Heart 4 Care

ABN 68653843433

Support at Home Policies & Procedures Manual

November 2025

Version 1.0

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About the Business

Heart 4 Care is an Aged Care service provider based in Queensland.

Welcome to Heart 4 Care

Heart 4 Care is a family-owned and operated business bringing more than 10 years of trusted experience to the care industry. We provide compassionate, high-quality support tailored to the unique needs of every individual. By combining professional expertise with the warmth and reliability of a family-run business, we ensure that your loved ones receive the highest standard of care, comfort, and companionship.

Heart 4 Care services include:

☒ Category 1 - Home and community services
- ☒ Domestic assistance
- ☒ Home maintenance and repairs
- ☒ Meals
- ☒ Transport

☒ Category 2 - Assistive technology and home modifications
- ☒ Equipment and products
- ☒ Home adjustments

☒ Category 3 - Advisory and support services
- ☐ Hoarding and squalor assistance
- ☒ Social support and community engagement

☒ Category 4 - Personal care and care support in the home or community
- ☒ Allied health and therapy
- ☒ Personal care
- ☒ Nutrition
- ☒ Therapeutic services for independent living
- ☒ Home or community general respite
- ☒ Care management
- ☒ Restorative care management

☒ Category 5 - Nursing and transition care
- ☒ Nursing care

Policies are used to communicate and implement values, responsibilities and standards of a care team.

Further details related to *Heart 4 Care*'s governance structure, day-to-day operations and policies are described in relevant sections of this manual.

Vision Statement

"Our vision is to be the most trusted and respected family-led care provider in our community, recognized for setting the gold standard of compassionate, high-quality support that empowers individuals and enriches lives."

Mission Statement

"Our mission is to provide exceptional, family-focused care that promotes dignity, independence, and peace of mind. Drawing on over a decade of experience, we treat every individual like a member of our own family, delivering the highest standard of support with the genuine warmth, respect, and integrity they deserve."

Team

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Website

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About the Manual

This Policy and Procedure manual sets out the policies and procedures related to management systems that govern day-to-day operations at *Heart 4 Care*.

All *Heart 4 Care* operations are carried out according to the information outlined in this manual to ensure compliance with all relevant regulations, standards and *Heart 4 Care* protocols.

Document Outline

The manual is divided into the following sections:

- Part 1 – Governance and Management

This section covers all areas of governance and management throughout *Heart 4 Care*'s operations. The management systems and policies that are implemented by *Heart 4 Care* to ensure the continued quality of service are outlined in detail in this section.

- Part 2 – Client Care and Service Delivery

All policies and standard operating procedures related to Client Care and the provision of Aged Care Services are described in this section of the manual.

- Part 3 – Human Resource Management

This section covers all policies and procedures related to Human Resources and Worker Management implemented by *Heart 4 Care*

- Category Specific Policies and Procedures

This section covers all category-specific requirements relevant to the categories of registration for *Heart 4 Care*.

Definitions

Term	Definition
ABN (Australian Business Number)	Has the same meaning as in the *A New Tax System (Australian Business Number) Act 1999*. It is a unique identifier issued by the Australian Business Register to identify a business for taxation and other government purposes.
Advocate	Includes an independent aged care advocate or any authorised person acting on behalf of an individual to

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Term	Definition
	protect their rights or assist them to resolve concerns in relation to aged care services.
Aged Care Act 2024	The principal legislation governing the regulation, funding, and quality of aged care in Australia, replacing the *Aged Care Act 1997*. It establishes the registration, obligations, and standards for approved providers.
Aged Care Code of Conduct	A mandatory code under the *Aged Care Quality and Safety Commission Act 2018* setting behavioural and ethical standards for aged care workers, governing bodies, and approved providers.
Aged Care Quality and Safety Commission (Commission)	The independent regulatory authority responsible for approving providers, monitoring compliance, conducting quality audits, investigating complaints, and enforcing the *Aged Care Quality Standards*.
Aged Care Quality Standards	The set of eight national standards established under the *Aged Care Act 2024* defining the expected level of quality, safety, and person-centred outcomes for individuals receiving aged care services.
Aged Care Worker	(a) An individual employed or otherwise engaged (including as a volunteer) by a registered provider to deliver funded aged care services; or (b) an individual engaged by an associated provider to deliver aged care services under an arrangement with the registered provider. Does not include Responsible Persons unless they are directly delivering care.
Aged Care Worker Screening Check	An assessment conducted under state or territory screening laws to determine whether a person who works, or seeks to work, with aged care clients poses a risk to their safety and wellbeing.
Assessment and Care Planning	The structured process of assessing an individual's needs, goals, risks, and preferences to develop a Care and Services Plan that directs care delivery. Reviews occur at least every 12 months or when circumstances change.
Associated Provider	An entity engaged by a registered provider under an arrangement to deliver or support the delivery of funded aged care services. The registered provider remains legally accountable for those services.
Carer	A person who provides personal care, support, and assistance to an older individual outside of employment or formal engagement (i.e., not as a paid aged care worker, volunteer under an organisation, or as part of a course requirement).
Care and Services Plan (Care Plan)	A document developed in consultation with the individual, outlining their assessed needs, goals, preferences, risks,

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Term	Definition
	and the strategies to support their independence, safety, and wellbeing.
Care Needs	One or both of the following: (a) difficulty undertaking daily living activities; or (b) requiring help, or the use of aids, to maintain physical, mental, or social independence.
Civil Penalty Provision	Has the same meaning as in the *Regulatory Powers (Standard Provisions) Act 2014* — a legislative clause prescribing financial penalties for non-compliance.
Client / Individual / Care Recipient	The person receiving aged care services, including those supported in their homes or communities under any funded aged care program.
Clinical Care	The provision of evidence-based, professional healthcare services by registered health practitioners (e.g., nurses, allied health professionals) in accordance with their scope of practice.
Community Setting	Any home or community-based environment where aged care services are delivered, including private homes, retirement villages, and community centres.
Commissioner	The head of the Aged Care Quality and Safety Commission, responsible for oversight, enforcement, and regulatory functions.
Complaints and Feedback System	The structured process for receiving, recording, investigating, and resolving complaints or feedback from individuals, families, and staff in accordance with open disclosure principles.
Conflict of Interest	A situation where a person's personal, financial, or professional interests may interfere with their ability to act impartially or in the best interests of an individual receiving aged care services.
Continuous Improvement System	A structured organisational system that collects and analyses data (such as incidents, complaints, and audits) to identify, implement, and evaluate improvements in care and operations.
Cultural Safety	An environment where individuals feel respected, valued, and safe in expressing their cultural identity, beliefs, and practices without discrimination.
Direct Care	Care and support activities provided directly to an individual, including personal assistance, daily living support, and social interaction.
Domestic Assistance	Non-clinical support services including cleaning, laundry, home organisation, shopping, and household maintenance provided in accordance with the individual's care plan.

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Term	Definition
Dignity of Risk	The right of individuals to make choices and take reasonable risks in pursuit of their goals and quality of life, even if this may involve potential adverse outcomes.
Enrolled Nurse (EN)	A nurse registered under the *Health Practitioner Regulation National Law* as an Enrolled Nurse, practising under the supervision of a Registered Nurse.
Evidence-Based Practice	The delivery of care and services informed by the best available current evidence, clinical expertise, and the individual's preferences and goals.
Feedback	Any expression of satisfaction, suggestion, or concern provided by individuals, representatives, or staff about the quality of care or services.
Funded Aged Care Service	A service listed in the *Aged Care Act 2024*, delivered under an approved registration category, and funded through government subsidy.
Governing Body	The board of directors or equivalent group responsible for the strategic and executive decision-making of the approved provider, ensuring governance, compliance, and accountability.
Home or Community Setting	A location outside of residential aged care, such as a private home or community space, where home care and support services are provided.
Incident	Any unplanned event that has, or could have, caused harm, injury, loss, or damage to a person, property, or the organisation.
Incident Management System	The framework through which all incidents are reported, recorded, investigated, and analysed to ensure corrective actions and quality improvement.
Informed Consent	Voluntary agreement by an individual (or their representative) to a proposed care or service, based on clear understanding of its nature, benefits, and risks.
Instrumental Activities of Daily Living (IADLs)	Complex daily tasks that support independent living, such as managing finances, shopping, cooking, cleaning, using transport, and engaging in community life.
Manual Handling	The process of supporting or moving individuals or objects safely to prevent injury to clients or staff, in accordance with workplace health and safety laws.
Multidisciplinary Team	A group of professionals from different disciplines (e.g., nursing, allied health, social work) who collaborate to plan, deliver, and evaluate holistic care for individuals.
Non-Clinical Care	Personal, domestic, and lifestyle support services that do not involve clinical interventions, such as cleaning, meal preparation, personal care, and social support.

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Term	Definition
Personal Care	Assistance with self-care activities such as bathing, grooming, dressing, toileting, eating, and mobility in accordance with the care plan.
Personal Information	Has the same meaning as in the *Privacy Act 1988* — information or an opinion about an identified individual, or an individual who is reasonably identifiable.
Protected Information	Includes personal or commercially sensitive information that, if disclosed, could reasonably be expected to result in a breach of confidence or harm to an individual or entity.
Quality Care Advisory Body (QCAB)	A governance body established by Heart 4 Care to oversee quality systems, continuous improvement, risk management, and alignment with the Aged Care Quality Standards.
Registered Nurse (RN)	A nurse registered under the *Health Practitioner Regulation National Law* as a Registered Nurse, responsible for the delivery and supervision of clinical care within their scope of practice.
Registered Provider (Approved Provider)	An organisation that is formally registered under the *Aged Care Act 2024* to deliver one or more categories of funded aged care services.
Registration Period	The duration for which an approved provider's registration remains valid under the *Aged Care Act 2024*.
Reablement	A short-term, goal-oriented approach focused on helping individuals regain or maintain independence and functional ability through participation in meaningful activities.
Reportable Incident	Any of the following occurring in connection with aged care delivery: unreasonable use of force; unlawful or inappropriate sexual contact; psychological abuse; unexpected death; financial abuse or theft; neglect; inappropriate restrictive practice; or unexplained absence.
Restrictive Practice	Any intervention or practice that restricts an individual's rights or freedom of movement (e.g., physical, chemical, or environmental restraint) and is only used as a last resort under approved conditions.
Responsible Person	Any person in an approved provider organisation who has authority or significant influence over its management or decision-making, including directors and senior executives.
Risk	The possibility that an event will occur that could negatively impact individuals, workers, the organisation, or its operations.
Risk Management System	The structured process of identifying, assessing, mitigating, and reviewing risks to clients, staff, and

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Term	Definition
	organisational functions, as required by Outcome 2.4 of the Quality Standards.
Service Agreement	A signed agreement between the organisation and the individual (or their representative) setting out the scope, fees, rights, and responsibilities of care provision.
Social Support	Assistance provided to help individuals maintain social connections, participate in community activities, and engage in meaningful relationships.
Staff Member	Any employee, contractor, consultant, or volunteer engaged by Heart 4 Care to deliver or support the delivery of aged care services.
Statement of Principles	The guiding principles in Section 25 of the *Aged Care Act 2024*, setting out the values and ethical basis for the aged care system.
Statement of Rights	The statutory set of rights outlined in Section 23 of the *Aged Care Act 2024*, ensuring safety, respect, dignity, and choice for individuals receiving aged care.
Subsidy	The government funding paid to approved providers for the delivery of funded aged care services under the *Aged Care Act 2024*.
Suitability Matters	The list of factors under the *Aged Care Act 2024* considered in determining whether a person or entity is suitable to be registered or to hold a position of responsibility.
Supporter / Representative	A person chosen by the individual to help them make, communicate, and participate in decisions about their care, in line with supported decision-making principles.
Trauma-Aware and Healing-Informed Practice	An approach that acknowledges the impact of trauma and seeks to avoid re-traumatisation by promoting safety, empowerment, and trust in all care relationships.
Work Health and Safety (WHS)	The set of laws, practices, and organisational measures aimed at ensuring the health, safety, and wellbeing of workers, clients, and visitors.

Review History

To ensure continued compliance with the regulations and applicable standards, and in accordance with Heart 4 Care's commitment towards improving its services to better suit the needs of Care Recipients, this manual is reviewed regularly (annually) and signed off by the Governing Body.

The latest revision history is illustrated below:

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Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of new document

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PART 1 – Governance and Management

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Corporate Governance Policy and Procedure

Heart 4 Care's corporate governance system provides the foundation for effective leadership, accountability, and decision-making across all levels of the organisation. It establishes the structures, relationships, and systems that ensure our organisation delivers high-quality, safe, and person-centred aged care services in accordance with the *Aged Care Act 2024*, *Aged Care Rules 2025*, and the *Strengthened Quality Standards*.

Corporate governance underpins all operational systems — financial management, risk management, workforce development, clinical governance, and quality improvement. It ensures that all key personnel, advisory bodies, and management processes work together in a transparent, compliant, and outcome-driven way.

The governance system promotes ethical conduct, compliance, risk mitigation, and stakeholder engagement, ensuring that Heart 4 Care upholds the principles of integrity, respect, and continuous improvement.

Policy

Heart 4 Care is committed to strong corporate governance that supports safe and high-quality care, effective oversight, and compliance with all legislative requirements. Governance responsibilities are shared across key organisational bodies and personnel, ensuring that accountability, transparency, and continuous improvement are embedded in every function.

This policy establishes a comprehensive framework for governance and accountability within Heart 4 Care. It sets out the roles, responsibilities, and relationships of the Governing Body, responsible persons, management, and advisory bodies that guide the organisation's operations and decision-making.

The policy also ensures that the organisation meets all statutory requirements for governance under the *Aged Care Act 2024* and the *Aged Care Rules 2025*, including the establishment and operation of governance and advisory bodies, record-keeping obligations, and oversight of quality and safety.

This policy applies to all individuals who hold governance, management, or advisory responsibilities within Heart 4 Care, including the Governing Body, Responsible Persons, and members of the Quality Care Advisory Body (QCAB).

It also applies to all operational processes, systems, and reporting functions related to compliance, quality assurance, risk management, and financial performance.

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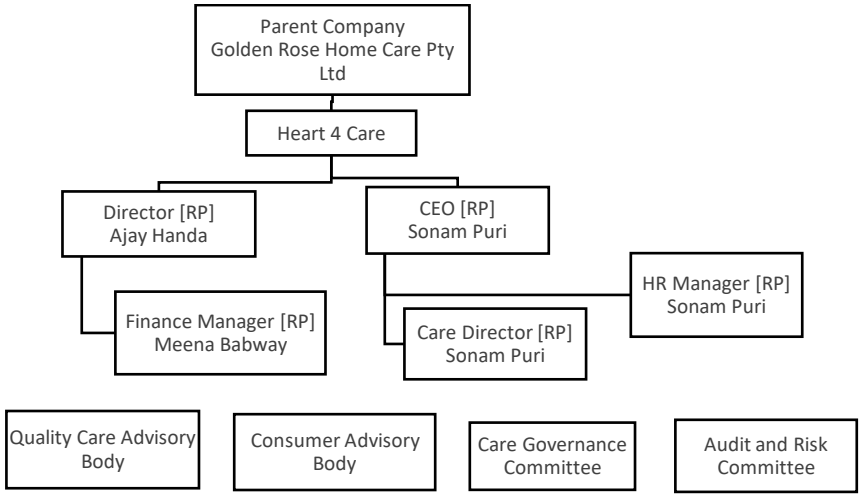
Procedure

Organisational Governance Framework

The governance framework provides a clear structure for how Heart 4 Care is managed and how decisions flow across levels of responsibility. It defines reporting lines, relationships between governing and advisory bodies, and oversight mechanisms to ensure performance, compliance, and improvement.

Corporate and Organisational Structure



This chart outlines the relationship between the Governing Body, Responsible Persons, Care Manager, Finance Manager, HR Manager, and Quality Care Advisory Body (QCAB). It also shows how key management functions — care delivery, workforce management, quality assurance, and financial oversight — interconnect to achieve organisational goals.

The governance framework ensures that:

- The Governing Body retains overall accountability and decision-making authority.
- Responsible Persons execute operational leadership within defined statutory obligations.
- The QCAB provides independent, evidence-based advice on care quality and safety.
- Feedback, incidents, risks, and audits inform continuous improvement.

Governance Structure

The corporate governance structure of Heart 4 Care is composed of the following key components:

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1. Governing Body

The **Governing Body** is the organisation's primary decision-making authority and holds ultimate accountability for governance, compliance, and quality of care.

Composition

- **Chief Executive Officer (CEO)** – Chairperson
- **Care Director** – Clinical and Quality Lead
- **Finance Manager** – Financial Oversight and Prudential Compliance
- **HR Manager** – Workforce and Organisational Development

These individuals are the **Responsible Persons** of the organisation, holding statutory accountability under the Aged Care Act.

Responsibilities

- Provide leadership, strategic direction, and organisational oversight.
- Ensure compliance with legislative, financial, and prudential standards.
- Approve and monitor policies, budgets, and improvement plans.
- Review reports from the QCAB and other advisory groups.
- Oversee risk, quality, and safety systems, ensuring alignment with continuous improvement processes.
- Ensure all Responsible Persons meet ongoing suitability, training, and code of conduct obligations.

Meetings

- The Governing Body meets quarterly (minimum) or as needed for significant governance decisions.
- Meeting minutes and decisions are documented, approved, and retained for a minimum of seven years.

2. Responsible Persons

The Responsible Persons — CEO, Care Manager, Finance Manager, and HR Manager — exercise due diligence to ensure Heart 4 Care complies with all obligations under the Act and associated rules. Heart 4 Care defines responsible personnel as Section 12 of the Aged Care Act 2024 as any individual who:

- is responsible for the executive decisions, or
- has authority or responsibility for (or significant influence over) planning, directing or controlling the activities, or
- has responsibility for overall management of the nursing services delivered by the registered provider, or overall management of the nursing services, or
- is responsible for the day-to-day operations, or
- is a member of the Governing Body.

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Responsibilities Include:

- Understanding and implementing requirements under the Aged Care Act, Quality Standards, and related legislation.
- Ensuring adequate systems exist for risk management, incident reporting, and financial accountability.
- Acting with honesty, integrity, and transparency in all dealings.
- Supporting safe, quality, and person-centred care.
- Ensuring continuous workforce development, supervision, and performance monitoring.
- Ensuring open disclosure and whistleblower protections are upheld.

Due Diligence Obligations

Each Responsible Person must take reasonable steps to ensure:

- The organisation understands and complies with its statutory duties.
- Financial and clinical risks are identified, managed, and reported.
- Appropriate internal controls and reporting systems are in place.
- Staff are trained and resourced to fulfil their responsibilities.

3. Quality Care Advisory Body (QCAB)

The **QCAB** serves as a formal advisory mechanism that supports the Governing Body in monitoring and improving the quality of care and services.

Regulatory Requirements

In accordance with Division 158 of the *Aged Care Rules 2025*:

- The QCAB must provide written reports to the Governing Body at least every six months.
- The Governing Body must formally respond in writing, outlining how the report and feedback have been considered.
- The provider must maintain QCAB records (membership, reports, meeting minutes) for a minimum of seven years.
- The QCAB must include at least one Responsible Person and one person directly involved in care delivery.

Composition

- **Care Manager** – Chairperson
- **Frontline Care Worker** – Service Delivery Representative
- **Participant or Participant Representative** – Consumer Perspective

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- **External Advisor or Community Representative (as required)** – Independent insight

Functions

- Provide the Governing Body with written reports every six months on care quality and performance.
- Review and analyse feedback, complaints, incidents, and workforce trends.
- Monitor progress against the Continuous Improvement Plan (CIP).
- Advise on clinical and operational practices that impact safety and care outcomes.
- Identify systemic risks and recommend preventive or corrective actions.

Meeting Process

- QCAB meets quarterly and maintains detailed minutes and reports.
- Reports are tabled with the Governing Body, which must provide a written response outlining how the recommendations have been considered and implemented.

Records Management

All QCAB documents, including membership details, meeting minutes, and reports, are securely stored for at least seven years in accordance with legislative requirements.

4. Management and Operational Systems

a. Clinical and Care Governance

The Care Manager oversees the implementation of clinical governance systems, ensuring safe and evidence-based care delivery.

- Clinical decision-making is guided by policy frameworks and scope of practice.
- Regular clinical audits, supervision, and care reviews ensure compliance with Quality Standard 5 (Clinical Governance).
- The Care Manager reports directly to the Governing Body and QCAB on clinical performance, incidents, and trends.

b. Financial Governance

The Finance Manager ensures compliance with financial obligations, including aged care financial reporting (QFR, ACFR), subsidy claims, and participant billing.

- Quarterly and annual financial reports are reviewed by the Governing Body.
- Financial management systems are audited internally and externally to ensure accountability and prudential compliance.

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c. Workforce and HR Governance
The HR Manager ensures staffing systems support quality, safety, and inclusion.

- Recruitment, induction, and performance management align with the Aged Care Code of Conduct.
- Workforce planning considers diversity, training, and ongoing professional development.
- HR data (staff retention, satisfaction, training completion) is reviewed by the Governing Body quarterly.

d. Risk and Compliance Governance
Risk management is integrated into all governance activities.

- A Risk Register tracks organisational, clinical, and financial risks.
- The Governing Body reviews risks quarterly and ensures mitigation strategies are active.
- Incident reports, complaints, and feedback inform continuous improvement.

e. Information and Records Governance
Information management systems ensure data accuracy, privacy, and accessibility.

- All records, including governance documents, QCAB reports, and participant information, are stored securely for required retention periods.
- Access to sensitive data is restricted to authorised personnel, complying with Privacy and Confidentiality Policy requirements.

5. Consumer Engagement and Advisory Processes

Heart 4 Care ensures transparency and partnership with clients and their supporters through:

- Regular feedback and satisfaction surveys.
- Offering the opportunity to establish a **Consumer Advisory Body** at least annually.
- Inclusion of participant perspectives in the QCAB and Governing Body discussions.
- Implementation of co-design principles in care planning, policy review, and service improvement.

Heart 4 Care offers participants and their supporters the opportunity each year to establish a **Consumer Advisory Body** to provide feedback to the Governing Body on service quality and client experience.

- The Governing Body must consider this feedback in its decision-making and respond in writing.

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- Records of offers, meeting minutes, and correspondence must be retained for seven years.

This mechanism ensures that consumer voices directly influence governance decisions, consistent with Outcome 2.1 (Partnering with Individuals) of the *Strengthened Quality Standards*.

Governance Review and Reporting

- The Governing Body reviews all governance systems annually.
- The Care Manager and Finance Manager provide performance summaries.
- The QCAB submits six-monthly written reports with recommendations.
- Governance performance is reviewed annually against the *Aged Care Quality Standards* using self-assessment and audit tools (Evidence Mapping, AECT).

Standards and Compliance Requirements

Relevant Standards and Regulations that are applicable to or referenced in this policy and procedure are as follows:

- Aged Care Act 2024
- Aged Care Rules 2025
- Strengthened Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Responsible Personnel Register
- Role Descriptions
- Meeting Minutes
- Records Management Policy and Procedure
- Information Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Clinical Governance Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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Compliance Management Policy and Procedure

This policy establishes the framework for ensuring Heart 4 Care complies with all obligations under the *Aged Care Act 2024*, *Quality Standards*, *Statement of Rights*, and other applicable laws and regulations governing aged care service delivery in Australia.

It ensures that the organisation maintains appropriate governance, systems, and processes to identify, manage, and monitor compliance risks, and that all staff, responsible persons, and associated providers understand and fulfil their regulatory duties.

Policy

Heart 4 Care maintains a culture of integrity and continuous compliance. All governance and operational processes are designed to meet legislative and regulatory requirements and to prevent, detect, and respond to any breaches swiftly and effectively.

The organisation:

- Stays informed of regulatory changes through structured monitoring of Commission updates, professional advisories, and industry bulletins.
- Maintains a compliance calendar and register for all reporting, notification, and renewal obligations.
- Ensures responsible persons, managers, and staff understand their compliance roles and reporting duties.
- Records and investigates all compliance issues, ensuring that learnings inform quality and risk management systems.
- Engages openly and cooperatively with the Commission and other regulators.

Procedure

Governance and Responsibility

Governing Body:
Holds ultimate accountability for the organisation's compliance with the Act, Quality Standards, and registration conditions. It reviews quarterly compliance reports and ensures appropriate resources are available.
Care Manager:
Oversees day-to-day compliance monitoring, ensures operational adherence to the Act, and coordinates correspondence with the Commission.
Responsible Persons:

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Must uphold personal suitability, monitor any changes in circumstances, and notify the Care Manager immediately of anything that could affect their ongoing eligibility or the organisation's compliance standing.

All Staff and Aged Care Workers:

Must comply with all organisational policies and the Aged Care Code of Conduct, reporting any compliance concerns, incidents, or risks promptly.

Quality Care Advisory Body (QCAB):

Reviews compliance reports, internal audits, and notices received from the Commission. Advises the Governing Body on continuous improvement actions.

Compliance Management Framework

Heart 4 Care uses a structured system to ensure that all obligations under the Act and Rules are identified, monitored, and reported.

Compliance Register

All regulatory obligations, reporting requirements, and key compliance timeframes are recorded in the **Compliance Register**, including:

- Type of obligation (e.g. SIRS report, change in circumstance, Commission correspondence)
- Relevant section or rule
- Responsible officer
- Frequency or due date
- Status and evidence of completion

The register is reviewed quarterly by the Care Manager and tabled at QCAB meetings.

Compliance Calendar

A calendar of key reporting periods and deadlines is maintained to prevent oversight of required submissions such as:

- Workforce and financial reporting cycles
- Annual suitability reviews of responsible persons
- Quarterly incident and complaint summaries
- Commission notifications

Staying Up to Date

To ensure ongoing awareness of compliance changes:

- The Care Manager monitors updates from the Aged Care Quality and Safety Commission, Department of Health and Aged Care, and legislative alerts.
- Key changes (e.g. updated Rules, new reporting templates) are summarised in internal Compliance Bulletins and shared with all responsible persons.
- Where necessary, affected policies and procedures are revised within 30 days of regulatory change.

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- The QCAB reviews these updates to confirm alignment with internal systems.

Monitoring and Internal Review
The Care Manager conducts quarterly compliance reviews, verifying that:

- All notifications, reports, and correspondence have been submitted within required timeframes.
- Obligations under the Aged Care Quality Standards are met across service delivery, workforce, and governance.
- Records and data submissions are accurate and traceable.

Findings from these reviews are documented and presented to the QCAB. Any deficiencies or systemic risks are added to the **Continuous Improvement Register** for follow-up.

Reporting Changes in Circumstances

Heart 4 Care must report any **material change in circumstance** to the Commission within **14 days** of becoming aware of it.
This includes, but is not limited to:

- A change to responsible persons (appointments, resignations, disqualifications).
- A change affecting the suitability of the organisation (financial issues, governance structure, insolvency events).
- A significant change in the scale or scope of funded aged care services (new service categories, regions, or delivery models).
- A change in associated providers, subcontractors, or partnerships that affect service delivery.
- Any change in the organisation's legal or trading status.

Process:

1. The staff member or manager identifying the change must immediately notify the Care Manager.
2. The Care Manager assesses whether the change is reportable and gathers required evidence (updated ASIC records, board minutes, new Key Personnel forms, etc.).
3. The notification is drafted in the approved **Commission Notification Form** format and submitted via the Commission's provider portal or by official correspondence.
4. Copies of the submission, supporting evidence, and confirmation of receipt are stored in the Compliance Register and Records Management System.
5. The change and response are reported to the QCAB and Governing Body at the next scheduled meeting.

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Change in Suitability Notifications

All **responsible persons** are required to maintain personal suitability as defined under the Act.
If any responsible person:

- Becomes bankrupt or insolvent,
- Is charged with or convicted of a relevant offence,
- Experiences a change affecting their good character, reputation, or capacity, they must **notify the provider within 14 days** of becoming aware.

Process:

1. The responsible person must provide written notice to the Care Manager immediately upon the change.
2. The Care Manager documents the change and conducts an internal suitability reassessment.
3. If the change is material or potentially impacts provider suitability, a Change in Suitability Notification is lodged with the Commission within 14 days.
4. The Governing Body is informed, and appropriate governance adjustments (such as temporary delegation of duties or appointment of an interim responsible person) are made.
5. All correspondence and responses from the Commission are recorded in the Compliance Register and kept in the individual's personnel file.

Correspondence and Notices from the Commission

Heart 4 Care maintains a structured process for receiving, reviewing, and responding to all correspondence from the Commission, including compliance notices, required action notices, or discussion notices.

Process for Handling Regulatory Correspondence:

- All official notices or letters from the Commission are received by the Care Manager or CEO.
- The correspondence is logged immediately into the **Compliance Register** with date of receipt and required response date.
- The Care Manager reviews the content, determines the nature of the notice (information request, compliance concern, required action), and briefs the Governing Body and QCAB.
- A written response or action plan is prepared within the timeframe specified, ensuring accuracy, evidence-based information, and adherence to the organisation's policies.
- If the notice requires investigation or independent review, an external adviser or compliance consultant may be engaged.

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- Copies of all submissions, responses, and evidence of delivery are retained.
- The issue is closed only once the Commission's acknowledgment or confirmation of resolution is received.

For discussion notices or advisory communications, the Care Manager coordinates internal consultation, ensures factual accuracy, and leads formal response drafting. All discussions and resulting actions are minuted and retained as part of compliance records.

Tracking Compliance Actions and Outcomes
All compliance actions are tracked through the Compliance Register and Continuous Improvement System. Each record includes:

- Obligation or issue reference
- Responsible officer
- Due date and completion date
- Supporting documentation
- Verification of submission or resolution
- Follow-up actions or system improvements

The QCAB reviews the register each quarter and confirms closure of items. Recurrent or systemic issues are escalated to the Governing Body for strategic consideration.

Cooperation with the Commission
Heart 4 Care maintains an open, transparent, and cooperative relationship with the Commission.
All staff and responsible persons must:

- Provide complete and accurate information when requested.
- Participate in audits, interviews, or reviews as required.
- Facilitate Commission officers' access to premises, records, and personnel. Failure to cooperate or provide timely information is treated as a serious compliance breach and subject to disciplinary action.

Responding to Non-Compliance
If a compliance breach is identified internally or externally:

- The Care Manager investigates the issue promptly.
- Findings are documented and reported to the QCAB.
- Corrective actions, including staff retraining, process review, or policy amendment, are initiated.
- If the breach has regulatory implications, a self-disclosure may be made to the Commission.
- The case is closed only after evidence of remediation and approval from the QCAB.

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Record Keeping

All compliance documents — including reports, correspondence, notices, and internal assessments — are securely stored under the **Records Management** and **Information Management Policies**.
Records are retained for the period required by the Rules and remain accessible for Commission review.

Training and Awareness

All staff and responsible persons receive compliance awareness training during induction and annually thereafter.
Training covers:

- Obligations under the Aged Care Act and Quality Standards
- Reporting requirements and timelines
- How to recognise and escalate compliance issues
- Managing and responding to Commission correspondence

Refresher sessions are held when new regulatory requirements are introduced or when internal audits identify knowledge gaps.

Continuous Improvement and Review

Compliance management is a standing agenda item for all QCAB and Governing Body meetings.
Quarterly reviews of compliance outcomes inform the Continuous Improvement Plan.
This policy and procedure are reviewed annually or following any major legislative or operational change.

Relevant Legislation

- Aged Care Act 2024
- Aged Care Rules 2025

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Corporate Governance Policy and Procedure
- Quality Assurance and Continuous Improvement Policy and Procedure
- Risk Management Policy and Procedure
- Incident Management and SIRS Policy and Procedure

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	01-November-2025	Governing Body	Creation of New Document

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Person-Centred Care Policy and Procedure

Heart 4 Care is committed to delivering high-quality aged care services that place the individual at the centre of all decisions and actions. This policy affirms the organisation's dedication to ensuring that every older person receives care that respects their dignity, identity, preferences, and rights, in alignment with the *Aged Care Act 2024*, the *Statement of Rights*, and the *Statement of Principles*.

Person-centred care is integral to the Support at Home program and underpins all Strengthened Quality Standards. It reflects a system designed to promote safety, wellbeing, inclusion, and autonomy for every individual.

Policy

Heart 4 Care will ensure that all care and support services are delivered in a person-centred, inclusive, and respectful manner that:

- Recognises each individual as a unique person with their own goals, abilities, and life experiences.
- Respects the person's identity, culture, beliefs, diversity, and preferences.
- Promotes independence, autonomy, and self-determination through wellness and reablement approaches.
- Ensures individuals are active participants in the planning, delivery, and review of their care.
- Encourages collaboration between older people, their carers, supporters, and staff in all care decisions.
- Provides a culturally safe, trauma-aware, and healing-informed environment.
- Upholds the *Statement of Rights* and the *Statement of Principles*, embedding respect, fairness, inclusion, and equality in every interaction.

Heart 4 Care recognises that person-centred care is fundamental to achieving quality, safety, and satisfaction outcomes for older people and will integrate these principles across all service systems, governance frameworks, and workforce practices.

Procedure

Embedding Person-Centred Practice Across Service Delivery

Heart 4 Care embeds person-centred care as a core organisational value across all levels of governance, workforce practice, and service delivery.

To achieve this:

- All service models, processes, and interactions place the individual's needs, goals, and preferences at the centre of decision-making.

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- Staff are required to demonstrate empathy, respect, and partnership in all engagements with older people, carers, and registered supporters.
- Service planning and delivery prioritise safety, dignity, and wellbeing over organisational convenience.
- Policies, procedures, and workforce practices are reviewed regularly to ensure they align with the *Statement of Rights*, *Statement of Principles*, and *Standard 1 – The Individual*.

A person-centred approach recognises that quality care arises when individuals are respected as equal partners in their care journey, not as passive recipients of services.

