



Care and services in aged care homes

Information for approved providers

Achieving clear and consistent understanding of residential aged care responsibilities among providers, consumers and regulators has the potential to raise the quality of care residents receive without adding to regulation.

Role of this document

The role of this document is to:

- assist you to understand your care responsibilities toward residential aged care recipients ('residents'); and
- provide guidance about how Department of Health decision makers may apply relevant legislation.

Relevant legislation, available at the [Federal Register of Legislation](#) website, includes:

- *Aged Care Act 1997* (the Act);
- *Quality of Care Principles 2014* made under the Act; and
- *User Rights Principles 2014* made under the Act.

Specified care and services

The care and services you must provide to any resident as needed are set out in the Schedule of specified care and services for residential care services (Schedule 1, *Quality of Care Principles 2014*).

Additional guidance for each Item in the Schedule is at **Attachment A**:

- Examples have been developed in response to enquiries from providers, residents and their representatives and are not exhaustive.
- Examples provide additional guidance about the care and services included under each Item in the Schedule.
- Limited additional guidance about care and services that do not form part of an Item in the Schedule is provided where necessary to avoid doubt.

Other requirements for providing specified care and services

You must provide the specified care and services in a way that meets the:

- Accreditation Standards (Schedule 2 to the *Quality of Care Principles 2014*); and
- Charter of Residents' Rights and Responsibilities (Schedule 1 to the *User Rights Principles 2014*).

You must also comply with:

- relevant local, state and Australian Government regulatory requirements; and
- professional standards and guidelines.

Additional Service Fees

Whilst the Schedule sets out the minimum level of care and services that all aged care homes must deliver, residents have the right to request a product/service that meets their personal preferences, but is different to what is already provided. Where a product/service is clearly above the standard of that provided under the Schedule (e.g. luxury brand) and will directly benefit the resident, the aged care home is able to pass on the cost of the product/service as an additional service fee. This can either form part of a bundled package of services, or be a discrete fee charged for a specific item.

The resident must agree to the additional services and what they will be charged. If the resident agrees to the additional services fees, they should be itemised in the resident agreement, and only charged when the resident can access and benefit from the additional service provided.

More information on charging of additional fees is available on the Department's [website](#).

‘Ageing in place’ and resident security of tenure

All permanent residential aged care is provided on an ‘ageing in place’ basis. If a resident’s care needs change after entry to the service, you may ask the resident to leave only in accordance with the circumstances and procedures relating to security of tenure, set out in sections 6 and 7 of the *User Rights Principles 2014*.

Resident agreement

The resident agreement must specify a number of care-related matters, including:

- the care and services you have the capacity to provide to the resident;
- the policies and practices you will follow in setting fees for providing care and services; and
- the circumstances in which you may ask the resident to leave.

See section 59-1 of the Act and Part 2, Division 4 of the *User Rights Principles 2014* for details.

Legislation references

Quality of care – section 54-1 *Aged Care Act 1997* and *Quality of Care Principles 2014*

Additional fees – paragraph 56-1(e) *Aged Care Act 1997*

Resident security of tenure – paragraph 56-1(f) *Aged Care Act 1997* and sections 6 and 7 *User Rights Principles 2014*

Resident Agreement requirements – paragraph 56-1(h) and section 59-1 *Aged Care Act 1997* and Part 2, Division 4 *User Rights Principles 2014*

Version history

Version 1.0 – 29 August 2014

This document replaces previous guidance in the discontinued *Residential Care Manual*. Changes reflect the updated Schedule of Specified Care and Services for Residential Care Services (Schedule 1, *Quality of Care Principles 2014*) that commenced 1 July 2014, and responses to requests for clarification.

Amended Items and guidance in Attachment A

Item 1.3 Accommodation

Clarification of when additional fees may be charged for inspection of electrical equipment.

Item 1.4 Furnishings

Clarification of guidance about providing specialised chairs for residents. There is related deletion of previously duplicated guidance about specialised chairs at Item 3.2.

Item 1.9 Toiletry goods

Amendments to the Schedule consolidate all specified toiletry goods into Item 1.9.

