



Residential Aged Care Services Policy

1. Background

WA Country Health Service (WACHS) as an Approved Provider has responsibilities in relation to the aged care services it delivers. Approved Providers must:

- provide care and services specified in the Quality of Care Principles, Part 2 [Quality of Care Principles 2014](#)
- maintain an adequate number of appropriately skilled staff to ensure the needs of residents are met
- provide care consistent with any rights and responsibilities of residents specified in the User Rights Principles [User Rights Principles 2014](#)
- comply with the [Aged Care Quality and Safety Commission \(Code of Conduct and Banning Orders\) Rules 2022](#)
- comply with the residential aged care accreditation standards (Aged Care Quality Standards (ACQS) Karlarra House, South Hedland) and National Safety Quality Health Service (NSQHS) Standards and the Aged Care Module (all WACHS Multi-Purpose Service [MPS] Residential Aged Care Facilities).

In addition, for residential aged care (RAC) services, WACHS endorses a number of relevant evidence based WACHS policies, procedures, 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 \(Cth\)](#).

All WACHS RAC providers supporting National Disability Insurance Scheme (NDIS) participants are also registered with the NDIS Quality and Safeguards Commission as Approved Providers and must abide by the [NDIS Code of Conduct](#) and [NDIS Practice Standards](#).

WACHS is committed to:

- providing a safe environment which delivers a range of care services to all residents on an equitable basis
- delivering safe, high quality care
- providing skilled staff to meet the complex care needs of residents
- ensuring that residents/carers/representatives know their rights and responsibilities as per the [Charter of Aged Care Rights](#) and have the opportunity to discuss the care and services they receive;
- recognising diversity and cultural differences and actively engaging communities, in the planning, delivery and evaluation of ageing and aged care policies, programs and services and providing access to information in a format they can understand
- recognising different Aboriginal cultures across the regional and remote area's to deliver equitable, culturally safe and responsive health services;
- recognising a person's right to make their own informed choices.

1.1 Fees and Charges

As an approved provider of aged care WACHS can charge permanent and respite residents a daily fee for hotel-type services. The daily fee is based on the Australian Government fee schedule and linked to the aged care pension increase twice per year.

The accepted payment option for residential fees is Direct Debit or Centre Pay. For prospective residents who do not have bank accounts to support this option, they will be managed on a case by case basis. Invoices will be issued to the resident and/or their nominated representative monthly.

Refer to WACHS SharePoint: [Aged Care](#)

2. Policy Statement

The purpose of this policy is to ensure providers of residential aged care services in WACHS Multi-Purpose Service sites and Karlarra House, South Hedland, adhere to legislation and best practice in the delivery of care to older people while complying with quality standards, and legal and ethical responsibilities. This policy should be read in conjunction with the WACHS [Residential Aged Care Services Guideline](#).

2.1 Eligibility and Criteria for Admission to a WACHS Residential Aged Care Facility

All people wishing to be admitted to a WACHS Residential Aged Care Facility (RACF), must be assessed by the Aged Care Assessment Team (ACAT) for eligibility and approval by a Commonwealth Delegate prior to admission to the facility. Referrals to ACAT can be initiated by the general practitioner, the carer/representative of the person or a self-referral.

Referrals to Karlarra House are received via MyAgedCare portal, referrals for Multi-Purpose Service (MPS) RACFs follow the [WACHS Residential Aged Care Pre-Admission Flowchart](#)

2.2 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 are usually precipitated by a crisis, e.g. if there is no primary carer for the person and no other options are available (section 22-5, *Aged Care Act 1997* [Cth]).

Within five business days the provider must:

- inform the ACAT of the emergency admission and ask for a copy of the Application for Care forms to be sent to them by fax/email or for Karlarra House, complete the referral on MyAgedCare. 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 their representative)

- 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.

2.3 Respite Care

A person can access up to 63 days of subsidised residential respite care per financial year once they have received approval from the ACAT for high or low dependency respite. In some circumstances it may be possible to extend this by 21 days with further approval from ACAT. GP approval is not required for a respite admission except when the person uses a private health fund.

If a person becomes unwell during their period of respite or requires a GP service, they must 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 and their care type changed on WebPAS. 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.

Refer to: WACHS [Checklist for Respite Admission to all WACHS Aged Care Facilities](#)

2.4 Admission to a WACHS Residential Facility - Resident Agreement & Security of Tenure

Residential Aged Care Conditions of Occupancy and Resident's Agreement & Residential (Respite) Aged Care Conditions of Occupancy and Resident's Agreement

All residents (permanent or respite) admitted into a residential aged care facility are required to have a Residential Aged Care Conditions of Occupancy and Resident's Agreement in place.

The *Aged Care Act 1997* defines the obligations of aged care providers in relation to Resident Agreements and Security of Tenure. 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 must provide information on fees and charges and any other matters that are negotiated between the provider and the resident.

Security of Tenure provisions are contained in the User Rights Principles 2014 of the *Aged Care Act 1997*. Aged care providers have an obligation to act reasonably in the

provision of a safe and secure environment and to provide safe, quality care for residents.