Partnering with Individuals

Heart 4 Care partners with each individual to co-design and guide the services they receive. This partnership is based on mutual respect, inclusion, and shared decision-making.

Staff must:

- Establish trust through active listening, open communication, and transparency.
- Involve individuals and, where relevant, their families, carers, or registered supporters in every stage of assessment, planning, and review.
- Ask about and record each individual's values, beliefs, cultural identity, life experiences, communication preferences, and goals for care.
- Provide accessible information and ensure the individual understands their rights, choices, and available supports before decisions are made.
- Obtain informed consent for all assessments, service agreements, and reviews.
- Recognise and support each person's autonomy — including their right to intimacy, relationships, and self-expression.

Through these practices, Heart 4 Care ensures individuals feel safe, welcome, included, and understood, in accordance with **Action 1.1.1** of the Strengthened Quality Standards.

Wellness and Reablement Approaches

Wellness and reablement are foundational to person-centred care under the *Support at Home Program*. These approaches build on people's strengths, capacity, and goals to promote greater independence, autonomy, and wellbeing.

<u>Wellness Approach</u>

- The wellness approach focuses on supporting individuals to live fulfilling and meaningful lives through proactive, holistic, and goal-oriented service delivery.

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- Staff focus on what the person *can do* rather than what they cannot, enabling older people to retain or regain control over their lives.
- Services aim to improve wellbeing across physical, social, and emotional domains, recognising that wellness encompasses body, mind, and community connection.
- The individual's sense of purpose, identity, and belonging is valued as essential to their quality of life.

Reablement Approach

- Reablement involves time-limited, targeted interventions that help individuals regain or maintain their skills, confidence, and functional ability following illness, injury, or decline.
- Services are designed around achievable goals — such as improving mobility, daily living skills, or social participation — and reviewed regularly to track progress.
- Staff work collaboratively with individuals to **do with**, not **do for**. This includes coaching and encouraging individuals to perform tasks independently where possible.
- Care plans must include reablement objectives where applicable, and progress is monitored at least monthly through care management reviews.
- Allied health and clinical professionals are engaged when specialist input is required to achieve reablement outcomes.

Embedding Wellness and Reablement

To integrate wellness and reablement into everyday practice, Heart 4 Care will:

- Train all care workers in reablement principles and techniques.
- Develop individualised care plans that specify measurable goals linked to wellness or reablement outcomes.
- Encourage participation in community, social, or physical activities that enhance confidence and independence.
- Use ongoing reviews to assess improvement in function, wellbeing, and goal achievement.
- Avoid creating dependency through over-servicing or repetitive support where reablement is achievable.
- Document all progress in client records and include outcomes in quarterly quality reports to the Governing Body or QCAB.

These actions demonstrate Heart 4 Care's compliance with **Outcome 3.2** and **Outcome 5.4** of the Strengthened Quality Standards, which require providers to deliver care that optimises wellbeing, independence, and quality of life.

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Recognising and Respecting Diversity

Person-centred care requires that each individual's identity, culture, language, and life experience be acknowledged and valued. Heart 4 Care ensures:

- Cultural, linguistic, spiritual, and gender diversity are considered during assessment and planning.
- Communication needs are identified and addressed (e.g., interpreters or culturally appropriate workers).
- Services are delivered in a culturally safe, trauma-aware, and healing-informed manner.
- Aboriginal and Torres Strait Islander peoples are supported to maintain connection to community, culture, Country, and Island Home.
- Services are free from discrimination, abuse, neglect, or coercion, in line with **Action 1.1.2**.

These principles are operationalised through mandatory staff training, culturally safe service design, and inclusive recruitment and supervision practices.

Documentation, Review, and Monitoring

- Each person's preferences, care goals, and outcomes must be clearly documented in their support plan and reviewed regularly.
- Reviews occur at least annually, with ongoing care management every month or sooner if circumstances change.
- Progress toward goals — including reablement objectives — must be recorded in the care management notes and discussed with the individual.
- Where an individual's needs, risks, or goals change, staff must initiate a reassessment and update the plan accordingly.
- Supervisors or Care Managers review case notes to ensure care delivery remains consistent with person-centred and wellness-based principles.

Regular reviews support continuous improvement and uphold **Action 1.1.4**, ensuring staff maintain trusting, professional partnerships with individuals.

Workforce Accountability and Training

- All new staff and volunteers receive induction on the principles of person-centred care, the *Statement of Rights*, and the Strengthened Quality Standards.
- Ongoing professional development ensures staff maintain competence in reablement, cultural safety, communication, and supported decision-making.
- Supervisors are accountable for modelling person-centred values and ensuring all team members uphold the organisation's Code of Conduct.

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- Staff performance appraisals include evaluation of person-centred behaviours, client engagement, and respect for diversity.

Continuous Improvement and Governance Oversight

- Feedback from individuals, carers, and registered supporters is actively sought through surveys, discussions, and complaint mechanisms.
- The Care Manager analyses feedback, incidents, and audit results to identify trends and improvement opportunities.
- Findings related to person-centred care are reported to the Governing Body and the Quality Care Advisory Body (QCAB).
- Governance leaders review outcomes related to safety, inclusion, and person-centred practice to identify systemic improvement opportunities.
- The organisation fosters a learning culture that celebrates positive outcomes and addresses deficiencies promptly.

Through this approach, Heart 4 Care ensures person-centred care is a living practice that evolves with the needs of individuals, consistent with the principles of the *Aged Care Act 2024* and the Strengthened Quality Standards.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Strengthened Quality Standards (effective 1 November 2025)
    - Standard 1 – The Person
    - Standard 3 – The Care & Services
    - Standard 5 – Clinical Care (as applicable)
- Privacy Act 1988 (Cth)
- Statement of Rights and Statement of Principles

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Assessment, Planning and Review Policy and Procedure
- Care Management Policy and Procedure
- Anti-Discrimination, Inclusion and Diversity Policy
- Statement of Rights and Statement of Principles
- Continuous Improvement Policy and Procedure
- Incident Management and Complaints Management Policies

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Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.
This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Information Management Policy and Procedure

Heart 4 Care recognises that information is one of its most critical assets. The organisation is responsible for managing information securely, accurately, and lawfully to support the safe and effective delivery of aged care services.

Our Information Management System ensures that all participant, workforce, and organisational information is collected, stored, used, and shared in accordance with the *Aged Care Act 2024*, *Aged Care Rules 2025*, and applicable privacy and data protection laws.
The system enables staff to access the right information at the right time, supports informed decision-making, promotes transparency, and upholds each participant's right to privacy, dignity, and control over their personal information.

Policy

Heart 4 Care will:

- maintain an integrated and secure Information Management System that supports service quality, continuity, and compliance;
- ensure that all information about participants, staff, and operations is accurate, current, and accessible to authorised personnel;
- protect personal, confidential, and sensitive information from loss, unauthorised access, or misuse;
- ensure participants give informed consent before collection, use, or disclosure of their information;
- support participants' rights to access, correct, and withdraw consent for the sharing of their information;
- retain records for the legislated period (minimum seven years) and securely dispose of them thereafter; and
- regularly review and improve the effectiveness and security.

This policy applies to all records, data, and communications created or received by Heart 4 Care, regardless of format.

This policy establishes the framework for how Heart 4 Care manages information to:

- support safe, coordinated, and person-centred care;
- ensure transparency and accountability in governance;
- comply with legislative and contractual obligations; and
- protect the rights and privacy of individuals.

It applies to all staff, contractors, volunteers, and associated providers handling information in any capacity on behalf of Heart 4 Care.

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Procedure

Heart 4 Care operates an **integrated Information Management System** that includes:

- a secure digital client management platform for care and service records (e.g., care plans, assessments, notes, and incidents);
- an accounting and financial management system for subsidy, invoicing, and reporting records;
- a secure cloud storage platform for governance, HR, and administrative records;
- controlled user access permissions and two-factor authentication;
- audit trails and time-stamped activity logs;
- regular automated backups and recovery capability; and
- alignment with Records Management and Privacy and Confidentiality Policies.

This supports information integration across service areas, ensuring data consistency between systems used for care delivery, financial management, and compliance reporting.

Types of Information

The information used, developed, collected and managed by Heart 4 Care can be of one of the following types:

Policies and Procedures

Heart 4 Care policies and procedures are developed and maintained to document standard operating procedures and protocols. The procedures and protocols are documented as a part of this Policy and Procedure Manual and are reviewed regularly.

Each policy and procedure is assigned a Document Owner who is responsible for the development and, where applicable, implementation of that policy and procedure. Document owner is assigned considering the scope of the policy and procedure and the authority required to implement the policy and procedure. The owner is mentioned in the Procedure Ownership and Revision section of all policies and procedures.

Policies and procedure review and revision is documented using the revision history section of the procedure. The version number for each policy and procedure is updated after revision, the revision is reviewed and approved by the Document Owner.

As policy and procedures serve as training guidelines in conducting operations, in case of revision., refresher training is arranged based on the revisions.

Several policies and procedures are made public on Heart 4 Care website to comply with regulatory requirements and communicate Heart 4 Care commitment to best practices.

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A *Document Register* is maintained by the CEO to summarise the manual and document the review process.

Records, Forms and Templates

Heart 4 Care also maintains records to aid information handling and proving compliance with regulatory requirements. Records' development, use and management is discussed in detail in the *Records Management policy and procedure.* The Finance Manager manages financial records in accordance with the *Financial Management policy and procedure*.

External Resources

Heart 4 Care also maintains a library of external documents and resources relevant to its business operations. These include business-related standards, regulatory body notifications, guidelines and fact sheets. The resources are also listed in the *Document Register*. CEO is responsible for ensuring that all external resources are up to date. Records from external sources like staff background checks and client medical records are dealt with in accordance to the *Records Management Policy and Procedure*.

Other Documents

Other documents like marketing brochures, handbooks and adverts are also developed, stored and managed.

Information Lifecycle Management

All information is managed through the following stages:

Creation and Collection

- Information is collected directly from participants, their supporters, or referring agencies.
- Only information necessary for safe and effective care delivery is collected.
- Collection is accompanied by informed consent, explaining purpose, use, and access rights.
- Forms and digital records are time-stamped and uniquely identified.

Storage and Access Control

- Information is stored in secure electronic systems with restricted access.
- Physical records (if any) are kept in locked cabinets with limited access.
- Access rights are role-based — only authorised staff can view, modify, or disclose specific data.
- External contractors or associated providers receive access only under confidentiality agreements.

Use and Sharing

- Information is used only for the purposes it was collected, or as authorised by the participant.

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- Sharing with other providers, practitioners, or agencies requires consent or must be authorised under the Act.
- Information shared must be accurate, relevant, and limited to what is necessary.
- All disclosures are documented in the participant record.

Maintenance and Accuracy

- Workers must ensure that all data entries are accurate, current, and complete.
- Duplicate or outdated information is reviewed and removed where appropriate.
- Care plans and client records are reviewed at least every 12 months or when conditions change.

Retention and Disposal

- Records are retained for at least seven years following service completion or as required by law.
- Disposal or deletion is conducted securely and logged, ensuring irretrievable destruction.

Informed Consent and Participant Rights

Participants have the right to:

- understand what information is being collected and why;
- consent (or decline) to the sharing of their personal or health information;
- access and request corrections to their records;
- withdraw consent for information sharing at any time; and
- request information in a way they can understand (translated or Easy Read formats).

Consent is documented in writing, digitally signed, or recorded in the participant's electronic file.
Staff must confirm and record consent prior to:

- sharing information with family, supporters, or other service providers;
- transferring care to another organisation; or
- using information for research, case studies, or training (only in de-identified form).

Security and Privacy Controls

Heart 4 Care maintains strong safeguards to protect all forms of data:

- multi-factor authentication for system access;
- encrypted file storage and transmission;
- antivirus and firewall protection;

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- role-based permissions and user logging;
- regular system vulnerability checks and IT audits;
- breach response protocols in line with privacy legislation.

Any suspected or actual data breach must be reported immediately to the Care Manager, who will investigate and notify relevant authorities in accordance with the *Aged Care Rules 2025* and privacy laws.

Authorised Use and Disclosure under the Aged Care Act 2024

Consistent with Chapter 7, Heart 4 Care ensures:

- **Relevant Information** is used only for duties or powers under the Act.
- **Protected Information** (personal or confidential) is never used or disclosed without consent or legal authority.
- **Entrusted Persons** (e.g., staff, contractors, and associated providers) access only information necessary for their role.
- **De-identification** is applied wherever possible before sharing information externally.
- **Unauthorised use or disclosure** is treated as serious misconduct and may result in disciplinary and legal action.

The organisation also complies with whistleblower protections — ensuring that individuals who disclose breaches or misconduct involving information are protected from retaliation and their identity kept confidential.

Communication and Information Sharing

Heart 4 Care ensures all communications are structured and timely in accordance with Outcome 3.3.

- Critical information about participants is shared during handovers, care transitions, or emergencies.
- All communication entries (phone calls, emails, notes) are documented.
- Secure channels (encrypted email or portal) are used for transmitting sensitive data.
- Information accuracy and clarity are verified before dissemination.

Continuous Improvement and Review

The system is reviewed annually and whenever new legislation, technology, or organisational needs arise. Reviews consider:

- staff and participant feedback;
- audit results and incident data;
- privacy breach reports; and

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- compliance with retention and security requirements.

Findings are discussed by the QCAB and Governing Body, and any changes are implemented through the Continuous Improvement System.

Disclosure of Information

Heart 4 Care is committed to meeting its disclosure of information requirements to external agencies when required by law or when deemed appropriate without compromising the privacy and confidentiality of its personnel. Disclosure consent is also obtained per the *Privacy and Confidentiality policy and procedure*.

Heart 4 Care discloses information to advisory bodies for assessment and review purposes while protecting the personally identifiable information of its personnel.

During circumstances that involve regulatory exceptions or requirements, Heart 4 Care will disclose information to government bodies, regulatory bodies, law enforcement agencies and conformity and compliance assessment bodies.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Privacy Act 1988 (Cth)
- Australian Privacy Principles
- Work Health and Safety Act 2011 (Cth)
- Strengthened Quality Standards 2025
    - Standard 1: The Person (Outcomes 1.3–1.4)
    - Standard 2: The Organisation (Outcomes 2.2a–2.7)
    - Standard 3: Care and Services (Outcomes 3.1–3.3)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Privacy and Confidentiality Policy and Procedure
- Records Management Policy and Procedure
- Document Register

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Records Management Policy and Procedure

Heart 4 Care recognises that accurate and accessible records are essential to demonstrate compliance, accountability, and the safe delivery of aged care services. Records provide evidence of care, operational decisions, financial management, governance, and the organisation's overall compliance with the *Aged Care Act 2024* and *Aged Care Rules 2025*.

This policy outlines how Heart 4 Care creates, maintains, protects, retrieves, and disposes of all records in line with legislative requirements and good governance practice.

Policy

Heart 4 Care will maintain a comprehensive and secure records management system that:

- ensures all required records are created, updated, and retained for at least seven (7) years from the date of creation or receipt;
- guarantees records are accurate, complete, and readily retrievable;
- supports transparency, traceability, and compliance;
- aligns with the organisation's Information Management and Privacy and Confidentiality Policies; and
- protects personal, commercial, and confidential information from unauthorised access or misuse.

Records may be held in electronic or paper format, but electronic systems are preferred where possible for integrity, traceability, and security.

This policy provides a consistent framework for managing all records created or received by Heart 4 Care.
It applies to:

- all staff, contractors, and associated providers who create or handle organisational records;
- all types of participants, workforce, operational, financial, and governance records; and
- all systems and storage locations used to retain or access organisational information.

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Procedure

Record Management Framework

Heart 4 Care's Records Management Framework is integrated into the organisation's Information Management System and includes the following components:

- **Record Creation:** All records must be created contemporaneously and accurately reflect the activities or decisions they document.
- **Record Classification:** Records are categorised based on their purpose (e.g. client, workforce, finance, governance).
- **Access and Security:** Access is restricted to authorised personnel. Permissions are based on job role and responsibility.
- **Retention and Disposal:** Records are retained for seven (7) years unless otherwise required by legislation. Secure disposal is logged and approved by the Records Custodian.
- **Audit and Review:** Record audits occur at least annually or as part of compliance reviews.

Categories of Records and Retention Requirements

1. Client and Service Delivery Records

- Admission, assessment, and care plans; progress notes and service logs.
- Risk assessments, incident reports, and behavioural observations.
- Service agreements, informed consent forms, and fee information.
- Advance care directives and health-related communications.
- Records of complaints, feedback, actions taken, outcomes, and improvements.

Retention: 7 years from date of record or last service.

2. Clinical and Incident Records

- Incident management records, including Serious Incident Response Scheme (SIRS) documentation.
- Clinical reports, assessments, and communication with allied health professionals.
- Medication administration charts and clinical monitoring data.

Retention: 7 years from date of incident or record creation.

3. Workforce and Screening Records

- Employment applications, contracts, and training records.
- Police checks, statutory declarations, and NDIS Worker Screening outcomes.

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- Vaccination records (including annual influenza vaccination data).
- Performance reviews and disciplinary records.

  Retention: 7 years after employment cessation or record update.

4. Governance and Advisory Body Records

- Governing Body membership details, independence declarations, and clinical experience records.
- Minutes and reports of the Quality Care Advisory Body (QCAB) and Consumer Advisory Body (CAB).
- Feedback provided to and from the Governing Body.

  Retention: 7 years from record creation or member departure.

5. Financial and Prudential Records

- Aged Care Financial Reports, Quarterly Financial Reports, General Purpose Financial Reports, and Prudential Compliance Statements.
- Budget statements, subsidy claims, invoices, and payroll records.
- Evidence of refund and fee adjustments.

  Retention: 7 years from record creation.

6. Compliance and Regulatory Records

- Reports submitted to the Aged Care Quality and Safety Commission, the Department, or the Inspector-General of Aged Care.
- Evidence of corrective actions and continuous improvement activities.
- Records of monitoring, self-assessment, and audit findings.

  Retention: 7 years from record creation.

7. Quality and Risk Records

- Continuous Improvement Register entries and quality review documentation.
- Risk registers, risk assessments, and mitigation plans.
- Data from audits, surveys, and incident reviews.

  Retention: 7 years from creation or closure.

8. Whistleblower and Complaints Records

- Records of disclosures under whistleblower protections.
- Investigation notes, actions taken, and outcomes.
- Measures implemented to protect disclosers' identities and wellbeing.

  Retention: 7 years or longer if related to ongoing investigations.

9. Other Organisational Records

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- Strategic plans, policies, and version control records.
- Marketing, communications, and media records.
- Contracts, MOUs, and partnership documentation.

  Retention: 7 years from expiry or revision date.

Record Creation and Capture

- All information and decisions must be documented promptly in the approved system.
- Standardised templates, forms, and digital workflows are used to ensure consistency.
- Each record must include the author, date, and version (if applicable).

Record Storage and Security

- Electronic records are stored in secure, access-controlled cloud systems integrated with the Information Management System.
- Physical documents are kept in locked cabinets in restricted areas.
- Backups are performed daily, with off-site storage for disaster recovery.

Access Control and Use

- Access is limited to staff who require the information for their duties.
- Sensitive information (e.g. health, financial, or disciplinary data) is strictly controlled.
- Requests for record access by participants or supporters must be made in writing and approved by the Care Manager or Records Custodian.

Updating and Correction of Records

- Staff must correct or update inaccurate or incomplete information promptly.
- Participants may request correction under APP 13 of the *Privacy Act 1988*; corrections are documented in the record with traceable audit entries.

Retention and Disposal

- All records are retained for a minimum of seven years after their creation or last update, as required by the *Aged Care Rules 2025*.
- Secure disposal includes digital deletion with verification or physical shredding by an approved provider.

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Continuity and Transfer

- When participants transition to another provider, relevant information is securely transferred with consent.
- Records for ceased operations are archived in accordance with the Act, or transferred to another registered provider if required.

Monitoring and Review

The Care Manager conducts annual audits of:

- record completeness and accuracy;
- adherence to retention and disposal schedules;
- access control and data security measures; and
- compliance with legislative record-keeping requirements.

Findings are reported to the Governing Body and Quality Care Advisory Body for review and improvement action.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth) — Part 154
- Privacy Act 1988 (Cth) and Australian Privacy Principles (APP 13)
- Work Health and Safety Act 2011 (Cth)
- Strengthened Quality Standards (2025)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Document Register
- Privacy and Confidentiality Policy and Procedure
- Information Management Policy and Procedure
- Financial Management policy and procedure
- Feedback and Complaints Management Policy
- Incident Management and SIRS Policy
- Risk Management Policy

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Privacy and Confidentiality Policy and Procedure

Heart 4 Care gives utmost importance to the privacy and confidentiality of information related to participants, staff and services. Information collected is protected from possible breaches, and disclosure of information is governed through the Privacy and Confidentiality policy and procedure.

This policy and procedure also serve as Heart 4 Care's APP privacy policy and is made available for public through Heart 4 Care's website.

Policy

Heart 4 Care is committed to protecting the privacy of the information of its participants which is outlined in the Statements of Rights (Aged Care At 2024(). Heart 4 Care strives to meet its regulatory and standard obligations regarding the collection, use and disclosure of personal information. Company information which is considered proprietary and confidential is also protected by *Heart 4 Care*

Procedure

Heart 4 Care has implemented this procedure to ensure that, all legislative and standard obligations related to privacy and confidentiality of information are met. This policy and procedure is applicable to all staff and departments.

Personal Information

Heart 4 Care only collects personal information that is necessary to perform its service provision and operational activities. This respects the participant's dignity, identity, and personal goals, in line with the Strengthened Quality Standards – Standard 1.

Participants:

Heart 4 Care collects the following personal information from participants and/or their registered supporters:

- Name
- Address
- Contact Information (Phone number, email, social media)
- Date of Birth
- Health Care Information
    - Medical Records
    - Aged Care Plan
- Signature

Staff:

Heart 4 Care collects the following information from staff and prospective candidates for employment:

- Name

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- Address
- Contact Information (Phone number, email, social media)
- Date of Birth
- Employment Records
- Academic Records
- Signature
- Bank Account Information

Procedures for collection, consent for collection, use and disclosure are described below.

Information Quality

Heart 4 Care will take reasonable steps to ensure that the personal information collected, used, or disclosed is accurate, complete, and up-to-date.

Access, Correction, and Anonymity

Participants and staff have the right to access their own personal information and request corrections if it is inaccurate or incomplete. These requests must be processed within a reasonable time frame. Any refusal to grant access or correction must be provided with written reasons.

Information Collection and Consent

All information is collected through relevant online or computerised forms which are stored in Heart 4 Care's database. Participant information is collected and managed by Care department. Staff information is collected and managed by Human Resources department.

All information is collected and processed with the written consent of the information provider. Heart 4 Care *Information Collection, Use and Disclosure Consent Form* is used to obtain consent.

Information Security

Heart 4 Care ensures the protection of collected personal information along with company information that is deemed to be confidential through an Information Security system which is outlined below.

Storage and Access

Details of storage and access to information is described in detail in the Heart 4 Care *Information Management policy and procedure*. The details relevant to privacy and confidentiality are summarised below.

All information is stored electronically in Heart 4 Care's cloud database.
Information is restricted to relevant personnel only. Access to personal information is controlled by CEO and relevant department managers. Company owned electronic

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devices (pcs and laptops) are protected from malware, spyware and virus through Antivirus.

Access to all information is restricted and protected through individual login credentials and passwords assigned to all employees.

Breaches

Heart 4 Care evaluates the risk of data breaches resulting in unintended disclosure of private or confidential information in accordance with the *Risk Management policy and procedure*.

All possible violations of the procedures implemented by Heart 4 Care related to consent, collection, storage or access restrictions of information, by employees or other individuals are reported to CEO. Such violations will be considered possible breaches. These violations may be monitored and investigated through internal or external reviews, complaints and feedback. Possible breaches are investigated thoroughly by CEO and a written report is developed and discussed in the Governing Body meeting. The *Incident Investigation Form* template is used for this purpose.

If a breach of data is identified to have resulted in the unintended disclosure of information or any violation of the APP, all implicated individuals are notified of the details and potential harm of the breach. The CEO is also responsible for accessing if the breach is notifiable to one or more of the following entities:

- Australian Information Commissioner
- Aged Care Quality and Safety Commission
- Law Enforcement (Police, Cyber Security, etc.)

All breaches are recorded in the Heart 4 Care *Incident Register* and in accordance with the *Incident Management* and *Continuous Improvement policies and procedures*, remedial actions are taken to avoid reoccurrence of similar breaches.

Use and Disclosure of Information

Heart 4 Care uses personal information of staff for effective human resource management which includes recruitment, competence assessment, background checks, assignments, rostering, training and development.

All use of information is consented by the participants and staff through *Information Collection, Use and Disclosure Consent Form*.

Mandatory Legislative Disclosure (No Consent Required)

Heart 4 Care is statutorily required to disclose personal information, including sensitive information, to governing bodies and law enforcement in specific circumstances. This mandatory disclosure is necessary to comply with the law, fulfill regulatory conditions of registration, and ensure the safety of individuals.

Disclosure is required in the following circumstances:

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- Reporting to the Commission (ACQSC): Disclosure of information, including care and clinical details, when required for mandatory reporting under the Serious Incident Response Scheme (SIRS), as required by the Aged Care Act 2024.
- Compliance Monitoring: Providing information requested by the Aged Care Quality and Safety Commission (ACQSC) or the System Governor (Department of Health and Aged Care) for audits, reviews, or compliance monitoring processes.
- Law Enforcement: Disclosure to law enforcement (Police, Cyber Security, etc.) when legally compelled or where it is reasonably necessary to lessen or prevent a serious threat to the life, health, or safety of any individual.

Note: Where a disclosure is mandatory under the Aged Care Act 2024 or other Australian law, the individual's consent is not required, and the individual cannot opt out.

Disclosure for Care Provision (Implied or Express Consent)

Heart 4 Care uses personal information of participants to deliver funded aged care services. This includes identification of care services, financial management including fees and payments, effective provision of care services, proper communication and identification of risks.

- Sharing with Care Team: Information is shared with relevant personnel (aged care workers, allied health professionals) strictly on a "Need-to-Know" basis to ensure quality and continuity of care.
- Sharing with Registered Supporters: Information is disclosed to the participant's Registered Supporters (or Legal Representatives) as defined by the Aged Care Act 2024, to support decision-making and uphold the participant's rights.

Optional Disclosure (Express Consent Required)

Heart 4 Care will only disclose an individual's personal information to a third party for reasons outside of direct care provision or mandatory reporting if express, written consent is obtained via the *Information Collection, Use and Disclosure Consent Form.*

- Examples of optional disclosure include:
    - Using an individual's photograph for organisational promotional materials.
    - Sharing de-identified, aggregated information for research or publication (if the information cannot reasonably identify the individual).
    - Disclosure of non-mandatory information to Advisory Bodies. Prior to disclosure, all non-mandatory information intended for an Advisory Body or the Governing Body (when acting in an advisory role) must be de-identified, aggregated, or anonymised wherever possible.

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Right to Withdraw Consent: Individuals have the right to withdraw consent for any optional disclosure at any time. Upon withdrawal, the organisation will cease further disclosure unless otherwise required by law.

Training and Awareness

To ensure that Heart 4 Care protocols and systems for protecting privacy and confidentiality are implemented effectively throughout the organisation, all staff are trained on the *Privacy and Confidentiality* and *Information Management policies and procedures, and the Aged Care Code of Conduct* along with the relevant regulatory requirements laid out in the relevant regulations. This is further detailed in the *Staff Hiring and Induction policy and procedure* where they are also required to sign a Confidentiality Agreement upon commencement of employment.

Relevant Legislation:

- Australian Privacy Principles
- Privacy Act 1988
- Aged Care Act 2024
- Aged Care Rules 2025

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Information Collection, Use and Disclosure Consent Form
- Risk Management policy and procedure
- Incident Management policy and procedure
- Continuous Improvement policy and procedure
- Incident Register
- Incident Investigation Form
- Compliance Management policy and procedure
- Information Management policy and procedure
- Staff Hiring and Induction policy and procedure

Procedure Ownership and Revision

The CEO is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

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Financial Management Policy and Procedure

Heart 4 Care is committed to maintaining sound financial management systems that ensure the organisation's ongoing financial sustainability, transparency, and compliance with the *Aged Care Act 2024*, *Aged Care Rules 2025*, and all other relevant Australian laws.

This policy outlines the organisation's financial governance framework and systematic processes for managing all financial activities, including budgeting, income and expenditure management, accounting, internal controls, risk management, subsidy claiming, monthly statements, reporting, and audits.

Strong financial management ensures that Heart 4 Care can effectively plan, deliver, and improve its aged care services while meeting obligations to the Australian Government, participants, and the broader community.

Policy

Heart 4 Care will:

- Implement a structured financial management system that ensures all financial transactions are accurately recorded, authorised, and reported.
- Maintain adequate internal controls to safeguard assets and prevent fraud, misuse, or financial error.
- Ensure financial information is accurate, timely, and compliant with all legislative reporting obligations.
- Use approved accounting systems and tools to manage budgets, cash flow, and statutory requirements.
- Ensure accountability and transparency in financial decision-making, reporting, and audit processes.

All financial management practices will align with the organisation's strategic objectives, quality and compliance requirements, and fiduciary responsibilities under the *Aged Care Act 2024*.

This policy establishes the framework through which Heart 4 Care manages its financial operations. It applies to:

- All organisational financial activities including planning, budgeting, accounting, claims, and reporting;
- All staff, contractors, and associated providers responsible for financial transactions; and
- All programs and funding streams under which Heart 4 Care delivers aged care services.

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Procedure

Financial Management Framework

Heart 4 Care's financial management framework is a structured system designed to plan, record, manage, control, and report on all financial activities. It ensures accountability, transparency, and compliance across all levels of the organisation and provides clear processes for budgeting, income and expense management, accounting, subsidy claiming, and financial reporting.
This framework comprises several interdependent components that together form a complete financial governance system.

1. Financial Planning and Budgeting

Financial planning is the foundation of Heart 4 Care's fiscal discipline. Each financial year, the Finance Manager develops an annual operating budget in consultation with the CEO.

Budget Development Process:

- The process begins with a review of the previous year's financial performance, projected income streams, operational goals, and planned service expansions.
- Expected revenue sources include government subsidies, participant contributions, grants, and any other approved income streams.
- Planned expenses are mapped by category: staffing, training, clinical and operational supplies, IT and systems, subcontractor costs, rent, utilities, and administrative overheads.
- Budgets are submitted to the Governing Body for review and formal approval prior to the commencement of each financial year.

Budget Monitoring and Adjustments:

- Monthly budget-to-actual comparisons are conducted by the Finance Manager and reviewed by the CEO.
- Any significant variance exceeding 10% requires explanation and corrective action, which may include adjusting service activity or re-forecasting income.
- Quarterly reviews are presented to the Governing Body to ensure alignment between operational plans and financial capacity.

Forecasting:

- The organisation employs rolling forecasts to project funding availability, cash flow trends, and long-term sustainability.
- Forecasts are informed by changes in government payment cycles, subsidy rates, and client intake.

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2. Accounting and Record-Keeping

All financial transactions are recorded accurately and promptly within the organisation's accounting system (e.g., Xero or MYOB).

Recording Transactions:

- Invoices, receipts, supplier payments, staff reimbursements, and bank transactions are recorded daily.
- Each transaction must have a verifiable supporting document and be approved according to delegated authority levels.

Chart of Accounts:

- A comprehensive chart of accounts categorises all financial transactions to support analysis, reporting, and compliance.
- Accounts include operational income, government subsidies, client fees, grants, staffing, administrative expenses, and assets/liabilities.

Reconciliation:

- Bank reconciliations are performed weekly to ensure cash balances match accounting records.
- Control accounts for payroll, GST, and superannuation are reconciled monthly.
- The Finance Manager reviews reconciliations and investigates any discrepancies immediately.

Retention of Records:

- All financial records are securely stored for a minimum of seven years, as required by the *Aged Care Rules 2025*.

3. Income Management

Income management ensures that Heart 4 Care correctly receives, accounts for, and monitors all incoming funds.

Sources of Income:

- Australian Government subsidies under the Support at Home Program.
- Participant fees and contributions.
- Approved grants or donations.
- Interest income and other minor revenues.

Process:

- Income is receipted daily and deposited into the organisation's designated operational bank account.

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- Subsidy payments are reconciled against claim submissions to ensure accuracy.
- The Finance Manager monitors outstanding receivables and follows up unpaid invoices within 30 days.

Subsidy Claims:

- Claims for funded aged care services are submitted through the Services Australia Aged Care Provider Portal following each reporting period.
- All claims must be supported by evidence of service delivery, such as rosters, timesheets, and client care records.
- Services Australia validates claims before payment, and funds are received into the nominated bank account.

4. Expense Management

Expense management ensures that all organisational spending is authorised, documented, and aligned with the approved budget.

Expense Authorisation:

- Each expenditure must be approved according to delegated financial authority.
- Purchase requisitions and invoices must include a valid cost code and be authorised by the relevant manager or CEO before payment.

Payment Processing:

- Payments are made via electronic transfer or approved financial platform.
- Dual authorisation is required for payments exceeding predetermined thresholds.
- Staff reimbursements are processed through approved expense claim forms with attached receipts.

Expense Review:

- Monthly expense summaries are reviewed by the Finance Manager to ensure budget compliance.
- Overspending is investigated and corrective action is recommended.

5. Cash Management and Banking

Cash management is central to maintaining liquidity and ensuring uninterrupted service delivery.

Banking Structure:

- Separate accounts are maintained for operational activities, participant funds, and any special purpose funds.

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- Only authorised signatories may access or transact from organisational accounts.

Cash Flow Management:

- The Finance Manager monitors cash inflows and outflows weekly to ensure adequate liquidity.
- Short-term cash flow forecasts are updated monthly to anticipate any funding gaps.
- Surplus funds may be allocated to reserve or investment accounts in accordance with board-approved policy.

