



Quality Agency Principles 2013

made under section 53 of the

Australian Aged Care Quality Agency Act 2013

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About this compilation

This compilation

This is a compilation of the *Quality Agency Principles 2013* that shows the text of the law as amended and in force on 27 February 2017 (the *compilation date*).

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

Uncommenced amendments

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

Application, saving and transitional provisions for provisions and amendments

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

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

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

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Chapter 1—Preliminary

1.1 Name of principles

These principles are the *Quality Agency Principles 2013*.

1.3 Authority

These principles are made under section 53 of the *Australian Aged Care Quality Agency Act 2013*.

1.4 Definitions

In these principles:

Accountability Principles means the Accountability Principles in force under section 96-1 of the Aged Care Act.

accredited service means:

- (a) a residential care service that is accredited under:
 - (i) these principles; or
 - (ii) the *Accreditation Grant Principles 2011* (as in force at any time before they were repealed); or
 - (iii) the *Accreditation Grant Principles 1999* (as in force at any time before they were revoked); or
- (b) a residential care service for which a determination under section 42-5 of the Aged Care Act is in force; or
- (c) a flexible care service that is accredited under these principles or that is taken to be an accredited service.

Note: See section 5.1 for when a flexible care service is taken to be an accredited service.

Aged Care Act means the *Aged Care Act 1997*.

assessment contact:

- (a) for an accredited service—has the meaning given by section 2.30; and
- (b) for a home care service or a flexible care service through which short-term restorative care is provided in a home care setting—has the meaning given by section 3.14.

assessment team:

- (a) for a site audit—means an assessment team appointed under subsection 2.59(1); and
- (b) for a review audit—means an assessment team appointed under subsection 2.59(2).

care recipient:

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- (a) of a residential care service—means a person who is being provided with residential care by a residential care service; and
- (b) of a home care service—means a person who is being provided with home care by a home care service; and
- (c) of a flexible care service through which short-term restorative care is provided—a person who is being provided with short-term restorative care by the flexible care service.

commencing service has the meaning given by section 1.5.

entrusted person means a person who is or was:

- (a) the CEO of the Quality Agency; or
- (b) a person assisting the CEO under section 27 of the Quality Agency Act; or
- (c) a consultant to the CEO under section 28 of the Quality Agency Act; or
- (d) a member of the staff of the Quality Agency; or
- (e) a member of an assessment team.

externally accredited service has the meaning given by section 1.6.

final quality review report means a report prepared under subsection 3.10(1).

flexible care place means a capacity within a flexible care service for provision of flexible care in the form of short-term restorative care to a person.

flexible care service has the meaning given by the Dictionary in Schedule 1 to the Aged Care Act.

Flexible Care Standards means the Flexible Care Standards set out in the Quality of Care Principles made under section 96-1 of the Aged Care Act.

home care setting has the meaning given by section 4 of the *Subsidy Principles 2014*.

identifying information means:

- (a) information that could identify a care recipient or former care recipient, or a representative of a care recipient or former care recipient, of a residential care service, a home care service or a flexible care service through which short-term restorative care is provided as a person who has given information to an entrusted person about the care and services provided by the approved provider of the service; or
- (b) information that could identify any other person as a person who has provided information to an entrusted person about the approved provider of a residential care service, a home care service or a flexible care service through which short-term restorative care is provided, if the other person asked the entrusted person, when providing the information, to keep the other person's identity confidential.

interim quality review report means a report prepared under subsection 3.9(1).

permanent resident, of a country, means a person who is usually resident in the country and whose continued lawful presence in the country is not subject to a limitation as to time imposed by law.

place has the meaning given by clause 1 of Schedule 1 to the Aged Care Act.

plan for continuous improvement:

- (a) for an accredited service—has the meaning given by section 2.28; and
- (b) for a home care service or a flexible care service through which short-term restorative care is provided in a home care setting—has the meaning given by section 3.12.

police certificate, for a person, means a report prepared by the Australian Federal Police, or the police force or police service of a State or Territory, about the person's criminal conviction record.

previously accredited service means:

- (a) a residential care service, or a flexible care service through which short-term restorative care is provided, that was, but is no longer, an accredited service; or
- (b) a flexible care service through which short-term restorative care is provided that was, but is no longer, an externally accredited service; or
- (c) a flexible care service through which short-term restorative care is provided that is taken to be a previously accredited service.

Note: See section 5.2 for when a flexible care service through which short-term restorative care is provided is taken to be a previously accredited service.

Quality Agency Act means the *Australian Aged Care Quality Agency Act 2013*.

Quality Agency Reporting Principles means the Quality Agency Reporting Principles in force under section 96-1 of the Aged Care Act.

quality reviewer means a member of the staff of the Quality Agency to whom powers or functions of the CEO of the Quality Agency in relation to the quality review of home care services or flexible care services have been delegated under subsection 54(1) of the Quality Agency Act.

re-accreditation, for an accredited service or a previously accredited service, means accreditation of the service for a further period.

relevant home care service has the meaning given by section 3.2.

relevant person, for a decision mentioned in column 1 of an item in the table in section 2.66, means the person mentioned in column 3 of that item.

representative, for a care recipient of a residential care service, a home care service or a flexible care service through which short-term restorative care is provided, means a person notified to the approved provider of the service as acting for the care recipient.

residential care place means a capacity within a residential care service for provision of residential care to an individual.

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residential care service includes a commencing service.

residential care setting has the meaning given by section 4 of the *Subsidy Principles 2014*.

review audit, of an accredited service, means an audit of the service conducted under Division 4 of Part 2 of Chapter 2.

review audit report has the meaning given by subsection 2.41(1).

self-assessment information:

- (a) for a residential care service—means written information from the approved provider of the service that demonstrates the provider’s performance, in relation to the service, against the Accreditation Standards; and
- (b) for a home care service—means written information from the approved provider of the service that demonstrates the provider’s performance, in relation to the service, against the Home Care Standards; and
- (c) for a flexible care service through which short-term restorative care is provided—means written information from the approved provider of the service that demonstrates the provider’s performance, in relation to the service, against the Flexible Care Standards that apply to the service.

short-term restorative care has the meaning given by section 4 of the *Subsidy Principles 2014*.

site audit, of a residential care service or a flexible care service through which short-term restorative care is provided, means an audit of the service conducted under Subdivision B of Division 3 of Part 1 of Chapter 2.

site audit report has the meaning given by subsection 2.17(1).

site visit, in relation to a home care service or a flexible care service through which short-term restorative care is provided, means a visit, under Division 2 of Part 2 of Chapter 3, to the premises of the approved provider of the service.

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

- (a) Accreditation Standards;
- (b) CEO;
- (c) Home Care Standards;
- (d) protected information;
- (e) Quality Agency;
- (f) quality assessor.

1.5 Meaning of *commencing service*

- (1) A residential care service is a **commencing service** if:
 - (a) an approved provider has been allocated places, under Division 14 of the Aged Care Act, for the service; and
 - (b) residential care has not previously been provided for those places through that service; and

(c) the service is not an accredited service or a previously accredited service.

Note: A change in the approved provider to which places are allocated for a residential care service, or a change in the location of a residential care service, does not make the service a commencing service.

(2) A flexible care service through which short-term restorative care is provided in a residential care setting is a **commencing service** if:

- (a) the short-term restorative care is provided in a facility where residential care is provided through a residential care service; and
- (b) that residential care service is a commencing service; and
- (c) the flexible care service is not an externally accredited service.

1.6 Meaning of *externally accredited service*

A flexible care service through which short-term restorative care is provided is an **externally accredited service** if:

- (a) an approved provider has been allocated flexible care places, under Division 14 of the Aged Care Act, for the flexible care service; and
- (b) short-term restorative care has not previously been provided for those places through the service; and
- (c) the service is not, and has never previously been, accredited under these principles; and
- (d) the service is not taken to be an accredited service or a previously accredited service; and
- (e) the approved provider has not previously received residential care subsidy, home care subsidy or flexible care subsidy under Chapter 3 of the Aged Care Act or under Chapter 3 of the *Aged Care (Transitional Provisions) Act 1997*; and
- (f) either:
 - (i) there is in force an accreditation of the service issued by a government body (other than the Quality Agency); or
 - (ii) there is in force an accreditation of the service issued by a non-government body and the Secretary has notified the approved provider, in writing, that the non-government body is approved for the purposes of this subparagraph.

Note: See sections 5.1 and 5.2 for when a flexible care service is taken to be an accredited service or a previously accredited service.

Chapter 2—Residential care services and certain flexible care services

Part 1—Accreditation

Division 1—Applications for accreditation or re-accreditation

2.1 Purpose of this Division

The purpose of this Division is to provide for applications to be made for:

- (a) accreditation of a commencing service; or
- (b) re-accreditation of an accredited service; or
- (c) re-accreditation of a previously accredited service.

2.2 Application for accreditation or re-accreditation

- (1) An approved provider of a commencing service may apply to the CEO of the Quality Agency for accreditation of the service.
- (2) An approved provider of an accredited service, or a previously accredited service, may apply to the CEO of the Quality Agency for re-accreditation of the service.

2.3 Requirements for application for accreditation or re-accreditation

- (1) An application by an approved provider under section 2.2 must:
 - (a) be in writing; and
 - (b) be in the form approved by the CEO of the Quality Agency; and
 - (c) include an undertaking by the approved provider to undertake continuous improvement in relation to the relevant service, measured against the Accreditation Standards or Flexible Care Standards (as applicable), if the service is accredited or re-accredited; and
 - (d) be accompanied by the applicable application fee.
- (2) The application may be accompanied by self-assessment information in relation to the relevant service.

2.4 Acceptance of application

The CEO of the Quality Agency must not accept an application made under section 2.2 if the application does not comply with subsection 2.3(1).

Division 2—Assessment and decision: accreditation of commencing services

2.6 Purpose of this Division

The purpose of this Division is to set out how a decision is to be made on an application made under section 2.2 for accreditation of a commencing service.

Note: The CEO of the Quality Agency must not accept an application made under section 2.2 if the application does not comply with subsection 2.3(1) (see section 2.4).