Item 2.4 Treatments and procedures

Amendments to the Schedule consolidate all content on providing treatments and procedures into Item 2.4, including the provision of bandages, dressings, swabs and saline.

Updated guidance that providers may charge all residents for any medicines, whether prescription or over the counter.

Item 2.9 Support for care recipients with cognitive impairment

Updated guidance on developing and delivering individualised programs as required.

Item 3.2 Bedding materials

An amendment to the Schedule deletes restrainers as part of the Item's content.

Item 3.8 Nursing services

Amendments to the Schedule expand the description of the clinical decision process and recognise the roles and scopes of practice of the classes of nurses recognised by the *Health Practitioner Regulation National Law 2009*.

There is updated guidance on the roles and scopes of practice of registered nurses, including nurse practitioners, and enrolled nurses.

All guidance about provision of oxygen therapy is consolidated into this Item.

Item 3.11 Therapy services

Clarification that therapy services includes the costs of transporting and escorting residents exempt from additional fees for the Schedule's Part 3 care and services if a provider chooses as its business model to deliver specified therapy services off-site.

Deleted Items in Attachment A

Former Items 3.3, 3.7, 3.10 and 3.12 were deleted in the Schedule from 1 July 2014.

Version 2.0

Part 3 updated to reflect the introduction of Australian National-Aged Care Classification (AN-ACC). As a result, aged care homes can no longer charge some residents fees to deliver the needed care and services outlined in Part 3, regardless of the resident's classification level. Rather, the AN-ACC price and the National Weighted Activity Units (NWAUs) for each classification level are calculated based on the cost of providing all specified care and services to all residents.

Attachment A

Schedule 1 (*Quality of Care Principles 2014*) – Care and services for residential care services

PART 1 – Hotel services – to be provided for all care recipients who need them

Item 1.1 Administration

General operation of the residential care service, including documentation relating to care recipients.

Additional guidance

A provider cannot charge a resident for:

- registering the resident for a place on a waiting list
- preparing the resident agreement
- preparing invoices and statements for the resident's care
- Residents Handbook
- informing the resident of meetings
- booking fees,
 - excludes recipients of residential respite care
- translated material in the resident's preferred language explaining basic matters such as resident rights and responsibilities, complaints processes, food menus, and daily activity program.

A provider can charge a resident for:

- management of a resident trust account where such arrangements are voluntary
 - the resident must have the choice to handle their finances without placing their money in a trust account with the provider.

Item 1.2 Maintenance of buildings and grounds

Adequately maintained buildings and grounds.

Additional guidance

A provider cannot charge a resident for:

- gardening
- maintenance inside and outside the residential care service
- any repairs and replacements necessary because of normal wear and tear
 - excludes repairs and replacements necessary because of intentional damage.

Item 1.3 Accommodation

Utilities such as electricity and water.

Additional guidance

A provider cannot charge a resident for:

- inspection of the provider's electrical equipment for work health and safety purposes
 - includes testing and tagging of electrical equipment
- telephone sockets
- access to a pay telephone
- heating and cooling the residential care service to provide a comfortable environment for residents
 - excludes running costs of personal heating or cooling units provided and operated by the resident in addition to an effective heating or cooling system provided by the residential care service
- moving a resident from one bed or room to another within the residential care service when the move is not at the resident's request
 - conditions apply to moving a resident within the residential care service – see section 10 of the *User Rights Principles 2014* and section 17 of the *Fees and Payments Principles 2014 (No.2)* for details.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- a chair with arms to meet the resident's care, safety and comfort needs
 - if the resident is unable to walk or move about independently and cannot use a conventional arm chair, includes an arm chair with particular features to meet the resident's needs, such as an air, water or gel chair.

Item 1.5 Bedding

Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting.

Additional guidance

A provider cannot charge a resident for:

- a bed, a mattress and pillows that meet the resident's care, safety and comfort needs
 - includes as required a bed with particular features that meets the resident's needs, for example to accommodate the resident's height or weight.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- cleaning the resident's room and ensuite
 - includes any cleaning materials for the use of the resident if the resident chooses to maintain their personal area
- cleaning floor coverings
 - includes carpets.

Item 1.7 Waste disposal

Safe disposal of organic and inorganic waste material.

