider; (section 6, <i>Health Services Act 2016</i> )
<b>Substitute Decision-maker</b>	A person who is permitted under the law to make decisions on behalf of and individual who does not have capacity. An individual can have more than one substitute decision maker who can make decisions about personal or financial matters.

## 19. Roles and Responsibilities

**Regional Directors are responsible for:** ensuring policy implementation across their region. Regional Directors have a responsibility to monitor and have oversight of compliance with the NSQHS, (including the proposed Aged Care Module) and the Aged Care Quality Standards.

**Operations Managers are responsible at a regional level for:**

- ensuring policy implementation at all sites within their region and monitoring compliance
- supporting individual site in meeting the NSQHS/ACQ Standards. Managers are to ensure staff have access to and are able to interpret and apply the policy and legislation related to this policy.

**Regional Safety and Quality teams are responsible for:**

- ensuring data is collected and collated in regards to quality standards
- investigating and reporting on incidents reported to them by a site within their region
- assisting individual sites within the region to meet the NSQHS and the Aged Care Quality Standards.

### **Regional Aged Care Managers are responsible for:**

- acting as a point of contact for the region in the dissemination of information related to aged care services and for the governance structure
- reviewing the quality standards to identify areas of non-compliance.

### **Regional Directors of Nursing and Health Service Managers are responsible for:**

- reviewing quality standards to identify non-compliance, any unmet resident needs or gaps in clinical care delivery
- overseeing risk reporting to identify any trends at an organisational level
- ensuring policy implementation and monitoring compliance.

### **Line Managers/Senior Clinicians are responsible for:**

- ensuring they are familiar with the policies, procedures, processes and practices relating to the policy
- ensuring compliance with the NSQHS/ACQ Standards
- ensuring that monthly audits, variance reports and action plans are completed and reported to regional Safety and Quality teams
- addressing any complaints/feedback received from residents/carers/families by the health service.

### **All Staff**

- are to comply with this policy and legislation to ensure their professional and legal obligations are met, and they provide evidence based quality care
- are to practise within the framework and boundaries of their profession/designation
- are responsible for completing forms and documentation in line with WACHS standards and procedures.

## **19. Compliance**

Compliance with this policy is a mandatory requirement under the *Aged Care Act 1997* (Cwth). Approved Providers of aged care in Commonwealth subsidised aged care services are required to comply with the ACQ Standards. The Australian Government Department of Health has indicated that MPS are required to comply with the ACQ Standards and this could be achieved through the implementation and assessment to the NSQHS Standards along with the Aged Care Module, allowing for a single assessment process

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (the Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

## 20. Evaluation

Evaluation, audit and feedback processes are to be in place locally to monitor compliance.

## 21. Standards

### National Safety and Quality Health Care Standards:

Standard 1: Clinical Governance, which aims to ensure that there are systems in place within the health service organisations to maintain and improve the reliability, safety and quality of health care.

Standard 2: Partnering with consumers, this aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services, and that patients are given the opportunity to be partners in their own care.

Standard 4: Medication Safety, which aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use.

Standard 5: Comprehensive care, which aims to ensure that patients receive comprehensive health care that meets their individual needs, and that considers the impact of their health issues on their life and wellbeing.

Standard 6: Communicating for Safety, which aims to ensure that there is effective communication between patients, carers and families, multi-disciplinary teams and clinicians, across the health service organisation, to support continuous, coordinated and safe care for patients.

### Aged Care Quality Standards

Standard 1: Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Standard 2: The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Standard 3: The organisation delivers safe and effective personal care, clinical care, or both personal and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Standard 4: The organisation provides safe effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Standard 5: The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Standard 6: The organisation regularly seeks input and feedback from consumers. Carers and the workforce and others and uses the input and feedback to inform continuous improvement for individual consumers and the whole organisation.

Standard 7: The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

Standard 8: The organisation's governing body is accountable for the delivery of safe and quality care and services.