2.7 CEO must make decision on application

- (1) Within 16 days after the CEO of the Quality Agency receives the application, the CEO must decide:
 - (a) to accredit the commencing service; or
 - (b) not to accredit the commencing service.
- (2) However, the decision may be made by a later date agreed by the CEO and the approved provider.
- (3) In making a decision under subsection (1), the CEO:
 - (a) must take into account:
 - (i) the application; and
 - (ii) any relevant information about the approved provider of the service given to the CEO by the Secretary; and
 - (iii) whether the CEO is satisfied that the approved provider of the service will undertake continuous improvement in relation to the service, measured against the Accreditation Standards or Flexible Care Standards (as applicable), if the service is accredited; and
 - (b) may take into account any other relevant matter.
- (4) The CEO must record, in writing, the decision on the application and the reasons for the decision.

Note 1: Requirements for notifying the approved provider of the decision are set out in Division 4.

Note 2: The approved provider may request reconsideration of a decision not to accredit the service (see Part 6).

2.8 Decision to accredit commencing service

- (1) If the CEO of the Quality Agency decides to accredit the commencing service, the CEO must:
 - (a) accredit the service for 1 year; and
 - (b) decide whether there are any areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and

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Part 1 Accreditation

Division 2 Assessment and decision: accreditation of commencing services

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- (c) decide the arrangements for assessment contacts with the approved provider of the service.
- (2) The CEO must record, in writing, the decisions mentioned in subsection (1).

Division 3—Assessment and decision: re-accreditation of accredited and previously accredited services

Subdivision A—Preliminary

2.9 Purpose of this Division

The purpose of this Division is to set out how a decision is to be made on an application made under section 2.2 for:

- (a) re-accreditation of an accredited service; or
- (b) re-accreditation of a previously accredited service.

Note: The CEO of the Quality Agency must not accept an application made under section 2.2 if the application does not comply with subsection 2.3(1) (see section 2.4).

Subdivision B—Site audit

2.10 Action after receiving application

As soon as practicable after receiving an application under section 2.2, the CEO of the Quality Agency must:

- (a) appoint an assessment team to conduct a site audit of the service (in this Division called the *relevant service*) to which the application relates; and
- (b) consult with the approved provider of the service about when the site audit will be conducted.

Note: Part 4 deals with the appointment of assessment teams.

2.11 Notification of site audit

Within 28 days after receiving an application under section 2.2, the CEO of the Quality Agency must:

- (a) notify the approved provider of the relevant service, in writing, of:
 - (i) the date or dates on which the site audit of the service is to be conducted; and
 - (ii) the full names of each member of the assessment team that is to conduct the site audit; and
 - (iii) the form of words to be used to tell care recipients of the service about the site audit; and
- (b) give the approved provider a poster to inform the care recipients about the site audit.

2.12 Approved provider must inform care recipients about site audit

- (1) The approved provider of the relevant service must take all reasonable steps to ensure that each care recipient, or the care recipient's representative, is made aware:
 - (a) that a site audit of the service is to be conducted; and

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- (b) of the date or dates on which the site audit is to be conducted; and
 - (c) that the care recipients and representatives will be given an opportunity to talk to members of the assessment team that is to conduct the site audit.
- (2) For subsection (1), the reasonable steps must include, but are not limited to, the following:
- (a) giving information in writing to each care recipient, and the care recipient's representative (if any), including the form of words given to the approved provider under subparagraph 2.11(a)(iii);
 - (b) displaying copies of the poster given to the approved provider under paragraph 2.11(b) in one or more prominent places within the relevant service.
- (3) The approved provider must take the steps mentioned in subsection (1) not less than 21 days before the first day of the site audit.
- (4) However, if the CEO does not give the approved provider at least 21 days notice of the date of the site audit, the approved provider must take the steps mentioned in subsection (1) as soon as possible after being notified of the date.

2.13 Self-assessment information

The approved provider of the relevant service must, before or during the site audit of the service, give self-assessment information for the service to the assessment team.

Note: *Self-assessment information* is defined in section 1.4.

2.14 Conducting the site audit

- (1) The assessment team must conduct the site audit of the relevant service:
- (a) at the premises of the service; and
 - (b) in accordance with any directions given to the team by the CEO of the Quality Agency.
- (2) In conducting the site audit, the assessment team must:
- (a) act consistently with any provisions of the Accountability Principles applying to the audit; and
 - (b) assess the quality of care and services provided through the service against the Accreditation Standards or Flexible Care Standards (as applicable); and
 - (c) consider any relevant information about the quality of care and services provided through the service that was given to the team:
 - (i) by a care recipient or former care recipient of the service; or
 - (ii) by a representative of a person mentioned in subparagraph (i) on behalf of the person; and
 - (d) consider any relevant information about the approved provider of the service given to the team by the Secretary; and
 - (e) consider any relevant information given to the team by the approved provider of the service, including the self-assessment information given under section 2.13.

2.15 Site audit meetings

- (1) The assessment team must meet the approved provider of the relevant service daily during the site audit to discuss the progress of the audit.
- (2) The assessment team must also meet at least 10% of the care recipients of the service, or the care recipients' representatives, during the site audit to discuss the care and services they are receiving.
- (3) If a care recipient of the service, or a care recipient's representative, asks to meet the assessment team during the site audit, the approved provider must allow the team to meet the care recipient or representative privately.

2.16 Report of major findings

- (1) On the last day of the site audit of the relevant service, the assessment team must give the approved provider of the service a written report of matters that the team considers are the major findings of the site audit.
- (2) The approved provider may, within 14 days after receiving the report, give the CEO of the Quality Agency a written response to the report.

2.17 Site audit report

- (1) The assessment team must prepare a written report (the *site audit report*) about the site audit of the relevant service.
- (2) The site audit report:
 - (a) must include an assessment of the approved provider's performance, in relation to the service, against the Accreditation Standards or Flexible Care Standards (as applicable); and
 - (b) may also include any other matters the assessment team considers relevant.
- (3) Within 14 days after the site audit is completed, the assessment team must give the CEO of the Quality Agency:
 - (a) the site audit report; and
 - (b) a copy of the report of major findings mentioned in subsection 2.16(1).

Note: The assessment team must not disclose certain information to the approved provider (see section 4.1).

Subdivision C—Decision on application for re-accreditation**2.18 CEO must make decision on application**

- (1) Within 28 days after receiving the site audit report for the relevant service under subsection 2.17(3), the CEO of the Quality Agency must decide:
 - (a) to re-accredit the service; or
 - (b) not to re-accredit the service.

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- (2) However, the decision may be made by a later date agreed by the CEO and the approved provider.
- (3) In making the decision, the CEO:
 - (a) must take into account:
 - (i) the site audit report for the service; and
 - (ii) any response given to the CEO by the approved provider under subsection 2.16(2); and
 - (iii) any relevant information given to the CEO, or to the assessment team that conducted the site audit, by a care recipient or former care recipient of the accredited service, or by a representative of a care recipient or former care recipient of the service; and
 - (iv) any relevant information about the approved provider given to the CEO by the Secretary; and
 - (v) whether the CEO is satisfied that the approved provider will undertake continuous improvement in relation to the service, measured against the Accreditation Standards or Flexible Care Standards (as applicable), if the service is re-accredited; and
 - (b) may take into account any other relevant matter.
- (4) The CEO must record, in writing, the decision on the application and the reasons for the decision.

Note 1: Requirements for notifying the approved provider of the decision are set out in Division 4.

Note 2: The approved provider may request reconsideration of a decision not to re-accredit the service (see Part 6).

2.19 Decision to re-accredit relevant service

- (1) If the CEO of the Quality Agency decides to re-accredit the relevant service, the CEO must decide:
 - (a) the further period for which the service is to be accredited; and
 - (b) whether there are any areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and
 - (c) the arrangements for assessment contacts with the approved provider of the service.
- (2) The CEO must record, in writing, the decision about the matters mentioned in subsection (1).

Note: The approved provider may request reconsideration of the further period of accreditation (see Part 6).

2.20 Decision not to re-accredit relevant service

- (1) If the CEO of the Quality Agency decides not to re-accredit the relevant service, the CEO must decide:

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- (a) whether there are any areas in which improvements in relation to the service would be necessary to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and
 - (b) if the decision relates to an accredited service—the arrangements for assessment contacts with the approved provider of the service.
- (2) The CEO must record, in writing, the decision about the matters mentioned in subsection (1).

2.21 Decision to revoke accreditation of accredited service

- (1) This section applies if the CEO of the Quality Agency decides, under section 2.18, not to re-accredit an accredited service.
- (2) The CEO may also revoke the service’s accreditation.
- (3) If the CEO decides to revoke the service’s accreditation, the CEO must decide the date on which the revocation is to take effect.
- (4) The CEO must record, in writing, the decisions mentioned in subsections (2) and (3).

Note 1: Section 2.25 sets out the requirements for notifying the approved provider of the revocation decision.

Note 2: The approved provider may request reconsideration of a decision to revoke the service’s accreditation (see Part 6).

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Division 4—Notification of decision on application for accreditation or re-accreditation

2.22 Purpose of this Division

The purpose of this Division is to set out how the CEO of the Quality Agency must notify an approved provider, who has made an application under section 2.2 for accreditation, or re-accreditation, of a residential care service or a flexible care service through which short-term restorative care is provided, of the CEO's decision on the application.

2.23 Notification of decision to accredit or re-accredit service

- (1) This section applies if the CEO of the Quality Agency makes a decision:
 - (a) to accredit a commencing service under paragraph 2.7(1)(a); or
 - (b) to re-accredit an accredited service, or a previously accredited service, under paragraph 2.18(1)(a).
- (2) The CEO must notify the approved provider of the service, in writing, of:
 - (a) the decision; and
 - (b) the reasons for the decision; and
 - (c) the period of accreditation or further accreditation; and
 - (d) for a decision to re-accredit a service—how the approved provider may apply for reconsideration of the further period of accreditation; and
 - (e) any areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with, and the timetable for making the improvements; and
 - (f) the arrangements for assessment contacts with the approved provider of the service; and
 - (g) the circumstances in which a review audit of the service may be conducted; and
 - (h) how the approved provider may apply for re-accreditation of the service.