Safeguards:

- All banking transactions above threshold amounts require two authorised signatures.
- Cash handling, if any, follows strict protocols for collection, deposit, and reconciliation.

6. Financial Controls and Internal Checks

The organisation maintains a strong internal control system to safeguard assets and prevent fraud or financial mismanagement.

Key Controls:

- Segregation of Duties: Different staff are responsible for authorising, recording, and reconciling transactions.
- Delegations of Authority: Clear approval limits exist for managers, the CEO, and the Governing Body.
- Audit Trails: All transactions are traceable to source documents through the accounting system.
- Periodic Reviews: Regular reviews of procurement, payroll, and expenditure ensure accuracy.

Fraud Prevention:

- Any suspected financial irregularity must be reported immediately to the CEO and Governing Body.
- Independent audits are conducted annually to verify control effectiveness.

7. Financial Risk Management

Financial risks are identified, assessed, and monitored through the broader organisational risk management framework.

Risk Identification:

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- Risks include funding dependency, cost inflation, delayed government payments, fraud, and system failures.

Risk Mitigation:

- Maintaining adequate reserves and insurance coverage.
- Monitoring liquidity ratios and key performance indicators.
- Ensuring diversification of revenue streams and periodic review of supplier contracts.

Review:

- The Finance Manager submits a financial risk report to the Governing Body outlining emerging risks, mitigations, and trends.

8. Taxation and Compliance

Heart 4 Care complies fully with all taxation laws and government requirements.

Obligations:

- Lodgement of Business Activity Statements (BAS) for GST and PAYG.
- Payment of superannuation and employee entitlements in accordance with legislation.
- Preparation of annual income tax returns and financial statements by a registered tax agent or accountant.

Monitoring:

- The Finance Manager maintains a compliance calendar with all statutory deadlines.
- Evidence of lodgement and payment is retained in the compliance register.

9. Planning, Reporting and Audit

Quarterly Financial Reporting (QFR):

- Completed through the Government Provider Management System (GPMS).
- Details quarterly revenue, expenses, assets, and liabilities.

Aged Care Financial Report (ACFR):

- Submitted annually through the Forms Administration Portal.
- Consolidates data across programs to provide the Department with a full financial picture.

Internal and External Audits:

- Internal financial reviews are conducted quarterly to test system integrity.

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- External independent audits occur annually to validate compliance and provide assurance to regulators.
- Audit outcomes and recommendations are presented to the Governing Body for action.

Continuous Improvement:

- Findings from audits and reviews are used to enhance internal controls and system efficiency.
- Staff receive ongoing training in financial literacy and compliance expectations.

Aged Care Financial Management Processes

1. Invoicing and Claiming Process

Heart 4 Care follows a six-step claiming process for aged care services, as illustrated below:

1. Determine the invoice amount for each participant based on services delivered.
2. Submitting claim for payment in arrears via the *Aged Care Provider Portal*.
3. Claim is validated by Services Australia.
4. Services Australia processes the provider's payments.
5. Receiving payment for the services delivered.
6. Invoicing the participant for their personal contribution.

All claims must be supported by documentation demonstrating that services were delivered, prices were agreed, and time logs or task records match the claim period.

2. Monthly Statements to Participants

- Participants receive monthly statements detailing all care services, fees, and budgets.
- Statements include:
  - Opening balance and unspent funds
  - Government subsidies received
  - Services delivered and costs
  - Primary supplements and carryover funding
  - Participant contributions and closing balance
- Statements must be issued by the last day of the following month.

3. Evidence Requirements for Claims

Providers must retain supporting records for each claim, including:

- Agreed service prices and signed Home Care Agreements
- Evidence of service delivery (timesheets, shift logs, or digital confirmations)
- Evidence of delivery for assistive technology and home modifications These records are maintained in compliance with Section 154 of the *Aged Care Rules 2025*.

4. Financial Reporting Obligations

- **Quarterly Financial Report (QFR):**
  Completed quarterly through the *Government Provider Management System (GPMS)* to demonstrate prudential compliance and operational transparency.

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- **Aged Care Financial Report (ACFR):**
  Submitted annually through the *Forms Administration Portal*, capturing detailed financial data for the provider and parent entity.
- Both reports are reviewed by the Finance Manager and approved by the Governing Body prior to submission.

Financial Auditing and Review

Internal Audits

- Conducted at least annually to review accounting accuracy, compliance with policies, and integrity of financial data.
- Findings are reported to the Governing Body and the Quality Care Advisory Body (QCAB).

External Audits

- Independent financial audits are conducted annually by a certified auditor.
- Audit outcomes are submitted to regulatory bodies as required.

Continuous Improvement

- Audit findings and financial trends are used to strengthen systems, improve efficiency, and manage financial risk.

Tools and Systems

Heart 4 Care uses a combination of secure and compliant tools for financial management, such as:

- **Accounting Software (e.g., Xero/MYOB):** For bookkeeping, payroll, and reporting.
- **Government Portals:** For subsidy claims and statutory reporting (e.g., GPMS, ACFR Portal).
- **Banking Platforms:** For cash flow management and dual authorisation payments.
- **Cloud Storage:** For secure record keeping and audit trails.

All systems are regularly reviewed for data security, user access control, and backup integrity.

Monitoring and Review

- The Finance Manager monitors financial operations monthly and provides quarterly reports to the Governing Body.
- Annual review of financial systems ensures compliance with legislative and audit requirements.
- The organisation maintains up-to-date documentation of all financial procedures, delegations, and reporting templates.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Corporations Act 2001 (Cth)
- Australian Accounting Standards (AASB)

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- Strengthened Quality Standards (Standard 2)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Corporate Governance Policy and Procedure
- Records Management Policy and Procedure
- Risk Management Policy and Procedure
- Continuous Improvement Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Complaints and Feedback Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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Quality Assurance and Continuous Improvement Policy and Procedure

Heart 4 Care maintains a comprehensive Quality Assurance and Continuous Improvement framework that ensures every aspect of service delivery — from governance to care provision — is continuously evaluated, refined, and improved. This framework embeds a culture of safety, accountability, and learning throughout the organisation, ensuring compliance with the *Aged Care Act 2024*, *Aged Care Rules 2025*, and the *Strengthened Quality Standards*.

Continuous improvement is not treated as a reactive process but as an ongoing, systematic cycle that integrates feedback, incident management, risk analysis, audit outcomes, and stakeholder engagement into measurable improvement actions.

Policy

Heart 4 Care is committed to a continuous improvement culture where quality assurance and risk management underpin all operations. Continuous improvement is achieved through systematic collection, analysis, and review of data, ensuring that feedback, incidents, and performance outcomes lead to tangible service enhancements.

The organisation's Governing Body holds ultimate responsibility for quality assurance, supported by the Quality Care Advisory Body (QCAB), which oversees the design, implementation, and monitoring of the quality management system.

This policy applies to all key personnel, aged care workers, contractors, and volunteers involved in service delivery, management, and governance within Heart 4 Care.

It also extends to participants, their representatives, and community partners who contribute to the organisation's quality and improvement processes.

This policy defines how Heart 4 Care plans, implements, monitors, and evaluates quality and continuous improvement processes to ensure:

- Safe, effective, person-centred aged care services.
- Continuous learning and organisational development.
- Accountability across all governance levels.
- Compliance with legislative and regulatory frameworks.
- A culture of inclusion, transparency, and responsiveness.

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Procedure

Quality Assurance and Continuous Improvement Framework

The organisation's Quality Assurance and Continuous Improvement Framework is structured around the following interrelated pillars:

Governance and Accountability

- The Governing Body is accountable for setting strategic directions, monitoring quality outcomes, and ensuring compliance with the Quality Standards.
- The QCAB acts as an oversight body, reviewing audit outcomes, risk registers, incident data, and feedback trends to identify systemic improvements.
- Key personnel and managers are responsible for embedding continuous improvement principles into operational and care processes.

Continuous Improvement System

The continuous improvement system operates as a cycle of **Plan → Implement → Monitor → Review → Refine**.

- **Plan:** Identify areas for improvement through audits, feedback, incident reports, risk reviews, and data analysis.
- **Implement:** Develop corrective and preventive actions (CAPA) with clear responsibilities and timelines.
- **Monitor:** Track progress through performance indicators, follow-ups, and staff or client feedback.
- **Review:** Assess outcomes against objectives, ensuring effectiveness and sustainability.
- **Refine:** Integrate lessons learned into policy, procedures, and future planning.

The system is documented through the **Continuous Improvement Register**, which records all identified opportunities, actions taken, and outcomes achieved.

Integration with Other Organisational Systems

Continuous improvement is closely linked with all key operational systems:

- **Risk Management:** Risk assessments inform improvement priorities, ensuring that identified risks are mitigated through system and process enhancements.
- **Incident Management:** Root cause analyses from incidents feed into continuous improvement planning, ensuring non-recurrence and system-level learning.
- **Feedback and Complaints:** Trends and data from the complaints register are reviewed monthly to inform changes to care delivery, communication, and workforce training.

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- **Workforce Development:** Training programs and supervision practices are updated based on audit findings, staff feedback, and performance reviews.
- **Financial and Information Management:** Internal reviews assess financial controls and data integrity, ensuring systems support accountability and accuracy.

These relationships ensure that continuous improvement is embedded across the entire organisation rather than confined to isolated functions.

Quality Data and Performance Monitoring

The organisation collects and analyses data from multiple sources to inform its quality assurance processes, including:

- Client satisfaction surveys and service reviews.
- Complaints, feedback, and compliments data.
- Incident and hazard reports.
- Risk registers and clinical data.
- Staff performance and competency assessments.
- Internal and external audit outcomes.

Data trends are reviewed quarterly by the QCAB and Governing Body to evaluate performance against the Quality Standards and identify strategic improvement goals.

Internal Audit and Self-Assessment

Internal audits are central to Heart 4 Care's assurance framework. They evaluate compliance, effectiveness, and alignment with regulatory expectations.

Audit Methodology:

- Audits are conducted quarterly and annually, aligned with the *Aged Care Quality Standards*.
- Audit tools include the Commission's Evidence Mapping Template, Audit Evidence Collection Tool (AECT), and Self-Assessment Checklists.
- Each Standard is reviewed against evidence sources such as client records, staff files, policies, and feedback registers.

Audit Process:

1. **Planning:** The Care Manager develops an annual audit schedule approved by the QCAB.
2. **Implementation:** Audits are performed by trained internal team members or independent consultants, ensuring objectivity.
3. **Reporting:** Findings are documented in an Audit Summary Report highlighting compliance levels, non-conformances, and recommendations.
4. **Follow-up:** Corrective actions are added to the Continuous Improvement Register with responsible persons and due dates.

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5. **Review:** Audit results and follow-up progress are presented to the Governing Body for oversight.

Self-Assessments:

- The organisation conducts structured self-assessments using Department and Commission templates to prepare for compliance audits and registration renewals.
- Evidence mapping ensures each outcome of the Quality Standards is demonstrably met.
- Gaps identified through self-assessment are incorporated into the continuous improvement plan.

Partnering with Participants and Stakeholders

Heart 4 Care actively engages participants, families, and advocates in shaping quality outcomes:

- Participants are invited to share feedback through surveys, focus groups, and individual discussions.
- The organisation partners with participants who represent the diversity of its client base, to ensure culturally safe and accessible care.
- Participant representatives may be invited to contribute to the QCAB or specific improvement working groups.

Quality Care Advisory Body (QCAB)

The QCAB provides strategic oversight of all quality and compliance matters. Its functions include:

- Reviewing audit outcomes, complaints data, and incident trends.
- Assessing the effectiveness of the Continuous Improvement Plan.
- Monitoring organisational compliance with the Quality Standards.
- Making recommendations to the Governing Body on areas requiring improvement.

Continuous Improvement Plan (CIP)

The CIP is a living document that captures all identified improvement opportunities and tracks their implementation. Each entry includes:

- Description of improvement opportunity
- Source (audit, feedback, incident, self-assessment, etc.)
- Responsible person
- Target completion date
- Status and outcomes achieved

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The CIP is reviewed monthly by management and quarterly by the QCAB, ensuring alignment with organisational objectives and the Aged Care Quality Standards.

Staff Engagement and Quality Culture

A culture of continuous improvement depends on staff engagement. Heart 4 Care promotes this through:

- Regular quality meetings and debrief sessions.
- Recognition of staff who contribute improvement ideas.
- Transparent communication of quality results and improvement outcomes.
- Incorporating quality performance indicators into staff appraisals.
- Providing ongoing training on quality, safety, and inclusion.

Reporting and Oversight

Key findings and quality outcomes are reported through structured governance channels:

- **Monthly Reports** – Prepared by the Care Manager for management review.
- **Quarterly Reports** – Submitted to the QCAB and Governing Body summarising quality performance, risks, and progress on improvement actions.
- **Annual Review** – Consolidates all data sources to evaluate the overall effectiveness of the framework and informs the following year's strategic plan.

Monitoring and Review

The Care Manager is responsible for ensuring the continuous improvement system remains active, relevant, and evidence-based. The Governing Body conducts an annual review of the framework, policies, and processes to ensure ongoing compliance with legislative and quality requirements.
All outcomes of audits, reviews, and improvement activities are documented, communicated, and integrated into organisational learning and decision-making.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Strengthened Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Risk Management Policy and Procedure

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- Incident Management Policy and Procedure
- Feedback and Complaints Management Policy and Procedure
- Complain or Feedback Form
- Information Management Policy and Procedure
- Records Management Policy and Procedure
- Risk Management Policy and Procedure
- Compliance Management Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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1	1-November-2025	Governing Body	Creation of New Document

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Risk Management Policy and Procedure

Heart 4 Care recognises that effective risk management is essential to the safety of participants, the wellbeing of aged care workers, and the sustainability of the organisation.

Our approach integrates risk identification, assessment, mitigation, and continuous monitoring across all service levels — ensuring compliance with *Outcome 2.4: Risk Management* of the Strengthened Quality Standards.

Risk management at Heart 4 Care is not a reactive process; it is a proactive, embedded system designed to prevent harm, support informed decision-making, and enable continuous improvement. All employees share responsibility for identifying and managing risks within their areas of work.

This policy outlines how Heart 4 Care implements risk management to prevent and reduce harm.

It applies to:

- all services delivered under Support at Home, including ongoing, restorative, and end-of-life pathways;
- all organisational functions and business operations; and
- all employees, contractors, and associated providers.

Risk management also forms part of every participant's assessment and planning process, ensuring that individual care plans include documented risks and preventative strategies.

Policy

Heart 4 Care maintains a structured and documented risk management system that:

- identifies, assesses, and manages risks affecting participants, aged care workers, and organisational operations;
- integrates risk management into all levels of planning, service delivery, and governance;
- includes a formal **Risk Register** and individual Care Assessments;
- promotes a culture of openness, safety, and accountability in reporting and managing risks; and
- is reviewed regularly to ensure continued effectiveness and alignment with the Aged Care Act 2024, Rules 2025, and Strengthened Quality Standards.

Procedure

Risk Management Framework

Heart 4 Care's risk management follows a continuous improvement cycle based on best-practice principles:

1. **Identify** potential risks to participants, workers, and the organisation.
2. **Assess** the likelihood and consequence of each risk.

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3. **Control** by developing and implementing mitigation strategies.
4. **Monitor** ongoing risk controls and incidents.
5. **Review** and improve the system regularly through feedback, audits, and analysis.

This framework applies at both the **individual level** (care delivery, assessments, service coordination) and the **organisational level** (governance, compliance, finance, workforce, and safety).

Risk Identification

Risks are identified through multiple pathways:

- client admission and home safety assessments;
- ongoing care planning and reviews;
- incident reports and SIRS notifications;
- worker feedback and hazard reports;
- complaints, audits, and participant surveys; and
- subcontractor and supplier reviews.

All staff are required to record identified risks in the appropriate register or care management record and escalate them according to the level of risk.

Risk Categories

Heart 4 Care recognises the following major categories of risk:

1. Participant and Clinical Risks
Falls, medication errors, pressure injuries, infection control breaches, social isolation, neglect, or abuse.

2. Service Delivery Risks
Missed services, poor coordination, subcontractor failures, cultural mismatches, or budget overspend.

3. Worker Health and Safety Risks
Unsafe environments, manual handling issues, aggressive behaviour, psychosocial hazards, or exposure to infectious agents.

4. Organisational and Compliance Risks
Breach of aged care obligations, privacy incidents, inaccurate claiming, workforce shortages, or governance failures.

Each risk type is documented and managed according to its potential impact and likelihood.

Risk Assessment

All identified risks are assessed using Heart 4 Care's **Risk Rating Matrix**, which combines likelihood and consequence to assign a rating of *Low, Moderate, High,* or *Extreme.*

- **Low** – Managed with routine monitoring.
- **Moderate** – Requires additional control and monitoring by supervisor.

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- **High** – Immediate mitigation and formal documentation in the Risk Register.
- **Extreme** – Urgent escalation to the CEO and Governing Body; full review and corrective action.

Individual risks identified through participant assessments must also be reflected in the participant's care plan, with specific mitigation strategies outlined for each.

Control and Mitigation Strategies

Once risks are assessed, appropriate controls are applied following the hierarchy of control:

- **Eliminate** – Avoid the risk entirely (e.g. discontinue unsafe task).
- **Reduce** – Introduce safer work methods, supervision, or equipment.
- **Transfer** – Refer or escalate to specialist support or another provider.
- **Accept** – Allow under dignity of risk, with documentation and monitoring.

Controls are tailored to each situation. For example:

- Implementing infection control procedures and PPE use.
- Conducting home modifications for mobility or safety risks.
- Providing cultural competency training for staff.
- Establishing clear worker safety protocols for high-risk homes.

Dignity of Risk

Heart 4 Care recognises the individual's right to make informed choices about their care, even when those choices involve some level of risk.
When a participant chooses to proceed with a decision that may increase risk, the Care Partner must:

- explain the risks and possible outcomes;
- confirm the participant's understanding and consent;
- document the decision and strategies for monitoring; and
- review the situation regularly or if conditions change.

Where a participant's decision creates unacceptable risk to others or staff, alternative arrangements may be considered to maintain safety.

Risk Registers

Individual Client Records

Each participant has a risk profile maintained within their care plan, which documents:

- identified risks to health, safety, and wellbeing;
- agreed management strategies;
- responsibilities of staff, family, or external providers; and

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- review dates and escalation points.

These are reviewed at least every 12 months or earlier if circumstances change.

Organisational Risk Register
A central **Risk Register** is maintained by the Care Manager and reviewed by the QCAB. It records operational, clinical, WHS, financial, and reputational risks.
Each entry includes:

- description and source of the risk;
- existing controls and residual risk rating;
- required mitigation actions;
- responsible officer; and
- review date and progress status.

High and extreme risks are escalated to the Governing Body for oversight.

Monitoring and Reporting

Risk management performance is monitored continuously through:

- monthly reviews of incidents, complaints, and feedback;
- quarterly Risk Register updates;
- QCAB meetings and audit results; and
- staff supervision and team briefings.

Serious or emerging risks are reported immediately to management, and systemic trends are discussed at QCAB to identify process improvements.

Ongoing Improvement

Heart 4 Care treats risk management as an evolving process.
Data from incidents, audits, complaints, and worker input is analysed to identify patterns, improve systems, and strengthen preventative measures.
Changes may include new training, revised forms, or updated procedures based on identified gaps.

Training and Communication

All new staff receive induction on risk identification, reporting, and escalation.
Ongoing training is provided annually or when policy changes occur.
Workers are reminded of their responsibilities through supervision, team meetings, and quality updates.

Governance and Responsibilities

Risk management is overseen by the Governing Body, supported by the Quality Care Advisory Body (QCAB) and the Care Manager.

Governing Body

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- approves and monitors the Risk Management System;
- reviews quarterly risk reports and trend data;
- ensures resources are allocated to manage high and extreme risks;
- oversees compliance and business continuity risks.

Care Manager

- implements the policy and maintains the organisational Risk Register;
- ensures client-level risk assessments are completed and reviewed;
- trains staff in risk identification, reporting, and mitigation;
- escalates and monitors high or critical risks;
- reports quarterly to the QCAB and Governing Body.

Aged Care Workers

- identify, report, and document risks or hazards observed during service delivery;
- follow controls outlined in each participant's care plan;
- escalate urgent risks immediately to the Care Manager.

Participants and Supporters

- are supported to identify risks that may affect their care or home environment;
- participate in decisions about how risks are managed;
- exercise dignity of risk through informed consent where appropriate.

Review of Risk Management System

The effectiveness of this system is reviewed annually by the Care Manager and QCAB.
This review considers:

- completion and accuracy of risk assessments;
- timeliness of reviews and updates;
- escalation processes; and
- the integration of risk data into continuous improvement.

Outcomes of the review are documented and reported to the Governing Body with recommendations for enhancement.

Relevant Legislation and Standards

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Privacy Act 1988 (Cth)

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- Work Health and Safety Act 2011 (Cth)
- Strengthened Quality Standards (2025)
    - Standard 2: The Organisation – Outcome 2.4 Risk Management
    - Standard 3: Care and Services

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Risk Register
- Information Management policy and procedure
- Record Management policy and procedure
- Incident Management policy and procedure
- Staff Hiring and Induction policy and procedure
- Learning and Development policy and procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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Incident Management Policy and Procedure

Heart 4 Care has set out comprehensive protocols that make up the Incident Management System (IMS). This policy and procedure, in conjunction with the *Risk Management* and lay out a holistic and structured method for preventing, identifying, reporting, assessing and dealing with Incidents.

Policy

Heart 4 Care, its responsible persons and its aged care workers are committed to ensuring that incidents are prevented and managed properly. Heart 4 Care gives utmost priority to creating a safe and secure environment where incidents are unlikely to occur. Heart 4 Care ensures that incidents are avoided. In case any incident occurs, Heart 4 Care is committed to follow proper reporting, identification, assessment and evaluation to prevent any similar reoccurrences.

Procedure

This procedure aims to ensure that:

- The IMS promotes the safety, health, well-being, and quality of life of participants by detecting, addressing, and remediating incidents, and preventing incidents from occurring.
- The IMS facilitates the open disclosure and resolution of incidents between Heart 4 Care and the participants.
- Follow-up actions are taken to address immediate needs and to minimise harm,
- That the lessons learned from incidents are used to drive improvement across Heart 4 Care services and systems,
- Heart 4 Care's systems are compliant with regulatory requirements,
- All aged care workers and responsible persons understand and follow their roles in case of an incident.
- Heart 4 Care does not victimize or discriminate against anyone for reporting an incident.

Definition

Heart 4 Care defines an incident as an act, omission, event, or circumstance that:

- has caused harm to the participant or another person, or could reasonably have been expected to have caused harm to a participant or another person.
- occur, are alleged to have occurred, or are suspected of having occurred, in connection with the delivery of funded aged care services to a participant by Heart 4 Care.

The IMS covers all incidents, including reportable incidents (SIRS), near misses, and incidents related to WHS, financial management, and information security. Information security breaches are also considered and reported as incidents internally by *Heart 4 Care.*

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Incident Response

All Heart 4 Care's responsible persons and aged care workers are trained in responding to incidents.

Heart 4 Care is responsible for following these steps when an incident is identified:

1. Safety First: Evaluate the situation, prevent consequential damage, and ensure the safety, health, and well-being of all persons affected.
2. Emergency Services: Call emergency services (000) immediately if required, then inform the relevant manager/responsible person.
3. Support and Assistance: Provide appropriate support and assistance, including assessing the need for access to advocates and language services, to persons affected.
4. Initial Notification: The aged care worker who becomes aware of a reportable incident must notify a Responsible Person or supervisor/manager as soon as possible.

Heart 4 Care will manage incidents by:

1. Using an open disclosure process with affected persons.
2. Assessing how to appropriately involve each person affected (or a supporter or advocate) in the management and resolution of the incident, and ensure this involvement occurs.

The aged care worker on site will note the following for reporting purposes:

- Description of the incident, harm caused, and known consequences.
- Whether it is a reportable incident.
- Time, date, and place incident occurred/was suspected, and the time/date it was identified.
- Names and contact details of involved persons and witnesses.
- Details of all assessments and actions taken.
- Consultations and whether reports were provided to affected persons.
- Name and contact details of the person recording the incident details.

Reporting

The Care Manager will use the details recorded at the site to properly report and record the incident details using the *Incident Form*. The incident form must be filled and submitted to the CEO for review within 12 hrs of the incident. The CEO determines if any external reporting obligations are relevant for this incident.

External reporting obligations of Heart 4 Care as per the Serious Incident Response Scheme (SIRS) are discussed in the *procedure for reporting reportable incidents to the Commissioner (SIRS Policy and Procedure) below*.

Investigation, Review and Improvement

The Incident Form is submitted to the CEO, who is immediately responsible for reviewing the classification (e.g., Priority 1 or 2) and initiating the formal investigation process. This investigation must be conducted within 7 days of the incident.

Investigation Initiation and Scope

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1. Initiation: Upon receipt and classification of the Incident Form, the CEO formally initiates the investigation by:
    a. Assigning the investigation lead to an independent department manager/responsible person.
    b. Defining the scope and objectives of the investigation, ensuring it covers all aspects of the reported incident, including its root causes, contributing factors, and harm caused.
2. Timing: This formal initiation must occur within 24 hours for Priority 1 incidents and within 3 days for Priority 2 incidents to ensure timely action and compliance with best practice standards.

Information Gathering and Interview Process

The investigation lead is responsible for the thorough collection of relevant information, documented using the Incident Investigation form. The investigation is conducted by evaluating the situation that led to the incident. This process includes:

1. Gathering Relevant Information: Collecting all relevant evidence, which may include:

    a. Documentation: Reviewing the participant's care plan, progress notes, medical records, risk assessments, and staffing rosters.
    b. Physical Evidence: Securing any physical evidence related to the incident site or equipment, if applicable.
    c. Technical Data: Reviewing CCTV footage, access logs, or digital records where relevant and lawful.
2. Interviewing Affected Parties: Interviews are a critical component of information gathering and must be conducted sensitively, ethically, and in line with the IMS's commitment to support:

    a. Participants/Supporters: Interviews with participants, their family members, or advocates must only proceed with informed consent. The participant must be offered appropriate support, including access to an advocate, supporter, or language services, throughout the interview process.
    b. Personnel: Interviews must include the aged care worker(s) involved, witnesses, and any other relevant responsible persons or clinical staff.
    c. Documentation: All interviews must be documented accurately on the Incident Investigation form, detailing the time, date, attendees, and key statements. Interviewees must be offered the opportunity to review and verify their documented statement.

Analysis

The gathered information is then being evaluated to establish:

- The causes of the incident
- The harm caused by the incident
- Any operational issues that may have contributed to the incident occurring.

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Remedial Action and Preventative Planning

Upon conclusion of the investigation and analysis, the Governing Body reviews the incident investigation and formally determines and implements remedial and preventative actions:

1. Governing Body Review: The review aims to determine:
    a. Whether the incident could have been prevented and how.
    b. How well the incident was managed and resolved.
    c. What action (if any) needs to be undertaken to prevent similar incidents from occurring in the future.
    d. What action (if any) needs to be undertaken to minimise the impact of a similar incident in the future.
    e. Whether other persons or bodies should be notified of the incident.
2. Implementation of Preventative Plan: Based on the review, a specific remedial action plan is created to address the root causes and minimise future risk. This plan must include:
    a. Systemic Changes: Updates to policies, procedures, staffing models, or environmental modifications.
    b. Individualised Changes: Immediate adjustments to the affected participant's care plan to minimise the risk of recurrence and reduce the potential impact if a similar event were to occur. This includes involving the participant/supporter in co-designing these changes.
    c. Training and Education: Targeted training for staff involved or those working in the high-risk area.
    d. Monitoring: Defined metrics and timelines for monitoring the effectiveness of the implemented actions.

Remedial actions are determined and recorded using the Governing Body *meeting minutes* and responsible persons are designated.

The CEO shall maintain an *Incident Register* that summarises all incidents that have been reported.
Data collected from the Incident Register will be regularly reviewed to identify systemic issues, provide feedback and training, and continuously improve incident prevention and management.
This Incident Register and all related documentation will be retained for 7 years after the record was made.

The IMS will also provide information to Heart 4 Care's quality care advisory body (if any) and consumer advisory bodies (if any) to assist the body or bodies to prepare reports or feedback about the quality of the funded aged care services delivered by Heart 4 Care.

Competence and Awareness

Heart 4 Care is responsible for ensuring that all relevant aged care workers and responsible persons have the necessary awareness and training to perform their role accurately at least annually, upon commencing their role and when there is a change

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to the system or their role, as described in this policy and procedure. This is further described in the *Learning and Development, Staff Hiring and Induction*, and *Vendors, Subcontractor and Volunteer Management* policy and procedure.

Reporting Incidents to Police

At Heart 4 Care, we are committed to maintaining a safe and lawful environment for our participants and responsible persons/aged care workers. In accordance with our responsibilities, any incident that is known, alleged, or suspected to involve criminal conduct must be reported to the police within 24 hours of becoming aware of the incident or the reasonable grounds to report it.

Mandatory Reporting to Police

1. **Reasonable Grounds to Report**:
    - Reasonable grounds to report an incident to the police exist when there are facts or circumstances (occur, are alleged to have occurred, or are suspected of having occurred) that lead to a belief that the incident may involve criminal conduct under Commonwealth, State, or Territory laws.
    - If there is any doubt about whether an incident is of a criminal nature, a report must still be made to the police.
2. **Timely Reporting**:
    - Reports to the police must be made within 24 hours of becoming aware of the incident or reasonable grounds to report.
    - If additional facts emerge later that provide reasonable grounds, reporting must occur within 24 hours of becoming aware of those grounds.

Engagement with Consumers and Families

- It is recognised that some participants, family members, supporters, or carers may be hesitant to involve the police. This may stem from personal experiences, cultural concerns, or mistrust of authorities.
- In such situations:
    - The responsibility to report the incident to the police must still be fulfilled.
    - Responsible persons/aged care workers should engage with participants and their families to understand their concerns, provide reassurance, and address underlying issues where possible.
    - Every effort should be made to uphold the rights of consumers to autonomy, choice, and control over their lives while fulfilling the mandatory reporting obligation.

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Guidance for Determining Reasonable Grounds

- Responsible persons/aged care workers are expected to consider whether the incident would reasonably be regarded as criminal by a reasonable person under the relevant laws. This includes reflecting on whether they would expect police involvement if the incident happened to themselves or a loved one.
- If there is any uncertainty about the criminal nature of an incident, it must be reported to the police without hesitation.

By adhering to these procedures, Heart 4 Care ensures compliance with its legal obligations, while also respecting the rights and needs of the participants.

Accessibility

The IMS documents will be made available in an accessible form to individuals receiving services, their supporters, family, carers, and advocates, and the provider must assist these persons to understand how the system works.

Relevant Legislation:

- Aged Care Act 2024
- Aged Care Rules 2025
- Serious Incident Response Scheme
- Strengthened Aged Care Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Incident Form
- Incident Investigation Form
- Meeting Minutes
- Incident Register
- Risk Management policy and procedure
- Information Management policy and procedure
- Emergency and Disaster policy and procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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Serious Incident Response Scheme (SIRS) Policy and Procedure

The SIRS Policy and Procedure has been developed to ensure that Heart 4 Care complies with the Serious Incident Response Scheme (SIRS) as applicable to Support at Home Program. In conjunction with the *Incident Management policy and procedure* above, this policy ensures that all incidents are identified, reported and investigated in an effective manner.

Policy

Heart 4 Care committed to taking all reasonable steps to ensure reportable incidents are managed, prevented, and notified to the Commissioner in accordance with the Aged Care Rules. This policy outlines the mandatory reporting obligations under the SIRS.

Procedure

As detailed in the *Compliance Management policy and procedure*, Heart 4 Care follows all guidelines and regulatory obligations in its business activities. This includes the Serious Incident Response Scheme which outlines the obligations of a provider to record, manage and report events which may cause harm to a participant. Heart 4 Care has an Incident Management System (IMS) that is outlined in detail in the *Incident Management policy and procedure*. The IMS is based on SIRS guidelines but also expands on it in certain areas to ensure that the scope is more suitable to Heart 4 Care's activities.

Heart 4 Care will ensure all aged care workers and responsible persons are aware of, understand, and comply with this policy and procedure. Appropriate training will be provided at least annually and upon any change to the system or individual's role.

Definition

A reportable incident is an act, omission, event, or circumstance that occurs, is alleged to have occurred, or is suspected of having occurred in connection with the delivery of funded aged care services to a participant and falls into one of the eight categories below.

Reportable Incidents

Under SIRS, there are eight types of reportable incidents:

- Unreasonable use of force – for example, hitting, pushing, shoving, or rough handling a participant.
  Exclusion: Gentle touching for service delivery, attracting attention, guiding, or comforting distress.
- Unlawful sexual contact or inappropriate sexual conduct – such as sexual threats against a participant, stalking, sharing of intimate images, sexual

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activities, or unnecessary touching of participant's genital/anal/breast area by an aged care worker without the participant's consent

Exclusion: Consensual sexual conduct/contact between the participant and a non-aged care worker (e.g., another participant).