Under Security of Tenure providers are required to notify the resident/resident's family/Public Guardian in the case of relocation to another room. The circumstances in which a provider may ask a resident to leave the facility includes:

- if the facility is closing
- if the facility 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
- if the resident no longer needs the care provided by the facility, as assessed by the ACAT
- if the resident has not paid any agreed fee within 42 days after the due date, for a reason within the resident's control
- if 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
- if 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 their family/representative at least 14 days prior to the date the resident must leave (Section 23.6 User Rights Principles 1997).

2.5 Charter of Aged Care Rights

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

Residents must be given sufficient information to help them make informed choices. When a resident enters a facility, they must be provided with assistance and support to understand the Charter, signed by the provider, and given the opportunity to sign it themselves.

Refer to: [Charter of Aged Care Rights template for signing](#)

2.6 National Aged Care Mandatory Quality of Care Indicators for Karlarra House

From 1 July 2019, participation in the National Aged Care Mandatory Quality Indicator Program (QI Program) became a requirement for all Commonwealth subsidised residential care services i.e. Karlarra House, South Hedland. The QI Program aims to support providers to measure and monitor their performance, support quality improvement and contribute to improved outcomes for residents.

Data is collected for five QIs that address important aspects of quality of care in clinical areas. Each indicator has categories for which data is collected through assessments

and measurements, and information is compiled or derived, to provide to the Secretary (Australian Government Department of Health).

QI 1: Pressure injuries

QI 2: Physical restraint

QI 3: Unplanned weight loss

QI 4: Falls and major injury

QI 5: Medication management

The Australian Government Department of Health has introduced a further six (6) Quality Indicators to the QI program which will come into effect from 1 April 2023.

QI 6: Activities of daily living

QI 7: Incontinence care

QI 8: Hospitalisation

QI 9: Workforce

QI 10: Consumer experience

QI 11: Quality of life

Refer to: [National Aged Care Mandatory Quality Indicator Program Manual](#)

2.7 Serious Incident Response Scheme (SIRS)

The Serious Incident Response Scheme (SIRS) is a Commonwealth initiative aimed at reducing the risk of abuse and neglect of older Australians in residential services and has been in effect since 1 April 2021.

- The SIRS establishes the responsibilities for approved providers of residential aged care and flexible care delivered in a residential aged care setting to prevent and manage incidents (focusing on the safety and wellbeing of residents), to use incident data to drive quality improvement and to report serious incidents to the Australian Quality and Safety Commission (the Commission).
- Effective management of incidents is critical to effective clinical governance, will enable the management of risks to residents and improve the quality of care and services provided.

See Section 54-3 Reportable incidents of the Act and the Quality of Care Principles 2014 paragraph (2)(a), (b), (c), (d), (e), (f) or (h) [SIRS Guidelines for Residential Aged Care Providers](#)

[SIRS Decision Support Tool](#) will help in the decision of whether an incident is reportable and whether it is a Priority 1 or Priority 2 incident.

Incidents involving residents who are also participants of the National Disability Insurance Scheme (NDIS)

Registered NDIS providers are required to notify the NDIS Quality and Safeguards Commission (NDIS Commission) of reportable incidents that result in harm to an NDIS participant or occur in connection with the provision of supports and services by registered NDIS providers.

Where a reportable incident occurs under SIRS that involves a resident who is also an NDIS participant, you will be required to notify both the Commission and the NDIS

Quality and Safeguards Commission. For further guidance on reporting incidents to the NDIS Commission, refer to [Reportable Incidents Guidance for NDIS Providers](#)

2.8 Restrictive Practices

Any decision to restrain a person carries significant ethical and legal responsibilities. (Aged Care Act 1997 (Cth) Section 96-1 Quality of Care Principles 2014 Part 4a). Under the amended legislation providers are also required to have a behaviour support plan in place for every resident who exhibits behaviours of concern or changed behaviours, or who has restrictive practices considered, applied or used as part of their care. Refer to WACHS [Restraint Minimisation Policy](#) and [ACQS Minimising restrictive practices](#).

For residents who are also registered NDIS participants, any use of a regulated restrictive practice not authorised (however described, by the state/territory) and not in accordance with a behaviour support plan is an unauthorised restrictive practice and needs to be reported to the NDIS Commission as a reportable incident within 5 business days. Refer to the [flow chart](#) to help RACF providers to determine if the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#) apply.

2.9 Criminal Aged Care Screening

Part 6 of the Accountability Principles 2014 made under section 96-1 of the *Aged Care Act 1997* (the Act) requires that relevant employees, contractors and volunteers working in Australian Government subsidised aged care services undergo national criminal history record checks.

Refer to: WACHS [Aged Care Criminal Record Screening Policy](#)

NDIS Worker Screening

For those RACFs that also have NDIS participants, staff members and volunteers employed in risk assessed roles in that facility are required to obtain NDIS Worker Screening Check clearance. [NDIS worker screening requirements](#)

Compliance with the [NDIS \(Practice Standards – Worker Screening\) Rules 2018](#) is a condition of registration for all registered NDIS providers under the *NDIS Act 2013*.