Note: The CEO must also notify the Secretary of the decision (see the Quality Agency Reporting Principles).

- (3) The CEO must give the approved provider a certificate of accreditation for the service stating the period of accreditation or further period of accreditation.
- (4) If the decision relates to an accredited service, or a previously accredited service, the CEO must give the approved provider a copy of the site audit report.

Note: Section 4.1 prohibits the disclosure of certain information to the approved provider.
- (5) The CEO must comply with subsection (2) and, if applicable, subsection (4) within 14 days after making the decision.

2.24 Notification of decision not to accredit or not to re-accredit service

- (1) This section applies if the CEO of the Quality Agency makes a decision:
 - (a) not to accredit a commencing service under paragraph 2.7(1)(b); or
 - (b) not to re-accredit an accredited service, or a previously accredited service, under paragraph 2.18(1)(b).
- (2) The CEO must notify the approved provider of the service, in writing, of:
 - (a) the decision; and
 - (b) the reasons for the decision; and
 - (c) any areas in which improvements in relation to the service would be necessary to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and
 - (d) if the decision relates to an accredited service—the arrangements for assessment contacts with the approved provider of the service; and
 - (e) how the approved provider may apply for reconsideration of the decision.

Note: The CEO must also notify the Secretary of the decision (see the Quality Agency Reporting Principles).

- (3) The CEO must give the approved provider a copy of any information given to the CEO by the Secretary that was taken into account in making the decision.
- (4) If the decision relates to an accredited service, or a previously accredited service, the CEO must give the approved provider a copy of the site audit report.

Note: Section 4.1 prohibits the disclosure of certain information to the approved provider.
- (5) The CEO must comply with this section within 14 days after making the decision.

2.25 Notification of decision to revoke accreditation of accredited service

- (1) This section applies if the CEO of the Quality Agency makes a decision under subsection 2.21(2) to revoke an accredited service's accreditation.
- (2) The CEO must notify the approved provider of the service, in writing, of:
 - (a) the decision; and
 - (b) the reasons for the decision; and
 - (c) the date the revocation is to take effect; and
 - (d) any areas in which improvements in relation to the service would be necessary to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and
 - (e) the arrangements for assessment contacts with the approved provider of the service; and
 - (f) how the approved provider may apply for reconsideration of the decision.

Note: The CEO must also notify the Secretary of the decision (see the Quality Agency Reporting Principles).

- (3) The CEO must comply with this section within 14 days after making the decision.

Division 5—Publication of decisions

2.26 CEO must publish accreditation decisions

- (1) This section applies to the following decisions made by the CEO of the Quality Agency:
 - (a) a decision, under subsection 2.7(1), to accredit or not to accredit a commencing service;
 - (b) a decision, under subsection 2.18(1), to re-accredit or not to re-accredit an accredited service, or a previously accredited service;
 - (c) a decision, under subsection 2.21(2) to revoke the accreditation of an accredited service.
- (2) The CEO must, as soon as practicable after making a decision mentioned in subsection (1) (other than a decision that is subject to reconsideration under Part 6), publish on the Quality Agency's website:
 - (a) the decision; and
 - (b) any site audit report considered in making the decision.
- (3) If:
 - (a) a decision mentioned in subsection (1) is subject to reconsideration under Part 6; and
 - (b) no request for reconsideration of the decision has been made within the period mentioned in paragraph 2.67(2)(c);the CEO must, within 28 days after the last day when a request for reconsideration of the decision could have been made under section 2.67, publish on the Quality Agency's website:
 - (c) the decision; and
 - (d) any site audit report considered in making the decision.
- (4) However, the CEO must not disclose (whether by publishing or otherwise making available) protected information unless the disclosure is authorised under Part 7 of the Quality Agency Act.

Note: If a request for reconsideration of the decision is made, the reconsideration decision must be published under section 2.71.

Note: *Protected information* is defined in section 3 of the Quality Agency Act.

Part 2—Monitoring of accredited services

Division 1—Preliminary

2.27 Purpose of this Part

The purpose of this Part is to set out the responsibilities, in relation to an accredited service, of:

- (a) the CEO of the Quality Agency; and
- (b) the approved provider of the service.

Division 2—Continuous improvement

2.28 Approved provider must have plan for continuous improvement

The approved provider of an accredited service must have a written plan (a *plan for continuous improvement*) that explains how the approved provider will comply with its obligations of continuous improvement in relation to the service:

- (a) under the Accreditation Standards or Flexible Care Standards (as applicable); and
- (b) in relation to any areas identified by the CEO of the Quality Agency as areas in which improvements in relation to the service are needed to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with.

Note: The approved provider must revise the plan for continuous improvement if the CEO finds that the approved provider has failed to comply with the Accreditation Standards or Flexible Care Standards (as applicable) (see section 2.63).

2.29 Approved provider must make plan available to CEO and assessment teams

- (1) The approved provider of an accredited service must, on request by the CEO of the Quality Agency, make a copy of the plan for continuous improvement for the service available to the CEO.
- (2) If:
 - (a) an assessment team is conducting a site audit or a review audit of an accredited service; and
 - (b) the team requests the approved provider of the service to make a copy of the plan for continuous improvement for the service available to the team; the approved provider must do so.

Division 3—Assessment contacts

2.30 Meaning of *assessment contact* for an accredited service

In these principles, an *assessment contact* for an accredited service is any form of contact (other than a site audit or a review audit) between:

- (a) the CEO of the Quality Agency or a quality assessor; and
- (b) the approved provider of the service;

for one or more of the following purposes:

- (c) to assess the approved provider's performance, in relation to the service, against the Accreditation Standards or Flexible Care Standards (as applicable);
- (d) to assist the approved provider's process of continuous improvement in relation to the service;
- (e) to identify whether there is a need for a review audit of the service;
- (f) to give the approved provider additional information or education about the accreditation process and requirements.

2.30A Assessment contacts for certain accredited services with the same approved provider

If a residential care service and a flexible care service through which short-term restorative care is provided in a residential care setting have the same approved provider, the CEO of the Quality Agency may, if he or she considers it appropriate to do so, perform an assessment contact for both services at the same time.

2.31 CEO may vary arrangements for assessment contacts

- (1) The CEO of the Quality Agency may vary the arrangements for assessment contacts notified to the approved provider of an accredited service under these principles.

Note 1: The CEO is required to decide the arrangements for assessment contacts with the approved provider of a service when deciding whether to accredit or re-accredit the service (see sections 2.8, 2.19 and 2.20) or after a review audit of the service (see sections 2.43 and 2.44).

Note 2: *Assessment contact* is defined in section 1.4.

- (2) If the CEO varies the arrangements for assessment contacts under subsection (1), the CEO must notify the approved provider, in writing, of the new arrangements.

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2.32 Informing care recipients of assessment contact in the form of visit to service

If an assessment contact notified to the approved provider of an accredited service under these principles is to be made in the form of a visit to the premises of the service:

- (a) the CEO must, before making the visit, give the approved provider a poster to inform the care recipients of the service about the assessment contact; and
- (b) the approved provider must, as soon as practicable after receiving the poster, display it in one or more prominent places within the service.

2.33 Additional assessment contacts

Assessment contacts with the approved provider of an accredited service may be made, without notice, in addition to the assessment contacts notified to the approved provider under these principles.

2.34 Action following assessment contact

Within 21 days after making an assessment contact (including an assessment contact made under section 2.33) with the approved provider of an accredited service, the CEO of the Quality Agency must notify the approved provider, in writing, of:

- (a) any variations to the arrangements for future assessment contacts notified to the approved provider under these principles; and
- (b) any areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with, and the timetable for making the improvements.

Division 4—Review audit

2.35 When a review audit is to be conducted

- (1) The CEO of the Quality Agency may arrange for a review audit of an accredited service to be conducted if:
 - (a) the CEO considers, on reasonable grounds, that the approved provider of the service may not be complying with the Accreditation Standards or Flexible Care Standards (as applicable) or the approved provider's other responsibilities under the Aged Care Act in relation to the service; or
 - (b) there has been a change that the approved provider is required to notify the Secretary of under section 9-1 of the Aged Care Act; or
 - (c) there has been a transfer of allocated places in relation to the service under section 16-1 of the Aged Care Act; or
 - (d) the premises at which the service is conducted have changed since the service was accredited; or
 - (e) the approved provider of the service has not complied with the arrangements made for assessment contacts; or
 - (f) the approved provider of the service has requested reconsideration of a decision mentioned in item 2, 3, 4 or 5 of the table in section 2.66.

Note: Section 9-1 of the Aged Care Act requires an approved provider to notify the Secretary of any of the following:

- (a) a change of circumstances that materially affects the approved provider's suitability to be a provider of aged care;
 - (b) a change to any of the approved provider's key personnel.
- (2) The CEO must arrange for a review audit of an accredited service to be conducted if the Secretary requests the CEO to do so.

2.36 Appointment of assessment team

- (1) This section and sections 2.37 to 2.41 apply if the CEO of the Quality Agency:
 - (a) decides, under subsection 2.35(1), to arrange for a review audit of an accredited service to be conducted; or
 - (b) is required, under subsection 2.35(2), to arrange for a review audit of an accredited service to be conducted.
- (2) The CEO must appoint an assessment team to conduct the review audit.

Note: Part 4 deals with the appointment of assessment teams.

2.37 Informing care recipients of review audit

- (1) The CEO of the Quality Agency, or the assessment team appointed to conduct the review audit of the accredited service, must give the approved provider of the service a poster to inform the care recipients of the service about the review audit.

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- (2) The approved provider must, as soon as practicable, display the poster in one or more prominent places within the service.

2.38 Conducting the review audit

- (1) The assessment team must conduct the review audit of the accredited service:
 - (a) at the premises of the service; and
 - (b) in accordance with any directions given to the team by the CEO of the Quality Agency.
- (2) In conducting the review audit, the assessment team must:
 - (a) act consistently with any provisions of the Accountability Principles applying to the audit; and
 - (b) assess the quality of care and services provided through the service against the Accreditation Standards or Flexible Care Standards (as applicable); and
 - (c) consider any relevant information about the quality of care or services provided through the service that was given to the team:
 - (i) by a care recipient or former care recipient of the service; or
 - (ii) by a representative of a person mentioned in subparagraph (i) on behalf of the person; and
 - (d) consider any relevant information about the approved provider given to the team by the Secretary; and
 - (e) consider any relevant information given to the team by the approved provider.