Additional guidance

A provider cannot charge a resident for:

- safe disposal of sharps and contaminated waste.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- general laundry, including washing and ironing clothing that can be machine washed
 - excludes hand-washing items of the resident's clothing
- a system to identify the resident's laundry items
 - excludes an effective alternative system of the resident's own choice
 - for example, a provider may charge a resident additional fees if the resident requests use of woven name tapes when the provider normally uses a laundry marking pen to ensure identification of residents' laundry.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- suitable soap, or soap substitute, if the resident's care needs mean the resident cannot use the soap normally provided
- denture cleaning products
 - excludes personal denture containers.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- quality food in accordance with the resident's individual nutritional needs
 - includes consultation with residents in menu planning
- special dietary items to meet the resident's individual medical, cultural or religious needs
 - includes, for example, vegetarian, kosher, halal food to meet cultural or religious needs
 - includes gluten free food, low fat food and thickened drinks to meet medical needs
 - includes nutritional supplements, if the resident is assessed by an appropriate health practitioner¹ as requiring a special dietary supplement to ensure their adequate nutrition and hydration.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- developing and delivering social activity programs in accordance with the resident's needs, wishes and abilities
 - includes consultation with the resident and/or their representative in program planning
 - excludes outing costs, for example transport, entry fees and purchased food.

Item 1.12 Emergency assistance

At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance.

Additional guidance

Consider the number of residents and their dependency levels in deciding the number and qualifications of emergency assistance personnel available.

PART 2 – Care and services – to be provided for all care recipients who need them

Item 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.

Additional guidance

A provider cannot charge a resident for:

- ensuring that all personal care needs are assessed and met
- non-custom made assistive devices, available for use as and when required, that enable the resident to maintain activities of daily living
 - excludes mobility aids and continence aids, see
Item 3.4 Goods to assist care recipients to move themselves
Item 3.6 Goods to assist with toileting and incontinence management.

Item 2.2 Meals and refreshments

Special diet not normally provided.

Additional guidance

A provider cannot charge a resident for:

- medically prescribed special diets or components of such diets
 - includes enteral feeding formula if needed.

If supported by medical certification of the resident's ongoing need, financial assistance may be available through the [Enteral Feeding Supplement](#) for enteral feeding formula provided enterally.

See also:

Item 1.10 Meals and refreshments

Item 2.3 Emotional support

Emotional support to, and supervision of, care recipients.

Additional guidance

A provider cannot charge a resident for:

- individual support in adjusting to life in the new environment and on an ongoing basis as required
- individual support in exercising rights under the Charter of Residents' Rights and Responsibilities
- access to support through counsellors, health practitioners¹, chaplains, community visitors and advocacy services.
 - excludes professional counselling fees.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- nurses coming into the residential care service to provide treatment in accordance with the resident's assessed needs
 - includes community or agency nurses carrying out tasks such as administration of regular injections, such as insulin injections, or provision of complex wound care
- physical assistance with taking both prescription and over the counter medicines, and ordering and reordering both prescription and over the counter medicines
- a system for safe ordering, reordering, storage and administration of medicines in accordance with relevant legislation
 - includes a medicine packaging system that forms part of the residential care service's chosen medicine administration system
 - excludes a different medicine administration system of the resident's personal choice.
- bandages and dressings required as part of treatments and procedures according to the instructions of a health professional¹.

A provider may charge a resident for:

- costs of medicines, whether prescription or over the counter.

Item 2.5 Recreational therapy

Recreational activities suited to care recipients, participation in the activities, and communal recreational equipment.

Additional guidance

A provider cannot charge a resident for:

- developing and delivering recreational activity programs that meet the resident's clinical needs, capabilities and preferences
 - includes consultation with the resident and/or their representative in program planning
 - includes catering to minority interests
 - excludes outing costs, for example transport, entry fees and purchased food
- communal recreation equipment.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- an appropriate health practitioner¹, such as a physiotherapist, occupational therapist or nurse practitioner, to assess the resident's rehabilitation support needs and to design a rehabilitation program
 - includes discussion with the resident and/or their representative about achievable goals
 - includes appointments at the residential care service or at the health practitioner's¹ premises
 - excludes delivery of the program – for requirements to deliver therapy services see Item 3.11 Therapy services.