- Psychological or emotional abuse – such as yelling, name calling, ignoring a participant, threatening gestures, taunting, or refusing a participant access to care or services as a means of punishment
- Unexpected death – where reasonable steps were not taken by the provider to prevent the death, the death is the result of the care or services provided by the provider or failure to provide care and services
- Stealing or financial coercion by a staff member – for example, if an aged care worker coerces a participant to change their will to their advantage, or steals valuables from the participant
- Inappropriate use of restrictive practices – where it is used in relation to a participant in circumstances such as:
    - where a restrictive practice is used without prior consent or without notifying the participants' supporter as soon as practicable
    - where a restrictive practice is used in a non-emergency situation, or
    - when a provider issues a drug to a participant to influence their behaviour as a form of restrictive practice

    Exclusion: Not reportable if used in a home/community setting where the use, circumstances, duration, and manner are fully set out and documented in the care and services plan.
- Neglect – for example, withholding personal care, untreated wounds, or insufficient assistance during meals

    Exclusion: Neglect is not reportable if the incident resulted from a recorded, informed choice by the participant about services in a home/community setting.
- Unexplained absence – where the participant is absent without explanation and there are reasonable grounds to report the absence to the police

A registered provider is required to notify the Aged Care Quality and Safety Commission, regarding all the reportable incidents. This includes incidents that occur, or are alleged or suspected to have occurred, and includes incidents involving a participant with cognitive or mental impairment (such as dementia). Heart 4 Care follows this requirement as a part of its IMS. The incidents that are not reportable incidents as per the Aged Care Rules are also recorded in the IMS but the SIRS reporting steps are not followed. According to the nature of the incident it may still be required to be reported to other entities.

In the event of an incident, upon receiving the *Incident Form*, the CEO will use the decision support tool on the Aged Care Quality and Safety Commission website (https://www.agedcarequality.gov.au/sirs/decision-support-tool) to assist in determining if an incident meets the criterion to be a reportable incident.

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Reporting Timeframes

If a reportable incident occurs or is alleged or suspected to have occurred, Heart 4 Care must immediately act to protect the safety and wellbeing of those involved.

Heart 4 Care will classify the incident as either Priority 1 or Priority 2 based on:

- the incident types
- the impact on the participant
- whether there are reasonable grounds to report the incident to the police.

The priority of the incident determines when it must be reported to the Commission.

Priority One

Priority 1 reportable incidents must be reported to the Commission within 24 hours of Heart 4 Care becoming aware of the incident.

Priority 1 reportable incidents are reportable incidents:

- that have caused or could reasonably have been expected to cause, a participant physical or psychological injury or discomfort that requires medical or psychological treatment to resolve, or
- if there are reasonable grounds to contact the police,
- it involves unlawful sexual contact or inappropriate sexual conduct, or
- when there is the unexpected death of a participant or a participant's unexplained absence.

When assessing Priority 1 incidents, particularly psychological or physical harm, Heart 4 Care shall not consider a participant's impairment (e.g., cognitive decline) as preventing the harm or reducing its degree. Heart 4 Care shall recognize that the impairment may contribute to causing the participant physical or psychological injury or discomfort.

Priority Two

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident.

Heart 4 Care will report Priority 2 reportable incidents to the Commission within 30 days of becoming aware of it occurring.

The CEO is responsible for determining the type of incident and also responsible for reporting both types of incidents using the SIRS tile on the My Aged Care Service and Support portal.

If Heart 4 Care later becomes aware of reasonable grounds to report the incident to police (suspected crime), we shall notify a police officer within 24 hours of becoming aware of those grounds. The initial P1 report must reflect whether police notification has occurred.

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The Commissioner may decide that a report is not required if the allegation is repeated by an individual and the Commissioner is satisfied the allegation is the result of a delusion of the individual.

Reporting is not required if the incident results from a participant refusing the delivery of services in a residential care home.

Reporting Content and Follow-up

All notices will be made in writing and will include the following:

- Heart 4 Care's details as the provider, kind of incident, and harm caused (including consequences, if known).
- Immediate actions taken to ensure the safety and well-being of the participant/supporter.
- Whether the incident has been reported to police or any other body.
- Names of persons directly involved, the time/date/place, and the name/contact details of the person giving the notice.

Any information required in the P1 notice but not available within 24 hours will be provided in a follow-up notice within 5 days after the start of the 24-hour period, unless the Commissioner determines otherwise.

Heart 4 Care will notify the Commissioner of any significant new information related to a reportable incident as soon as reasonably practicable after becoming aware of it.

Heart 4 Care will give the Commissioner a final report, if required, within 84 days of the initial notice (or other period specified by the Commissioner), including specified information.

Addressing Abuse and Neglect - Support for Participants:

1. **Immediate Response and Support:**
    - Heart 4 Care is committed to taking immediate action to ensure the immediate safety and well-being of participants who have been subjected to abuse or neglect. This includes providing any necessary medical attention, emotional support, and relocation if required.
2. **Designated Support Person:**
    - We immediately designate a qualified and empathetic support person, this will either be our Care Partner or our HR Manager, to accompany the participant during the investigation process. This individual will act as a liaison between the participant, their family representatives, supporters/advocates, and the investigation team.
3. **Support Plan:**
    - Develop an individualized support plan for the affected participant. This plan will be tailored to address the specific needs and concerns arising

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from the abuse or neglect, ensuring ongoing care and support during the investigation. If required, this will become part of the participant's ongoing care plan.

- This will be discussed and made according the wishes of the participants, their /supporters and/or their GP if required.

4. **Regular Monitoring and Communication:**
    - We will ensure regular monitoring of the participant's well-being and communication with them to address any emerging needs. This involves ongoing assessments and adjustments to the support plan as required.

Notification and Communication with Family Representatives/Advocates:

1. **Immediate Notification:**
    - Family representatives and/or supporters/advocates will be notified immediately once abuse or neglect is suspected or reported. This notification will be done via the emergency communication method indicated by the family representative or supporter/advocate, at the time of support at home service agreement, ensuring timely and transparent communication.
2. **Detailed Information Sharing:**
    - Provide detailed information to family representatives and/or supporters/advocates about the nature of the incident, steps taken, and the ongoing investigation process. This will be done in a manner that respects privacy and confidentiality while keeping family representatives and supporters/advocates well-informed.
3. **Designated Contact Person:**
    - Designate a specific contact person within Heart 4 Care who will be responsible for communicating with family representatives and/or supporters/advocates. This contact person will be accessible to address any inquiries or concerns throughout the investigation.
4. **Regular Updates:**
    - Provide regular updates to family representatives and/or supporters/advocates on the progress of the investigation. This includes informing them of any findings, actions taken, and changes to the care plan if necessary.
5. **Collaborative Decision-Making:**
    - Involve family representatives and/or supporters/advocates in collaborative decision-making processes related to the participant's

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safety, ongoing care, and any potential changes to the care plan. This ensures their active participation and input throughout the investigation.

Relevant Legislation:

- Aged Care Act 2024
- Aged Care Rules 2025
- Serious Incident Response Scheme
- Strengthened Aged Care Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Incident Form
- Incident Management policy and procedure
- Compliance Management policy and procedure

Procedure Ownership and Revision

The CEO is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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Feedback and Complaints Policy and Procedure

Heart 4 Care welcomes feedback and complaints as essential inputs to safety, quality, and continuous improvement. We provide simple, accessible, and transparent ways for individuals, their registered supporters or family, aged care workers and others to give feedback or make complaints without fear of reprisal. We manage all feedback and complaints promptly, fairly, and in accordance with the Aged Care Act 2024 and Aged Care Rules 2025, including open disclosure and restorative practices when things go wrong.

Policy

Heart 4 Care will:

- Implement and maintain a best-practice complaints and feedback management system that is easy to access and use, supports anonymous complaints, and is available to anyone.
- Encourage and support older people, their supporters, and aged care workers to raise concerns and provide feedback without victimisation or discrimination.
- Manage complaints as soon as possible, acknowledge them quickly, keep parties informed of realistic timeframes, and use open disclosure when harm has occurred or may have occurred.
- Provide access to advocacy, interpreters and other supports, and clearly explain options to escalate complaints, including to the Complaints Commissioner.
- Collect, analyse and report complaints data; use findings to drive continuous improvement; and provide regular oversight to the Governing Body and the Quality Care Advisory Body (QCAB).
- Keep information confidential, apply procedural fairness, and securely store records.

Procedure

Definitions

Feedback: Any comment—compliment, suggestion, concern or issue—about care and services.
Complaint: An expression of dissatisfaction about any aspect of care or service, staff conduct, decisions, fees, communication, privacy, safety, access, equity, or the complaint process itself.
Complainant: The person making a complaint (may be the older person, a supporter/family member, an aged care worker, volunteer, contractor, or any other party).
Open disclosure: An open, honest, timely discussion when things go wrong,

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including acknowledgement, apology, explanation, and steps to prevent recurrence.
Restorative outcome: An action that restores trust and confidence (e.g., fix the problem, apologise, reimburse unlawful fees, improve communication, retrain staff).

Access and Communication Channels

Heart 4 Care will ensure feedback and complaints can be made easily through:

- In-person discussions with any worker or manager
- Telephone and video calls
- Online submission form (Complaint and Feedback Form)
- Written correspondence or feedback boxes
- Anonymous submission form (Complaint and Feedback Form)
- Support through interpreters, advocates, or accessibility aids

Information about how to make a complaint or provide feedback will be:

- Clearly displayed on the organisation's website.
- Included in participant onboarding materials, including the *Feedback and Complaints Information Sheet* (as required by section 165-20(1)(f) of the Rules).
- Explained verbally and confirmed as understood.

Encouraging a Feedback Culture

Heart 4 Care actively fosters a culture where feedback and complaints are welcomed and valued. To achieve this:

- All staff are trained to listen without defensiveness, thank the person for raising the issue, and respond constructively.
- Managers lead by example by discussing improvements resulting from complaints in meetings and newsletters.
- Workers are reminded that constructive feedback from colleagues or clients helps prevent larger problems and supports quality improvement.
- The organisation routinely requests feedback during care reviews, home visits, and staff meetings.

Responsibilities

- **Aged Care Workers** must receive and document feedback, treat all concerns seriously, and refer unresolved issues to the Care Manager.
- **Care Manager** coordinates complaint receipt, acknowledgement, investigation, communication, and open disclosure; ensures fairness and timely resolution.

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- **CEO** ensures resources, independence of investigations, and response to systemic risks.
- **Governing Body** holds ultimate accountability for quality systems (Outcome 2.3) and reviews quarterly complaint trend reports.
- **Quality Care Advisory Body (QCAB)** reviews de-identified data, analyses trends, and advises on quality and workforce implications.

Complaints and Feedback Management Process

Step 1: Receiving Feedback and Complaints

Any staff member can receive a complaint or feedback.
They must:

- Listen actively and acknowledge the person's experience.
- Reassure them that their issue will be taken seriously and that retaliation is prohibited.
- Offer to help record the complaint using the *Feedback and Complaints Form* or direct them to a manager.
- Provide information about advocacy and external complaint options.
- Notify the Care Manager immediately for all complaints that cannot be resolved on the spot.

For minor matters (e.g., scheduling confusion), staff may resolve the issue informally if the person is satisfied, but must still record it in the system for learning.

Step 2: Acknowledgement

The Care Manager acknowledges receipt of the complaint as soon as possible, preferably within 2 business days, providing:

- Confirmation that the complaint has been received and logged.
- The name and role of the person managing the complaint.
- An outline of what will happen next and indicative timeframes.
- Information about advocacy and interpreter options.
- Reassurance of confidentiality and non-retaliation.

For anonymous complaints, acknowledgement is noted internally.

Step 3: Recording and Documentation

All feedback and complaints are entered into the Complaints and Feedback Register.
Each entry includes:

- Complaint ID, date/time, source, and summary.
- Category (service quality, safety, staff conduct, environment, etc.).

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- Risk rating (low, medium, high).
- Actions taken, open disclosure status, outcomes, and responsible officers.
- Whether feedback led to system improvement or corrective action.

Records are maintained in a secure digital repository with restricted access, following the organisation's Records Management Policy.

Step 4: Risk Assessment and Prioritisation

The Care Manager assesses each complaint to determine:

- **Severity** — risk to safety, rights, or quality.
- **Urgency** — time sensitivity and potential for escalation.
- **Complexity** — number of parties involved, supporting evidence required. High-risk complaints (e.g., abuse, neglect, privacy breach, serious clinical issue) are immediately escalated to the CEO and managed under both this procedure and the Incident Management and Open Disclosure processes.

Step 5: Planning and Assigning the Investigation

The Care Manager develops an **Investigation Plan** outlining:

- Key questions to be answered.
- Evidence sources (documents, records, staff statements, interviews).
- Persons to be consulted (complainant, staff, witnesses).
- Timeframes and milestones.
- Investigator or team responsible (may be external for serious or sensitive issues).

Investigations are to be objective, evidence-based, and trauma-informed.

Step 6: Open Disclosure and Engagement

Where harm has occurred or may have occurred, the Care Manager or CEO initiates open disclosure, which includes:

- Meeting with the affected individual and supporter.
- Acknowledging what happened and apologising sincerely.
- Explaining the facts known to date and committing to updates.
- Outlining actions being taken to prevent recurrence.
- Inviting feedback on what restorative outcome would rebuild trust.

The conversation and follow-up actions are documented in the case record.

Step 7: Investigation and Resolution

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During the investigation:

- All relevant evidence is gathered impartially and confidentially.
- Witnesses are interviewed respectfully, and procedural fairness is applied.
- The complainant is updated regularly on progress.
- The investigation concludes with clear findings and, where applicable, identification of system improvements.

Resolution should prioritise restorative outcomes, such as:

- Apologies or acknowledgements.
- Service or process changes.
- Fee adjustments or reimbursements.
- Additional training or performance management.
- Review of policy or communication processes.

The Care Manager finalises the case once actions are implemented and verified.

Step 8: Communicating Outcomes

When the complaint is resolved:

- The Care Manager provides a written outcome explaining what was found, what actions were taken, and how the issue will be prevented in future.
- The outcome letter includes escalation options to the Complaints Commissioner and advocacy services.
- For anonymous or internal feedback, outcomes are shared in de-identified ways to support learning.

Complainants are encouraged to confirm satisfaction. If dissatisfied, they are advised on internal review or external escalation options.

Step 9: Escalation and Review

If the complainant requests further review:

- The CEO or an independent reviewer reassesses the process and findings for procedural fairness and completeness.
- A final response is provided in writing, typically within 20 business days.
- At any point, individuals may contact the Complaints Commissioner, advocacy services, or other relevant bodies.

Heart 4 Care cooperates fully with external investigations.

Step 10: Reporting, Learning, and Continuous Improvement

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- The QCAB analyses complaint and feedback trends monthly, identifying recurring themes, root causes, and systemic risks.
- Findings are summarised quarterly for the Governing Body, including:
    - Volume and types of complaints
    - Timeframes to resolution
    - Outcomes and restorative actions
    - Identified quality improvements
    - Training needs or system changes
- Corrective and preventive actions are recorded in the Continuous Improvement Register.
- Positive feedback and compliments are also analysed to recognise good practice and inform staff recognition programs.

Step 11: Workforce Training and Support

All staff receive:

- Induction training on complaint rights, responsibilities, and communication skills.
- Annual refresher sessions on complaint handling, open disclosure, and trauma-aware responses.
- Supervisors are trained in early resolution and de-escalation.
- Staff are encouraged to raise internal complaints safely and use the feedback system without fear of reprisal.

The effectiveness of staff capability is reviewed through supervision, incident debriefs, and audits.

Step 12: Annual System Review

At least annually, the Governing Body reviews the entire feedback and complaints system, assessing:

- Accessibility and awareness among clients and workers.
- Timeliness and quality of responses.
- Effectiveness of open disclosure and restorative practices.
- Integration with continuous improvement.
  Findings and an action plan are reported to the CEO, Governing Body, and QCAB.

Escalation Options

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Heart 4 Care informs complainants that they may escalate at any time (concurrently or after our process), including to:

- The Complaints Commissioner;
- Advocacy services of the complainant's choice;
- Relevant statutory bodies for specific matters (e.g., privacy). Provide assistance to access these options on request.

Accessibility and Support

Heart 4 Care will

- Offer and arrange interpreters, translated materials, disability supports, easy-read formats, large print, and National Relay Service access where needed.
- Provide information about independent **advocacy** and support on request.
- Ensure supporters/representatives may be involved with the person's consent or authority.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Strengthened Quality Standards:
  - The organisation
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Client Admission Policy and Procedure
- Statement of Principles Policy and Procedure
- Statement of Principles Policy and Procedure
- Incident Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Complaint/Feedback Form

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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1	1-November-2025	Governing Body	Creation of New Document

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Whistleblower Protection Policy and Procedure

Heart 4 Care is committed to maintaining an open, accountable, and ethical workplace culture in which wrongdoing can be raised without fear of reprisal. Under the *Aged Care Act 2024* and *Aged Care Rules 2025*, all registered aged care providers must have a whistleblower system and a whistleblower policy that protects individuals who make qualifying disclosures.

This policy explains how Heart 4 Care supports and protects anyone who reports suspected or actual breaches of the Act, unethical conduct, or improper behaviour within the organisation or the aged care system. It ensures every disclosure is handled with confidentiality, fairness, and integrity.

Policy

Heart 4 Care will:

- Implement and maintain a whistleblower system that enables disclosures of wrongdoing to be made safely and confidentially.
- Encourage staff, contractors, clients, supporters, and members of the public to report suspected breaches of law, policy, or ethical standards.
- Ensure anyone making a qualifying disclosure receives protection from retaliation, discrimination, or disadvantage.
- Integrate the whistleblower system with the organisation's Complaints and Feedback Management System, ensuring qualifying disclosures are handled in accordance with the Act and Rules.
- Protect the identity and confidentiality of disclosers, unless lawful exceptions apply.
- Investigate disclosures promptly, objectively, and without bias.
- Ensure the Governing Body, CEO, and Quality Care Advisory Body (QCAB) receive oversight reports while maintaining confidentiality.

Procedure

Definition of Whistleblowing

Whistleblowing is the act of reporting suspected or actual wrongdoing or non-compliance under the *Aged Care Act 2024*, including:

- Breaches of the Act, Rules, or Strengthened Quality Standards.
- Fraud, corruption, or misuse of Commonwealth funds.
- Negligence, abuse, or neglect of older people.
- Victimisation or discrimination against complainants, clients, or staff.

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- Serious risks to health, safety, or wellbeing of individuals.
- Improper conduct, conflicts of interest, or unethical behaviour.

Anyone (including workers, clients, families, advocates, or members of the public) can make a disclosure.

Eligible Recipients

A qualifying disclosure can be made verbally or in writing to any of the following:

- The Aged Care Quality and Safety Commission or the Complaints Commissioner.
- The System Governor or officials of the Department of Health, Aged Care and Disability.
- A responsible person, aged care worker, or registered provider at Heart 4 Care.
- A police officer.
- An independent aged care advocate.
- a registered provider;
- a responsible person of the registered provider;
- an aged care worker of a registered provide

Disclosures made through these channels are eligible for whistleblower protections under Section 547 of the *Aged Care Act 2024*.

Protection for Disclosers

A person who makes a qualifying disclosure is entitled to the following legal protections:

1. Protection from retaliation or unfair treatment

- Disclosers cannot be dismissed, harassed, discriminated against, victimised, or treated unfairly for making a disclosure.
- Any person who retaliates against a discloser may face disciplinary action and legal penalties.

2. Immunity from liability

- Disclosers are immune from civil, criminal, or administrative liability for making a qualifying disclosure.
- They cannot face disciplinary or contractual consequences for raising a protected disclosure.
- However, immunity does not cover their own misconduct revealed in the disclosure.

3. Anonymity and confidentiality

- Disclosers may remain anonymous if they wish.

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- Heart 4 Care will not reveal their identity except where:
    - Required by law (e.g., court, tribunal, Commission, or police).
    - The discloser provides written consent.
    - It is necessary to prevent or reduce serious threats to someone's health or safety.

4. Legal remedies

- Disclosers who experience retaliation can seek compensation, injunctions, or other court orders.

Scope and Integration with Complaints

All whistleblower reports are handled under the same steps and structure as the Feedback and Complaints Management Policy and Procedure, which include:

- Receiving and recording the disclosure
- Acknowledging receipt
- Assessing and triaging the matter
- Investigating and resolving
- Communicating outcomes
- Reporting to the Governing Body and QCAB

However, where the disclosure meets the requirements for whistleblower protection under **Section 547** of the *Aged Care Act 2024*, the following **additional protections and protocols** apply.

Support and Protection Measures

Upon receipt of a qualifying disclosure, the Care Manager and CEO will:

- Assess any potential risk to the whistleblower.
- Implement measures to prevent harm, such as:
    - Modifying duties or work arrangements.
    - Monitoring workplace interactions for signs of victimisation.
    - Providing access to support, counselling, or advocacy.
- Ensure the whistleblower is kept informed of their rights and protections throughout the process.

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Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Statement of Rights (Section 23 of the Act)
- Statement of Principles
- Strengthened Quality Standards (2025) – Standard 1: The Individual
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Person-Centred Care Policy and Procedure
- Feedback and Complaints Policy and Procedure
- Anti-Discrimination, Inclusion and Diversity Policy
- Statement of Principles Policy and Procedure
- Statement of Rights Policy and Procedure
- Incident Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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1	1-November-2025	Governing Body	Creation of New Document

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Aged Care Code of Conduct Policy and Procedure

Approved providers have responsibilities under the Aged Care Act 2024 (the Act) to comply with the Aged Care Code of Conduct developed by the Aged Care Quality and Safety Commission. Heart 4 Care takes reasonable measures to ensure that responsible persons, aged care workers and governing bodies comply with the Code.

Policy

Heart 4 Care will take the required steps to ensure compliance of all code of conduct elements by all staff while delivering care.

Procedure

The code of conduct is communicated to all responsible persons, staff, and aged care workers. Using the *Staff Code of Conduct Undertaking form*, all relevant aged care workers read, understand and sign the code of conduct, to ensure all elements of code of conduct are complied with during the provision of aged care services. The form is stored and retained as Staff Records as per the *Record Management Policy and Procedure*.

Aged Care Code of Conduct

The Aged Care Code sets out eight behaviour statements that approved providers, aged care workers and governing bodies are expected to comply with. Approved providers have responsibilities under the Aged Care Act 2024 (the Act) to comply with the Code and to take reasonable steps to ensure that aged care workers and governing bodies comply with the Code. The code of conduct statement is as follows:

When delivering funded aged care services to individuals, I must:

a) act with respect for people's rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions

b) act in a way that treats people with dignity and respect, and values their diversity

c) act with respect for the privacy of people

d) provide care, supports and services in a safe and competent manner, with care and skill

e) act with integrity, honesty and transparency

f) promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services

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g) provide care, supports and services free from:

(i) all forms of violence, discrimination, exploitation, neglect and abuse

(ii) sexual misconduct

h) take all reasonable steps to prevent and respond to:

(i) all forms of violence, discrimination, exploitation, neglect and abuse

(ii) sexual misconduct.

All breaches of the Code of Conduct must be reported through the Heart 4 Care's incident management system. This ensures that every incident is documented, reviewed, and addressed in a timely manner. All staff are encouraged to report any observed breaches without fear of retaliation.

Implementation

At Heart 4 Care, the implementation of the Aged Care Code of Conduct is a shared responsibility between the organisation, its responsible persons, and all aged care workers. Our commitment to upholding the Code ensures that older people in our care receive services that promote their rights, dignity, safety, and well-being. Below are the key responsibilities that Heart 4 Care, its responsible persons, and aged care workers will fulfill to ensure the Code is embedded in our practices.

The following responsibilities will guide our practices to ensure compliance and uphold the highest standards of care:

1. Act consistently with the Code by respecting and supporting older people's rights to freedom of expression, self-determination, and decision-making.
2. Establish and maintain systems and processes that empower older people to make decisions about their care and services, ensuring that care planning aligns with their needs, goals, and preferences.
3. Ensure that all aged care workers and responsible persons receive appropriate training on the Code, including how to recognize behaviours that breach the Code and their duty to report concerns. The Code is a core component of the induction process which is also outlined on the Staff Hiring and Induction Policy and Procedure and is reviewed with staff annually.
4. Provide training and resources for aged care workers to effectively engage, communicate with, and support older people in exercising their rights.
5. Create an inclusive environment that values individual diversity, encouraging older people to express their backgrounds, needs, and preferences.
6. Ensure that care planning and delivery processes reflect and respect the diversity of each individual, fostering an inclusive and supportive environment.
7. Recruit, develop, and maintain a workforce that is kind, caring, respectful, and inclusive, ensuring all staff members uphold the principles of dignity and respect.

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8. Implement and maintain robust privacy policies through the Privacy and Confidentiality and Information Management policies and procedures to safeguard participant information and ensure personal dignity is preserved during the delivery of care.
9. Deliver training to all aged care workers to ensure they understand and comply with privacy requirements and provide services that uphold confidentiality.
10. Recruit, train, and monitor a workforce that is skilled, competent, and adequately equipped to deliver high-quality, safe care and services.
11. Ensure that all aged care workers have access to the tools, equipment, and resources necessary to perform their roles effectively and with care and skill.
12. Promote open, honest, and transparent communication with older people, ensuring they have access to accurate information about their care and services.
13. Establish systems to prevent, detect, and respond to any instances of dishonesty, fraud, or unethical conduct within the organisation.
14. Maintain an effective Incident Management System to identify, respond to, and manage any concerns or incidents that may impact the quality and safety of care.
15. Encourage and support aged care workers and participants to provide feedback and participate in quality improvement initiatives.
16. Act promptly and appropriately when concerns or complaints are raised, practicing open disclosure and ensuring effective resolution.
17. Foster a zero-tolerance culture toward violence, discrimination, exploitation, neglect, abuse, and sexual misconduct, ensuring the safety and dignity of all individuals in our care.
18. Develop and implement strategies to increase reporting and improve the use and effectiveness of complaint and incident management systems.
19. Cultivate an environment where both aged care workers and older people feel safe and supported to report issues or concerns without fear of retaliation.
20. Take all reasonable steps to prevent and respond to all forms of violence, discrimination, exploitation, neglect, abuse, and sexual misconduct, ensuring that all older people in our care feel safe and respected. This is outlined on the Serious Incident Response Scheme (SIRS) Policy and Procedure.

Consequences of Non-Compliance

Internal consequences may include, but are not limited to:

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- **Mandatory Retraining:** Staff who breach the Code of Conduct may be required to undergo additional training to ensure they fully understand the required standards of behaviour.
- **Supervision:** In cases of minor breaches, staff may be placed under closer supervision to ensure compliance with the Code of Conduct.
- **Suspension:** Depending on the severity of the breach, staff may face temporary suspension from their duties while the matter is investigated.
- **Termination of Employment:** Serious or repeated breaches of the Code of Conduct may result in termination of employment.

External consequences from the Aged Care Quality and Safety Commission may include:

- banning an aged care worker or governing person from working in aged care
- applying a sanction or revoke an aged care provider's registered provider status.

Incorporation of the Statement of Rights:

All staff, including management and aged care workers, are required to adhere to the principles and obligations outlined in the Statement of Rights in their daily work. This includes, but is not limited to, the following:

- Treating all participants with dignity and respect.
- Ensuring the provision of safe and high-quality care and services.
- Respecting the personal privacy of participants.
- Providing participants with information about their care and services in a manner that is understandable to them.
- Supporting participants in exercising choice and control over their care and services.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Aged Care Code of Conduct
- Strengthened Quality Standards (2025)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

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- Code of Conduct Undertaking form
- Record Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Information Management Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

Anti-Discrimination, Inclusion and Diversity Policy and Procedure

Heart 4 Care promotes an inclusive culture where every participant, staff member, and stakeholder is treated with dignity, respect, and fairness.
The organisation recognises that each individual's background, identity, and experiences contribute to the diversity of our community, and that inclusive practice enhances wellbeing, safety, and quality of life.
In accordance with the *Aged Care Act 2024*, the *Aged Care Code of Conduct*, and the *Strengthened Quality Standards (Standards 1 and 2)*, Heart 4 Care delivers and manages services in a manner that is free from discrimination, abuse, neglect and harassment and actively fosters participation, belonging, and equity for all.

Policy

Heart 4 Care is committed to:

- delivering services that are person-centred, inclusive, and responsive to individual identity, culture, and preferences;
- maintaining a workforce that reflects and values the diversity of the community;
- complying with all federal and state anti-discrimination and human rights laws; and
- ensuring that everyone—participants, families, employees, and volunteers—feels respected, safe, and supported.

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The organisation prohibits all forms of unlawful discrimination, harassment, bullying, vilification, and victimisation on the grounds of race, culture, language, gender, age, disability, religion, sexual orientation, or any other protected attribute.

This policy applies to all persons involved in Heart 4 Care's operations, including:

- participants and their families or supporters;
- employees, contractors, volunteers, and students; and
- partners, suppliers, and associated providers.

It applies across all aspects of care delivery, recruitment, service design, communication, and workplace behaviour.

Procedure

Inclusion and Diversity in Service Delivery

Heart 4 Care's service delivery framework ensures that care is equitable, culturally safe, and responsive to each person's background and needs.
During assessment and planning, staff must:

- identify and record each participant's cultural, linguistic, religious, gender, and social background;
- discuss how these factors influence their goals, preferences, and support needs;
- ensure service delivery reflects and respects these elements; and
- review these details regularly or when the participant's circumstances change.

Services are delivered in ways that promote:

- freedom of expression and self-determination;
- recognition of diverse life experiences, including trauma awareness;
- empowerment through wellness and reablement approaches; and
- support for participants to maintain independence and community connections.

No participant will be denied care, treated less favourably, or subjected to bias based on their background, identity, or personal circumstances.

Workforce Inclusion and Equity

Heart 4 Care recognises the value of a diverse workforce and the need to ensure all employees are treated equitably.
The organisation will:

- promote inclusive recruitment and selection practices;
- ensure equal access to learning, development, and progression;
- support flexible work arrangements where reasonable;
- prevent harassment, bullying, and victimisation in the workplace;

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- respond promptly and fairly to any complaints of discrimination or inappropriate conduct; and
- provide ongoing diversity awareness and cultural competence training to all staff.

Workforce wellbeing and inclusion are reviewed annually as part of governance reporting to the Governing Body and QCAB.

Culturally Safe and Accessible Practice

Heart 4 Care will deliver services that are culturally safe, trauma-aware, and healing-informed, particularly for individuals with specific or diverse needs, including:

- Aboriginal and Torres Strait Islander peoples;
- culturally and linguistically diverse (CALD) communities;
- LGBTIQA+ individuals;
- people with disability or mental ill-health;
- veterans, care-leavers, and those with lived trauma;
- people experiencing homelessness or social disadvantage; and
- individuals in rural or remote areas.

The organisation supports these practices by:

- using the Translating and Interpreting Service (TIS National) for participants who speak languages other than English;
- accessing Different languages, same aged care translation services to provide written materials in appropriate formats;
- engaging Interpreter Connect or National Sign Language Program (NSLP) for Aboriginal, Deaf, Deafblind or hearing-impaired participants;
- ensuring documentation and information are available in plain language, Easy Read or translated formats; and
- consulting with community representatives to improve cultural competence.

Prevention of Discrimination and Harassment

All workers must comply with the *Aged Care Code of Conduct*, which requires that services be delivered free from all forms of violence, discrimination, exploitation, neglect, and abuse.

Heart 4 Care prohibits:

- verbal or physical abuse, intimidation, or exclusion;
- discriminatory comments or behaviour towards participants or colleagues;
- sexual harassment or misconduct;
- inappropriate jokes, gestures, or communication; and

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- retaliation or victimisation of anyone who raises a concern.

Breaches are treated as serious misconduct and will result in disciplinary action in line with the organisation's Incident Management Procedure.

Training and Education

Heart 4 Care delivers regular training in:

- the Aged Care Code of Conduct;
- cultural safety and inclusive practice;
- supporting LGBTIQA+ and CALD participants;
- understanding trauma and reablement approaches; and
- rights-based care and dignity of risk.

Training completion is recorded and monitored as part of workforce compliance.

Complaints and Feedback Management

- Any report or concern regarding discrimination, cultural unsafety, or bias is treated as a formal complaint and managed under the *Feedback and Complaints Policy and Procedure*.
- Participants and staff are encouraged to raise issues early and safely.
- Complaints may be made anonymously or through an advocate.
- All complaints related to discrimination or cultural issues are reviewed by the Care Manager to ensure a sensitive and timely response.
- Lessons learned from such complaints are recorded in the Continuous Improvement Register and inform future workforce training and policy review.

Incident Management and SIRS

- Where discrimination, abuse, or harassment constitutes harm, neglect, or exploitation, the event is managed under the *Incident Management Policy and Procedure.*
- This includes immediate safeguarding actions, investigation, documentation, and notifications where required under the Rules.
- The incident record must include details of the actions taken to protect affected individuals and prevent recurrence.

Risk Management

- Discrimination and exclusion are recognised as organisational risks that can impact safety, wellbeing, and service access.
- Such risks are documented in the Risk Register, assessed for severity, and monitored by the QCAB.

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- Systemic issues (e.g., recurring cultural safety complaints or staff behaviour concerns) trigger organisational reviews or targeted training.

Care Management and Assessment

- Each participant's care plan must record their cultural identity, communication preferences, and any specific needs related to diversity or inclusion.
- Care Partners ensure these needs are incorporated into care delivery and reviewed regularly.
- The dignity of risk principle applies — participants have the right to make informed choices about how their identity and preferences are expressed.

Continuous Improvement

- Findings from complaints, incident reviews, and staff feedback are used to improve inclusion practices.
- The Care Manager documents these improvements in the Continuous Improvement Register and presents them to the QCAB.
- Examples may include new training modules, updated forms, or revised onboarding processes to strengthen cultural competence.

Monitoring and Review

The effectiveness of this policy is reviewed annually by the QCAB.
Reviews include analysis of:

- feedback and complaints about discrimination or cultural safety;
- staff training records; and
- workforce diversity and representation data.

Findings and recommendations are reported to the Governing Body for decision and continuous improvement.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Aged Care Code of Conduct
- Privacy Act 1988 (Cth)
- Strengthened Quality Standards (2025)
  - Standard 1: The Person (Outcomes 1.1–1.3)
  - Standard 2: The Organisation (Outcomes 2.1–2.2)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

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- Complaints and Feedback Policy and Procedure
- Incident Management and SIRS Policy and Procedure
- Risk Management Policy and Procedure
- Care Management Policy and Procedure
- Workforce Management Policy and Procedure
- Privacy and Confidentiality Policy

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Statement of Principles Policy and Procedure

Heart 4 Care recognises that the *Statement of Principles* under **Section 25 of the Aged Care Act 2024** is the foundation of a person-centred aged care system in Australia.
The Principles set out how the Commonwealth aged care system should operate — emphasising safety, health, wellbeing, dignity, accountability, and continuous improvement.