Note: The assessment team must not disclose certain information to the approved provider (see section 4.1).

2.39 Review audit meetings

- (1) The assessment team must meet the approved provider of the accredited service daily during the review audit to discuss the progress of the audit.
- (2) The assessment team must also meet at least 10% of the care recipients of the accredited service, or the care recipients' representatives, during the review audit to discuss the care and services they are receiving.
- (3) If a care recipient of the service, or a care recipient's representative, asks to meet the assessment team during the review audit, the approved provider must allow the team to meet the care recipient or representative privately.

2.40 Report of major findings

- (1) On the last day of the review audit of the accredited service, the assessment team must give the approved provider of the service a written report of matters that the team considers are the major findings of the review audit.
- (2) The approved provider may, within 7 days after receiving the report, give the CEO of the Quality Agency a written response to the report.

2.41 Review audit report

- (1) The assessment team must prepare a written report (the *review audit report*) about the review audit of the accredited service.
- (2) The review audit report:
 - (a) must include an assessment of the approved provider's performance, in relation to the service, against the Accreditation Standards or Flexible Care Standards (as applicable); and
 - (b) may also include any other matters the assessment team considers relevant.
- (3) Within 7 days after the review audit is completed, the assessment team must:
 - (a) give the following to the CEO of the Quality Agency:
 - (i) the review audit report;
 - (ii) a copy of the report of major findings mentioned in subsection 2.40(1); and
 - (b) give a copy of the review audit report to the approved provider of the service.

Note: The assessment team must not disclose certain information to the approved provider (see section 4.1).

Division 5—Decision following review audit

2.42 CEO must make decision about accreditation of service after receiving review audit report

- (1) Within 14 days after receiving a review audit report about an accredited service, the CEO of the Quality Agency must:
 - (a) decide:
 - (i) to revoke the accreditation of the service from a specified date; or
 - (ii) not to revoke the accreditation of the service; and
 - (b) if the CEO decides not to revoke the service's accreditation—decide whether to vary the period for which the service is accredited.
- (2) In making the decisions mentioned in subsection (1), the CEO:
 - (a) must take into account:
 - (i) the review audit report; and
 - (ii) any response given to the CEO by the approved provider under subsection 2.40(2); and
 - (iii) any relevant information given to the CEO, or to the assessment team that conducted the review audit, by a care recipient or former care recipient of the accredited service, or by a representative of a care recipient or former care recipient; and
 - (iv) any relevant information about the approved provider given to the CEO by the Secretary; and
 - (v) whether the CEO is satisfied that the approved provider will undertake continuous improvement in relation to the service, measured against the Accreditation Standards or Flexible Care Standards (as applicable), if the service's accreditation is not revoked; and
 - (b) may take into account any other relevant matter.
- (3) The CEO must record, in writing, the decisions made under subsection (1) and the reasons for the decisions.

Note 1: Requirements for notifying the approved provider of the decisions are set out in Division 6.

Note 2: The approved provider may request reconsideration of a decision to revoke the service's accreditation or vary the period of the service's accreditation (see Part 6).

2.43 Decision to revoke accreditation of service

- (1) If the CEO of the Quality Agency decides under subparagraph 2.42(1)(a)(i) to revoke the accreditation of an accredited service, the CEO must decide:
 - (a) whether there are any areas in which improvements in relation to the service would be necessary to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and

- (b) the arrangements for assessment contacts with the approved provider of the service.
- (2) The CEO must record, in writing, the decision about the matters mentioned in subsection (1).

2.44 Decision not to revoke accreditation of service

- (1) If the CEO of the Quality Agency decides under subparagraph 2.42(1)(a)(ii) not to revoke the accreditation of an accredited service, the CEO must decide:
 - (a) whether there are any areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with, and the timetable for making the improvements; and
 - (b) the arrangements for assessment contacts with the approved provider of the service.
- (2) The CEO must record, in writing, the decision about the matters mentioned in subsection (1).
- (3) Subsection (1) applies whether or not the CEO decides to vary the period of accreditation of the service under paragraph 2.42(1)(b).

Division 6—Notification of decision following review audit

2.45 Notification of decision to revoke accreditation of service

- (1) This section applies if the CEO of the Quality Agency makes a decision to revoke the accreditation of an accredited service under subparagraph 2.42(1)(a)(i).
- (2) The CEO must notify the approved provider of the service, in writing, of:
 - (a) the decision; and
 - (b) the reasons for the decision; and
 - (c) the date on which the revocation is to take effect; and
 - (d) the areas in which improvements in relation to the service would be necessary to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with; and
 - (e) the arrangements for assessment contacts with the approved provider of the service; and
 - (f) how the approved provider may apply for reconsideration of the decision.

Note: The CEO must also notify the Secretary of the decision (see the Quality Agency Reporting Principles).

- (3) The CEO must comply with this section within 14 days after the CEO receives the review audit report about the service.

2.46 Notification of decision not to revoke accreditation of service and not to vary accreditation period

- (1) This section applies if the CEO of the Quality Agency makes a decision under subsection 2.42(1):
 - (a) not to revoke the accreditation of an accredited service; and
 - (b) not to vary the period of accreditation of the service.
- (2) The CEO must notify the approved provider of the service, in writing, of:
 - (a) the decision; and
 - (b) the reasons for the decision; and
 - (c) any areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with, and the timetable for making the improvements; and
 - (d) the arrangements for assessment contacts with the approved provider of the service.

Note: The CEO must also notify the Secretary of the decision (see the Quality Agency Reporting Principles).

- (3) The CEO must comply with this section within 14 days after receiving the review audit report about the service.

2.47 Notification of decision not to revoke accreditation of service and to vary accreditation period

- (1) This section applies if the CEO of the Quality Agency makes a decision under subsection 2.42(1):
 - (a) not to revoke the accreditation of an accredited service; and
 - (b) to vary the period of accreditation of the service.
 - (2) The CEO must notify the approved provider of the service, in writing, of:
 - (a) the decision; and
 - (b) the reasons for the decision; and
 - (c) the date on which the service's accreditation will cease; and
 - (d) the areas in which improvements in relation to the service must be made to ensure that the Accreditation Standards or Flexible Care Standards (as applicable) are complied with, and the timetable for making the improvements; and
 - (e) the arrangements for assessment contacts with the approved provider of the service; and
 - (f) how the accredited provider may apply for reconsideration of the decision to vary the period of accreditation of the service.
- Note: The CEO must also notify the Secretary of the decision (see the Quality Agency Reporting Principles).
- (3) The CEO must give the approved provider a new certificate of accreditation for the service stating the new period of accreditation.
 - (4) The CEO must comply with subsection (2) within 14 days after the CEO receives the review audit report about the service.

Division 7—Publication of decisions

2.48 CEO must publish certain decisions made under this Part

- (1) This section applies to the following decisions made by the CEO of the Quality Agency:
 - (a) a decision, under subparagraph 2.42(1)(a)(i), to revoke the accreditation of an accredited service;
 - (b) a decision, under subparagraph 2.42(1)(a)(ii), not to revoke the accreditation of an accredited service;
 - (c) a decision, under paragraph 2.42(1)(b), to vary the period of accreditation of an accredited service.
- (2) The CEO must, as soon as soon as practicable after making a decision mentioned in subsection (1) (other than a decision that is subject to reconsideration under Part 6), publish on the Quality Agency's website:
 - (a) the decision; and
 - (b) any review audit report considered in making the decision.
- (3) If:
 - (a) a decision mentioned in subsection (1) is subject to reconsideration under Part 6; and
 - (b) no request for reconsideration of the decision has been made within the period mentioned in paragraph 2.67(2)(c);the CEO must, within 28 days after the last day when a request for reconsideration of the decision could have been made under section 2.67, publish on the Quality Agency's website:
 - (c) the decision; and
 - (d) any review audit report considered in making the decision.

Note: If a request for reconsideration of the decision is made, the reconsideration decision must be published under section 2.71.

- (4) However, the CEO must not disclose (whether by publishing or otherwise making available) protected information unless the disclosure is authorised under Part 7 of the Quality Agency Act.

Note: **Protected information** is defined in section 3 of the Quality Agency Act.

Part 3—Registration of quality assessors

2.49 Purpose of this Part

The purpose of this Part is to provide for the registration of persons as quality assessors.

Note 1: See paragraph 12(c) of the Quality Agency Act.

Note 2: Only persons who are registered as quality assessors may be appointed to assessment teams (see section 2.58).

2.50 Application for registration as quality assessor

- (1) A person who is not a quality assessor (including a person who was, but is no longer, a quality assessor) may apply to the CEO of the Quality Agency to be registered as a quality assessor.

Note: Section 2.52 applies in relation to a person who is a quality assessor and who wishes to be registered as a quality assessor for a further period.

- (2) An application under subsection (1) must:
- (a) be in writing; and
 - (b) be in a form approved by the CEO of the Quality Agency; and
 - (c) if the applicant has been, at any time after turning 16, a citizen or permanent resident of a country other than Australia—be accompanied by a statutory declaration that the applicant has never been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault; and
 - (d) be accompanied by any other information or documents specified by the approved form; and
 - (e) be accompanied by the applicable application fee.

Note: Paragraph (2)(c) is subject to Part VIIC of the *Crimes Act 1914* (which deals with spent convictions) (see section 2.56).

- (3) The application fee for an application under subsection (1) is:
- (a) if the application is made in the financial year beginning on 1 July 2013—\$600; or
 - (b) if the application is made in a later financial year—the amount applying in that financial year, worked out in accordance with section 2.73.