## 22. Legislation

State and Commonwealth legislation applicable to this policy include:

[Health Services Act 2016\(WA\)](#)

[Carers Recognition Act 2004 \(WA\)](#)

[Occupational Safety and Health Act and Regulations 1984 \(WA\)](#)

[Guardianship and Administration Act 1990 \(WA\)](#)

[Health Practitioner Regulation National Law \(WA\) Act 2010](#)

[Mental Health Act 2014 \(WA\)](#)

[Quality of Care Principles 2014 \(Cwth\)](#)

[Freedom of Information Act 1982 \(Cwth\)](#)

[Aged Care Act 1997\(Cwth\)](#)

[Charter of Aged Care Rights July 2019](#)

[Aged Care Quality and Safety Commission Act 2018 \(Cwth\)](#)

[Accountability Principles 2014](#)

Medication administration must be in accordance with the:

[Health Practitioner Regulation National Law \(WA\) Act 2010](#)

[Medicines and Poisons Act 2014 \(WA\)](#) and [Medicine and Poisons Regulations 2016 \(WA\)](#)

[Therapeutic Goods Act 1989 \(Cwth\)](#)

## 23. References

[AS2828.1 Australian Standard for Paper-based Health Records](#)

[National LGBTI Ageing and Aged Care Strategy](#)

[Treasurer's Instructions 806 - Accounting for Specific Purpose and Other Money](#)

[Caring for Forgotten Australians, Former Child Migrants and Stolen Generation](#)

[Charter of Mental Health Principles](#)

[WA Aboriginal Health and Wellbeing Framework 2015-2030](#)

## 24. Related WACHS Policy Documents

[Aged Care Criminal Record Screening Policy](#)

[Approved Provider Compulsory Reporting of Assault on Adult Patients Policy](#)

[Documentation Clinical Practice Standard](#)

[Patient Hygiene Clinical Practice Standard](#)

[Identifying, Preventing and Responding to Abuse of Older People Policy](#)

[MR30AA WACHS Patient Consent to a Chaperone Form](#)

[WACHS Residential Aged Care Forms](#)

### Comments and Complaints

[Partnering with Consumers Guideline](#)

WACHS [Consumer Feedback/Complaint Form](#)



**Medication/ Pain Management**

[Medication Administration Policy](#)

[OD 0561/14 WA High Risk Medication Policy](#)

[MP 0095/18 - Clinical Handover Policy](#)

[MP0103/19 reporting of Schedule 4 Restricted and Schedule 8 Medicines](#)

[Discrepancies Policy](#)

[Clinical Escalation Including Code Blue Medical Emergency Response \(MER\) Policy](#)

[Clinical Observations and Assessments CPS \(physiological, neurovascular, neurological and fluid balance\)](#)

[Adult Airway Management Clinical Practice Standard](#)

[Medication Guideline for Direct Care Unregulated Health Workers](#)

**Pressure Injury Prevention / Falls Management**

[Falls Prevention and Management Clinical Practice Standard](#)

[Nutrition Clinical Practice Standard](#)

[Impaired Skin Integrity Clinical Practice Standard](#)

[Pressure Injury and Prevention Management Policy](#)

**Continence Management**

[Bowel Management Clinical Practice Standard](#)

[Bladder Management Continence Clinical Practice Standard](#)

[Bladder Management Catheters Clinical Practice Standard](#)

**Behaviour Management**

[Missing Aged Care Resident Procedure](#)

[Cognitive Impairment Clinical Practice Standard](#)

[Disturbed Behaviour Management Clinical Practice Standard](#)

**23. Related WA Health System Policies**

[MP 0095/18 Clinical Handover Policy](#)

[OD 0657/16 WA Health Consent to Treatment Policy](#)

[MP 0010/16 Patient Confidentiality Policy](#)

[OD 0592/15 WA Health WA Open Disclosure Policy](#)

[OD 0589/15 WA Health Complaint Management Policy](#)

[OD 0579/14 Falls Risk Assessment and Management Plan \(FRAMP\)](#)

[OD 0465/13 Guidelines for the Prevention and Management of Gastroenteritis Outbreaks in Residential Care Facilities](#)

[OD 0214/09 Security of Tenure for Residents of Aged Care Facilities](#)

[MP0051/17 WA Health Language Services Policy](#)

## 24. Policy Framework

[Clinical Governance Safety and Quality](#)

## 25. Resources

[The Department of Health Guiding principles for medication management in residential aged care facilities-2012](#)

[WA Health – Standardised Medication Charts](#)

## 25. Appendices

**Appendix 1** - [WACHS Residential Aged Care Process Flowcharts](#)

**Appendix 2** - [WACHS Residential Aged Care Forms](#)

**Appendix 3** - [WACHS Residential Aged Care Associated Resources](#)

**This document can be made available in alternative formats on request for a person with a disability**

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