This policy outlines Heart 4 Care's commitment to integrating these Principles into governance, workforce conduct, and service delivery. It ensures all actions, decisions, and interactions with older people are consistent with the intent of the Act and the *Strengthened Quality Standards*.

Policy

Heart 4 Care will act in full alignment with the *Statement of Principles* and embed its intent across all areas of service delivery, governance, and organisational culture.

This includes:

- Delivering person-centred, respectful and safe care that prioritises the wellbeing and quality of life of older people.
- Supporting workers, carers, and advocates as valued partners in care.
- Operating transparently, sustainably, and ethically, ensuring public resources represent value for money.
- Promoting innovation, collaboration, and continuous improvement across all services.

All staff, contractors, and volunteers are responsible for understanding and applying these Principles in their daily work.

Procedure

Statement of Principles

Section 25 of the Aged Care Act 2024 lists the Statement of Principles as follows:

A person-centred aged care system

(1) The safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services.
(2) The Commonwealth aged care system supports the delivery of funded aged care services by registered providers that:
(a) puts older people first; and
(b) treats older people as unique individuals; and

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(c) recognises the rights of individuals under the Statement of Rights.
(3) The Commonwealth aged care system supports individuals to:
(a) be able to reside at the individual's home (if the individual so chooses) or, if that is not possible, in a setting that is appropriate given the individual's circumstances, needs and preferences; and
(b) exercise individual responsibility and make decisions that enable the individual to lead an active and fulfilling life, including by engaging in the community and maintaining relationships with people (if the individual so chooses); and
(c) be active and informed in decision-making, or be supported (if necessary) to make or communicate decisions, about the funded aged care services the individual accesses to ensure the individual's will and preferences are respected; and
(d) maintain or improve the individual's physical, mental, cognitive and communication capabilities to the extent possible (if the individual so chooses), except where it is the individual's choice to access palliative care and end-of-life care; and
(e) be aware of, understand and be empowered to exercise, their rights under the Statement of Rights when accessing, or seeking to access, funded aged care services; and
(f) engage with, and be supported by, independent aged care advocates (if the individual so chooses), including through receiving information, education and advocacy in relation to accessing, or seeking to access, funded aged care services.
(4) The Commonwealth aged care system offers accessible, culturally safe, culturally appropriate, trauma-aware and healing-informed funded aged care services, if required by an individual and based on the needs of the individual, regardless of the individual's location, background and life experiences.
Note: This may include individuals who:
(a) are Aboriginal or Torres Strait Islander persons, including those from stolen generations; or
(b) are veterans or war widows; or
(c) are from culturally, ethnically and linguistically diverse backgrounds; or
(d) are financially or socially disadvantaged; or
(e) are experiencing homelessness or at risk of experiencing homelessness; or
(f) are parents and children who are separated by forced adoption or removal; or
(g) are adult survivors of institutional child sexual abuse; or
(h) are care-leavers, including Forgotten Australians and former child migrants placed in out of home care; or
(i) are lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse; or
(j) are an individual with disability or mental ill-health; or
(k) are neurodivergent; or
(l) are deaf, deafblind, vision impaired or hard of hearing; or
(m) live in rural, remote or very remote areas.
(5) The Commonwealth aged care system builds the capacity of registered providers and connections with individuals in the community to support:
(a) continuity of funded aged care services; and
(b) access to integrated services, including strong linkages with the health, mental health, veterans, disability and community services sectors.

An aged care system that values workers and carers
(6) The Commonwealth aged care system:

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(a) supports funded aged care services being delivered by a diverse, trained and appropriately skilled workforce who are valued and respected; and
(b) supports aged care workers of registered providers being empowered, including through access to relevant information, to:
(i) provide feedback, suggest measures and take actions that support innovation, continuous improvement and the delivery of high quality care; and
(ii) participate in governance and accountability mechanisms related to the delivery of funded aged care services; and
(c) recognises and supports the important role of advocates, carers, volunteers and visitors in improving individuals' experiences of the Commonwealth aged care system.
(7) The Commonwealth aged care system recognises the valuable contribution carers make to society, consistent with the *Carer Recognition Act 2010*, and carers should be considered partners with registered providers who deliver funded aged care services.

A transparent and sustainable aged care system that represents value for money

(8) The Commonwealth aged care system is transparent and provides publicly available information, about funded aged care services, that is understandable, accessible and communicated through a variety of methods and languages.
(9) Funding by the Commonwealth for funded aged care services supports the delivery and regulation of those services to the individuals who have been prioritised on the basis of need for funded aged care services, taking into account the availability of resources and the needs of the individuals relative to other individuals.
(10) Individuals accessing funded aged care services are expected to meet some of the costs of those services if those individuals have the financial means to do so.
(11) The Commonwealth aged care system focusses on the needs of older people, and should not be used inappropriately to address service gaps in other care and support sectors preventing individuals from accessing the best available services to meet the needs, goals and preferences of those individuals.
(12) The Commonwealth aged care system is managed to ensure:
(a) it is sustainable and resilient; and
(b) the Commonwealth's investment in the system represents value for money, including by ensuring that public resources are used in the most efficient, effective, ethical and economic manner.

An aged care system that continues to improve

(13) The regulation of the Commonwealth aged care system:
(a) promotes innovation, continuous improvement and contemporary evidence-based best practice in the Commonwealth aged care system; and
(b) is responsive and proportionate to risk, with a focus on prevention and timely action; and
(c) focusses on the safety, health, wellbeing and quality of life of individuals, and prioritises the areas of highest risk to individuals; and
(d) promotes the provision of high quality care; and
(e) strives for regulatory alignment (if appropriate) with other care and support sectors; and
(f) is undertaken in collaboration with older people.

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(14) Feedback and complaints about the delivery and accessibility of funded aged care services are used to inform and promote continuous improvement in the Commonwealth aged care system.

Embedding the Statement of Principles

Heart 4 Care will integrate the *Statement of Principles* into all levels of governance and service operations by:

- Embedding person-centred values into policies, strategic plans, and workforce training.
- Requiring decision-makers to assess how each organisational decision supports the safety, wellbeing, and autonomy of individuals.
- Ensuring quality governance frameworks, such as the Governing Body and Quality Care Advisory Body (QCAB), use the Principles as key reference points when evaluating performance and risk.
- Making the *Statement of Principles* visible and accessible to all clients, staff, and visitors.

Person-Centred Care

Heart 4 Care ensures that every service delivered reflects the first principle — *putting older people first*.

This means:

- Recognising the unique identity, culture, beliefs, and experiences of each individual.
- Respecting autonomy and supporting older people to make informed decisions about their care.
- Delivering care that promotes wellbeing, independence, and community participation.
- Ensuring every plan, process, and review begins with the question: *"What matters most to the person?"*

This aligns directly with *Standard 1 – The person* and reinforces the central focus of the aged care reforms.

Empowering Workers and Carers

The organisation acknowledges that high-quality care depends on a capable, respected, and supported workforce.

Heart 4 Care will:

- Employ and retain a skilled, diverse workforce committed to continuous learning.

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- Provide staff with access to relevant information, supervision, and professional development.
- Encourage all workers to contribute ideas, report concerns, and participate in improvement activities.
- Recognise and collaborate with carers, volunteers, and advocates as partners in delivering quality outcomes.
- Uphold the intent of the *Carer Recognition Act 2010* by supporting carers as equal participants in care relationships.

Transparency and Sustainability

Heart 4 Care will operate transparently and ethically to ensure sustainability and community trust.

This includes:

- Providing accurate and accessible information about services, fees, and policies in multiple formats or languages when required.
- Managing Commonwealth funds responsibly, ensuring efficiency, effectiveness, and fairness in the use of resources.
- Monitoring financial performance and reinvesting in workforce capability, quality improvement, and client outcomes.
- Ensuring decisions are consistent with long-term sustainability and value for money for both clients and the broader system.

Continuous Improvement and Innovation

Continuous improvement is a central expectation under the *Statement of Principles*. Heart 4 Care will:

- Promote a proactive culture of learning, reflection, and innovation.
- Encourage staff to identify better ways of working and share good practices.
- Use client feedback, complaints, and incidents as opportunities for improvement.
- Collaborate with clients, carers, and advocates when designing or reviewing services.
- Benchmark performance against current evidence and sector best practice.

Innovation is viewed as essential to maintaining relevance, efficiency, and high-quality outcomes.

Relevant Legislations

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- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Statement of Rights (Section 23 of the Act)
- Statement of Principles (Section 25 of the Act)
- Strengthened Quality Standards (2025) – Standard 1: The Individual
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Assessment, Planning and Review Policy and Procedure
- Feedback and Complaints Policy and Procedure
- Anti-Discrimination, Inclusion and Diversity Policy
- Person-Centred Care Policy and Procedure
- Statement of Rights Policy and Procedure
- Incident Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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1	1-November-2025	Governing Body	Creation of New Document

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Statement of Rights Policy and Procedure

Heart 4 Care is committed to upholding and promoting the fundamental rights of older people as outlined in *Section 23 of the Aged Care Act 2024* — the *Statement of Rights*. The Statement of Rights is a cornerstone of the new person-centred aged care system. It sets the standard for how aged care providers and workers must act, ensuring that every individual receives quality, safe, and equitable care that promotes independence, dignity, and participation.

Heart 4 Care recognises that respecting these rights is not only a legal requirement but also central to achieving trust, inclusion, and positive outcomes for all individuals receiving funded aged care services.

Policy

Heart 4 Care will take all reasonable and proportionate steps to act compatibly with the *Statement of Rights* when delivering aged care services.

The organisation affirms its commitment to ensuring that every older person receiving services has the right to:

- **Independence, autonomy and freedom of choice** – to make their own decisions about their care and how they live.
- **Equitable access to care** – to fair and culturally safe assessments and services, regardless of background, culture, or personal circumstances.
- **Quality and safe services** – to receive care that is respectful, effective, and delivered by trained and competent workers.
- **Privacy and information** – to have personal information respected, protected, and shared only with consent.
- **Person-centred communication and feedback** – to be heard, to receive information in accessible ways, and to raise concerns without fear of reprisal.
- **Support, advocacy and connection** – to maintain relationships, community ties, and access to advocacy and decision-making support.

These rights apply equally to every person receiving care and must guide all aspects of service planning, delivery, review, and improvement.

Procedure

Statement of Rights

Section 23 of the Aged Care Act 2024 lists the Statement of Rights as follows:

Independence, autonomy, empowerment and freedom of choice

(1) An individual has a right to:

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(a) exercise choice and make decisions that affect the individual's life, including in relation to the following:

(i) the funded aged care services the individual has been approved to access;

(ii) how, when and by whom those services are delivered to the individual;

(iii) the individual's financial affairs and personal possessions; and

(b) be supported (if necessary) to make those decisions, and have those decisions respected; and

(c) take personal risks, including in pursuit of the individual's quality of life, social participation and intimate and sexual relationships.

Equitable access

(2) An individual has a right to equitable access to:

(a) have the individual's need for funded aged care services assessed, or reassessed, in a manner which is:

(i) culturally safe, culturally appropriate, trauma-aware and healing-informed; and

(ii) accessible and suitable for individuals living with dementia or other cognitive impairment; and

(b) palliative care and end-of-life care when required.

Quality and safe funded aged care services

(3) An individual has a right to:

(a) be treated with dignity and respect; and

(b) safe, fair, equitable and non-discriminatory treatment; and

(c) have the individual's identity, culture, spirituality and diversity valued and supported; and

(d) funded aged care services being delivered to the individual:

(i) in a way that is culturally safe, culturally appropriate, trauma-aware and healing-informed; and

(ii) in an accessible manner; and

(iii) by aged care workers of registered providers who have appropriate qualifications, skills and experience.

(4) An individual has a right to:

(a) be free from all forms of violence, degrading or inhumane treatment, exploitation, neglect, coercion, abuse or sexual misconduct; and

(b) have quality and safe funded aged care services delivered consistently with the requirements imposed on registered providers under this Act.

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Note: Division 1 of Part 4 of Chapter 3 deals with conditions on registered providers, including requirements in relation to the use of restrictive practices and management of incidents.

Respect for privacy and information

(5) An individual has a right to have the individual's:

(a) personal privacy respected; and

(b) personal information protected.

(6) An individual has a right to seek, and be provided with, records and information about the individual's rights under this section and the funded aged care services the individual accesses, including the costs of those services.

Person-centred communication and ability to raise issues without reprisal

(7) An individual has a right to:

(a) be informed, in a way the individual understands, about the funded aged care services the individual accesses; and

(b) express opinions about the funded aged care services the individual accesses and be heard.

(8) An individual has a right to communicate in the individual's preferred language or method of communication, with access to interpreters and communication aids as required.

(9) An individual has a right to:

(a) open communication and support from registered providers when issues arise in the delivery of funded aged care services; and

(b) make complaints using an accessible mechanism, without fear of reprisal, about the delivery of funded aged care services to the individual; and

(c) have the individual's complaints dealt with fairly and promptly.

Advocates, significant persons and social connections

(10) An individual has a right to be supported by an advocate or other person of the individual's choice, including when exercising or seeking to understand the individual's rights in this section, voicing the individual's opinions, making decisions that affect the individual's life and making complaints or giving feedback.

(11) An individual has a right to have the role of persons who are significant to the individual, including carers, visitors and volunteers, be acknowledged and respected.

(12) An individual has a right to opportunities, and assistance, to stay connected (if the individual so chooses) with:

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(a) significant persons in the individual's life and pets, including through safe visitation by family members, friends, volunteers or other visitors where the individual lives and visits to family members or friends; and

(b) the individual's community, including by participating in public life and leisure, cultural, spiritual and lifestyle activities; and

(c) if the individual is an Aboriginal or Torres Strait Islander person—community, Country and Island Home.

(13) An individual has a right to access, at any time the individual chooses, a person designated by the individual, or a person designated by an appropriate authority.

Embedding the Statement of Rights in Practice

Heart 4 Care will integrate the *Statement of Rights* into all organisational systems, governance structures, and service delivery frameworks.

This includes:

- Incorporating rights-based principles into all policies, procedures, staff training, and performance management systems.
- Ensuring care delivery practices reflect respect, inclusion, and partnership with older people.
- Promoting awareness of the *Statement of Rights* to clients, staff, and community members through information materials and induction sessions.
- Displaying the *Statement of Rights* in visible areas within offices, online portals, and client communications.

All workers, volunteers, and contractors are expected to understand and act in line with these rights at all times.

Independence, Choice and Control

Heart 4 Care ensures that all individuals retain maximum independence and control over their lives and care decisions.

Staff must:

- Encourage and support older people to make their own choices, even where these involve personal risk.
- Provide information about options, risks, and benefits in plain, accessible language.
- Respect an individual's right to decline or withdraw from services.
- Recognise and support decision-making capacity, involving registered supporters only when requested or required.

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- Work with individuals to ensure their preferences are documented clearly in their care and support plans.

Through this, Heart 4 Care empowers individuals to exercise autonomy and live the way they choose.

Equitable Access to Care

Heart 4 Care will ensure that all individuals have equitable access to assessment and services that are fair, trauma-aware, and culturally safe.

To achieve this:

- All assessments are conducted in ways that respect the person's background, culture, experiences, and cognitive condition.
- Staff identify and address barriers to access, such as language, mobility, or literacy limitations.
- Older people are supported to understand the assessment process and outcomes.
- The organisation monitors for any systemic bias or inequity and takes corrective action through its Continuous Improvement System.

Equitable access means fairness in opportunity, not uniformity of treatment.

Quality and Safety

Heart 4 Care will provide safe, high-quality services that protect individuals from harm and uphold their dignity.

This includes:

- Delivering services free from violence, abuse, neglect, or exploitation.
- Ensuring all care is provided by trained, competent, and qualified workers.
- Embedding a culture of safety, respect, and learning across the workforce.
- Supporting older people to raise concerns about safety without fear of negative consequences.
- Ensuring quality and safety are reviewed through audits, supervision, and feedback mechanisms.

Privacy and Information Protection

Heart 4 Care respects each individual's right to privacy, confidentiality, and access to information.

To ensure this:

- Personal information is collected, used, and stored in compliance with the *Privacy Act 1988 (Cth)*.

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- Individuals have the right to access their own records and request corrections.
- Information is only shared with consent or where required by law.
- Staff receive regular training on confidentiality and information management.

Privacy protection is an essential part of maintaining trust and dignity in care relationships.

Communication and Feedback

Heart 4 Care ensures that all communications are respectful, inclusive, and person-centred.

The organisation will:

- Provide information in formats that individuals can understand — using interpreters, translated materials, or alternate communication methods as needed.
- Encourage individuals to express their views and provide feedback freely.
- Ensure no person experiences reprisal, disadvantage, or discrimination for raising an issue or complaint.
- Promote awareness of internal and external complaint pathways, including the Aged Care Quality and Safety Commission and advocacy services.

Transparent, open communication is key to building strong relationships and continuous improvement.

Support, Advocacy and Connection

Heart 4 Care recognises that maintaining personal and social connections is central to wellbeing.

To support this right:

- Individuals are encouraged to maintain relationships with family, friends, carers, and community networks.
- Services support connection to cultural, spiritual, and recreational activities.
- Aboriginal and Torres Strait Islander peoples are supported to remain connected with their community, Country, and Island Home.
- Staff ensure individuals are informed about their right to advocacy and assist them to access independent advocacy organisations if desired.
- Older people are supported to nominate and engage registered supporters for decision-making when required.

Handling Complaints Related to Rights

If an individual believes their rights have not been respected:

- They are encouraged to raise the matter directly with staff or management.

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- Complaints will be handled promptly, fairly, and without retaliation.
- The process will follow Heart 4 Care's *Feedback and Complaints Management Policy and Procedure*.
- Individuals are informed of their right to contact the *Aged Care Quality and Safety Commission* if they are dissatisfied with the outcome.

All complaints are reviewed for systemic improvement opportunities.

Continuous Improvement and Oversight

- The Governing Body ensures that the *Statement of Rights* principles are reflected across all policies and monitored regularly.
- Staff and client feedback, incident trends, and complaints are analysed to assess compliance with the Statement of Rights.
- The Governing Body and Quality Care Advisory Body (QCAB) receive quarterly reports on rights-related issues and corrective actions.
- Findings are used to inform training, service redesign, and risk management.
- The organisation promotes a learning culture where upholding the rights of older people is viewed as everyone's responsibility.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Statement of Rights (Section 23 of the Act)
- Statement of Principles
- Strengthened Quality Standards (2025) – Standard 1: The Individual
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Assessment, Planning and Review Policy and Procedure
- Feedback and Complaints Policy and Procedure
- Anti-Discrimination, Inclusion and Diversity Policy
- Statement of Principles Policy and Procedure
- Incident Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

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Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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Emergency and Disaster Management Policy and Procedure

Heart 4 Care prepares and plans for possible emergencies in accordance with quality and safety requirements under the *Aged Care Act 2024*, *Aged Care Rules 2025* and *Strengthened Quality Standards*.

Policy

Heart 4 Care creates plans for emergencies to protect the safety and well-being of participants and staff and to ensure that participants have access to support without any interruption, maintaining business continuity while delivering funded aged care services. Heart 4 Care will ensure essential services are maintained as far as it is practicable and that full-service delivery is recommenced as soon as possible after an emergency.

Procedure

This procedure lays out the procedures that will be implemented to ensure that all Heart 4 Care related staff are safe and understand their roles and responsibilities in case of an emergency.

Risk Assessment

Heart 4 Care will conduct a detailed, systematic, and ongoing risk assessment to identify emergency-related hazards relevant to the service setting (e.g., fire, flood, extreme weather, power outage, loss of critical infrastructure, medical emergencies). This assessment is documented in the Risk Management Policy and Procedure via the Risk Register.

Person-centred Planning

Heart 4 Care will assess and document all emergency situations based on the participant's medical conditions, residential area, and other relevant factors.

Heart 4 Care will consult with the participant and their registered supporters/families in the development and documentation of their specific emergency response preferences, including:

- Communication methods (including preferred language)
- Mobility needs and required evacuation assistance
- Required equipment and essential medication management
- Clinical/care needs and preferences during disruption

These preferences and strategies will be recorded within the participant's individualized Care and Services Plan.

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Emergency Protocols for Office

The following emergency protocols will be implemented for the Heart 4 Care office space:

- HR Manager will the Emergency Warden for the office and will be responsible for implementing all these protocols.
- Smoke detectors and fire alarms will be installed as per the regulations.
- Emergency exits will be marked.
- Backup power will be available in case of power outage.
- Regular WHS inspections of the environment to ensure clear emergency exits and maintenance of firefighting equipment will be conducted.

Emergency Protocols for Participant's home

As per the *Risk Assessment and Assessment, Planning and Coordination* and *Care Plan and Budget policy and procedures*, all emergency situations depending on the participant's medical conditions, residential area and other relevant factors, will be assessed before development of their Care Plan.

- Care Partner will be responsible for ensuring that all recommended controls for emergency situations including training of aged care workers are implemented.
- Procedures to ensure the safety of aged care workers in home/community settings during an emergency will be implemented.
- Procedures for checking the safety and well-being of each individual receiving services in their private home during and immediately following a major emergency or disaster will be implemented.

Testing, Review, and Continuous Improvement

Heart 4 Care, to be led by the Care Partner, will conduct emergency drills/simulations (including tabletop exercises) on a periodic basis (e.g., annually) using a variety of scenarios (e.g., fire, power outage, severe weather). These drills must include workers and, where appropriate, participants, their supporters, and relevant external response services (e.g., local fire service).

After a drill or a real emergency, conduct a debrief and evaluation to assess the effectiveness of the response. Heart 4 Care will identify any issues, such as communication breakdowns, worker uncertainty, or unmet needs of individuals.

The results will be recorded on the Risk Management System via Risk Register and will be reviewed and analysed by the Governing Body.

Training

All staff will receive appropriate training on the IMS and emergency procedures upon commencement, at least annually, and whenever a significant change occurs to the plan or their role.

Relevant Legislation

- Aged Care Act 2024

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- Aged Care Rules 2025
- Serious Incident Response Scheme
- Strengthened Aged Care Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Risk Management Policy and Procedure
- Risk Register
- Health, Safety and Environment Policy and Procedure
- Care Plan and Budget Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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1	1-November-2025	Governing Body	Creation of New Document

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Health, Safety and Environment Policy and Procedure

The Health, Safety and Environment policy and procedure is implemented by Heart 4 Care to ensure that all participants and staff receive and provide services in a safe and secure way. Occupational safety is highly prioritised and Heart 4 Care follows a strict approach to achieve a zero-incident goal.

Policy

Heart 4 Care is committed to providing a safe environment for all staff and participants. Heart 4 Care commits to ensuring that no harm comes to participant's and staff's health and possessions during the commencement of Heart 4 Care's activities.

Procedure

The Heart 4 Care Health, Safety and Environment system works through several policies and procedures.

Heath, Safety, and Environment Framework

Heart 4 Care will maintain person-centred procedures and support their obligation for safe care delivery across the participants, care, and environment standards.

A. Risk Assessment - All risks to staff and participants health, safety and environment are assessed and mitigated. This is further detailed in the *Risk Management policy and* procedure.
B. Infection Prevention Control - Heart 4 Care will maintain a robust Infection Prevention and Control system with a dedicated lead. This is further detailed in the *Infection Control Policy and Procedure.*
C. Medication Safety - Heart 4 Care will implement procedures for the safe storage, administration, and disposal of medications by appropriately trained and registered workers, compliant with state/territory and federal laws. This is outlined in the *Medication Policy – Safe Administration and Review.*
D. Psychosocial Safety - Heart 4 Care will manage psychosocial hazards in the workplace to prevent psychological harm (e.g., fatigue, workplace violence/aggression, high workload, poor job design). This is crucial for aged care workers managing complex emotional and physical demands.

Training and Awareness

All new staff are trained on the Health and Safety protocols when hired. Participants are provided with detailed assessments of their care provision services which outline all hazards and mitigation actions. This is further discussed in the *Risk Management* and *Assessment, Review and Coordination policies and procedure*.

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Governance and Responsibilities

Registered Provider (Heart 4 Care) - Primary Duty of Care to participants and staff. Provide safe systems of work, a safe environment, and necessary resources and training.

Care Partner - Duty of Due Diligence to ensure the provider meets its duties. Acquire and maintain knowledge of WHS and Aged Care risks.

Aged Care Workers - Take reasonable care for their own health and safety, and ensure their actions do not adversely affect the health and safety of others (including participants receiving care).

Participants - Have the Right to Safe and Quality Care (Act 2024 Statement of Rights) and are encouraged to participate in decision-making and risk management.

Incident and Emergencies Management

The *Incident Management*, *Emergency and Disaster Management*, *Risk Management* and *SIRS policies and procedures* work in conjunction to ensure that all staff are protected and aware of the protocols in case of incidents or emergencies.

Review and Continuous Improvement

Data from incidents, audits, complaints, and worker input is analysed to identify patterns, improve systems, and strengthen preventative measures.

Changes may include new training, revised forms, or updated procedures based on identified gaps.

Relevant Legislation

- Aged Care Act 2024
- Aged Care Rules 2025
- Serious Incident Response Scheme
- Strengthened Aged Care Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Assessment, Planning and Review policy and procedure
- Risk Management policy and procedure
- Infection Control policy and procedure
- Medication Management Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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Part 2 – Client Care and Service Delivery

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Client Admission Policy and Procedure

Heart 4 Care is committed to ensuring that all older people who choose to access funded aged care services under the *Support at Home Program* experience a respectful, informed, and seamless admission process.
This policy describes the systems and responsibilities that guide how Heart 4 Care admits, informs, and commences services with new participants in compliance with the *Aged Care Act 2024*, *Aged Care Rules 2025*, and applicable regulatory standards.

Policy

Heart 4 Care will:

- Admit new participants in a transparent, fair, and person-centred manner.
- Provide all required information — including rights, responsibilities, and program requirements — before services begin.
- Ensure a Service Agreement is signed before any funded services commence.
- Support individuals to understand all information provided, including financial obligations, privacy, feedback, and advocacy options.
- Notify Services Australia of all new admissions (start notifications) within required timeframes.
- Develop a care plan and individualised budget with the participant prior to, or on the day of, service commencement.
- Maintain accurate admission records and report admission data in accordance with government requirements.

This policy applies to all staff involved in client onboarding, administration, and service coordination.

Procedure

Referral and Eligibility Confirmation

Referrals are typically received through the My Aged Care Service and Support Portal. Upon receipt, the Care Manager verifies the following documents:

- **Notice of Decision** – confirming approval for funded aged care services and classification level.
- **Support Plan** – summarising assessed needs, goals, and approved services.

The Care Manager ensures that:

- The participant's details and funding level match the referral information.
- Any short-term pathways (e.g., *Restorative Care*, *Assistive Technology–Home Modifications (AT-HM)*, or *End-of-Life Pathway*) are identified.
- Any previous providers, support networks, or registered supporters are noted for transition continuity.

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The referral is then accepted in the portal, and intake is recorded in the organisation's client management system. The participant is contacted to introduce Heart 4 Care and arrange an initial admission meeting.

Providing Required Information to the Participant

Before starting services, Heart 4 Care must provide each participant (and their supporter, if applicable) with all required information as per the Section 155 of the *Aged Care Rules 2025*.

Mandatory information provided includes:

- Statement of Rights – a copy of the Statement and a clear explanation of each right.
- Aged Care Code of Conduct – outlining the expected behaviours of all workers and participants.
- Feedback and Complaints Information – including contact details for the Complaints Commissioner and assurance of non-reprisal.
- Privacy Information – how the participant's personal information will be stored, used, and disclosed under section 168 of the Act.
- Financial Contributions – information on means testing, participant contributions, and hardship provisions.
- Ceasing Services – when and how services may be ceased under section 149-35 of the Rules.
- Care Plans and Monthly Statements – explanation of their rights to a care plan, budget, and monthly financial statements.
- Provider Financial Transparency – advice that financial information and audited statements are available upon request.

All information is provided in plain, inclusive English, or translated if required, and discussed verbally to ensure understanding.

The Admission Meeting

The admission meeting is an essential step in establishing rapport and confirming the participant's goals, preferences, and understanding.

Led by the Care Manager, this meeting may occur in person, online, or via phone, depending on the participant's preferences and accessibility needs.
At this meeting:

- The participant's goals and preferences are reviewed in line with their Support Plan.
- Their identity, emergency contacts, and medical information are verified.
- The participant's registered supporter or substitute decision-maker is confirmed.

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- The Service Agreement, care planning process, and financial responsibilities are explained.
- Any accessibility, communication, or cultural requirements are discussed.

This meeting sets the foundation for person-centred care and partnership.

Service Agreement Preparation and Execution

Following the admission meeting, Heart 4 Care prepares a Service Agreement in accordance with the *Service Agreement Policy and Procedure*.

The Care Manager must ensure that:

- All details of approved services, pricing, and frequency are included.
- The participant understands the terms, conditions, and cooling-off period (14 days).
- The participant is encouraged to seek independent legal or advocacy advice.
- The agreement is signed by both parties before any funded services commence.

If the participant cannot sign, alternative consent documentation (verbal agreement, witnessed note, or proxy signature) is accepted and recorded.
A copy of the executed agreement is given to the participant and retained securely in their file.

Notifying Services Australia (Start Notification)

Once the Service Agreement is finalised, Heart 4 Care must lodge a Start Notification (Aged Care Entry Record) through the Aged Care Provider Portal.
This step activates the participant's funding and enables Heart 4 Care to claim subsidies for delivered services.
Requirements include:

- Submission within 56 calendar days from the date the participant was allocated funding.
- Inclusion of participant identifiers, start date, and service classification.
- Written confirmation of submission retained on file.

Failure to submit within the required timeframe may result in subsidy loss and a debt to the Commonwealth.

Developing the Care Plan and Individualised Budget

Before or on the day services commence, Heart 4 Care collaborates with the participant to prepare two key documents:

The Care Plan

- Describes the individual's needs, goals, preferences, and risk management strategies.

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- Incorporates wellness and reablement principles to maintain independence and quality of life.
- Reflects the participant's right to dignity of risk, allowing them to make informed decisions even where personal risk exists.
- Is reviewed regularly and updated when needs or goals change.

The Individualised Budget

- Outlines the participant's available funding, service costs, and frequency.
- Is developed collaboratively to promote transparency and financial control.
- Is reviewed alongside the care plan and updated after any means-testing or classification change.

Both documents are explained and signed by the participant. Copies are provided and filed for reference.

Commencement of Services

Services commence once all admission requirements are complete — including signed Service Agreement, Start Notification submission, and approved care plan.

Before the first scheduled service:

- The participant's preferences (e.g., staff gender, language, timing) are confirmed.
- Staff assigned to the participant are briefed on their needs and preferences.
- The first service visit is monitored to ensure satisfaction and alignment with the care plan.

Any issues identified during the initial delivery are reported immediately and addressed through continuous improvement.

Information Provision During Service Delivery

Throughout the participant's engagement, Heart 4 Care continues to provide updated information and explanations as required under section 7.3.2 of the Rules.

This includes:

- Ongoing education to help participants choose services that meet their evolving needs.
- Monthly and final statements detailing all services and costs.
- Updated budgets and care plans following reviews.
- Financial transparency upon request.

This ongoing communication ensures that participants remain informed, empowered, and in control of their care experience.

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Recordkeeping and Documentation

For each participant, Heart 4 Care maintains a complete and auditable record that includes:

- Referral, Support Plan, and Notice of Decision.
- Client Information Acknowledgement Form.
- Signed Service Agreement.
- Start Notification confirmation.
- Care Plan and Individualised Budget.
- Admission meeting notes and communication logs.

Records are securely stored and managed in accordance with the Privacy and Confidentiality Policy and legal retention requirements.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Privacy Act 1988 (Cth)
- Strengthened Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Service Agreement policy and procedure
- Privacy and confidentiality policy and procedure
- Budget and Monthly Statement Policy and Procedure
- Feedback and Complaints Management Policy
- Privacy and Confidentiality Policy
- Choice, Independence and Quality of Life Policy

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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Assessment, Planning and Coordination Policy and Procedure

Heart 4 Care ensures that every participant receives individualised assessment and planning that supports their health, independence, and wellbeing in accordance with the *Aged Care Act 2024* and *Aged Care Rules 2025*.

Assessment and planning are integral to the delivery of safe, effective, and person-centred services under the Support at Home framework. This process identifies the participant's needs, goals, and preferences and ensures that funded aged care services are coordinated, culturally appropriate, and responsive to change.

Policy

Heart 4 Care undertakes all assessment and planning activities in partnership with each participant, their registered supporters, and others involved in their care. The organisation ensures that care and service plans are:

- based on comprehensive assessment of needs, goals, and risks,
- informed by the participant's choices, communication preferences, and decision-making capacity,
- reviewed regularly and whenever circumstances change, and
- accessible, current, and understood by all staff delivering services.

The organisation promotes a reablement and wellness approach, supporting participants to maintain or regain function, independence, and participation in daily life.

Procedure

Assessment Process

Assessment is the foundation for identifying the participant's care and service needs. It involves open, respectful communication and collaborative planning.
Assessments may occur:

- at intake (initial assessment),
- upon changes in the participant's needs or preferences, or
- during scheduled care plan reviews.

Key steps include:

- confirming the participant's Support at Home classification and approved services;
- discussing goals, routines, preferences, cultural or spiritual considerations, and existing supports;

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- identifying any risks to health, safety, or wellbeing and strategies to manage these collaboratively;
- assessing decision-making capacity and identifying supporters or substitute decision-makers (if applicable); and
- documenting communication needs, preferred language, and any interpreter requirements.