2.51 Decision on application for registration

- (1) If a person makes an application that complies with subsection 2.50(2), the CEO of the Quality Agency must register the person as a quality assessor if the CEO is satisfied that:
- (a) the person has successfully completed a course about aged care quality assessment approved by the CEO; and

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- (b) the person has participated in an orientation program delivered by the Quality Agency; and
 - (c) a police certificate, issued for the person after the application was made, does not record that the person has been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault; and
 - (d) the person has fulfilled any other registration requirements published by the CEO on the Quality Agency's website.
- (2) The CEO must refuse to register the person as a quality assessor if the CEO is not satisfied of the matters mentioned in subsection (1).
- (3) If the CEO decides to register the person as a quality assessor, the CEO must register the person as a quality assessor for 1 year.
- (4) The CEO must notify the person, in writing, of:
- (a) the CEO's decision under subsection (1) or (2); and
 - (b) the reasons for the decision.
- (5) If the decision is to register the person as a quality assessor, the notice under subsection (4) must also state:
- (a) the date when the person's registration will expire; and
 - (b) the person's obligations as a quality assessor.

2.52 Application for registration for further period

- (1) A person who is a quality assessor may apply to the CEO of the Quality Agency to be registered as a quality assessor for a further period.
- Note: Section 2.50 applies in relation to a person who is not a quality assessor (including a person who was, but is no longer, a quality assessor) and who wishes to be registered as a quality assessor.
- (2) An application under subsection (1) must:
- (a) be in writing; and
 - (b) be made not later than 1 month before the person's registration as a quality assessor will cease; and
 - (c) be accompanied by evidence that the person has completed:
 - (i) any mandatory training required by the CEO; and
 - (ii) not less than 15 hours professional development approved by the CEO, including any training mentioned in subparagraph (i); and
 - (d) be accompanied by evidence of all relevant audit experience undertaken by the person as a quality assessor; and
 - (e) be accompanied by the applicable application fee.
- (3) The application fee for an application under subsection (1) is:
- (a) if the application is made in the financial year beginning on 1 July 2013—\$300; or

-
- (b) if the application is made in a later financial year—the amount applying in that financial year, worked out in accordance with section 2.73.

2.53 Decision on application for further registration

- (1) If a person makes an application that complies with subsection 2.52(2), the CEO of the Quality Agency must register the person as a quality assessor for a further period of 1 year if the CEO is satisfied that:
- (a) the person has complied with the person's obligations notified to the person under paragraph 2.51(5)(b); and
 - (b) the person has completed:
 - (i) any mandatory training required by the CEO; and
 - (ii) not less than 15 hours professional development approved by the CEO, including any training mentioned in subparagraph (i); and
 - (c) the person's performance, in relation to any site audits or review audits conducted by the person during the person's most recent period of registration as a quality assessor, has been satisfactory; and
 - (d) a police certificate, issued for the person not more than 2 years before the end of the person's current registration as a quality assessor, does not record that the person has been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault.
- (2) The CEO must refuse to register the person as a quality assessor for a further period if the CEO is not satisfied of the matters mentioned in subsection (1).
- (3) The CEO must notify the person, in writing, of:
- (a) the CEO's decision under subsection (1) or (2); and
 - (b) the reasons for the decision.
- (4) If the decision is to register the person as a quality assessor, the notice under subsection (3) must also state:
- (a) the date when the person's registration will expire; and
 - (b) the person's obligations as a quality assessor.

2.54 Quality assessor must inform CEO if convicted of serious offence

If, during the period in which a person is registered as a quality assessor, the person:

- (a) is convicted of murder or sexual assault; or
- (b) is convicted of, and sentenced to imprisonment for, any other form of assault;

the person must, as soon as practicable after the conviction is recorded, inform the CEO of the Quality Agency, in writing, of the conviction.

Section 2.55

2.55 Cancellation of registration as quality assessor

- (1) The CEO of the Quality Agency must cancel the registration of a person as a quality assessor if the CEO is satisfied that a statutory declaration made by the person, or a police certificate, states that the person has been:
 - (a) convicted of murder or sexual assault; or
 - (b) convicted of, and sentenced to imprisonment for, any other form of assault.
- (2) The CEO of the Quality Agency may cancel the registration of a person as a quality assessor if the CEO is satisfied that:
 - (a) the person's performance in conducting site audits or a review audits has not been satisfactory; or
 - (b) the person has failed to comply with the person's obligations as a quality assessor.
- (3) If the CEO cancels a person's registration as a quality assessor under subsection (1) or (2), the CEO must notify the person, in writing, of:
 - (a) the cancellation of the registration; and
 - (b) the reasons for the cancellation.

Note: The person may request reconsideration of a decision to cancel the person's registration as a quality assessor (see Part 6).

2.56 Spent convictions

Nothing in this Part affects the operation of Part VIIC of the *Crimes Act 1914* (which includes provisions that, in certain circumstances, relieve persons from the requirement to disclose spent convictions and require persons aware of such convictions to disregard them).

Part 4—Assessment teams

2.57 Purpose of this Part

The purpose of this Part is to set out:

- (a) how assessment teams for site audits and review audits are appointed; and
- (b) the process for:
 - (i) objecting to the appointment of a person to an assessment team; and
 - (ii) appointing replacement members to an assessment team.

2.58 Eligibility for appointment to assessment team

- (1) The CEO of the Quality Agency may appoint a person to an assessment team only if the person:
 - (a) is a quality assessor; and
 - (b) will be available to complete the audit that is to be conducted by the team.

Note: A quality assessor is a person who is registered as a quality assessor in accordance with Part 3 of this Chapter (see the definition of *quality assessor* in section 3 of the Quality Agency Act).

- (2) The CEO must not appoint a person to an assessment team for a site audit or a review audit of a residential care service or a flexible care service through which short-term restorative care is provided if:
 - (a) in the 3 years before the proposed appointment, the person:
 - (i) was employed by the approved provider of the service; or
 - (ii) provided services to the approved provider of the service; or
 - (b) the person has a pecuniary or other interest that could conflict with a proper audit of the service.

2.59 Appointment of assessment team

- (1) If the CEO of the Quality Agency is required under section 2.10 to appoint an assessment team to conduct a site audit of a residential care service or a flexible care service through which short-term restorative care is provided, the CEO must appoint one or more persons to form the team.

Example: The CEO may decide to appoint a team consisting of only one member if the service is a small service.

- (2) If the CEO is required under section 2.36 to appoint an assessment team to conduct a review audit of a residential care service or a flexible care service through which short-term restorative care is provided, the CEO must appoint 2 or more persons to form the team.

Section 2.60

2.60 Replacement of assessment team member

- (1) If a member of an assessment team becomes unavailable to conduct the relevant audit, the CEO may replace the member by appointing another person to the team.

Note: The other person must be eligible to be appointed to the team under section 2.58.

- (2) However, if the assessment team was appointed to conduct a review audit, and only 2 persons were appointed to the team, the CEO must appoint another person to the team.

Note: This is to ensure that an assessment team for a review audit always has at least 2 members.

- (3) If the CEO appoints another person to an assessment team under subsection (1) or (2), the CEO must, as soon as practicable after appointing the person, notify the approved provider of the service that is to be audited of the full name of the person.

2.61 Objection to appointment of assessment team member for site audit

- (1) This section applies to an assessment team that has been appointed to conduct a site audit of a residential care service or a flexible care service through which short-term restorative care is provided.

- (2) The approved provider of the service may object to the appointment of a person, under subsection 2.59(1), to the assessment team if the approved provider considers that the person is not eligible for appointment under section 2.58.

Note: The approved provider cannot object to a replacement team member appointed under subsection (5) or section 2.60.

- (3) The approved provider must make the objection, in writing, to the CEO of the Quality Agency within 14 days after the approved provider is notified of the full name of the person under subparagraph 2.11(a)(ii).

- (4) If an objection is made in accordance with subsection (3), the CEO must decide:
 - (a) to accept the objection and remove the person from the assessment team; or
 - (b) to reject the objection.

- (5) If the CEO removes a person from an assessment team following an objection made in accordance with subsection (3), the CEO may appoint another person to the assessment team to replace the removed person.

Note: The other person must be eligible to be appointed to the team under section 2.58.

- (6) Within 7 days after receiving an objection made by an approved provider in accordance with subsection (3), the CEO must notify the approved provider, in writing, of:

- (a) the decision on the objection; and
- (b) if the objection is accepted and another person is appointed to the assessment team under subsection (5)—the full name of the other person.

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Note: The approved provider may seek reconsideration of a decision to reject an objection (see Part 6).

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Part 5—Dealing with non-compliance by approved provider

2.62 Purpose of this Part

The purpose of this Part is to set out how the CEO of the Quality Agency is to deal with a failure by an approved provider of an accredited service to comply with the Accreditation Standards or Flexible Care Standards (as applicable).

Note: Paragraph 54-1(1)(d) of the Aged Care Act requires an approved provider of a residential care service to comply with the Accreditation Standards and paragraph 54-1(1)(g) of that Act requires an approved provider of a flexible care service to comply with any Flexible Care Standards that apply to the service.

2.63 Failure to comply with Accreditation Standards or Flexible Care Standards

- (1) This section applies if the CEO of the Quality Agency finds that an approved provider of an accredited service has failed to meet one or more expected outcomes in the Accreditation Standards in relation to the service or the Flexible Care Standards that apply to the service.
- (2) As soon as practicable after making the finding, the CEO must:
 - (a) decide whether the failure has placed, or may place, the safety, health or wellbeing of a care recipient of the service at serious risk; and
 - (b) if the CEO decides that the failure has placed, or may place, the safety, health or wellbeing of a care recipient of the service at serious risk—give the approved provider of the service, in writing:
 - (i) specific information about the reason for the risk; and
 - (ii) evidence of the risk; and
 - (iii) a statement of any other expected outcome in the Accreditation Standards or Flexible Care Standards (as applicable) that the approved provider may have failed to meet.
- Note: The CEO must also notify the Secretary about the risk (see the Quality Agency Reporting Principles).
- (3) The CEO must also give the approved provider a written notice:
 - (a) about the failure to meet the relevant expected outcomes in the Accreditation Standards or Flexible Care Standards (as applicable); and
 - (b) directing the approved provider to revise the plan for continuous improvement for the service to demonstrate how the approved provider will comply with the Accreditation Standards or Flexible Care Standards (as applicable) in relation to the service.
- (4) The approved provider must revise the plan for continuous improvement for the service in accordance with the direction mentioned in paragraph (3)(b) within 14 days after receiving the notice mentioned in subsection (3).
- (5) The approved provider must, on request by the CEO, make a copy of the revised plan for continuous improvement for the service available to the CEO.