2.10 Complaints

Service providers are required under the *Aged Care Act 1997* s56-4, Standard 1 of the NSQHSS and Standard 6 of the ACQS to establish a system for handling complaints. The system should be accessible, confidential, prompt and fair. The resident agreement must specify WACHS internal complaints resolution mechanism and information must be provided in the event that the resident and or their representative wish to pursue the complaint resolution externally.

3. Definitions

Approved Provider	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.
Health Professional	A person registered under the Health Practitioner Regulation National Law (WA) 2010 in the health professions listed therein. A Health Professional refers to any WACHS employed clinician governed by the Australian Health Practitioner Regulation Agency or professional body including medical, nursing, midwifery or allied health.
Residential care	Part 3.1 Division 41-3 Meaning of residential care (1) Residential care is personal care or nursing care, or both personal care and nursing care, that: (a) is provided to a person in a residential facility in which the person is also provided with accommodation that includes: (i) appropriate staffing to meet the nursing and personal care needs of the person; and (ii) meals and cleaning services; and (iii) furnishings, furniture and equipment for the provision of that care and accommodation; and (b) meets any other requirements specified in the Subsidy Principles.
Respite care	Residential care or flexible care (as the case requires) provided as an alternative care arrangement with the primary purpose of giving a carer or a care recipient a short-term break from their usual care arrangement.
Security of Tenure	Statutory protection conferred on tenants restricting the rights of the landlord (WACHS) to obtain possession of the premises let (resident’s room).
Staff	Staff member, 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>)

4. Roles and Responsibilities

Regional Directors:

- are responsible for ensuring policy implementation across their region.
- have a responsibility to monitor and have oversight of compliance with the NSQHS, (including the 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 ensuring staff have access to and are able to interpret and apply legislative requirements related to this policy
- supporting individual sites in meeting the relevant Quality Standards.

Regional Safety and Quality teams are responsible for:

- ensuring data is collected, collated and reported to relevant clinical committees
- investigating and reporting on incidents reported to them by any site within their region
- assisting individual sites in meeting the relevant 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 policy and any legislative requirements
- ensuring compliance with relevant Quality Standards
- ensuring that audits, variance reports and action plans are completed and reported to regional Safety and Quality and Clinical Governance 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 and/or designation
- are to develop and apply cultural capabilities to deliver a culturally safe and responsive service
- are accountable for providing care within their scope of their professional and individual practices. Responsibilities and duties are specified within individual registered Job Description Forms (JDF) with required competencies and context of practice clearly defined.

5. Compliance

Compliance with this policy is a mandatory requirement under the *Aged Care Act 1997* (Cth) and the Aged Care Code of Conduct and Banning Orders 2022.

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 [Integrity 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.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#). All aged care approved providers must comply with the [Records Principles 2014](#).

7. Evaluation

Evaluation of this policy is to be carried out by the Aged Care Directorate every five (5) years, or as required.

8. Standards

[National Safety and Quality Health Service Standards](#) – Standards 1-8 inclusive
[NSQHS Aged Care Module](#) – Standards A1-A6 inclusive
[Aged Care Quality Standards](#) – Standards 1-8 inclusive
[National Standards for Disability Services](#) -Standards 1-6 inclusive

9. Legislation

[Accountability Principles 2014](#)
[Aged Care Act 1997](#) (Cth)
[Aged Care Quality and Safety Commission Act 2018](#) (Cth)
[Aged Care Quality and Safety Commission \(Code of Conduct and Banning Orders\) Rules 2022](#)
[Carers Recognition Act 2004](#) (WA)
[Health Practitioner Regulation National Law \(WA\) Act 2010](#)
[Health Services Act 2016](#) (WA)
[Information Principles 2014](#) (Cth)
[Mental Health Act 2014](#) (WA)
[National Insurance Disability Scheme Act 2013](#) (Cth)
[NDIS Restrictive Practices Rules 2018](#) (Cth)
[Quality of Care Principles 2014](#) (Cth)
[Records Principles 2014](#)
[Work Health and Safety Act 2020](#) (WA)

10. References

[AS2828.1 Australian Standard for Paper-based Health Records](#)
[WA Aboriginal Health and Wellbeing Framework 2015-2030](#)
[WA Country Healthy Service Aboriginal Health Strategy 2019-2024](#)

11. Related Forms

Nil

12. Related Policy Documents

WACHS [Residential Aged Care Services Guideline](#)
WACHS [Aged Care Criminal Record Screening Policy](#)
WACHS [Checklist for Respite Admission to all WACHS Aged Care Facilities](#)
WACHS [Complaints Management Procedure](#)
WACHS [Complaints Business Rules](#)
WACHS [Restraint Minimisation Policy](#)

13. Related WA Health System Policies

[Criminal Record Screening Policy and Guidelines](#)
[Information Access, Use and Disclosure Policy](#) - MP 0015/16

14. Policy Framework

[Clinical Governance Safety and Quality](#)

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

Contact:	Senior Project Officer		
Directorate:	Aged Care	EDRMS Record #	ED-CO-14-4198
Version:	7.00	Date Published:	2 May 2023

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