Conditions, Obligations and Duties

All Providers

Worker Requirements

Access to information

Incident & Complaint Management

Governance

Aged Care Workers

Relevant Quality Standards Apply

Refundable Deposits

Conditions of Registration

Strengthened Quality Standards

Obligations

Rules

Code of Conduct

Statement of Rights

Delivery of funded services

Financial & Prudential Standards

Reporting Requirements

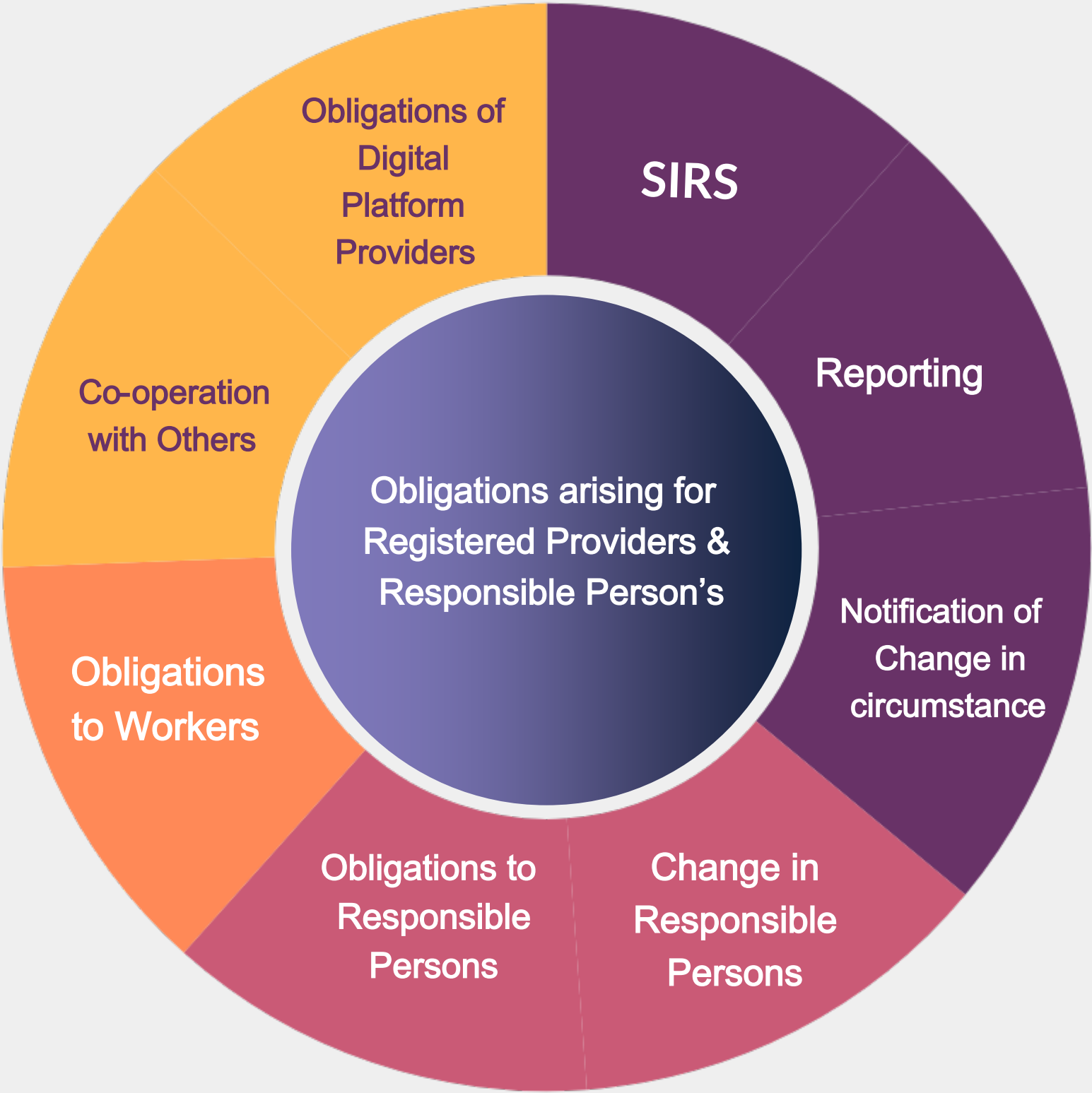Responsible Persons

Statutory Duties

**The information provided on this slide is indicative only and not an exhaustive list of the conditions, obligations and/or rules