2.64 Action if improvements not satisfactory

- (1) This section applies if:
 - (a) the approved provider of an accredited service has been given a timetable for making improvements in relation to the service under section 2.23, 2.34, 2.46 or 2.47; and
 - (b) at the end of the period set out in the timetable, or any extension of that period, the CEO of the Quality Agency is not satisfied that the level of care and services provided through the service complies with the Accreditation Standards or Flexible Care Standards (as applicable).
 - (2) The CEO must give the approved provider:
 - (a) a written notice setting out:
 - (i) the reasons why the CEO is not satisfied of the matters mentioned in paragraph (1)(b); and
 - (ii) details of the evidence relied on by the CEO to support this finding; and
 - (b) a copy of any other relevant information.
- Note: The CEO must also give the Secretary the information mentioned in this subsection (see the Quality Agency Reporting Principles).
- (3) The CEO must comply with subsection (2):
 - (a) as soon as practicable, but not later than 14 days, after the end of the period set out in the timetable; and
 - (b) if that period was extended—as soon as practicable, but not later than 14 days, after the end of each period of extension.

Section 2.65

Part 6—Reconsideration and review

2.65 Purpose of this Part

The purpose of this Part is to provide for reconsideration and review of certain decisions made under these principles.

2.66 Decisions that may be reconsidered

A decision mentioned in column 1 of the following table may be reconsidered by the CEO of the Quality Agency in accordance with this Part.

| Decisions that may be reconsidered | | | |
|---|---|--|---|
| Item | Column 1 Decision | Column 2 Provision under which decision is made | Column 3 Relevant person for decision |
| 1 | To refuse to accredit a commencing service | Paragraph 2.7(1)(b) | The approved provider of the service |
| 2 | To refuse to re-accredit an accredited service or a previously accredited service | Paragraph 2.18(1)(b) | The approved provider of the service |
| 3 | To decide the period of accreditation of an accredited service or a previously accredited service | Paragraph 2.19(1)(a) | The approved provider of the service |
| 4 | To revoke the accreditation of an accredited service | Subsection 2.21(2) Subparagraph 2.42(1)(a)(i) | The approved provider of the service |
| 5 | To vary the period of accreditation of an accredited service | Paragraph 2.42(1)(b) | The approved provider of the service |
| 6 | To cancel the registration of a person as a quality assessor | Subsection 2.55(1) | The person whose registration as a quality assessor has been cancelled |
| 7 | To reject an objection to the appointment of a person to an assessment team | Paragraph 2.61(4)(b) | The approved provider of the service to be audited by the assessment team |

2.67 Relevant person may request reconsideration of decision

- (1) A relevant person for a decision mentioned in column 1 of the table in section 2.66 may request the CEO of the Quality Agency to reconsider the decision.
- (2) A request under subsection (1) must:

- (a) be in writing; and
- (b) include a statement of the grounds on which reconsideration of the decision is sought; and
- (c) be given to the CEO of the Quality Agency within 14 days after the relevant person was notified of the decision.

2.68 CEO must reconsider decision on request by relevant person

- (1) If a request for reconsideration of a decision is made by a relevant person for the decision in accordance with section 2.67, the CEO of the Quality Agency must:
 - (a) reconsider the decision; and
 - (b) do one of the following:
 - (i) confirm the decision;
 - (ii) vary the decision;
 - (iii) set the decision aside and substitute a new decision.
- (2) The CEO must notify the relevant person, in writing, of the CEO's decision under subsection (1) (the **reconsideration decision**):
 - (a) if the reconsideration decision relates to a decision mentioned in item 1, 2 or 4 of the table in section 2.66—within 56 days after the CEO received the request for reconsideration; and
 - (b) if the reconsideration decision relates to a decision mentioned in item 3, 5, 6 or 7 of the table in section 2.66—within 14 days after the CEO received the request for reconsideration.

Note 1: Section 27A of the *Administrative Appeals Tribunal Act 1975* requires the CEO to give written notice to the relevant person of the person's right to seek review of the reconsideration decision by the Administrative Appeals Tribunal.

Note 2: The CEO must also give the Secretary a copy of the reconsideration decision (see the Quality Agency Reporting Principles).

- (3) If the reconsideration decision is:
 - (a) to accredit a commencing service; or
 - (b) to re-accredit an accredited service or a previously accredited service;the CEO must give the approved provider of the service a certificate stating the period of accreditation of the service.
- (4) If the reconsideration decision is to vary the period of accreditation of an accredited service, the CEO must give the approved provider of the service a replacement certificate stating the new period of accreditation of the service.

2.69 CEO may reconsider decision on CEO's own initiative

- (1) The CEO of the Quality Agency may reconsider a decision mentioned in column 1 of the table in section 2.66 if the CEO is satisfied that there is sufficient reason to do so.

Note: The CEO may reconsider the decision even if no request for reconsideration has been made under section 2.67.

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- (2) If the CEO decides, under subsection (1), to reconsider a decision, the CEO must notify the relevant person for the decision, in writing, that the decision is to be reconsidered.
- (3) After reconsidering the decision, the CEO must:
 - (a) confirm the decision; or
 - (b) vary the decision; or
 - (c) set the decision aside and substitute a new decision.
- (4) The CEO must notify the relevant person for the decision that was reconsidered, in writing, of the CEO's decision under subsection (3) (the **reconsideration decision**).

Note 1: Section 27A of the *Administrative Appeals Tribunal Act 1975* requires the CEO to give written notice to the relevant person of the person's right to seek review of the reconsideration decision by the Administrative Appeals Tribunal.

Note 2: The CEO must also give the Secretary a copy of the reconsideration decision (see the Quality Agency Reporting Principles).

- (5) The notification under subsection (4) must be given:
 - (a) if the reconsideration decision relates to a decision mentioned in item 1, 2 or 4 of the table in section 2.66—within 56 days after the CEO commenced the reconsideration; and
 - (b) if the reconsideration decision relates to a decision mentioned in item 3, 5, 6 or 7 of the table in section 2.66—within 14 days after the CEO commenced the reconsideration.
- (6) If the reconsideration decision is:
 - (a) to accredit a commencing service; or
 - (b) to re-accredit an accredited service or a previously accredited service;the CEO must give the approved provider of the service a certificate stating the period of accreditation of the service.
- (7) If the reconsideration decision is to vary the period of accreditation of an accredited service, the CEO must give the approved provider of the service a replacement certificate stating the new period of accreditation of the service.

2.70 Review by Administrative Appeals Tribunal

Applications may be made to the Administrative Appeals Tribunal for review of decisions of the CEO of the Quality Agency under subsection 2.68(1) or 2.69(3).

2.71 Publication of reconsideration decisions

- (1) Within 28 days after making a reconsideration decision under section 2.68 or 2.69, the CEO must publish on the Quality Agency's website:
 - (a) the reconsideration decision; and
 - (b) any site audit report or review audit report considered in making the reconsideration decision.

- (2) However, the CEO must not disclose (whether by publishing or otherwise making available) protected information unless the disclosure is authorised under Part 7 of the Quality Agency Act.
- (3) If a person applies for review by the Administrative Appeals Tribunal of the reconsideration decision, the CEO must publish, on the Quality Agency's website, a notice stating that the reconsideration decision is subject to review by the Administrative Appeals Tribunal.

2.72 Publication of Administrative Appeals Tribunal decisions

- (1) Within 28 days after the Administrative Appeals Tribunal makes a decision on an application to review a reconsideration decision made under section 2.68 or 2.69, the CEO of the Quality Agency must publish the Tribunal's decision on the Quality Agency's website.
- (2) However, the CEO must not disclose (whether by publishing or otherwise making available) protected information unless the disclosure is authorised under Part 7 of the Quality Agency Act.

Section 3.1

Chapter 3—Home care services and certain flexible care services

Part 1—Preliminary

3.1 Application of this Chapter

This Chapter, and any other provision of these principles, to the extent that the provision applies in relation to a home care service, applies on and after 1 July 2014.

Note: See paragraph 12(b) of the Quality Agency Act.

Part 2—Quality review

Division 1—Preliminary

3.2 Purpose of this Part

The purpose of this Part is to make provision in relation to the quality review of the following services (referred to in this Chapter as a *relevant home care service*):

- (a) home care services;
- (b) flexible care services through which short-term restorative care is provided in a home care setting (other than externally accredited services).

Note: See paragraph 12(b) of the Quality Agency Act, and the *Australian Aged Care Quality Agency (Other Functions) Instrument 2015*.

3.3 Quality review of home care services must be conducted every 3 years

- (1) The CEO of the Quality Agency must ensure that a quality review of each relevant home care service is conducted, in accordance with this Part, at least once every 3 years.
- (2) The quality review must include a site visit conducted in accordance with Division 2.
- (3) If a home care service and a flexible care service through which short-term restorative care is provided in a home care setting have the same approved provider, the CEO of the Quality Agency may, if he or she considers it appropriate to do so:
 - (a) conduct the quality review of both services at the same time; and
 - (b) apply the results of the quality review to both services.

Section 3.4

Division 2—Site visits

3.4 Notification of site visit

At least 28 days before a proposed site visit in relation to a relevant home care service, the CEO of the Quality Agency must notify the approved provider of the service, in writing, of:

- (a) the date or dates on which the site visit is to be conducted; and
- (b) the form of words to be used to tell care recipients of the service about the site visit.

3.5 Approved provider must inform care recipients about site visit

- (1) If an approved provider of a relevant home care service is notified, under section 3.4, of a proposed site visit, the approved provider must take all reasonable steps to ensure that each care recipient, or the care recipient's representative, is made aware:
 - (a) that a site visit is to be conducted; and
 - (b) of the date or dates on which the site visit is to be conducted; and
 - (c) that the care recipients and representatives will be given an opportunity to talk to the quality reviewers conducting the site visit.