See also:

- Item 2.8 Assistance in obtaining access to specialised therapy services
- Item 3.11 Therapy services

Item 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 directly with a health practitioner.

Additional guidance

A provider cannot charge a resident for:

- as required by the resident's needs, making arrangements for a health practitioner¹ to visit the resident at the residential care service or for the resident to visit the health practitioner¹ at their location
 - includes, but is not limited to, primary care, allied health, dental, and specialist health practitioners¹
 - includes arranging transport and escort of the resident to and from appointments
 - excludes costs of transport and/or escort of the resident to and from appointments.

Item 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.

Additional guidance

A provider cannot charge a resident for:

- as required by the resident's needs, making arrangements for a health practitioner¹ to visit the resident at the residential care service or for the resident to visit the health practitioner¹ at their location
 - includes arranging transport and escort of the resident to and from appointments
 - excludes costs of transport and/or escort of the resident to and from appointments.

See also:

- Item 2.6 Rehabilitation support
- Item 3.11 Therapy services

Item 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.

Additional guidance

A provider cannot charge a resident for:

- developing and delivering programs that meet the resident's needs and preferences, to reduce the incidence of behavioural and psychological symptoms of dementia and/or other conditions, and to enhance the quality of life and care for the resident.

PART 3 – Other care and services to be provided for all care recipients who need them

Item 3.1 Furnishings

Over-bed tables.

Item 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.

Item 3.3 – deleted

Item 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.

Item 3.5 Goods to assist staff to move care recipients

Mechanical devices for lifting care recipients, stretchers, and trolleys.

Item 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.

Additional guidance

Residents who meet the eligibility criteria may participate in the [Continence Aids Payment Scheme](#).

Stoma related products and supplies are available free of charge through the [Stoma Scheme](#) to any eligible resident.

Item 3.7 – deleted

Item 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;
- (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.

Additional guidance

Where a resident has an ongoing need for oxygen treatment, financial assistance is available through the [Oxygen Supplement](#).

Stoma related products and supplies are available free of charge through the [Stoma Scheme](#) to any eligible resident.

Role and scope of practice of registered nurses and enrolled nurses

The role and scope of practice of registered nurses (including nurse practitioners) and enrolled nurses is described in the [Nursing and Midwifery Board of Australia's National Competency Standards for the Registered Nurse](#) and *National Competency Standards for the Enrolled Nurse*.

The registered nurse practises independently and interdependently, including delegating care to enrolled nurses and health care workers. The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individuals and the multidisciplinary health care team to achieve goals and health outcomes.

The enrolled nurse is an associate to the registered nurse and works under the direction and supervision of the registered nurse. Under assessment and care planning, the enrolled nurse may contribute to the formulation of care plans through:

- the collection and reporting of data regarding the health and functional status of individuals and groups;
- participating with the registered nurse in identifying expected health outcomes; and
- participating with the registered nurse in evaluation of progress toward expected health outcomes and reformulation of care plans.

Item 3.9 – deleted

Item 3.10 – deleted

Item 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.

See also:

- Item 2.6 Rehabilitation support
- Item 2.8 Assistance in obtaining access to specialised therapy services

Item 3.12 – deleted

'Health professional' and 'health practitioner'

'Health professional' and 'health practitioner' includes, but is not limited to, a member of the following professions when working within their scope of practice:

- Aboriginal and Torres Strait Islander Health Worker
- Audiologists
- Dentists
- Dieticians
- Diversional Therapists
- Exercise Physiologists
- Doctors
- Nurses
- Occupational Therapists
- Optometrists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychiatrists
- Psychologists
- Social Workers
- Speech Pathologists.

If a profession is regulated through the *Health Practitioner National Regulation Law 2009*, the scope of practice is that established by the National Board for the profession.

'Health professional' and 'health practitioner' does not include:

- Assistants-in-Nursing and Personal Care Workers (however titled)
- Therapy Assistants (however titled).

Endnotes

¹ For additional guidance about health professionals and health practitioners, see page 20 of this document.