All assessments are conducted by suitably qualified staff (such as a Care Partners or registered health professional) and are informed by evidence-based assessment tools appropriate to the service type.

Care and Service Planning

Following assessment, Heart 4 Care develops a **Care Plan** in partnership with the participant.

The plan documents:

- current needs, goals, and preferences,
- approved services and supports,
- delivery schedules and responsible workers or providers,
- identified risks and mitigation strategies,
- wellness and reablement strategies, and
- review dates and triggers for reassessment.

Plans are personalised and reflect cultural, linguistic, and spiritual considerations, including trauma-aware and healing-informed practices where applicable.

Care Plans are living documents that guide day-to-day service delivery and are accessible to both the participant and relevant staff.

Involvement of Supporters and Professionals

Heart 4 Care recognises that coordinated care often involves multiple people and services.
Participants are encouraged to nominate supporters, family members, or professionals they wish to involve. With informed consent, the organisation will collaborate with:

- registered health practitioners (e.g. GPs, allied health, nursing),
- external service providers,
- informal carers or family members, and
- appointed decision-makers or registered supporters.

Collaboration may occur through meetings, case conferencing, or written communication to ensure integrated and consistent care delivery.

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Risk Identification and Preventative Planning

Assessment and planning processes include identification and management of risks that may affect the participant's health, safety, or wellbeing.

This includes but is not limited to:

- environmental or home safety risks,
- health-related risks (e.g., falls, pressure injuries, medication errors),
- social or emotional isolation,
- cultural or communication barriers, and
- financial or support-related risks.

Each risk is recorded in the participant's plan along with agreed control measures. Preventative care approaches and reablement strategies are prioritised to support participants to maintain or improve their capacity.

Assessment Tools

The Care Manager may use either one or more of the following tools for their assessment purposes.

- Older Americans Resources and Services (OARD) Instrumental Activities of Daily Living
- Barthel Index of Activities of Daily Living
- Kimberley Indigenous Cognitive Assessment – Activities of Daily Living
- Revised Urinary Incontinence Scale (RUIS)
- Revised Faecal Incontinence Scale (RFIS)
- South Australian Oral Health Referral Pad
- Oral Health Assessment Tool (OHAT) for Non-Dental Professionals
- Mini-Nutritional Assessment (MNA)
- Brief Pain Inventory (Short Form)
- Care recipient's Verbal Brief Pain Inventory
- Abbey Pain Scale
- Alcohol Use Disorders Identification Test
- Standardised Mini-Mental State Examination
- Rowland Universal Dementia Scale
- Informant Questionnaire on Cognitive Decline in the Elderly
- Kessler 10
- Geriatric Depression Scale
- Psychogeriatric Assessment Scales

Communication and Accessibility

The outcomes of assessments and care planning must be communicated in ways that the participant understands.
Heart 4 Care ensures that:

- all participants are offered a copy of their Care and Services Plan,

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- information is provided in plain language or in the participant's preferred language, and
- supporters or representatives receive relevant information with consent.

Care workers and subcontracted personnel are trained to read and use the Care and Services Plan as the key document guiding their practice.

Advance Care Planning

Heart 4 Care supports participants to consider and record their preferences for future health and care decisions.

This may include completing an Advance Care Directive or appointing a substitute decision-maker.
Processes include:

- facilitating respectful discussions about future care preferences, beliefs, and values;
- assisting with documentation if the participant chooses;
- storing and managing advance care planning documents securely within the participant's record; and
- sharing these documents appropriately during transitions of care, with the participant's consent.

Staff are trained to recognise when participants may wish to revisit their advance care planning and to refer them for further support if needed.

Review and Reassessment

Care Plans must be reviewed:

- at least once every 12 months,
- when needs, goals, or preferences change,
- after hospitalisation, health deterioration, or incident,
- when informal support arrangements change,
- during transitions (e.g., moving providers, entering or exiting residential care), or
- when requested by the participant.

During each review, staff confirm that:

- services remain aligned with the participant's goals,
- wellness and reablement approaches are effective, and
- risks are being managed appropriately.

Updated plans are shared with participants and relevant workers to ensure service delivery reflects current needs.

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Coordination of Care and Transitions

Heart 4 Care ensures that all funded aged care services are planned and coordinated effectively, especially where multiple organisations or health professionals are involved.
Care Manager oversees the coordination of services to ensure:

- roles and responsibilities are clear among all involved,
- information is shared appropriately with consent,
- there is no duplication or conflict in service delivery, and
- transitions to or from other providers are planned and documented.

If a participant transfers to another provider, Heart 4 Care ensures all relevant assessment and planning records are shared within 28 days, maintaining continuity and quality of care.

Documentation and Records

All assessment and planning records are securely stored within Heart 4 Care's care management system.

Each record must include:

- date and type of assessment,
- name and position of assessor,
- participant consent details,
- summary of needs, goals, risks, and services,
- next review date, and
- signatures of relevant parties (participant, supporter, assessor).

Records are reviewed periodically to ensure compliance with the *Aged Care Rules 2025* and internal documentation standards.

Monitoring and Continuous Improvement

Assessment and planning processes are regularly audited by the QCAB to ensure consistency and effectiveness.
Feedback from participants, staff, and external partners is used to refine tools, templates, and procedures.
Findings are reported to the Governing Body for review and to inform staff training and ongoing improvement initiatives.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)

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- Privacy Act 1988 (Cth)
- Strengthened Quality Standards (2025)
    - Standard 3 – Care and Services
        - Outcome 3.1: Assessment and Planning
        - Outcome 3.4: Planning and Coordination of Funded Aged Care Services

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Care Plans and Budgets Policy and Procedure
- Service Agreement Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Risk Management Policy and Procedure
- Records Management Policy and Procedure

Procedure Ownership and Revision

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Advocacy and Support Policy and Procedure

Heart 4 Care recognises that advocacy and decision-making support are essential to a person-centred aged care system.
Older people have the right to be heard, to make their own decisions, and to receive assistance to understand and exercise those rights.
This policy outlines how Heart 4 Care supports individuals to access advocacy and registered supporters, and ensures they can provide feedback or raise concerns without fear of disadvantage or retaliation.

Policy

Heart 4 Care will:

- Promote awareness of advocacy and support options to all individuals at the time of entry, and throughout their care journey.
- Facilitate access to independent advocacy services, including those funded under the National Aged Care Advocacy Program (NACAP).
- Support individuals to nominate and register supporters through My Aged Care or other lawful mechanisms.
- Act compatibly with the Statement of Rights and Statement of Principles, ensuring individuals can make informed choices, participate in decisions, and have their will and preferences respected.
- Ensure no person experiences any reprisal, discrimination, or negative treatment for seeking advocacy, registering a supporter, or making a complaint.
- Ensure staff understand their obligations to assist individuals in accessing advocates or supporters when requested.

Procedure

Promoting Awareness of Advocacy and Support Options

At the commencement of services, Heart 4 Care provides each individual with:

- A set of information when they are onboarded, including details of their rights under the *Aged Care Act 2024*.
- Contact information for independent advocacy services, including the Older Persons Advocacy Network (OPAN) and the Aged Care Advocacy Line (1800 700 600).
- An explanation of how advocates can assist with questions, concerns, or complaints about aged care services.

This information is presented in accessible language and formats, ensuring the individual understands they can seek advocacy at any time, with or without informing Heart 4 Care.

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Care Manager will confirm that the person understands what advocacy means and record this discussion in their onboarding notes.

Facilitating Access to Independent Advocacy

Heart 4 Care maintains contact details for the advocacy organisation in each state and territory.
When a person expresses a wish to speak with an advocate, staff must:

1. Offer a safe environment for the person to communicate with the advocate.
2. Provide reasonable assistance, such as contact access, interpreter support, or information materials.
3. If requested, pause any decision-making or complaints process until advocacy involvement has occurred.
4. Document the request and outcome in the person's record while maintaining confidentiality.

Staff must never discourage or delay a person's access to advocacy.
Advocates are welcomed as partners in supporting the person's rights and are included in care meetings or discussions only with the individual's consent.

Registering a Supporter through My Aged Care

Individuals have the right to nominate a registered supporter who can help them understand, communicate, and manage their aged care interactions.

Heart 4 Care supports this by:

- Providing information about how to register a supporter through My Aged Care, online or via phone, assessor, or printed form.
- Explaining that registration normally requires the individual's consent, unless the supporter is already an appointed legal decision-maker (for example, under a state guardianship or power-of-attorney arrangement).
- Ensuring individuals understand that registered supporters can receive information relevant to their aged care arrangements but that their involvement is always guided by the person's preferences.

If an individual requests assistance to complete or lodge a supporter registration, staff may provide reasonable administrative help but must not influence the person's choice of supporter.

Once confirmed, details of the registered supporter (name, relationship, contact details, registration date, and authority limits) are entered in the client record and updated whenever changes occur.

Supported and Substitute Decision-Making

Where individuals require assistance to make or communicate decisions, Heart 4 Care applies a supported decision-making approach before considering substitute decision-

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makers.
This includes:

- Identifying any communication barriers and providing aids or interpreters.
- Involving trusted supporters to help explain options.
- Allowing sufficient time for decisions.

Only if all support options are exhausted and the person cannot make or communicate their decision will a substitute decision-maker act under legal authority.
Staff must verify the validity of any substitute authority and record the supporting documentation in the client's file.

Protecting Individuals from Reprisal or Disadvantage

Heart 4 Care enforces a zero-tolerance approach to any form of retaliation against individuals who access advocacy or nominate a supporter.

Examples of prohibited behaviour include:

- Withholding information or service access.
- Altering care quality or roster priority.
- Discouraging or criticising the person for seeking external advice.

Integrating Advocacy in the Feedback and Complaints Process

If an individual or their advocate makes a complaint, it is managed under the Feedback and Complaints Management Procedure.

Staff must:

- Acknowledge the advocate's role.
- Ensure the person (and their advocate) is kept informed of progress and outcomes.
- Offer the option to escalate complaints directly to the Aged Care Quality and Safety Commission.

The advocacy relationship must never limit the person's right to complain independently.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Statement of Rights
- Statement of Principles
- Strengthened Quality Standards
- Privacy Act 1988 (Cth)

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Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Assessment, Planning and Review Policy and Procedure
- Feedback and Complaints Policy and Procedure
- Person-Centred Care Policy and Procedure
- Statement of Principles Policy and Procedure
- Statement of Rights Policy and Procedure
- Aged Care Code of Conduct Policy and Procedure
- Incident Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

Procedure Ownership and Revision

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Home Care Agreement Policy and Procedure

Heart 4 Care enters into a formal *Service Agreement* with every individual receiving funded aged care services.
The Service Agreement sets out the terms and conditions under which services will be delivered, including the rights and responsibilities of both parties, the services to be provided, the associated prices, and the processes for review, variation, and termination.
This policy establishes the systems and responsibilities that ensure all service agreements are compliant with legislation, are fair and transparent, and support individuals to make informed decisions before entering an agreement.

Policy

Heart 4 Care will:

- Ensure a signed Service Agreement is in place for every person receiving funded aged care services.
- Use clear, inclusive, and plain English in all agreements, avoiding legal or technical jargon.
- Support individuals to understand their agreement and obtain advice or advocacy before signing.
- Ensure that agreements comply with the *Aged Care Act 2024*, *Aged Care Rules 2025*, and the *Competition and Consumer Act 2010* (prohibiting unfair contract terms).
- Prohibit entry or exit fees, in accordance with the legislation.
- Review service agreements annually and when requested or when service changes occur.
- Ensure variations occur only with mutual consent and documented written agreement, except in limited cases prescribed by law.
- Provide the individual (and their supporter, if applicable) with a copy of the signed agreement and any subsequent variations.
- Maintain secure records of all agreements, amendments, and supporting documentation.

Procedure

Preparing the Service Agreement

Before an individual commences services, the **Care Manager** or authorised delegate prepares a draft Service Agreement using Heart 4 Care's approved template.

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The draft must include all required information as set out in the *Aged Care Rules 2025*, including:

- Names, addresses and contact details of the provider and the individual.
- Start date of the agreement, service commencement date, and scheduled review date.
- Copy of the participant's *Notice of Decision*, detailing the approved package or support plan and associated funding amount.
- Details of the services to be delivered, including:
    - Service name (as per the aged care service list).
    - Service group and type.
    - Whether the service will be delivered directly or by a subcontracted provider.
- The price of each service (and any differences from the provider's published prices, with explanation).
- Clauses for price reviews, including effective dates, method of increase, and justification.
- Conditions for ad-hoc or variable services (e.g., allied health, home maintenance), including how and when the individual will be informed of costs and asked to approve them in writing.
- Conditions of payment, including statement of responsibility for any co-contributions after delivery.
- Cooling-off provisions, allowing the individual to withdraw within **14 days** of entering the agreement and before services commence.
- Provisions for review, variation, and termination, including notice periods.
- Statement of rights, responsibilities, privacy protections, and advocacy access.
- Confirmation that no entry or exit fees apply.

Consultation and Negotiation

Heart 4 Care works collaboratively with the individual to ensure the agreement reflects their choices, goals, and preferences.

The Care Manager will:

- Meet with the individual (and, where applicable, their registered supporter, family member, carer, or advocate) to discuss the draft agreement.
- Explain each section in plain English and answer any questions.
- Provide copies in accessible formats (e.g., large print, translated language, or easy-read).

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- Allow the person sufficient time to consider the agreement and to seek independent advice if they wish.
- Document that the person was given this opportunity and whether they accessed advocacy.

No service may commence until the agreement has been mutually accepted.

Authorisation to Enter a Service Agreement

The provider must confirm the legal authority of the person entering into the Service Agreement.
This may be:

- The individual themselves.
- A registered supporter authorised under *My Aged Care* arrangements.
- An active, appointed decision-maker under Commonwealth, state, or territory law (e.g., guardian, power of attorney, tribunal-appointed representative).

The person's authority must be verified, and copies of legal documents (such as guardianship orders or enduring powers of attorney) must be securely stored in the participant's record.
If the person cannot sign, the provider must maintain detailed records of verbal consent or other forms of agreement (e.g., signed witness note or file record of conversation).

Entering the Agreement

Once both parties have agreed:

- The CEO, Care Manager or delegated authorised officer signs the agreement on behalf of Heart 4 Care.
- The individual (or their authorised decision-maker) signs and dates the agreement.
- A copy of the signed agreement is provided to the individual (and their supporter, if relevant) as soon as practicable.
- The signed original and any associated documentation are filed securely in the client's record and backed up in digital storage.

If an individual withdraws within the 14-day cooling-off period, no penalties or fees apply.

Variation of the Service Agreement

A Service Agreement may only be varied by mutual consent following consultation and written confirmation by both parties.

The Care Manager must:

- Initiate variation discussions when there are changes in classification, service delivery, or funding (e.g., following a Support Plan Review).

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- Explain proposed changes clearly and provide rationale in writing.
- Encourage the individual to seek independent advice or advocacy before signing a variation.
- Obtain written consent from the individual (or authorised decision-maker) before implementing any change.
- Provide a copy of the updated agreement and record the variation date in the client's file.

The only exception is where a variation is required by law.
In such cases, Heart 4 Care must give reasonable written notice to the individual explaining the change and its legal basis.

When the Individual Does Not Agree to Proposed Changes

If the individual disagrees with a proposed variation, Heart 4 Care must:

- Attempt to negotiate and reach agreement through open communication.
- Provide a written explanation of the rationale for the change, using accessible language.
- Encourage the person to consult an aged care advocate or legal adviser.
- Document all discussions and outcomes.

Services continue under the existing agreement until the matter is resolved or the individual chooses to terminate.

Review of the Service Agreement

The Service Agreement must be reviewed at least every 12 months, and:

- Whenever requested by the individual or their representative.
- When there are significant changes to the person's needs, goals, or preferences.
- When funding, package level, or service type changes.

During the review, the individual is given the opportunity to:

- Participate fully in discussions and propose updates.
- Confirm that their goals and services remain aligned.
- Review and re-sign the document if variations are required.

The Care Manager records the review date, discussion notes, and any resulting updates in the individual's record.

Ensuring Fair Contract Terms

Heart 4 Care ensures that all Service Agreements are consistent with the Competition and Consumer Act 2010 and do not contain unfair contract terms.

Unfair terms include, but are not limited to:

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- Clauses that allow unilateral changes without the individual's consent.
- Clauses that limit the person's right to terminate or seek redress.
- Clauses that reduce consumer protections available under Australian law.

All templates are reviewed annually by the CEO and, where necessary, legal advisers, to ensure ongoing compliance with legislation and fair trading laws.

Recordkeeping

All Service Agreements and associated correspondence are:

- Stored securely in both hard copy and digital form.
- Accessible to the individual upon request.
- Protected under the organisation's Privacy and Confidentiality Policy.
- Retained in accordance with statutory retention periods.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Competition and Consumer Act 2010 (Cth)
- Strengthened Quality Standards
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Client Admission Policy and Procedure
- Information Management Policy and Procedure
- Record Management Policy and Procedure
- Service Agreement Template

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

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1	1-November-2025	Governing Body	Creation of New Document

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Care Plan and Budget Policy and Procedure

The development of an accurate, individualised **Care Plan** and **Budget** is central to person-centred, safe, and accountable care delivery. Together, these documents provide the foundation for how Heart 4 Care supports older people to achieve their goals, manage their funding, and maintain independence under the *Support at Home Program*.

The **Care Plan** identifies the participant's goals, needs, and preferences — describing *what* supports will be delivered and *why*. This is also referred to as **Care & Services Plan**.

The **Budget** specifies *how* funding will be allocated and managed to deliver those supports efficiently and transparently.

Both are developed collaboratively between the participant (and, where applicable, their registered supporter or decision-maker) and the organisation's care partner before or on the day services commence.

This ensures that every participant exercise choice and control, understands their care and funding, and can make informed decisions consistent with their rights under the *Aged Care Act 2024*.

Policy

Heart 4 Care will:

- Develop a **Care Plan** and **Individualised Budget** for each participant before, or on the day, services begin.
- Ensure that both documents reflect the participant's assessed needs, goals, and preferences, and are informed by their **Notice of Decision** and **Support Plan** from My Aged Care.
- Provide each participant with a copy of their Care Plan and Budget and support them to understand these documents.
- Regularly review and update the Care Plan and Budget to ensure they remain current and effective.
- Document and manage all care planning and budget discussions in a transparent and consultative manner.
- Comply with all applicable legislation and the Strengthened Quality Standards, particularly Standard 3: Care and Services.
- Ensure all budgets align with the participant's funding classification and that overspends do not occur.

This policy applies to all care partners, registered nurses, service coordinators, and management staff involved in the planning, delivery, and review of care and services.

Procedure

The Care Plan and Budget serve distinct but complementary purposes:

Care Plan	A clinical and person-centred document that describes the participant's assessed needs, goals, preferences, and the supports

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	required to meet them. It establishes how care and services will be delivered, by whom, and at what frequency.
Individualised Budget	A financial management document that details how the participant's Support at Home funding will be spent on the services and supports outlined in their Care Plan. It identifies funding sources, costs, and contributions, ensuring accountability and transparency.

Care Plan Development

The Care Plan is the primary record of how Heart 4 Care will deliver funded aged care services to support the participant's wellbeing, independence, and goals. It is a living document that evolves as the participant's circumstances change.
Care Plans are developed by qualified care partners (or clinically trained care partners, where appropriate) in collaboration with the participant and, if applicable, their registered supporters, family, or carers. They are informed by the Notice of Decision and Support Plan generated through My Aged Care.

Required Content

As required by section 148 of the *Aged Care Rules 2025*, every Care Plan must include:

- The participant's assessed care needs, goals, and strategies to achieve those goals.
- The participant's preferences around how services are delivered — including worker gender, cultural or linguistic needs, and preferred times or days.
- A detailed list of services to be delivered, including:
    - The name and type of service (as per the Support at Home service list).
    - The frequency and duration of each service.
    - The care worker or third party responsible for delivery.
- Any assistive technology (AT) or home modifications (HM) to be provided, including related costs.
- The dates for review of the Care Plan and Service Agreement.
- Identified risks and the strategies to manage them.
- Information about culturally safe, trauma-aware, or healing-informed care, if applicable.

Collaborative Development

Care planning is a partnership process that should demonstrate compliance with Standard 1: The Individual and Standard 3: Care and Services by:

- Recording the participant's current needs and goals, including advance care wishes if applicable.
- Documenting communication preferences and decision-making capacity.

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- Describing the involvement of registered supporters or substitute decision-makers.
- Recognising the participant's informal support network — carers, family, and community.
- Embedding wellness and reablement approaches that promote independence.
- Ensuring the plan is culturally responsive and accessible to people with diverse needs.
- Considering and documenting potential health or safety risks.

If the participant consents, case conferencing may occur with the GP or allied health professionals to strengthen coordination of care.
All Care Plans must be signed and dated by both the participant (or their representative) and the care partner, and a copy must be provided to the participant.

Care Plan for Interim Funding

Where a participant has been granted interim funding (60% of their full allocation), Heart 4 Care must:

- Develop a Care Plan focused on *priority services* necessary for safety and wellbeing.
- Clearly note that 10% of the interim funding is deducted for care management.
- Review and expand the plan once the remaining 40% of funding is released.
- Adjust care management claims accordingly to reflect pro-rata funding.

This ensures that even during interim funding periods, each participant has a plan that reflects their current needs and available resources.

Care Plan Review

Care Plans must be reviewed and updated regularly to ensure they continue to meet the participant's needs and goals.

Review Triggers
A review must occur:

- **At least every 12 months**, or sooner if:
    - The participant's needs, health, or preferences change.
    - Their classification level or funding changes.
    - They are approved for additional schemes (e.g. AT-HM, End-of-Life Pathway).
    - They request changes to services or frequency.
    - A significant incident or risk arises.
    - Care responsibilities among carers or supporters shift.

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- **At any time at the participant's request.**

Review Process
Each review will:

- Evaluate the effectiveness of current supports and outcomes achieved.
- Reassess goals, preferences, and risk strategies.
- Integrate wellness and reablement goals into ongoing care.
- Adjust the service mix and associated budget as needed.
- Document any new agreements and provide an updated copy to the participant.

Care Plan reviews are conducted collaboratively with the participant and may include family, supporters, or health professionals where appropriate.

Individualised Budget Development

Overview
The Individualised Budget translates the Care Plan into a financial structure that defines how funding will be used to achieve the participant's goals. It covers both government funding and participant contributions and is designed to ensure services remain within the approved quarterly budget.
Budgets must be prepared and finalised in partnership with the participant (and their registered supporter or decision-maker) at the same time as the Care Plan or as soon as practical afterwards.

Required Content
Each budget must include:

- The total amount of government funding available (including supplements).
- Any participant contributions as determined by Services Australia's means-testing.
- The cost of each service, including allied health, home care, or personal care.
- Costs of any assistive technology or home modification (equipment, repairs, maintenance).
- Administrative and coordination costs related to AT-HM or care management.
- A clear description of services or items being funded.
- The method and frequency of service delivery.

Budgets are expressed as quarterly allocations, aligned with the four annual funding periods (July, October, January, April).

Budget Management

- Care partners must ensure services remain within the participant's quarterly allocation.

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- Participants must be assisted to understand their budget, including available balances and contribution obligations.
- If services beyond the allocation are requested, a private agreement may be established for non-funded services, with clear consent and documentation.
- The provider is responsible for ensuring no overspend occurs; Services Australia will not reimburse claims beyond available funds.
- Where unspent funds remain, they may be carried over up to:
    - The higher of $1,000 or 10% of the previous quarter's budget.
    - These carryover funds are automatically added to the next quarter's allocation.

If a participant's needs change or costs rise, the budget must be reviewed in parallel with the Care Plan.

Interim Funding Budgets

Where a participant receives interim funding:

- The budget will be developed based on 60% of the total allocation.
- 10% of this allocation is set aside for care management.
- The plan and budget will focus on high-priority services.
- Once full funding is received, the remaining 40% is added on a pro-rata basis, and the budget is updated.

Providers must ensure accuracy in claims for both interim and full funding periods.

Budget Overspend and Underspend

Overspend occurs when services delivered exceed the participant's available quarterly allocation.

- The participant's account cannot go into a negative balance.
- Excess services must be either paid privately (if agreed in the Service Agreement) or written off by the provider.
- Providers must never delay or "hold over" claims between quarters.

Underspend (unspent funds) occurs when a participant does not fully utilise their budget.

- These funds may be carried over to address future needs or unforeseen circumstances.
- The provider and participant should review the reason for underspend to optimise planning and service delivery.
- Where unspent funds remain, they may be carried over up to:
    - The higher of $1,000 or 10% of the previous quarter's budget.

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- These carryover funds are automatically added to the next quarter's allocation.

Participant Engagement and Education

A fundamental component of both care planning and budgeting is ensuring participants are empowered to make informed decisions. Heart 4 Care will:

- Use plain language and visual aids where needed.
- Provide interpreters or cultural support staff if required.
- Encourage participants to involve family, supporters, or advocates.
- Provide written and verbal explanations of all costs, funding allocations, and responsibilities.
- Offer opportunities to review and question all care and budget documents before signing.
- Any reviews, changes and revisions to Care Plans or Budgets are done in collaboration and with consent of the participant.

Recordkeeping

For each participant, Heart 4 Care will retain:

- The signed Care Plan and Budget.
- Records of all reviews, revisions, and discussions.
- Supporting documentation such as the Notice of Decision and Support Plan.
- Any private agreements or authorisations for additional services.
- Quarterly budget summaries and related correspondence.

All records are stored securely in accordance with the *Privacy Act 1988* and the organisation's **Records Management Policy**.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Statement of Rights
- Statement of Principles
- Strengthened Quality Standards
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Assessment, Planning and Review Policy and Procedure
- Feedback and Complaints Policy and Procedure
- Person-Centred Care Policy and Procedure
- Statement of Principles Policy and Procedure
- Statement of Rights Policy and Procedure
- Aged Care Code of Conduct Policy and Procedure
- Incident Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

Procedure Ownership and Revision

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Choice, Independence and Quality of Life Policy and Procedure

Heart 4 Care is committed to supporting older people to live the lives they choose. We enable informed decision-making, respect dignity of risk, and prioritise independence, autonomy and quality of life in every interaction. This policy operationalises requirements in the Statement of Rights (s 23) and Statement of Principles (s 25), and embeds Outcome 1.3 Choice, independence and quality of life, Outcome 3.1 Assessment and planning, and Outcome 3.2 Delivery of funded aged care services of the strengthened Quality Standards.

Policy

Heart 4 Care will:

- Provide timely, accurate, tailored and accessible information so individuals can make informed choices about their funded aged care services.
- Support decision-making (including supported decision-making) and obtain informed consent where required.
- Respect and document dignity of risk, balancing duty of care with the person's right to choose.
- Deliver culturally safe, trauma-aware and healing-informed services that optimise independence, reablement and quality of life.
- Partner with individuals, their registered supporters and relevant health professionals to plan, deliver and review care, and monitor changes to quality of life.
- Uphold the Statement of Rights and Statement of Principles in practice and align workforce behaviour to Heart 4 Care's Code of Conduct.

Procedure

Promoting Rights, Principles and the Code of Conduct

Heart 4 Care embeds the **Statement of Rights**, the **Statement of Principles**, and the **Aged Care Code of Conduct** into all aspects of care delivery.
Every aged care worker is trained to understand that individuals have the right to self-determination, independence, privacy, and dignity of risk.
The workforce is reminded that these rights are not conditional on age, health, or ability — they are fundamental to a person-centred system.
Supervisors and Care Managers reinforce these values in daily practice, ensuring all decisions and communications reflect compassion, respect, and accountability.

In practice, this means staff must always speak **with** the individual, not **for** them.
When decisions are being made about care, the person's own goals, cultural identity, preferences and beliefs form the starting point — not the provider's convenience or assumptions about safety.

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If the person chooses to involve a supporter, family member or advocate, this involvement is recorded and respected at every stage.

Providing Information that Enables Informed Choice

To enable real choice, Heart 4 Care ensures that each person has access to information that is **current, accurate, and tailored** to their circumstances.
Staff must take reasonable steps to confirm that the person understands their options and the consequences of each decision.

Information is always delivered in **plain, accessible language**, avoiding jargon and technical terms.
Where English is not the person's first language, the organisation provides translated materials or arranges a qualified interpreter.

If the person has communication challenges, information may be given through visual aids, simplified formats, easy-read booklets, or demonstration-based learning.
The method used is documented in the participant's record, including any advocacy or communication supports used.
The individual is encouraged to ask questions, seek clarification, and take time to consider decisions before giving consent.

All aged care workers are trained to view informed choice as a process — not a single moment of agreement — and to revisit key decisions as circumstances change.

Supporting Decision-Making and Consent

Many individuals may need support to make or communicate decisions. Heart 4 Care identifies such needs during onboarding, reviews, and through ongoing engagement.
If decision-making support is required, the Care Manager works with the person to identify who can assist — this could be a registered supporter, family member, trusted friend, or an independent advocate.
Decision-making support must prioritise the person's autonomy. Substitute decision-makers are used only when necessary, and only after all reasonable efforts to support independent decision-making have been exhausted.

The person's preferences about who is involved are clearly documented and respected.
Where informed consent is required — for example, for medical treatment, assessments, care plan changes, or use of restrictive practices — staff must:

- Provide sufficient, comprehensible information about the purpose, risks, and alternatives.
- Confirm the individual's understanding.
- Record the person's consent or refusal and review it if circumstances change.

If the person's capacity to consent fluctuates, staff work closely with health professionals and supporters to ensure consent remains valid and representative of the person's will and preferences.

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Upholding Dignity of Risk

Dignity of risk is a central principle under the *Aged Care Act 2024*. It acknowledges the right of individuals to make choices that may involve personal risk — including physical, emotional, or social risk — as part of living a full and meaningful life.

When an individual expresses a preference that may carry some risk, Heart 4 Care follows a collaborative process:

- The Care Manager discusses the potential risk openly with the individual and, if appropriate, their supporter or family.
- The team works with the person to identify practical strategies to minimise harm while preserving autonomy — such as safety equipment, scheduled check-ins, or modified activities.
- The decision and rationale are recorded in the **care plan or goal plan**, noting:
    - The identified risk and context.
    - Agreed mitigation strategies.
    - The provider's recommendations.
    - The individual's informed decision to proceed.
    - Confirmation that the person accepts the personal risk.

This documentation ensures that future reviews and audits demonstrate respect for autonomy alongside evidence of risk assessment.

The organisation understands that avoiding all risk can lead to a loss of independence, isolation, and reduced quality of life — outcomes inconsistent with the intent of the Act.

Enabling Independence and Reablement

Heart 4 Care delivers all services using a **wellness and reablement approach**, designed to enhance a person's confidence, capability and control over their own life. Staff focus on "**doing with, not for**", encouraging the person to remain active in daily routines and self-care.

The Care Manager ensures that goals for independence and reablement are included in each care plan.

These goals are:

- Developed collaboratively with the individual, identifying strengths and aspirations.
- Time-limited and measurable where appropriate.
- Reviewed regularly to track progress and adapt strategies.

Examples include supporting someone to regain mobility after illness, maintain cooking or shopping routines, or reconnect socially after isolation.

Progress is monitored through regular reviews, and changes are discussed in partnership with the individual.

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Maintaining Quality of Life through Individualised Care

Quality of life is multi-dimensional. It includes physical comfort, emotional wellbeing, social participation, cultural identity, and a sense of purpose.
Heart 4 Care ensures that service delivery supports each of these dimensions.
Staff engage with individuals to understand what “a good day” looks like for them and embed this understanding into care planning.
Social connection and meaningful activity are treated as essential components of care, not optional extras.
Workers are encouraged to identify opportunities to enhance the person’s enjoyment, autonomy and participation, such as adapting activities or supporting community involvement.
The Care Manager monitors indicators of wellbeing — including feedback, mood, engagement, and participation — and records them in the person’s file.
Any decline in these indicators triggers a review of the care plan and may involve consultation with health or allied professionals.

Cultural Safety and Culturally Appropriate Delivery

Choice and independence must be understood within each person’s cultural, linguistic, and spiritual context.
Heart 4 Care ensures care is **culturally safe, trauma-aware, and healing-informed**, recognising the impact of life experiences and respecting personal and community identity.
Where individuals identify as Aboriginal or Torres Strait Islander, care planning acknowledges their right to maintain connection to culture, Country, and community.
For people from culturally and linguistically diverse backgrounds, staff match workers by language or gender wherever possible and respect cultural norms during service delivery.
Training for all staff includes cultural awareness, communication styles, and inclusive practice.

Supporting Positive Risk and Minimising Restrictive Practices

Heart 4 Care supports individuals to make positive choices about their lives, even when those choices carry some risk.
Restrictive practices are never used to limit a person’s independence, only to prevent immediate harm, and always as a **last resort**, in the **least restrictive form** and for the **shortest time** necessary.
Before any restrictive practice is considered, alternatives such as behaviour support, environmental modification, or schedule changes are explored and documented.
If restrictive practices are used, they must be based on informed consent and monitored and reviewed regularly.

Communication and Worker Continuity

The organisation recognises that consistent and effective communication is essential for trust, autonomy, and wellbeing.
Care Managers identify the best ways to communicate with each individual — including non-verbal cues, gestures, visual prompts, or assistive technology.
All staff are trained to adapt to each person’s preferred communication style, particularly for those living with dementia or cognitive decline.

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Heart 4 Care also aims to provide **continuity of care** by minimising changes in care workers.
Where possible, individuals are given input into choosing their regular care workers, including preference for gender, language, or cultural background.
Rosters and team allocations are planned to respect these preferences.

Monitoring and Continuous Improvement

To ensure that choice, independence, and quality of life remain at the centre of service delivery, Heart 4 Care maintains ongoing oversight through multiple layers of review.