Note: Quality reviewers are members of the staff of the Quality Agency acting under a delegation given by the CEO of the Quality Agency under subsection 54(1) of the Quality Agency Act (see section 1.4 of these principles). They must comply with any written directions of the CEO (see subsection 54(3) of the Quality Agency Act).

- (2) For subsection (1), the reasonable steps must include, but are not limited to giving information in writing to each care recipient, and the care recipient's representative (if any), including the form of words given to the approved provider under paragraph 3.4(b).
- (3) The approved provider must take the steps mentioned in subsection (1) not less than 21 days before the first day of the site visit.
- (4) However, if the CEO does not give the approved provider at least 21 days notice of the date of the site visit, the approved provider must take the steps mentioned in subsection (1) as soon as possible after being notified of the date.

3.6 Self-assessment information

The approved provider of a relevant home care service must, during a site visit in relation to the service, give self-assessment information for the service to the CEO of the Quality Agency.

Note: *Self-assessment information* is defined in section 1.4.

3.7 Conducting a site visit

The quality reviewers who are conducting a site visit in relation to a relevant home care service must:

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- (a) act consistently with any provisions of the Accountability Principles applying to the visit; and
- (b) assess the quality of care and services provided through the service against the Home Care Standards or Flexible Care Standards (as applicable); and
- (c) consider any relevant information about the quality of care and services provided through the service that was given to the quality reviewers:
 - (i) by a care recipient or former care recipient of the service; or
 - (ii) by a representative of a person mentioned in subparagraph (i) on behalf of the person; and
- (d) consider any relevant information about the approved provider of the service given to the CEO by the Secretary; and
- (e) consider any relevant information given to the CEO by the approved provider of the service, including the self-assessment information given under section 3.6.

3.8 Site visit meetings

- (1) The quality reviewers who are conducting a site visit in relation to a relevant home care service must meet the approved provider of the service daily during the site visit to discuss the progress of the quality review.
- (2) If a care recipient of the service, or a care recipient's representative, asks to meet the quality reviewers during the site visit, the approved provider must allow the quality reviewers to meet the care recipient or representative privately.

3.9 Interim quality review report

- (1) After the completion of a site visit in relation to a relevant home care service, the quality reviewers must prepare, in writing, an interim quality review report about the service.
- (2) The interim quality review report:
 - (a) must include an assessment of the approved provider's performance, in relation to the service, against the Home Care Standards or Flexible Care Standards (as applicable); and
 - (b) must specify, in relation to each expected outcome in those Standards, whether the outcome has been met or not; and
 - (c) may also include any other matters the quality reviewers consider relevant.
- (3) Within 7 days after the completion of the site visit, the CEO of the Quality Agency must give the approved provider of the service a copy of the interim quality review report.

Note: Section 4.1 prohibits the disclosure of certain information to the approved provider.

- (4) The approved provider may, within 14 days after receiving the copy of the interim quality review report, give the CEO a written response to the report.

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3.10 Final quality review report

- (1) Within 20 days after the approved provider of a relevant home care service is given a copy of the interim quality review report about the service under subsection 3.9(3), the CEO of the Quality Agency must:
 - (a) prepare a final quality review report about the service; and
 - (b) give a copy of the report to the approved provider of the service.
- (2) The final quality review report:
 - (a) must include an assessment of the approved provider's performance, in relation to the service, against the Home Care Standards or Flexible Care Standards (as applicable); and
 - (b) must specify, in relation to each expected outcome in those Standards, whether the outcome has been met or not; and
 - (c) for any expected outcome that has not been met—must specify the areas in which improvements in relation to the service must be made to ensure that the Home Care Standards or Flexible Care Standards (as applicable) are complied with; and
 - (d) may also include any other matters the CEO considers relevant.

Note 1: Section 4.1 prohibits the disclosure of certain information to the approved provider.

Note 2: The CEO must also give a copy of the final quality review report to the Secretary (see the Quality Agency Reporting Principles).

3.11 When plan for continuous improvement must be revised

- (1) If the final quality review report in relation to a relevant home care service includes a finding that the approved provider of the service has failed to meet one or more expected outcomes in the Home Care Standards or Flexible Care Standards (as applicable) in relation to the service, the approved provider must, within 14 days after receiving the final quality review report:
 - (a) revise the plan for continuous improvement for the service; and
 - (b) give a copy of the revised plan to the CEO of the Quality Agency.
- (2) If the CEO is satisfied that the revised plan for continuous improvement for the service provides for the improvements required to ensure that all the expected outcomes in the Home Care Standards or Flexible Care Standards (as applicable) will be met in relation to the service, the CEO must, within 14 days after receiving the revised plan, notify the approved provider of the service, in writing, of the timetable for making the required improvements.
- (3) At the end of the period set out in the timetable, the approved provider of the service must give the CEO a written report describing the improvements that have been made to the service.
- (4) If, after receiving a report under subsection (3), the CEO is satisfied that all expected outcomes in the Home Care Standards or Flexible Care Standards (as applicable) are being met in relation to the service, the CEO must notify the approved provider, in writing, that the quality review of the service is complete.

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Note: Section 3.19 deals with the situation if the CEO is not satisfied that all expected outcomes in the Home Care Standards or Flexible Care Standards (as applicable) are being met in relation to the service.

Division 3—Continuous improvement

3.12 Approved provider must have plan for continuous improvement

The approved provider of a relevant home care service must have a written plan (a *plan for continuous improvement*) that explains how the approved provider will comply with its obligations of continuous improvement in relation to the service:

- (a) under the Home Care Standards or Flexible Care Standards (as applicable); and
- (b) in relation to any areas identified by the CEO of the Quality Agency (including in a final quality review report) as areas in which improvements in relation to the service are needed to ensure that the Home Care Standards or Flexible Care Standards (as applicable) are complied with.

Note: The approved provider must revise the plan for continuous improvement if the CEO finds that the approved provider has failed to comply with the Home Care Standards or Flexible Care Standards (as applicable) (see sections 3.11 and 3.18).

3.13 Approved provider must make plan available to CEO on request

- (1) The approved provider of a relevant home care service must, on request by the CEO of the Quality Agency, make a copy of the plan for continuous improvement for the service available to the CEO.
- (2) If:
 - (a) a site visit is being conducted in relation to a relevant home care service; and
 - (b) a quality reviewer requests the approved provider of the service to make a copy of the plan for continuous improvement for the service available to the quality reviewer;the approved provider must do so.

Part 3—Assessment contacts

3.14 Meaning of *assessment contact* for home care services and certain flexible care services

In these principles, an *assessment contact* for a home care service, or a flexible care service through which short-term restorative care is provided in a home care setting, is any form of contact (other than a site visit under Division 2 of Part 2) between:

- (a) the CEO of the Quality Agency; and
 - (b) the approved provider of the service;
- for one or more of the following purposes:
- (c) to assess the approved provider's performance, in relation to the service, against the Home Care Standards or Flexible Care Standards (as applicable);
 - (d) to assist the approved provider's process of continuous improvement in relation to the service;
 - (e) to identify whether there is a need for a quality review of the service;
 - (f) to give the approved provider additional information or education about the quality review process and requirements.

3.15 Assessment contacts may be made at any time

- (1) The CEO of the Quality Agency may make an assessment contact with the approved provider of a relevant home care service at any time.
- (2) If an assessment contact is to be made in the form of a visit to a site where home care is provided through the service, the CEO must, at least 14 days before the proposed visit, notify the approved provider of the service, in writing, of:
 - (a) the date or dates on which the visit is to be made; and
 - (b) the form of words to be used to tell care recipients of the service about the visit.
- (3) If the CEO makes an assessment contact with the approved provider of a relevant home care service, the approved provider of the service must, on request by the CEO, give self-assessment information for the service to the CEO.

Note: *Self-assessment information* is defined in section 1.4.

3.15A Assessment contacts for certain relevant care services with the same approved provider

If a home care service and a flexible care service through which short-term restorative care is provided in a home care setting have the same approved provider, the CEO of the Quality Agency may, if he or she considers it appropriate to do so, perform an assessment contact for both services at the same time.

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3.16 Action following assessment contact

Within 21 days after making an assessment contact with the approved provider of a relevant home care service, the CEO of the Quality Agency must notify the approved provider, in writing, of any areas in which improvements in relation to the service must be made to ensure that the Home Care Standards or Flexible Care Standards (as applicable) are complied with, and the timetable for making the improvements.

Part 4—Dealing with non-compliance by approved provider

3.17 Purpose of this Part

The purpose of this Part is to set out how the CEO of the Quality Agency is to deal with a failure by an approved provider of a relevant home care service to comply with the Home Care Standards or Flexible Care Standards (as applicable).

Note: Paragraph 54-1(1)(f) of the Aged Care Act requires an approved provider of a home care service to comply with the Home Care Standards and paragraph 54-1(1)(g) of that Act requires an approved provider of a flexible care service to comply with any Flexible Care Standards that apply to the service.

3.18 Failure to comply with Home Care Standards or Flexible Care Standards

- (1) This section applies if the CEO of the Quality Agency finds that:
 - (a) an approved provider of a home care service has failed to meet one or more expected outcomes in the Home Care Standards in relation to the service; or
 - (b) an approved provider of a flexible care service through which short-term restorative care is provided in a home care setting has failed to meet one or more expected outcomes in the Flexible Care Standards that apply to the service.
- (2) As soon as practicable after making the finding, the CEO must:
 - (a) decide whether the failure has placed, or may place, the safety, health or wellbeing of a care recipient of the service at serious risk; and
 - (b) if the CEO decides that the failure has placed, or may place, the safety, health or wellbeing of a care recipient of the service at serious risk—give the approved provider of the service, in writing:
 - (i) specific information about the reason for the risk; and
 - (ii) evidence of the risk; and
 - (iii) a statement of any other expected outcome in the Home Care Standards or Flexible Care Standards (as applicable) that the approved provider may have failed to meet.
- Note: The CEO must also notify the Secretary about the risk (see the Quality Agency Reporting Principles).
- (3) The CEO must also give the approved provider a written notice:
 - (a) about the failure to meet the relevant expected outcomes in the Home Care Standards or Flexible Care Standards (as applicable); and
 - (b) directing the approved provider to revise the plan for continuous improvement for the service to demonstrate how the approved provider will comply with the Home Care Standards or Flexible Care Standards (as applicable) in relation to the service.

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- (4) The approved provider must revise the plan for continuous improvement for the service in accordance with the direction mentioned in paragraph (3)(b) within 14 days after receiving the notice mentioned in subsection (3).
- (5) The approved provider must, on request by the CEO, make a copy of the revised plan for continuous improvement for the service available to the CEO.

3.19 Action if improvements not satisfactory

- (1) This section applies if:
 - (a) the approved provider of a relevant home care service has been given a timetable for making improvements in relation to the service under subsection 3.11(2); and
 - (b) at the end of the period set out in the timetable, or any extension of that period, the CEO of the Quality Agency is not satisfied that the level of care and services provided through the service complies with the Home Care Standards or Flexible Care Standards (as applicable).
- (2) The CEO must give the approved provider:
 - (a) a written notice setting out:
 - (i) the reasons why the CEO is not satisfied of the matters mentioned in paragraph (1)(b); and
 - (ii) details of the evidence relied on by the CEO to support this finding; and
 - (b) a copy of any other relevant information.

Note: The CEO must also give the Secretary the information mentioned in this subsection (see the Quality Agency Reporting Principles).
- (3) The CEO must comply with subsection (2):
 - (a) as soon as practicable, but not later than 14 days, after the end of the period set out in the timetable; and
 - (b) if that period was extended—as soon as practicable, but not later than 14 days, after the end of each period of extension.

Chapter 4—Other matters

Part 1—Protection of information

4.1 Identifying information must not be disclosed to approved provider

- (1) An entrusted person must not disclose identifying information to an approved provider of a residential care service, a home care service or a flexible care service through which short-term restorative care is provided.

Note: *Entrusted person* and *identifying information* are defined in section 1.4.

- (2) However, subsection (1) does not apply if:
 - (a) the person who provided the identifying information to the entrusted person consents to the disclosure of the information; or
 - (b) not disclosing the identifying information would place the safety, health or wellbeing of a care recipient of the service at risk.
- (3) If an entrusted person proposes to disclose identifying information to an approved provider of a residential care service, a home care service or a flexible care service through which short-term restorative care is provided, the entrusted person must, before disclosing the information, take all reasonable steps to notify the person who provided the information about the proposed disclosure.

Section 4.2

Part 2—Fees

4.2 Purpose of this Part

The purpose of this Part is to provide for the CEO to charge fees for services provided by the CEO in performing functions under paragraph 12(e) or (f) of the Quality Agency Act.

- Note 1: The CEO's function under paragraph 12(e) of the Quality Agency Act is to promote high quality care, innovation in quality management and continuous improvement amongst approved providers of aged care.
- Note 2: The CEO's function under paragraph 12(f) of the Quality Agency Act is to provide information, education and training to approved providers of aged care in accordance with the Quality Agency Principles.
- Note 3: A fee charged under these principles must not be such as to amount to taxation (see subsection 15(2) of the Quality Agency Act).

4.3 Fees for materials

- (1) The CEO of the Quality Agency may charge fees for providing manuals, documents or other items relating to the performance of a function under paragraph 12(e) or (f) of the Quality Agency Act.
- (2) The fee that may be charged for providing a manual, document or other item must not be more than the cost of obtaining and providing the manual, document or other item.

4.4 Fees for seminars or conferences

- (1) The CEO of the Quality Agency may charge fees for arranging or presenting seminars or conferences relating to the performance of a function under paragraph 12(e) or (f) of the Quality Agency Act.
- (2) The fee that may be charged for arranging or presenting a seminar or conference must not be more than the cost of arranging or presenting the seminar or conference, less any cost that is covered by a fee charged under section 4.3.
- (3) Subsection (2) does not require the CEO to charge a fee, or the same fee, for every person attending the seminar or conference.
- (4) Subsection (1) does not prevent the CEO from charging a fee under section 4.3 for providing manuals, documents or other items relating to a seminar or conference.

Chapter 5—Transitional provisions

Part 1—Transitional provisions relating to the Aged Care Legislation Amendment (Short-term Restorative Care) Principles 2016

5.1 Flexible care services taken to be accredited services

- (1) This section applies in relation to a flexible care service through which short-term restorative care is provided if the short-term restorative care is provided in a facility where residential care is provided through a residential care service (the *relevant residential care service*).
- (2) If, on the day the approved provider is allocated flexible care places under Division 14 of the Aged Care Act for the flexible care service, the relevant residential care service is an accredited service for a particular period, the flexible care service is taken to be an accredited service on and from that day until the end of that period.
- (3) If the relevant residential care service is re-accredited for a particular period, the flexible care service is taken to be an accredited service on and from the commencement of that period until the end of that period.

5.2 Flexible care services taken to be previously accredited services

- (1) This section applies in relation to a flexible care service through which short-term restorative care is provided if the short-term restorative care is provided in a facility where residential care is provided through a residential care service (the *relevant residential care service*).
- (2) If, on the day the approved provider is allocated flexible care places under Division 14 of the Aged Care Act for the flexible care service, the relevant residential care service is a previously accredited service, the flexible care service is taken to be a previously accredited service on and from that day until the flexible care service is accredited under these principles.

Endnotes

Endnote 1—About the endnotes

Endnotes

Endnote 1—About the endnotes

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

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

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

Legislation history and amendment history—Endnotes 3 and 4

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

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

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

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

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

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

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

Endnotes

Endnote 3—Legislation history

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
|---|-------------------------------|---|--|
| Quality Agency Principles 2013 | 23 Dec 2013 (F2013L02188) | 1 Jan 2014 (s 1.2) | |
| Aged Care Legislation Amendment (Short-term Restorative Care) Principles 2016 | 5 May 2016 (F2016L00670) | Sch 1 (items 46–126): 6 May 2016 (s 2(1) item 1) | — |
| Quality Agency Principles Amendment Principle 2016 | 24 May 2016 (F2016L00830) | 25 May 2016 (s 2(1) item 1) | — |
| Aged Care Legislation Amendment (Increasing Consumer Choice) Principles 2016 | 23 Sept 2016 (F2016L01492) | Sch 1 (item 30): 27 Feb 2017 (s 2(1) item 3) | — |

Endnote 4—Amendment history

| Provision affected | How affected |
|---------------------------|------------------------------|
| Chapter 1 | |
| s 1.2 | rep LA s 48D |
| s 1.4 | am F2016L00670 ; F2016L00830 |
| s 1.5 | am F2016L00670 |
| s 1.6 | ad F2016L00670 |
| Chapter 2 | |
| Chapter 2 heading..... | rs F2016L00670 |
| Part 1 | |
| Part 1 heading..... | rs F2016L00670 |
| Division 1 | |
| s 2.3 | am F2016L00670; F2016L00830 |
| s 2.5 | rep F2016L00830 |
| Division 2 | |
| s 2.7 | am F2016L00670 |
| s 2.8 | am F2016L00670 |
| Division 3 | |
| Subdivision B | |
| s 2.10 | am F2016L00830 |
| s 2.11 | am F2016L00830 |
| s 2.14 | am F2016L00670 |
| s 2.17 | am F2016L00670 |
| Subdivision C | |
| s 2.18 | am F2016L00670 |
| s 2.19 | am F2016L00670 |
| s 2.20 | am F2016L00670 |
| Division 4 | |
| s 2.22 | am F2016L00670 |
| s 2.23 | am F2016L00670 |
| s 2.24 | am F2016L00670 |
| s 2.25 | am F2016L00670 |
| Part 2 | |
| Division 2 | |
| s 2.28 | am F2016L00670 |
| Division 3 | |
| s 2.30 | am F2016L00670 |
| s 2.30A | ad F2016L00670 |
| s 2.31 | am F2016L00670 |

Endnotes

Endnote 4—Amendment history

| Provision affected | How affected |
|---------------------------|---------------------|
| s 2.34 | am F2016L00670 |
| Division 4 | |
| s 2.35 | am F2016L00670 |
| s 2.38 | am F2016L00670 |
| s 2.41 | am F2016L00670 |
| Division 5 | |
| s 2.42 | am F2016L00670 |
| s 2.43 | am F2016L00670 |
| s 2.44 | am F2016L00670 |
| Division 6 | |
| s 2.45 | am F2016L00670 |
| s 2.46 | am F2016L00670 |
| s 2.47 | am F2016L00670 |
| Part 4 | |
| s 2.58 | am F2016L00670 |
| s 2.59 | am F2016L00670 |
| s 2.61 | am F2016L00670 |
| Part 5 | |
| s 2.62 | am F2016L00670 |
| s 2.63 | am F2016L00670 |
| s 2.64 | am F2016L00670 |
| Part 7 | rep F2016L00830 |
| Chapter 3 | |
| Chapter 3 heading | rs F2016L00670 |
| Part 2 | |
| Division 1 | |
| s 3.2 | rs F2016L00670 |
| s 3.3 | am F2016L00670 |
| Division 2 | |
| s 3.4 | am F2016L00670 |
| s 3.5 | am F2016L00670 |
| s 3.6 | am F2016L00670 |
| s 3.7 | am F2016L00670 |
| s 3.8 | am F2016L00670 |
| s 3.9 | am F2016L00670 |
| s 3.10 | am F2016L00670 |
| s 3.11 | am F2016L00670 |
| Division 3 | |
| s 3.12 | am F2016L00670 |
| s 3.13 | am F2016L00670 |

Endnote 4—Amendment history

| Provision affected | How affected |
|---------------------------|-----------------------------|
| Part 3 | |
| s 3.14 | am F2016L00670 |
| s 3.15 | am F2016L00670; F2016L01492 |
| s 3.15A | ad F2016L00670 |
| s 3.16 | am F2016L00670 |
| Part 4 | |
| s 3.17 | am F2016L00670 |
| s 3.18 | am F2016L00670 |
| s 3.19 | am F2016L00670 |
| Chapter 4 | |
| Part 1 | |
| s 4.1 | am F2016L00670 |
| Chapter 5 | |
| Chapter 5 | ad F2016L00670 |
| Part 1 | |
| s 5.1 | ad F2016L00670 |
| s 5.2 | ad F2016L00670 |