- **Care Managers** monitor each person's progress toward their goals, documenting changes in independence or wellbeing and initiating care plan reviews when needed, analyse data on quality of life indicators, reablement outcomes, and dignity of risk decisions to identify trends and areas for improvement.
- Findings are reported quarterly to the **Governing Body** and **Quality Care Advisory Body (QCAB)**, along with recommendations for system or workforce improvements.
- The organisation's **Continuous Improvement Register** captures actions and verifies completion and effectiveness.

Workforce Development

Aged care workers receive ongoing training in supported decision-making, informed consent, wellness and reablement, dignity of risk, communication strategies, and cultural safety.
Supervisors and Care Managers reinforce these principles through supervision sessions, reflective practice discussions, and case reviews.
Performance reviews include evaluation of how staff promote autonomy, respect choice, and support positive risk-taking.
Any identified gaps are addressed through coaching or formal development plans.

Review and Documentation

All aspects of the person's care — including information provided, decisions made, consents, risk discussions, and wellbeing outcomes — are documented in the person's file.
Records are maintained accurately and made available to the individual or their nominated representative upon request.
Care plans are reviewed at least every 12 months, or sooner if the person's needs, goals or circumstances change.

Relevant Legislations

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025
- Statement of Rights

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- Statement of Principles
- Strengthened Quality Standards
- Privacy Act 1988 (Cth)

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Delivery of Services Policy and Procedure

Heart 4 Care delivers all Support at Home services in accordance with the *Aged Care Act 2024* and *Aged Care Rules 2025*, ensuring quality, safety, and participant choice. Services are designed to promote independence, wellness, and connection to community.

This policy sets out how services are delivered, monitored, and recorded under the Support at Home program. It outlines expectations for transparency, accountability, continuity of care, and collaboration between participants, workers, and associated providers.

Policy

Heart 4 Care will:

- Deliver only the service types that fall within its registered Support at Home categories.
- Ensure all services are person-centred, evidence-based, and support the goals in the participant's care plan.
- Confirm every service delivery through accurate documentation, ensuring transparency and audit readiness.
- Engage associated providers or family members only when consistent with the Rules and when this best supports participant wellbeing.
- Uphold service continuity and clear communication during temporary stoppages, cancellations, or provider changes.
- Maintain comprehensive records for all service episodes and comply with reporting and claiming timeframes.

Procedure

Service Categories under Support at Home

All funded aged care services are grouped into three categories, each contributing to participant independence and wellbeing:

Clinical Supports

Includes nursing care, allied health services (such as physiotherapy or occupational therapy), medication management, and other clinical interventions that maintain or restore health.

Independence Services

Includes personal care, social support, respite, community engagement, and transport services that promote functional independence and participation.

Everyday Living Services

Includes domestic assistance, home maintenance and repairs, and meal preparation or delivery that help participants manage daily living tasks.

Heart 4 Care ensures that each service aligns with the participant's assessed needs, approved classification, and individual care plan.

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Service Delivery and Environment

All Heart 4 Care Support at Home services are delivered in the participant's home or community setting.

Before commencing care, the Care Manager confirms:

- that the participant's location and environment are safe for delivery,
- that staff are equipped with the necessary information and consent, and
- that all tasks align with the approved Support at Home classification.

Workers document the location, time, and type of each service episode using the organisation's care management system.

Confirmation of Service Delivery

To ensure transparency and integrity, all service episodes must be confirmed and supported by documented evidence.

Depending on the service, Heart 4 Care will consider the following as acceptable forms of evidence:

- care or progress notes, clinical records, or reports that describe the service episode,
- worker sign-in and sign-out records (digital or written),
- attendance or geolocation logs verifying worker presence and timing,
- participant acknowledgments (digital signatures, verbal confirmation recorded in notes, or QR code sign-ins),
- for allied health: progress or treatment notes at the end of each care period,
- for meal deliveries: communication logs confirming that meals were received and meeting nutritional needs, and
- where appropriate, photos evidencing task completion (e.g. home maintenance or gardening), provided privacy and consent requirements are met.

All records must be contemporaneous, factual, and securely stored within Heart 4 Care's information system.

Third-Party Service Delivery

Heart 4 Care may engage associated providers, subcontractors, or brokered workers to deliver specific services where necessary.

All third-party arrangements are governed by written agreements outlining:

- the scope of services,
- worker obligations under the Act,
- documentation and reporting requirements, and

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- quality and compliance expectations.

When services are delivered by a third-party, Heart 4 Care remains accountable for ensuring the same standard of safety, quality, and compliance as if the service were delivered directly by its own staff.

A detailed **Associated Providers Policy and Procedure** governs the selection, vetting, and monitoring of these relationships.

Family Members Delivering Services

Heart 4 Care may approve a participant's family member to deliver services only when no other viable options exist.

This arrangement will only be considered if:

- the participant is at risk of harm or neglect without the service,
- the participant resides in a rural or remote area (as defined by the Modified Monash Model),
- the participant is Aboriginal, Torres Strait Islander, or from a culturally or linguistically diverse background,
- the family member holds suitable skills, experience, or qualifications to deliver the specific service, and
- the family member meets all worker requirements under the *Aged Care Rules 2025*.

Each engagement is approved on a case-by-case basis by the Care Manager and recorded in the participant's care notes and service agreement. Ongoing monitoring ensures care quality and objectivity are maintained.

Service Cancellations and No-Shows

Participants may cancel or miss scheduled services due to illness, hospitalisation, or personal reasons.
Heart 4 Care's approach balances fairness and operational sustainability:

Definitions

- *Late cancellation:* Participant provides less than two (2) business days' notice.
- *No-show:* Participant is absent from the agreed location at the scheduled time without prior notice.

Where a participant provides late notice or is a no-show, Heart 4 Care may claim and charge the full scheduled service fee if:

- the service had been confirmed and allocated resources (e.g., staff travel or preparation time), and
- the cancellation was not due to reasonable grounds.

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Reasonable Grounds
Reasonable grounds for cancellation (to be assessed case-by-case) include:

- hospital admission or medical emergency,
- significant health incident,
- sudden change in informal support arrangements, or
- unavoidable personal crisis.

Participants are encouraged to provide written evidence of such circumstances. All cancellations and decisions regarding claims are documented in the participant's record.
Repeated cancellations are reviewed by the Care Manager to assess ongoing suitability and support needs.

Temporary Stoppage of Services

Participants may temporarily stop services for a range of reasons, such as hospital stays, transition care, respite, holidays, or personal leave.

Heart 4 Care ensures that:

- the participant notifies the organisation of their intent to stop services and expected return date,
- care management continues on at least a monthly basis (unless the participant declines and this is documented),
- participants are reminded that funding may be discontinued after four consecutive quarters of inactivity, and
- the participant's care plan and budget are reviewed prior to service resumption.

During the temporary stoppage, Heart 4 Care does not need to notify Services Australia unless requested but continues to maintain internal records.

Changing Providers

Participants have the right to change providers at any time. Heart 4 Care supports this process by facilitating continuity of care and clear financial closure.

When a participant decides to change providers, Heart 4 Care will:

- agree on an exit date with the participant,
- notify Services Australia within 28 days of the exit date,
- provide all necessary records to the incoming provider within 28 days of a request, including care plans, progress notes, and AT-HM details,
- finalise all service claims within 60 days,
- issue final participant invoices and monthly statements, and

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- notify the incoming provider of the participant's remaining budgets and unclaimed services.

For transitioned Home Care Package recipients, unspent Commonwealth funds are returned to Services Australia, while participant portions are refunded directly to the participant or their estate.
Incoming providers must accept the referral in the My Aged Care portal, develop a new care plan, and submit entry notifications to Services Australia.

Heart 4 Care will cooperate fully to avoid overlapping claims and ensure smooth transition of care.

Participant-Initiated Cessation of Services

If a participant permanently exits Support at Home (e.g., moves to residential care, relocates, or passes away), Heart 4 Care will:

- confirm the exit date and reason,
- update My Aged Care and Services Australia within 28 days,
- finalise claims within 60 days of the exit or date of death,
- issue final invoices and monthly statements, and
- return any participant-held unspent funds if applicable.

In cases of death, My Aged Care records are updated immediately to avoid future communications to family members or supporters.

Provider-Initiated Cessation of Services

Heart 4 Care may cease services under the circumstances permitted by *Section 149-35(2)* of the Rules, including when:

- the participant's needs can no longer be safely met in their home,
- the participant no longer requires the service,
- the participant's needs can be more appropriately met under another program,
- the participant has intentionally caused serious harm to staff,
- the participant persistently breaches worker safety or payment obligations, or
- the participant relocates to an area outside Heart 4 Care's service coverage.

When ceasing services, Heart 4 Care will:

- provide the participant with at least 14 days' written notice,
- state the reason and end date of service,
- provide information on complaint and advocacy options, and
- ensure continuity of care until the exit date or handover to another provider.

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- give a cessation notification for an individual to the System Governor and the Commissioner within 28 days in the commission's approved form and including the name, date and reason for cessation.

If the participant's circumstances change (e.g., behaviour improves or payment issues are resolved), Heart 4 Care may withdraw the cessation decision and confirm this in writing.

Recordkeeping and Monitoring

All documentation related to service delivery, cancellations, transitions, or cessations is maintained in the participant's care record and securely stored in the care management system.
Quarterly audits ensure compliance with delivery evidence, claiming timelines, and information-sharing obligations.

Outcomes of audits are reviewed by the Quality Care Advisory Body and incorporated into continuous improvement processes.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Strengthened Quality Standards
- Privacy Act 1988 (Cth)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Associated Providers Policy and Procedure
- Client Admission Policy and Procedure
- Information Management Policy and Procedure
- Record Management Policy and Procedure
- Service Agreement Template

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

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Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Funding, Pricing and Participant Contribution Policy and Procedure

Heart 4 Care ensures that all financial processes under the *Support at Home Program* are managed transparently, fairly, and in accordance with the *Aged Care Act 2024* and *Aged Care Rules 2025*.

This policy explains how government funding, participant contributions, and supplements are administered and communicated. It provides clarity for staff and participants about how budgets are formed, how contributions are determined, and how the organisation prevents both overspending and financial hardship.

The purpose of this policy is to ensure that participants clearly understand:

- how their Support at Home funding is allocated and used,
- how participant contributions are determined, and
- what financial support or flexibility options are available.

This policy also governs how Heart 4 Care sets, publishes, and reviews prices for Support at Home services to ensure compliance with pricing transparency and consumer protection requirements.

Policy

Heart 4 Care will:

- Administer participant funding and contributions with integrity, transparency, and accuracy.
- Ensure all financial processes comply with the *Aged Care Rules 2025* and related subsidy schedules.
- Provide participants with clear information about their budgets, contributions, and supplements before service commencement.
- Offer flexible payment and contribution arrangements where practicable.
- Protect participants experiencing financial hardship through proactive identification and referral to available supplements.
- Maintain robust recordkeeping and internal controls for all financial transactions.
- Sets, publish, and review prices for Support at Home services to ensure compliance with pricing transparency and consumer protection requirements

This policy applies to all administrative, finance, and care coordination staff involved in managing budgets, claims, and participant contributions.

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Procedure

Understanding Support at Home Funding

Each participant's Support at Home funding is calculated and managed by Services Australia, based on their classification level and any approved supplements or pathways.
Funding is released quarterly and held in a home support account on behalf of the participant. Heart 4 Care claims against this account after services are delivered, ensuring funds are used only for approved care and supports.

Components of Funding

Government funding for a participant may include:

1. Ongoing Quarterly Budget – the main allocation for continuous Support at Home services.
    - 10% of this amount is automatically deducted and pooled by Heart 4 Care to fund care management activities across all participants.
    - Any participant contributions assessed by Services Australia are deducted before remaining funds are applied.
2. Short-Term Pathway Budgets – allocated for:
    - *Restorative Care Pathway* (up to 16 weeks)
    - *End-of-Life Pathway* (up to 12 weeks)
3. Assistive Technology and Home Modifications (AT-HM) Budget – approved separately to fund specific aids, equipment, or home modifications.
4. Primary Supplements – e.g. Oxygen, Enteral Feeding, Veterans, or Dementia and Cognition supplements, where applicable.
5. Unspent HCP Funds (where applicable) – for transitioned clients, the Commonwealth portion of unspent Home Care Package funds is added to their Support at Home budget.

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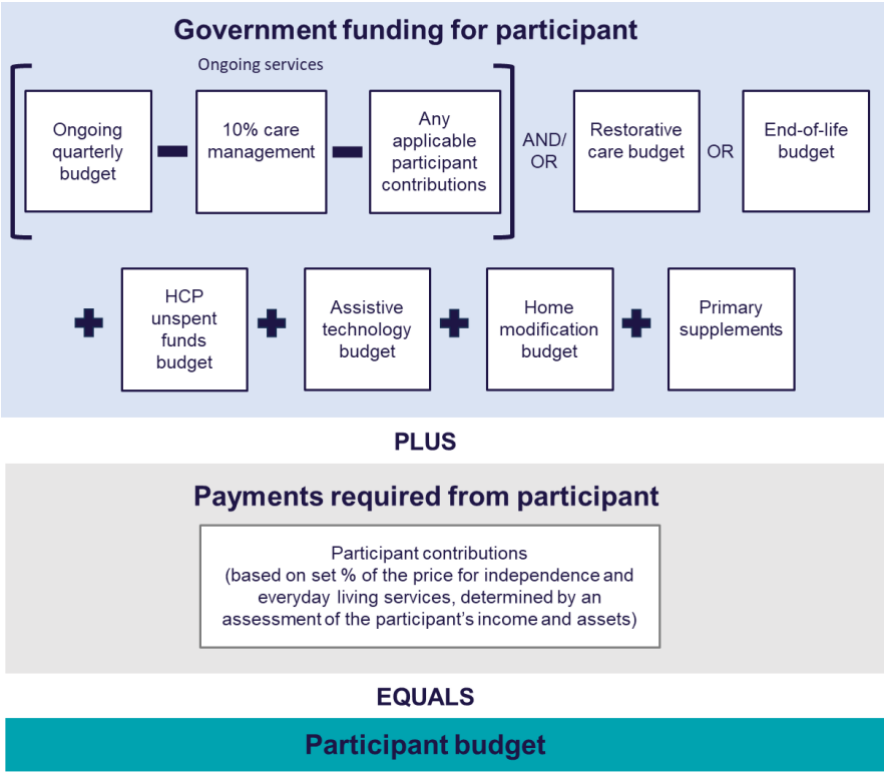

Internal Implementation and Staff Responsibilities

To ensure transparency and accuracy:

- The **Finance Manager** tracks all incoming funding allocations and reconciles them against Services Australia reports.
- The **Care Manager** ensures each participant's care plan aligns with available funding and reflects correct budget categories. They also ensure that participants are provided with a plain-English breakdown of their funding sources and entitlement
- The **QCAB** conducts quarterly audits to confirm claims and deductions comply with the Rules.

Care Management Allocation

Under Support at Home, 10% of each participant's ongoing budget is automatically allocated to the provider's Care Management Account.
These pooled funds can only be used for activities such as:

- coordination of care and services,
- communication with health professionals,
- care plan and budget reviews,
- risk and wellness monitoring, and
- participant education or advocacy support.

Expenditure from the Care Management Account is recorded and reviewed quarterly to demonstrate proper use.

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Fees and Pricing

Heart 4 Care is responsible for setting and maintaining reasonable, transparent, and justifiable prices for all Support at Home services. Prices must be published, agreed upon with participants, and clearly documented in each participant's Service Agreement and Individualised Budget.

Setting Prices

- Until 1 July 2026, Heart 4 Care will set its own prices for Support at Home services in accordance with departmental pricing guidance.
- From 1 July 2026, government-set **price caps** will apply to most services, and Heart 4 Care will not charge prices that exceed the capped amounts.
- Prices must reflect the **true cost of delivering the service**, including:
    - staff wages and on-costs
    - travel and administration
    - subcontracting (if applicable)
    - care coordination time and overheads
    - a reasonable margin to sustain operations.
- All costs for service delivery must be built into the **unit price**. Heart 4 Care will not charge separate administration or travel fees.

What Is a Unit Price

Each Support at Home service has a defined billable unit:

- **Transport:** per one-way trip
- **Meal delivery:** per meal delivered
- **All other services:** per hour (time-based)

Unit prices are reviewed at least quarterly and updated if operational costs or funding levels change.

Agreed Prices with Participants

- Prices for each service are confirmed with participants before services commence and are recorded in the Service Agreement or pricing schedule.
- Any variation to a published price (e.g. a participant-specific request or additional need) must:
    - be negotiated and agreed in writing;
    - include a documented reason for variation; and
    - be reflected in both the Service Agreement and the participant's Individualised Budget.

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- No price changes can occur without written or recorded consent from the participant (or their registered supporter or decision-maker).

Publishing and Reviewing Prices

- Heart 4 Care will publish its most common prices for all Support at Home services on the My Aged Care Service and Support Portal and on its website.
- Prices will be reviewed every quarter to ensure consistency with reporting periods and government guidance.
- The Finance Manager will lead the quarterly price review, ensuring:
    - prices remain cost-reflective and competitive;
    - changes are updated within 30 days on all platforms; and
    - participants are informed of any adjustments before they take effect.

Transparency and Consumer Protections

- Heart 4 Care must maintain written evidence of how each unit price is calculated and justified.
- Prices must be reasonable and not misleading or deceptive under **Australian Consumer Law**.
- The organisation must consult with participants before any price increase and document that consultation.
- The Commission and the Department may review Heart 4 Care's prices at any time to ensure compliance.

Implementation and Oversight

- The Finance Manager maintains a master pricing register with current and historical prices.
- The Care Manager verifies that the published and agreed prices match My Aged Care listings.
- The Governing Body reviews pricing data annually to ensure fairness and alignment with organisational sustainability goals.

Participant Contributions

Overview

Support at Home services are funded jointly by the Commonwealth Government and participants.
Participant contributions are determined by Services Australia through an income and assets assessment (or, for veterans, the Department of Veterans' Affairs).

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These contributions ensure fairness and sustainability while protecting lower-income older people through capped contributions and hardship provisions.

Contribution Tiers
The percentage of contribution depends on:

1. **Service Category**
    - Clinical Supports – 0% contribution (fully government-funded)
    - Independence Supports – moderate contribution rate
    - Everyday Living Supports – higher contribution rate
2. **Income and Asset Level**
    - Full Pensioner: 0% (clinical), 5% (independence), 17.5% (everyday living)
    - Part Pensioner / Self-funded (CSHC): 0–50% depending on means
    - Self-funded (non-CSHC) or Means Not Disclosed: 50–80%

Participants who choose not to disclose income or assets will pay the maximum contribution rate.

Lifetime Contribution Cap

Participant contributions are subject to a lifetime cap, ensuring that once the combined contribution limit (across Support at Home) is reached, the government fully funds all further eligible care.

Notification and Communication

Services Australia issues an Income and Assets Assessment Letter to each participant.
Heart 4 Care will:

- Encourage participants to complete this assessment before entering a Service Agreement.
- Accept the Services Australia assessment letter as valid for up to 120 days.
- Use this information to calculate contributions in the Service Agreement.

Participants are supported to understand:

- how their contributions are calculated,
- their right to request reassessment, and
- the implications of “means not disclosed” status.

Fee Reduction Supplement and Financial Hardship

Participants who experience financial hardship may apply for a Fee Reduction Supplement through Services Australia.
While an application is under review, Heart 4 Care will:

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- Pause the collection of participant contributions.
- Record the application date and supporting evidence.
- Adjust billing once the assessment outcome is received.

If approved, the government pays some or all of the participant's contribution, backdated to the application date. If not approved, Heart 4 Care will work with the participant to establish a manageable repayment plan.

Collection of Participant Contributions

The collection process is designed to be flexible and supportive.

- Contribution arrangements are clearly set out in the Service Agreement.
- Payments can be made weekly, fortnightly, or monthly via bank transfer, direct debit, or other agreed methods.
- The Finance Team issues monthly statements showing services delivered, government subsidies applied, and participant contributions due.
- All payments are receipted and reconciled through the organisation's accounting system.
- In cases of non-payment, the Care Manager and Finance Manager will engage the participant (and their decision-maker, if applicable) to discuss reasons and options before taking any further action.

Non-payment will never lead to abrupt discontinuation of care. Heart 4 Care complies with section 149 of the Act and ensures continuity of care while resolving financial issues.

Supplements Management

Primary Supplements

Eligible participants may receive additional government-funded supplements for specialised needs, including:

- Oxygen
- Enteral Feeding
- Veterans
- Dementia and Cognition (for grandfathered HCP recipients)

Heart 4 Care will verify eligibility via the My Aged Care portal and ensure supplements are correctly credited to the participant's budget.

Care Management Supplement

Applies to participants who are:

- Aboriginal or Torres Strait Islander,
- homeless or at risk of homelessness,
- veterans eligible for the Veterans supplement,

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- care leavers, or
- referred from the Care Finder program.

These amounts are credited to Heart 4 Care's care management account for service coordination activities specific to those participants.

Fee Reduction Supplement
Managed as outlined above; used exclusively to offset participant contribution obligations.

Participant Budget Management and Oversight

Each participant's Individualised Budget (see Care Plan and Budget Policy) outlines how funds and contributions are applied.
To ensure accuracy and compliance:

- Budgets are reconciled monthly against Services Australia reports.
- Overspends are prevented through system alerts in the care management software.
- Unspent funds (carryover) are tracked to ensure they remain within allowable limits (up to $1,000 or 10% of the prior quarter).
- Any discrepancies or anomalies are reviewed by the Finance Manager and escalated to the Care Manager.

Participant Education

Heart 4 Care recognises that financial transparency is essential to trust. To ensure understanding:

- Participants are explained their funding sources, contribution rates, and supplements in plain English.
- Staff use visual tools and examples to help participants see how their funding flows (including the government diagram adapted for internal use).
- Staff document in the client record that this information has been explained and understood.
- During onboarding, participants are provided a copy of the organisation's current pricing schedule and guided through how prices, contributions, and funding combine to form their total budget.

Training is provided to staff to ensure consistent messaging when discussing fees and contributions.

Recordkeeping and Reporting

All financial records — including participant budgets, contribution assessments, supplements, and payment history — are maintained securely in compliance with the *Privacy Act 1988* and *Records Management Policy*.
reconciliation reports are presented to the Governing Body and Quality Care Advisory Body (QCAB), covering:

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- total government funding received,
- participant contributions collected,
- supplement allocations,
- fee reduction cases, and
- any discrepancies or financial risks.

Relevant Legislation and Standards

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Privacy Act 1988 (Cth)
- Strengthened Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Service Agreement Policy and Procedure
- Care Plans and Budgets Policy and Procedure
- Monthly Statements Policy and Procedure
- Client Admission Policy and Procedure
- Privacy and Confidentiality Policy
- Records Management Policy
- Pricing Schedule

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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1	1-November-2025	Governing Body	Creation of New Document

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Monthly Statements Policy and Procedure

Heart 4 Care recognises the importance of financial transparency and accountability in delivering funded aged care services. Monthly statements provide participants and their supporters with a clear breakdown of the services delivered, funds available, participant contributions, and remaining balances.

This policy establishes the system for preparing, verifying, and issuing monthly and final statements in accordance with *Section 155-40* and *Section 155-45* of the *Aged Care Rules 2025*. It ensures that participants have accurate, timely, and comprehensible financial information relating to their Support at Home budgets, as required under the Strengthened Quality Standards.

Policy

Heart 4 Care will:

- Issue monthly statements to every active participant by the last day of the month following the reporting period.
- Use the official Department of Health and Aged Care Monthly Statement Template.
- Ensure all statements clearly identify funds received, services delivered, participant contributions, and the remaining balance.
- Provide a final monthly statement upon cessation of services or transfer.
- Assist participants and their registered supporters to understand the contents of their statements.

Procedure

Preparation of Monthly Statements

The Finance Manager prepares statements at the beginning of each month for the preceding calendar period using verified data from multiple sources:

- **Care management software** (e.g., service delivery records, hours logged, care management notes)
- **Accounting software** (invoices, payment receipts, financial transactions)
- **Services Australia Provider Portal** (subsidy claims and payments)

Each statement is reviewed for accuracy to ensure that all services, funding adjustments, and participant contributions are properly captured. Any discrepancies are reconciled before finalisation.

Information Contained in Monthly Statements

All statements must provide a complete and comprehensible financial picture for participants. They will include, at a minimum, the following sections:

Funding Overview

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- The total funding available for the participant's service classification (ongoing, restorative care, or end-of-life pathway).
- Opening and closing account balances for the reporting month.
- Primary supplements and carry-over or rollover funding from the previous quarter.
- Any unspent funds from previous Home Care Packages (Commonwealth-held, provider-held, or participant-held).

Assistive Technology and Home Modifications (AT-HM)

- Funding available at the start and end of the month and for the 12-month allocation period.
- Forward commitments for ordered or approved assistive technology or home modifications.
- Itemised breakdown of purchases and installations, including supplier details and price.
- Separate presentation of AT and HM funding streams, with expiry dates for any allocations.

Services Delivered

- Detailed, itemised list of all services delivered, including:
    - Service name and date of delivery
    - Units or hours of service
    - Government subsidy amount and participant contribution
    - Price charged for each service or item
    - Identification of services delivered by third-party or associated providers

Participant Contributions

- Itemised listing of participant contributions for each service or item delivered.
- Total contribution amount for the month, including any amounts outstanding.

Adjustments and Refunds

- Corrections or refunds from previous months, with service name, date, and adjustment reason.

Funding Expiry and Commitments

- Notifications of funding that has expired, and commitments made for upcoming purchases.

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Even when no services are delivered in a particular month, a zero-activity statement will still be issued, reflecting balances and unspent funds.

Verification and Approval

Once draft statements are prepared, they undergo an internal verification process:

- The Finance Manager reviews each statement batch for accuracy and consistency with financial and service records.
- Sample checks are conducted against subsidy claims and payment records.
- The Care Manager confirms that the services listed align with client care logs and rostering data.
- Approved statements are finalised, formatted, and stored in the organisation's document management system with unique identifiers for audit tracking.

Issuing Monthly Statements

Monthly statements are distributed to participants and/or their registered supporters by the last day of the following month.
Delivery methods may include:

- Secure email with password-protected PDF
- Participant online portal (if available)
- Printed hard copy by mail upon request

The issue date, delivery method, and acknowledgment (where applicable) are recorded in the participant's file.
Where no services were delivered, a confirmation statement of account balances is still sent to maintain transparency.

Final Monthly Statement

When a participant's service ends — due to exit, death, or transfer — Heart 4 Care prepares a final monthly statement once all subsidy claims are lodged.
This final statement includes:

- All services and charges up to cessation
- Unspent or refundable funds
- Closing balances and funding expiry information

The final statement is provided to the participant or their registered supporter by the last day of the month following the final claim submission.

Participant Support and Understanding

Heart 4 Care ensures that every participant is able to understand their monthly statement. Staff will:

- Provide plain-language explanations on request;
- Offer interpreter or translation services for non-English speakers;

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- Explain subsidy and contribution details during care plan reviews or financial consultations; and
- Record any queries, corrections, or disputes in the feedback system for follow-up.

All disputes or discrepancies identified by a participant are investigated by the Finance Manager within 10 business days.

Record Management and Security

All monthly and final statements, along with supporting evidence (such as invoices, subsidy records, and care logs), are securely stored for a minimum of seven years in compliance with the *Aged Care Rules 2025*.
Access is restricted to authorised personnel only.
Electronic copies are backed up regularly, and any printed copies are stored in locked cabinets in accordance with the Records Management and Privacy and Confidentiality Policies.

Monitoring and Review

The Finance Manager monitors statement accuracy, issuance timeliness, and participant satisfaction quarterly.
Audit samples of statements are reviewed annually to ensure compliance with legislation and accuracy of financial communication.
Results are reported to the Governing Body and used to inform continuous improvement activities.

Relevant Legislation

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth)
- Strengthened Quality Standards (2025)

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Financial Management Policy and Procedure
- Records Management Policy and Procedure
- Information Management Policy and Procedure
- Feedback and Complaints Management Policy and Procedure

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

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Part 3 – Human Resource Management

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Workforce Planning Policy and Procedure

Heart 4 Care ensures an adequately skilled, qualified, and satisfied workforce to deliver safe, and quality aged care.

Policy

Heart 4 Care implements a workforce strategy to plan, recruit, train, roster, and retain competent aged care workers while maintaining a psychologically safe, inclusive, and well-supported workplace.

Procedure

Workforce Planning and Strategy

HR Manager and CEO review workforce data quarterly to determine current and projected needs. A Workforce Register and Skills Matrix track staff numbers, employment types, qualifications, and competencies. Workforce risks and shortages are recorded in the Risk Register and addressed through contingency actions or targeted recruitment.

Recruitment and Induction

All roles are defined through Role Descriptions outlining essential qualifications and competencies. Recruitment follows fair and transparent processes per the Staff Hiring and Induction Policy. Pre-employment checks include police, reference, and qualification verifications. Successful candidates complete induction and mandatory training before assuming duties.

Rostering and Minimum Staffing

The Care Partner develops monthly rosters ensuring adequate skill mix, and minimum care minutes, Rosters are communicated through the Care Management System with adequate notice. A relief pool and on-call list maintain service continuity during absences. Adjustments are made promptly to reflect changes in client care needs.

Workforce Development

HR maintains a Training Register covering person-centred care, dementia, cultural safety, trauma-informed care, emergencies, and the Code of Conduct. Annual performance reviews identify and address competency gaps through targeted learning. Training compliance is reviewed quarterly and reported to the Governing Body.

Workforce Wellbeing and Psychological Safety

Managers promote open communication, flexible work arrangements, and fair workloads. Concerns regarding stress, fatigue, or burnout are reviewed confidentially and addressed promptly. Staff have access to support services, including wellbeing

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programs and employee assistance options. Workforce satisfaction and turnover are monitored as part of continuous improvement.

Monitoring and Review

Monthly workforce metrics (staffing levels, qualifications, training completion, and turnover) are reviewed by HR and reported to the CEO. The workforce strategy and policy are reviewed annually by the Governing Body or sooner following legislative changes or new service types.

Responsible Person

Any person who is responsible for the executive decisions of Heart 4 Care
Any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of Heart 4 Care
Any person who has responsibility for overall management of the nursing services delivered by Heart 4 Care, and who is a registered nurse; and
Any person who is responsible for the day-to-day operations of Heart 4 Care,
A person who is responsible for the executive decisions of Heart 4 Care, including a member of the Governing Body.

Role Descriptions

All positions at Heart 4 Care have respective *Role Description* forms that outline the basic eligibility along with the responsibilities of that role. The *Role Description* includes:

- Job Title
- Department
- Responsible Person (Y/N)
- Pay Scale
- Eligibility and Competence Requirements
- Minimum education
- Certification, Training or License
- Minimum Experience
- Job Responsibilities
- Day to day activities
- Authorisations
- Reporting obligations
- KPIs or Targets
- Training Needs

HR Manager is responsible for developing, maintaining and reviewing the Role Description forms with the assistance of the department heads. The competence and eligibility are defined in accordance to the Aged Care standard and regulatory requirements.

Role Eligibility

Heart 4 Care has set the following qualification eligibility for the respective roles.

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No.	Role Title	Eligibility Requirements
1	CEO	Bachelor's degree in Healthcare Administration, Business Management, Nursing, or a related field.
2	Finance Manager	CA, CFA or CPA accredited with relevant body etc.
3	HR Manager	Bachelor's degree in Human Resources, Business Administration, or a related field
4	Care Manager/Partner	Registered Nurse with AHPRA Certificate
5	Care Workers	Certificate III in Aged Care, A Certificate III or IV in Individual Support (or equivalent) with a completed accredited unit in assisting with medication (such as HLTHPS006 or equivalent), etc.

Recruitment Process

Recruitment is guided by the principles of fairness, transparency, merit, and equal opportunity. All recruitment activities must ensure the organisation maintains a **skilled and capable workforce** that meets the needs of individuals receiving care.

Advertising and Sourcing

- Vacancies are advertised internally and externally to promote diversity and attract qualified candidates.
- Advertisements must include reference to the Aged Care Code of Conduct, the need for mandatory screening checks, and training or qualification requirements.
- Priority is given to applicants with prior aged care or disability sector experience, particularly those with knowledge of person-centred care, reablement, and cultural safety.

Selection and Assessment

- Shortlisted applicants are interviewed by at least two panel members, including the HR Manger, and Care Manager or a delegated supervisor.
- Interviews assess understanding of aged care responsibilities, the Code of Conduct, client rights, dignity of risk, and safe service delivery.
- Skills testing may be required for direct care roles (e.g., infection prevention, manual handling, communication with clients with dementia).
- Referees must be contacted to verify conduct, competence, and suitability for aged care work.

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Pre-Hiring Checks

All successful applicants must complete **mandatory pre-employment screening** before commencing work or engagement.

Identity and Right-to-Work Verification

- Identity must be verified through official photo ID.
- Employment eligibility must be confirmed through proof of Australian citizenship, residency, or visa status.

Police Check / Worker Screening

- All aged care workers and Responsible Persons must hold one of the following:
    - A current National Police Certificate (no older than 3 years) with no disqualifying offences; or
    - A current NDIS Worker Screening Check, recognised for use in aged care.
- The organisation will assess all results against legislative requirements and internal risk management procedures.
- Disqualifying offences include conviction for murder, sexual assault, or any offence resulting in imprisonment for assault.
- Any worker whose check is suspended or cancelled must immediately notify the organisation and will be stood down pending review.
- For any person who have been a been a citizen or permanent resident country/countries other than Australia, since turning 16 years of age, a statutory declaration will also be required to ensure they have never been convicted of murder or sexual assault, or convicted of, and sentenced to imprisonment for, any other form of assault.
- A check of the Aged Care Commission's banning register will also be conducted to ensure the individual is not banned.

Responsible Person Suitability

- Responsible Persons (such as Directors, Managers, and senior officers) are assessed against the suitability matters outlined in the *Aged Care Act 2024*, including:
    - Experience and performance in delivering aged care or similar services.
    - Criminal history or banning orders.
    - Insolvency or disqualification from managing corporations.
    - Adverse findings from regulators or professional bodies.
- Responsible Persons must declare any changes to their suitability status and will be re-assessed every 12 months.

Qualifications and Registrations

- Clinical and specialist staff must hold current, verified registration with the Australian Health Practitioner Regulation Agency (AHPRA) where applicable.
- Certificates of training (e.g., manual handling, infection prevention, first aid) must be validated and recorded.
- Any gaps in skills or training identified during recruitment will be addressed in the onboarding phase.

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Reference Checks

- Where required, reference checks are conducted prior to finalising employment.
- Referees are specifically asked to confirm the applicant's previous conduct, reliability, and any past disciplinary or misconduct issues.

Other Role-Based Checks

- Driver's licence verification for staff providing transport.
- Working with Children Check where required by state or territory legislation.
- Conflict of interest declaration for management, governance, and financial oversight roles.

Onboarding Process

Onboarding ensures new workers and Responsible Persons are equipped to perform their roles competently, safely, and in alignment with organisational values and legal obligations.

Documentation and Induction Setup

- Before commencing, the employee or contractor must submit:
    - Signed employment or engagement agreement.
    - Confidentiality and Code of Conduct acknowledgements.
    - Superannuation, tax, and emergency contact forms.
    - Evidence of mandatory checks and qualifications.

Organisational Orientation

- Introduction to the organisation's mission, governance structure, and service delivery framework.
- Overview of the Aged Care Act 2024, Quality Standards, and relevant outcomes.
- Familiarisation with communication and record-keeping systems (e.g., care management, HR, or rostering software).

Policy and Procedure Induction

- All new staff are inducted in the following policies and systems:
    - Aged Care Code of Conduct
    - Complaints and Whistleblower Management
    - Incident Management and SIRS
    - Infection Prevention and Control
    - Risk and Safety Management
    - Privacy and Confidentiality
    - Restrictive Practices and Supported Decision-Making
    - Assessment, Planning, and Review Procedures

Role-Specific Orientation

- Direct care workers receive orientation on personal care standards, reablement principles, and client communication.
- Administrative and managerial staff are briefed on compliance monitoring, governance reporting, and escalation procedures.

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- Responsible Persons receive targeted training on their accountability obligations, suitability criteria, and the annual review process.

Supervision and Probation

- All new staff undergo a probation period of at least three months, during which their performance, conduct, and adherence to policies are reviewed.
- Supervisors conduct regular check-ins and provide coaching on best practice, documentation, and safe service delivery.
- Workers who do not meet competency or conduct expectations may have probation extended or employment terminated following due process.

Joining and Induction

Before joining, the applicant will be provided with the following forms for their understanding and agreement.

- Employment Contract
- Code of Conduct Undertaking
- Statutory Declaration
- Information Collection, Use and Disclosure Consent
- Role Description

On joining, the staff member will be introduced to their team and HR Manager will arrange induction and mandatory training sessions for them.

Documentation

The staff records will be stored and managed in accordance with the *Records Management policy and procedure.*

Work Hours

Heart 4 Care currently operates in the following hours:

Department/Job	**Hours**
Office Hours	9:00 AM to 5:00 PM (Mon-Fri)
HR, Finance and Management	9:00 AM to 5:00 PM (Mon-Fri)
Care	6:00 AM to 6:00 PM (Mon-Sun)

The rostering for departments other than the care department is not required as all personnel will follow office hours.

Care Hours

The care roster will be advised by the Care Partner depending on the client's needs, current workload and available staff. The roster must ensure that:

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- Care workers do not put shifts of more than eight hours (excluding one hour break)
- Care workers get weekly rests as per requirements.
- If overtime is required to fill gaps between shifts, overtime pay will be appliable
- Changeover and overlap time are considered
- Care workers whether they are employees, volunteers or sub-contractors are assigned as per their competence in order to ensure quality of service is not compromised.

Shift changes requests will be managed as per the *Flexible Work Arrangement policy and procedure*.

Changes to roster due to any possible unavailability, trainings, client needs or other contingencies will be made after approval from Care Partner and HR Manager.

Initial Analysis and Roster Setup

The Care Partner conducts a thorough analysis of each participant's Care Plan, considering factors such as the complexity of care required, cultural and linguistic needs, and geographic distribution.
Based on this analysis, the Care Partner sets up a weekly roster, ensuring that staffing levels meet the care needs of each recipient.

The roster is designed to maintain the following staff-to-participant ratios:

- Care Workers: 1:4
- Nurses: 1:6

These ratios may be adjusted based on the hourly needs of participants, ensuring that staff allocation is flexible and responsive to varying levels of care.

Dynamic Adjustments and Backup Plans

The rostering process remains dynamic, allowing for adjustments as care needs change throughout the week. A backup system is in place to ensure continuity of care if a scheduled staff member is unavailable. This includes having a pool of on-call staff who can be deployed at short notice.

Communication of Rosters

Once the roster is finalised, it is promptly communicated to all staff members Care Management System. This includes providing them with their scheduled shifts and informing them of any backup responsibilities.
We ensure that rostering practices are fair and equitable, providing staff with sufficient notice of their shifts and making efforts to accommodate their personal needs where possible.

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Workforce Assessments

Regular workforce assessments are conducted to evaluate whether current staffing levels align with the evolving needs of our participants.
These assessments take into account:

- The complexity of care required by each recipient.
- Any cultural and linguistic needs that may require specific staff assignments.
- The geographic distribution of participants to ensure efficient use of staff resources.

Adjustments to the roster are made as necessary to reflect the findings of these assessments.

Ongoing Monitoring and Review

The Care Partner continuously monitors the implementation of the roster to ensure that staffing levels remain adequate and that participants' needs are consistently met. Any discrepancies or issues identified during the week are addressed immediately, with necessary adjustments made to the roster.
A formal review of the rostering process is conducted quarterly, with updates made to the policy as needed to reflect changes in care requirements or organisational priorities.

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Workforce Competency and Training Policy and Procedure
- cords Management Policy and Procedure
- Workforce Register and Skills Matrix
- Role Description
- Responsible Person Register

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Workforce Competency and Training Policy and Procedure

Heart 4 Care understands the importance of professional development of personnel to sustain and improve the quality of services provided to its clients and participants.

Policy

Heart 4 Care will ensure all aged care workers possess appropriate qualifications, skills, or experience consistent with Qualifications and Training Requirements.

Heart 4 Care will:
– Provide structured training and supervision to enable staff to effectively perform their duties.
– Arrange training through Registered Training Organisations (RTOs), accredited educators, internal trainers, and external subject-matter experts.
– Maintain comprehensive training records, including content, attendance, outcomes, and follow-up actions
– Ensure training covers dignity, respect, rights-based care, cultural safety, trauma-aware practice, and dementia care
– Review training systems annually to ensure responsiveness to incidents, feedback, and regulatory changes.

Procedure

1. Training Framework

The organisation's training framework includes:
– Mandatory induction for all new employees, volunteers, contractors, and governing body members.
– Annual refresher training and additional sessions following any change to legislation, policies, procedures, or role responsibilities
– Competency-based assessments to evaluate learning outcomes and reinforce safe practice.
– Governance training for Governing Body members within six months of appointment

- Required training based on analysis of complaints and feedback

2. Training Delivery

Training will be provided through:
– Internal learning (e-learning, workshops, simulation, team huddles).
– External accredited programs delivered by RTOs or relevant institutions.
– Specialist clinical education for Registered and Enrolled Nurses covering

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medication safety, clinical governance, wound care, infection control, and emergency response.
– Annual competency reviews coordinated by the department heads and HR Manager.

3. Core Training Topics

Mandatory and role-specific training will include:
– Person-centred, rights-based care, dignity and respect.
– Aged Care Quality Standards and Code of Conduct.

– Statement of Rights
– Incident and Complaint Management Systems (recognition, response, escalation, feedback).
– Privacy, Confidentiality, and Data Management.
– Emergency and Disaster Preparedness
– Infection Control, PPE, and Waste Management.
– SIRS and Reportable Incident Response.
– Cultural Safety, Trauma-Aware, and Healing-Informed Care.
– Dementia Care and End-of-Life Support.
– Clinical skills training for nurses and allied health staff.

Core Mandatory Training Matrix

Training Category	Governing Body	Aged Care Workers	Registered Nurse	Enrolled Nurse
Person-centred and rights-based care	Oversight of compliance, governance and risk; ensure training system is implemented and monitored	Provide person-centred, respectful care aligned with Statement of Rights	Lead person-centred clinical practice and uphold client rights	Deliver person-centred care under RN supervision
Cultural safety, trauma-aware and healing-informed care	Awareness of cultural and trauma-informed governance in decision-making	Deliver culturally safe and trauma-aware care respecting individual diversity	Provide culturally safe, trauma-informed clinical support	Provide culturally safe care consistent with trauma-informed principles
Infection prevention and control (IPC)	Review of infection control systems and staff compliance	Follow IPC procedures, PPE use, and hand hygiene standards	Implement IPC plans, audits, and lead infection control training	Comply with IPC standards and report infection risks
Emergency and disaster management	Oversight of emergency preparedness governance and testing	Understand emergency roles, response, and evacuation procedures	Lead emergency preparedness, triage, and escalation processes	Support emergency and evacuation procedures

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Complaints and feedback management	Review of complaint systems and resolution oversight	Follow complaints and feedback escalation pathways	Investigate and resolve clinical complaints and feedback	Record and escalate complaints or client concerns
Privacy, confidentiality, and data handling	Oversight of privacy and data management framework	Maintain confidentiality and secure handling of client data	Ensure compliance with data and documentation standards	Comply with privacy and data documentation standards
Incident management and SIRS	Governance of incident response and reporting systems	Identify, report, and respond to incidents promptly under SIRS	Lead SIRS reporting and post-incident reviews	Identify and report incidents promptly under SIRS
Work health and safety (WHS)	Oversight of workplace safety policies and risk reviews	Comply with WHS, manual handling, and safe work practices	Ensure clinical WHS compliance and staff supervision	Comply with WHS procedures and safe work practices
Aged Care Quality Standards and Code of Conduct	Ensure organisation-wide compliance with Standards and Code of Conduct	Understand and apply the Quality Standards and Code of Conduct	Lead implementation of the Quality Standards and Code of Conduct	Uphold the Quality Standards and Code of Conduct in care delivery
Clinical governance (for Governing Body and Nurses)	Clinical governance training and oversight of quality of care principles	Support clinical care delegation within governance boundaries	Undertake advanced clinical governance, risk, and audit training	Participate in clinical governance systems and audits
Risk management and continuous improvement	Oversight of quality, audit, and continuous improvement systems	Participate in quality improvement and risk prevention initiatives	Contribute to continuous improvement and risk reviews	Support continuous improvement and feedback processes
Dementia care competency (as applicable to all roles)	Dementia-awareness governance and inclusion in policy review	Provide dementia-informed care in daily activities	Provide advanced dementia and behavioural support training	Deliver dementia-aware, respectful care to clients

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Service Type-Specific Training

Service Type	Training for Governing Body	Training for Aged Care Workers	Training for Registered Nurse	Training for Enrolled Nurse
Domestic assistance	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Oversight of home safety and WHS compliance	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Manual handling; Safe cleaning agents; Infection control in homes; Dignity & respectful communication	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Risk assessment of home environments; Escalation pathways for deterioration	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Observation & reporting of client changes; Infection control refreshers

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Home maintenance and repairs	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Contractor governance; Hazard & permit-to-work oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Hazard identification; PPE; Electrical/gas awareness; Safe client interaction (cognitive impairment)	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Environmental risk assessment input; Falls hazard mitigation advice	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Safety observation; Documentation of hazards encountered

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Meals	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Food safety governance (HACCP) and audit oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Food safety; Allergen management; Texture-modified diet assistance; Safe feeding	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Nutrition risk screening; Dysphagia assessment & referral; Mealtime management plans	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Mealtime monitoring; Dysphagia precautions per plan; Documentation

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Transport	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Transport risk oversight; Incident review governance	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Vehicle safety; Mobility transfers; Wayfinding for cognitive impairment; Missing client procedure; In-transit emergency response	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical risk triage for transport; Escalation & handover protocols	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Safe transfers; Monitoring during transit; Reporting incidents

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Equipment and products	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Procurement & maintenance governance; Safety monitoring	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Assistive device handling; Cleaning & maintenance; Basic pressure-injury prevention	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical suitability & safety checks; Calibration/maintenance oversight	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Device setup support; Cleaning; Usage documentation

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Home adjustments	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Modification approval governance; Contractor compliance checks	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Environmental risk spotting; Ergonomics; Falls hazard mitigation	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Pre/post adjustment clinical risk review; Care plan updates	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Support safe adjustment implementation; Client education reinforcement

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Hoarding and squalor assistance	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Safeguarding oversight; Multi-agency coordination governance	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Trauma-informed engagement; PPE escalation; Biohazard response; Mandatory reporting	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Risk management & coordination with mental health; Infection risk mitigation	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Support clean-up plans; Infection prevention practice; Behaviour monitoring

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Social support and community engagement	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Community inclusion governance; Volunteer oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Professional boundaries; Community access risk plans; Behaviour support; Cultural safety	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Care plan goals for participation; Risk mitigation for outings	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Support participation; Monitor wellbeing; Report changes

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Allied health and therapy	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Credentialing governance; Outcome monitoring oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Assist with therapy programs; Safe set-up; Recordkeeping	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Multidisciplinary care planning; Outcome measures; Therapy risk escalation	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Implement therapy supports; Monitor response; Document progress

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Personal care	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Dignity & rights oversight; Infection control governance	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Safe bathing/toileting; Skin integrity; Pressure injury prevention; Dignity, sexuality & intimacy	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical supervision; Escalation of deterioration; Skin integrity pathways	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Personal care competency; Hygiene standards; Reporting changes

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Nutrition	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Nutrition & hydration governance; Audit oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Hydration monitoring; Malnutrition screening (awareness); Mealtime assistance	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical nutrition assessment; Dysphagia/PEG oversight; Care plan updates	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Implement nutrition plans; Monitor intake; Document variance

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Therapeutic services for independent living	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Outcome tracking oversight; Risk governance	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Goal-setting support; Energy conservation; Home program adherence	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical planning; Interdisciplinary coordination; Risk review	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Implement programs; Monitor adherence; Report progress

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Home or community general respite	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Respite model governance; Safeguarding & incident oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Supervision ratios; Behavioural management (BPSD); Environmental safety; Missing client procedure	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical handover; Medication management; Risk prevention protocols	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Overnight care support; Observation & reporting; Assist with meds per scope

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Community cottage respite	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Facility safety & evacuation governance; Medication storage oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Overnight supervision; Fire safety/evacuation ; Privacy & dignity	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical handover & monitoring; Medication administration & storage controls; Behaviour support	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Support routines; Monitor behaviours; Follow med procedures per scope

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Care management	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Care plan compliance oversight; Quality & risk review	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Documentation; Communication; Privacy; Consent basics	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Comprehensive assessment; Care planning; Service coordination; Escalation	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Monitor progress; Document changes; Support coordination tasks

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Restorative care management	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Reablement outcomes oversight; Program governance	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Goal-oriented care; Progress tracking; Client empowerment	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Program design; Evaluation; Team coordination; Falls prevention	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Implement exercises; Collect feedback; Report outcomes

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Nursing care	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Clinical governance; Continuous improvement oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Recognise & report changes; Infection control; Medication assistance per scope	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Medication safety (incl. high-risk meds); Clinical deterioration response; Wound care pathways; Palliative care; Advanced dementia/BPSD management	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Medication support per scope; Basic wound care; Documentation; Escalation protocols

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Assistance with transition care	Governance and accountability training; Quality and Risk Management; SIRS and Incident Management overview; Aged Care Governance; Aged Care Quality Standards; Aged Care Code of Conduct; Clinical Governance overview; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Transition program governance; Interface with hospitals oversight	Aged Care Quality Standards; Charter of Aged Care Rights; Risk Management; Falls Prevention; Missing Client; Dignity and Respect; Manual Handling; Safe Personal Care; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Discharge support; Client communication; Recordkeeping	Clinical Governance; Medication Safety; Clinical Deterioration Response; Wound Care; Palliative and End-of-Life Care; Documentation Standards; Infection Control Leadership; Advanced Dementia Care; Behavioural and Psychological Symptoms Management; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Medication reconciliation; Post-acute risk screening; SBAR clinical handover; Goals-of-care	Medication Support; Documentation and Recordkeeping; Infection Control; Dementia Care Competency; Behaviour Monitoring; Emergency Response; Person-centred and rights-based care; Cultural safety, trauma-aware and healing-informed care; Infection prevention and control; Emergency and disaster management; Complaints and feedback management; Privacy, confidentiality and data handling; Incident management and SIRS; Work health and safety; Assist with follow-up; Document status; Monitor and report

Note:

Heart 4 Care will provide training only for the service types it is currently registered for. Additional training will be offered as new service types are registered.

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4. Training Needs Evaluation

The HR Manager conducts an annual Training Needs Evaluation, drawing from incident trends, complaints, audits, and performance reviews. Findings inform the Annual Training Plan, which outlines training topics, delivery methods, training facilitator, and post-training evaluation dates.

5. Records and Monitoring

– The HR Manager maintains a Training Register recording all education sessions, attendance, assessment results, and follow-up actions.
– Evidence of training related to complaints, feedback, and incident management will be retained
– Effectiveness of training is reviewed annually by the Governing Body through audit outcomes and staff competency evaluations.

Additional Trainings

Regulatory requirements of trainings will be facilitated by Heart 4 Care depending on the need. Below are some of the required training sessions:

- Seminars, webinars or sessions from regulatory bodies
- Training required for licensing or certification
- Trainings for new software or equipment use

If required, additional in-house or external trainings will be arranged and sponsored by *Heart 4 Care* These training sessions will be based on observations made during reviews, audits or training needs evaluations.

HR Manager will ensure that refreshers for the mandatory trainings will be conducted annually or in case of any changes to regulations, policies or procedures.

Employee Development

Department Members can nominate staff for trainings to facilitate promotions, increased responsibilities and transfers.

Relevant Legislation

- Aged Care Act 2024
- Aged Car Rules 2025
- Strengthened Aged Care Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Workforce Planning Policy and Procedure

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- Role Description
- Training Register

Procedure Ownership and Revision

The CEO is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment
1	1-November-2025	Governing Body	Creation of New Document

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Performance Management Policy and Procedure

This policy establishes a fair, transparent, and accountable framework for managing staff performance at Heart 4 Care. It ensures that all aged care workers and management personnel perform their duties competently, uphold the values of the organisation, and contribute to the delivery of safe and quality funded aged care services.

This policy aligns with Outcome 2.9 – Human Resource Management, Outcome 2.2 – Quality, Safety and Inclusion Culture, and Outcome 2.3 – Accountability, Quality Systems and Policies and Procedures of the *Aged Care Quality Standards*.

Policy

Heart 4 Care recognises that effective performance management is essential to achieving excellence in service delivery, maintaining compliance, and fostering a positive workplace culture.
All staff will:

- Receive regular feedback, supervision, and performance reviews.
- Be supported through training, mentoring, and development initiatives.
- Be held accountable to the organisation's values, policies, and the Aged Care Code of Conduct.
- Be treated fairly and respectfully through structured, consistent, and evidence-based performance processes.

Performance management is not punitive — it is designed to identify strengths, address gaps, and promote continuous professional growth.

Procedure

Governance and Oversight

The performance management system is an integral part of Heart 4 Care's Human Resource Management Framework and Quality System.

- The Care Manager are responsible for conducting supervision, monitoring staff capability, and implementing corrective actions where necessary.
- The HR Manager maintains central oversight of employee records, performance documentation, and compliance with pre-employment and ongoing suitability requirements.
- The Governing Body and Quality Care Advisory Body (QCAB) monitor workforce performance trends, training outcomes, and disciplinary activity to ensure continuous improvement.

All performance data feeds into the Continuous Improvement Register for strategic analysis and workforce planning.

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Performance Planning and Expectations

Each staff member receives a **Role Description** during induction that outlines their duties, performance standards, and accountability expectations.
During induction and supervision, the HR Manager and Department Manager clarify:

- Job-specific goals and key performance indicators (KPIs).
- Expected behaviours under the Aged Care Code of Conduct.
- Compliance obligations (privacy, incident reporting, clinical safety, infection control, etc.).
- Professional development opportunities.

Expectations are reviewed at the end of probation and periodically adjusted based on client needs, organisational changes, or regulatory updates.

Supervision and Ongoing Monitoring

Supervision is provided regularly to ensure each staff member is supported in their role and performing to required standards.
Supervision may be:

- **Formal** (scheduled meetings, documented feedback sessions).
- **Informal** (on-the-job guidance, mentoring, coaching, or debriefing).

Managers are responsible for:

- Monitoring staff workloads, stress levels, and capability.
- Identifying training or wellbeing needs.
- Providing feedback promptly following incidents, complaints, or positive performance.
- Escalating risks or concerns to the HR Manager or Care Manager as required.

Supervision sessions are documented where performance or conduct matters are discussed, forming part of the staff member's record under the Records Management Policy.

Performance Appraisal System

Performance appraisals provide structured opportunities to assess progress, identify achievements, and set future goals.

- Appraisals occur at the end of probation (three months) and then at least semi-annually.
- Managers may conduct additional reviews where performance issues, complaints, or exceptional achievements occur.
- Appraisals are conducted by the Department Manager with oversight from the HR Manager.
- For managerial or clinical positions, reviews are conducted by the CEO in consultation with the HR Manager.

Each appraisal assesses:

- Quality and timeliness of work.

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- Compliance with organisational policies and Aged Care Quality Standards.
- Client feedback and satisfaction outcomes.
- Communication, teamwork, and professionalism.
- Attendance, punctuality, and reliability.
- Completion of mandatory training and competencies.

Appraisal results are recorded on the Employee Performance Appraisal Form and signed by both the staff member and the assessor. All records are retained securely in the employee's file.

Responding to Underperformance

If performance issues arise, the organisation will act promptly and fairly. The process is progressive, focusing first on support and education before disciplinary action.

Informal Counselling or Coaching

When performance concerns are minor or first-time issues:

- The Department Manager will meet privately with the employee to discuss concerns and provide feedback.
- Coaching or refresher training may be arranged.
- The focus is on constructive support and early intervention.
- Documentation is optional unless the issue reoccurs.

Formal Review or Investigation

When a formal complaint, recurring performance issue, or potential misconduct arises:

- The HR Manager notifies the employee in writing of the concern.
- The Department Manager and HR Manager meet with the employee to discuss evidence and possible causes.
- The meeting is documented using the Minutes of Meeting Form.
- The outcome may include additional supervision, training, or a Performance Improvement Plan (PIP).

If the matter is resolved satisfactorily, no further action is taken.

Formal Warning

A formal written warning may be issued if:

- The employee fails to improve following previous counselling or review.
- The investigation substantiates misconduct or breach of policy.

The warning:

- Details the nature of the issue, expected improvements, and timeframe for correction.
- Is issued by the HR Manager and signed by all parties.

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- Is recorded in the employee's file for future reference.

Performance Improvement Plan (PIP)

For complex or recurring issues, a PIP may be established by the Department Manager and HR Manager.
It outlines:

- Specific performance issues identified.
- Measurable objectives and success criteria.
- Support and training to be provided.
- Review dates and progress milestones.

Failure to meet PIP requirements may result in further disciplinary action or termination.

Serious Misconduct and Termination

Immediate dismissal may occur in cases of serious or wilful misconduct, including:

- Theft, fraud, or dishonesty.
- Violence, harassment, or bullying.
- Breach of confidentiality or client privacy.
- Negligence causing harm or potential harm to a client.
- Violation of the Aged Care Code of Conduct or organisational policies.

In such cases, the HR Manager conducts an investigation, ensuring procedural fairness, documentation, and consultation with the Governing Body before termination.
Termination procedures comply with employment law, industrial relations frameworks, and the organisation's Workforce Planning Policy.

Continuous Improvement and Workforce Development

Performance management outcomes are regularly reviewed through the Quality System and used to inform training and development strategies.
The HR Manager analyses:

- Performance appraisal data and trends.
- Training completion rates.
- Incident or complaint patterns linked to staff capability.
- Exit interview feedback.

Findings are presented to the QCAB and Governing Body to identify systemic improvements, resourcing needs, or workforce risks.
Training systems are reviewed annually to ensure alignment with the *Aged Care Quality Standards*, emerging evidence-based practices, and workforce competency gaps.

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Cultural Safety and Support

Heart 4 Care fosters a culture of inclusion and support, ensuring performance management is equitable and culturally sensitive.

- Supervision and feedback are delivered in a way that respects cultural background, communication preferences, and language proficiency.
- Translators or interpreters are used where necessary to ensure understanding.
- The organisation promotes psychological safety, encouraging staff to raise concerns or request support without fear of reprisal.

Records and Confidentiality

All performance management documents — including appraisals, reviews, improvement plans, warnings, and termination records — are confidential and managed in accordance with the Records Management Policy and the Privacy and Confidentiality Policy.
Only authorised HR or management personnel may access these records.

Relevant Legislation

- Aged Care Act 2024
- Aged Care Rule 2025
- Strengthened Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Workforce Competence and Training Policy and Procedure
- Workforce Planning Policy and Procedure
- Meeting Minutes Form
- Employee Performance Appraisal Form
- Role Description
- Complain or Feedback Form

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

Document History and Version Control

Version Number	Review Date	Reviewed and Approved by:	Amendment

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1	01-November-2025	Governing Body	Creation of New Document

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Associated Providers Policy and Procedure

This policy establishes the framework for how Heart 4 Care engages, manages, and monitors Associated Providers, Third-Party Workers, General Vendors, and Volunteers to ensure all externally sourced services align with the organisation's governance, quality, and compliance obligations.

The purpose is to ensure that any person or organisation engaged by Heart 4 Care to deliver or support funded aged care services does so in a way that upholds the same standards, principles, and consumer protections required of registered providers under the *Aged Care Act 2024* and associated Quality Standards.

Policy

Heart 4 Care may engage associated providers, subcontractors, vendors, or volunteers to support the delivery of funded aged care services or operational functions. However, the organisation retains full legal and regulatory responsibility for all services delivered on its behalf.

All third-party arrangements must:

- Be clearly documented, risk-assessed, and approved prior to engagement.
- Meet the governance, safety, quality, and consumer-rights requirements of the Act.
- Align with Heart 4 Care's values, Code of Conduct, and quality system.
- Be subject to ongoing monitoring, performance review, and quality assurance.

Procedure

Definitions

- **Associated Provider** – An external organisation or entity engaged under a formal arrangement with Heart 4 Care to deliver funded aged care services to clients on its behalf.
- **Third-Party Worker** – A worker engaged through an associated provider (or directly) to deliver a specific service to a client under Heart 4 Care's registration.
- **Vendor** – A supplier that provides goods or non-care-related services (e.g. IT, cleaning, transport, equipment). Vendors do not deliver aged care services directly.
- **Volunteer** – An individual who contributes their time to Heart 4 Care without remuneration and under its direct supervision, for purposes aligned with client wellbeing or community engagement.

Governance and Responsibility

Heart 4 Care remains fully accountable for the quality and safety of all services delivered through associated providers and third parties.

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The organisation will:

- Maintain oversight through its governance framework, ensuring risks are identified, controlled, and reported.
- Ensure the Governing Body and Quality Care Advisory Body (QCAB) are informed of all associated provider relationships.
- Ensure that any subcontracting arrangement meets Outcome 2.3 – Accountability, Quality Systems and Policies and Procedures and is integrated into the organisation's quality management system.

The Care Manager oversees quality and safety compliance, while the HR Manager manage due diligence, documentation, and performance monitoring.

Engagement and Due Diligence Process

Before entering into any agreement with an associated provider, vendor, or volunteer, Heart 4 Care will conduct a structured due diligence process to confirm compliance with legal, ethical, and operational standards.

Due Diligence Includes:

- Verification of the organisation's ABN, business registration, and insurance coverage (public liability, professional indemnity, workers compensation).
- Review of the entity's policies and procedures for risk management, infection control, incident reporting, complaints handling, and staff training.
- Confirmation that the entity complies with relevant state and Commonwealth laws, including the *Aged Care Code of Conduct*.
- Confirmation that all aged care workers engaged through the associated provider have undergone appropriate worker screening (police check or NDIS Worker Screening Check).
- Verification of qualifications and experience of key personnel involved in service delivery.

Due diligence documentation is stored under the Records Management Policy and reviewed annually.

Associated Provider Arrangements

When Heart 4 Care engages an associated provider to deliver services on its behalf:

- The relationship will be formalised through a Service Agreement or Subcontractor Agreement.
- The scope of services, responsibilities, reporting requirements, and compliance obligations must be clearly defined.
- The care plan for each client will specify which services are delivered by the associated provider.

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- Associated providers must comply with Heart 4 Care's policies, Quality Standards, and the Aged Care Code of Conduct.
- Heart 4 Care will ensure that all incidents, complaints, and feedback related to third-party services are recorded in its own systems and followed up in accordance with the Incident Management and Complaints Management policies.

Heart 4 Care will notify the **Aged Care Quality and Safety Commission** if:

- An associated provider arrangement commences, ceases, or changes.
- The arrangement affects service delivery or governance responsibilities.

Care Manager will use the Department approved forms to make this notification.

Third-Party Workers

Third-party workers may be engaged to deliver care or services to clients under the Support at Home program.

Heart 4 Care will ensure that:

- The third-party worker meets all workforce screening, training, and qualification requirements.
- There is a clear record of the arrangement, including scope, service type, pricing, and duration.
- The client's informed consent is obtained and documented in the Home Care Agreement and Care Plan.
- All service notes, incidents, or observations are entered into Heart 4 Care's care management system.
- The worker operates under Heart 4 Care's supervision and governance at all times.

If a client requests to use a specific third-party worker, the organisation will:

1. Assess the request against compliance and quality criteria.
2. Document the decision, including rationale and communication with the client.
3. If approved, support the onboarding of the third-party worker and integrate the arrangement into the care plan.

Where regulatory or safety requirements cannot be met, Heart 4 Care reserves the right to decline the request.

General Vendors (Non-Care Services)

Heart 4 Care also engages external vendors for operational and administrative purposes, such as IT support, equipment maintenance, cleaning, or transportation.

Vendor engagement must:

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- Be based on quality, cost-effectiveness, reliability, and ethical business practices.
- Be supported by an agreement or purchase order outlining scope, terms, and confidentiality.
- Require the vendor to hold adequate insurance and comply with safety and privacy laws.
- Be periodically reviewed for performance, responsiveness, and value.

The **CEO** and **Finance Manager** maintain oversight of vendor contracts and risk assessments.

Volunteers

Volunteers can play an important role in supporting Heart 4 Care's services and community engagement.
All volunteers:

- Must undergo screening checks (police check or NDIS worker screening) before commencing.
- Must receive orientation and training relevant to their role.
- Must adhere to the organisation's Code of Conduct, Privacy and Confidentiality, and Incident Management policies.
- Operate under the supervision of staff and are never responsible for clinical care, medication, or personal care unless qualified and authorised.

Volunteer contributions are monitored and recognised as part of the organisation's workforce strategy.

Monitoring, Reporting and Quality Oversight

All associated provider, vendor, and volunteer relationships are monitored through regular reporting and review processes.
This includes:

- Semi Annual review meetings with associated providers to discuss incidents, complaints, client feedback, and quality indicators.
- Annual contract reviews to assess performance, compliance, and risk.
- Integration of associated provider and vendor data into the organisation's Risk Register and Continuous Improvement System.
- Inclusion of third-party performance in the QCAB's quarterly quality reports.

All incidents or complaints involving associated providers or volunteers are handled under Heart 4 Care's Incident Management, SIRS, and Complaints Management systems.

Conflict of Interest and Confidentiality

Associated providers, vendors, and volunteers must disclose any potential or perceived conflicts of interest prior to engagement and throughout the period of their involvement.

All third-party entities must:

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- Maintain strict confidentiality of client information.
- Comply with the **Privacy and Confidentiality Policy** and relevant provisions of the *Privacy Act 1988 (Cth)*.

Termination of Agreements

Associated provider or vendor arrangements may be terminated where:

- There is a breach of contract, policy, or Code of Conduct.
- Service quality, safety, or compliance standards are not met.
- An incident or risk assessment identifies unacceptable risk to clients or the organisation.

The termination process will include documentation of reasons, notification to relevant authorities (if required), and transition of client care to maintain service continuity.

Continuous Improvement

All associated provider relationships and external engagements are subject to continuous monitoring and review under the organisation's Quality and Risk Management Systems. Feedback from clients, staff, and the associated providers themselves will be used to refine engagement practices and improve quality outcomes.
Findings, lessons, and actions from audits or reviews are recorded in the Continuous Improvement Register and reviewed by the QCAB and Governing Body.

Relevant Legislation

- Aged Care Act 2024
- Aged Care Rule 2025
- Strengthened Quality Standards

Supporting Documents

Documents, forms and templates referenced in or related to this policy and procedure are listed below:

- Worker Competence and Training Policy and Procedure
- Worker Planning Policy and Procedure
- Risk Management Policy and Procedure
- Quality Assurance and Continuous Improvement Policy and Procedure
- Register of Brokered Services

Procedure Ownership and Revision

The Governing Body is responsible for ensuring the implementation of this policy and procedure. The individual responsibilities may be delegated to executive body members.

This procedure will be reviewed and approved by the Governing Body annually. If legislation or the organisational structure changes, documents need to be reviewed more frequently. The current revision history is recorded in the table below

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Version Number	Review Date	Reviewed and Approved by:	Amendment
1	01-Novermber-2025	Governing Body	Creation of New Document

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