Conditions of Registration
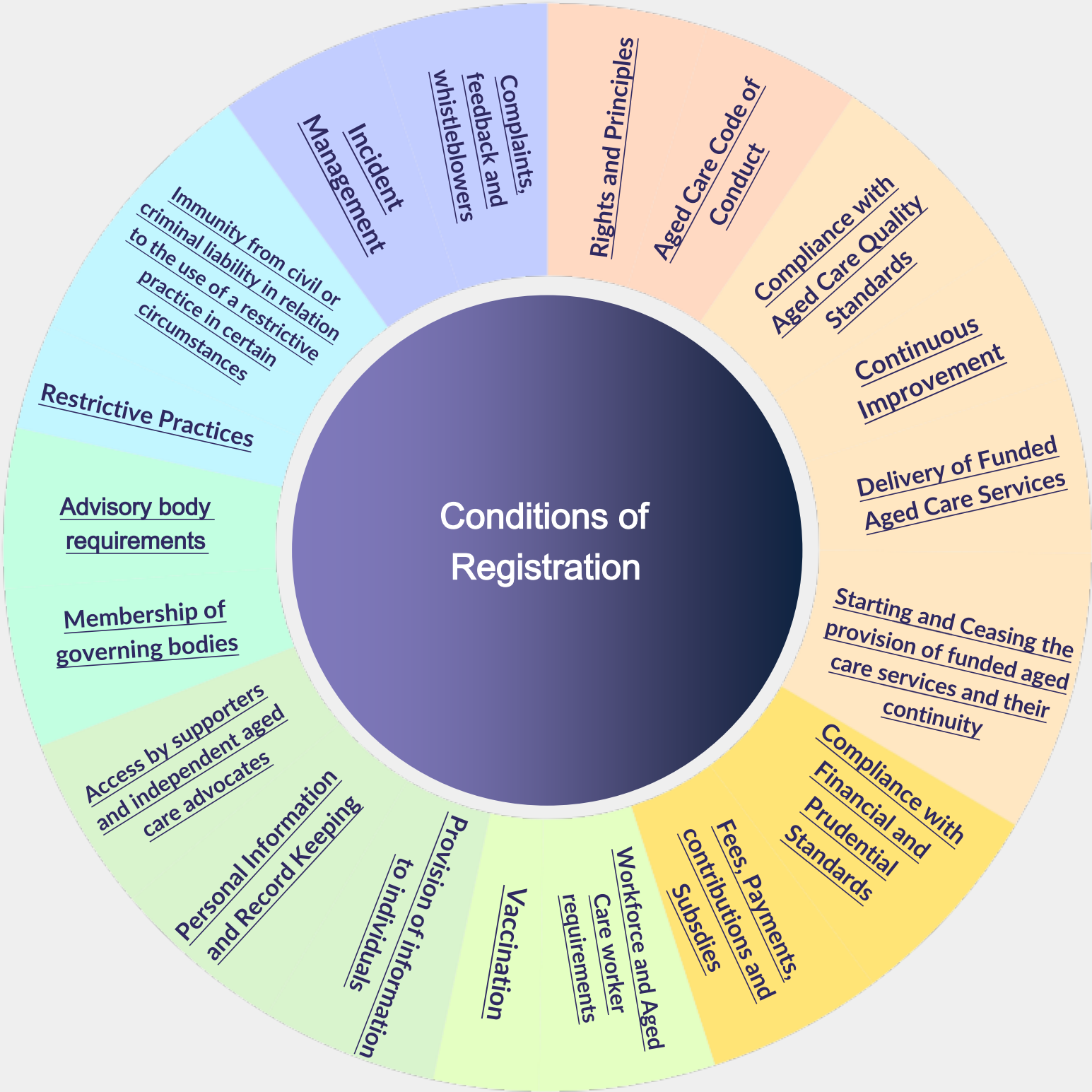
i.	Conditions relating to Rights, Principles and Code of Conduct
ii.	Conditions relating to the delivery of funded aged care services
iii.	Conditions relating to financial matters
iv.	Conditions relating to aged care workers
v.	Conditions relating to information and access
vi.	Conditions relating to governance
vii.	Conditions relating to restrictive practices
viii.	Conditions relating to the management of incidents and complaints

Wheel diagram — "Conditions of Registration" with segments:
- Rights and Principles
- Aged Care Code of Conduct
- Compliance with Aged Care Quality Standards
- Continuous Improvement
- Delivery of Funded Aged Care Services
- Starting and Ceasing the provision of funded aged care services and their continuity
- Compliance with Financial and Prudential Standards
- Fees, Payments, contributions and Subsidies
- Workforce and Aged Care worker requirements
- Vaccination
- Provision of information to individuals
- Personal Information and Record Keeping
- Access by supporters and independent aged care advocates
- Membership of governing bodies
- Advisory body requirements
- Restrictive Practices
- Immunity from civil or criminal liability in relation to the use of a restrictive practice in certain circumstances
- Incident Management
- Complaints, feedback and whistleblowers

Obligations

Obligations arising for Registered Providers & Responsible Person's

- SIRS
- Reporting
- Notification of Change in circumstance
- Change in Responsible Persons
- Obligations to Responsible Persons
- Obligations to Workers
- Co-operation with Others
- Obligations of Digital Platform Providers

i.	Obligations relating to reporting, notifications and information
ii.	Obligations relating to the suitability of responsible persons
iii.	Obligations relating to aged care workers
iv.	Other obligations

Duty for Responsible Persons

1. A person who is a responsible person of a registered provider under paragraph 12(1)(a) or (b) must exercise due diligence to ensure that the provider complies with the provider's duty under section 179.
2. In this section, due diligence includes taking reasonable steps:
3. to acquire and maintain knowledge of requirements applying to registered providers under this Act; and
4. to **gain an understanding** of the nature of the funded aged care services the registered provider delivers and the potential adverse effects that can result to individuals when delivering those services; and
5. to ensure that the registered provider **has available for use, and uses,** appropriate resources and processes to manage **adverse effects to the health and safety of individuals** accessing funded aged care services delivered by the provider; and
6. to ensure that the registered provider has appropriate processes for receiving and considering information regarding **incidents and risks and responding in a timely way to that information** ; and
7. to ensure that the registered provider **has, and implements, processes** for complying with **any duty or requirement** of the registered provider under this Act.
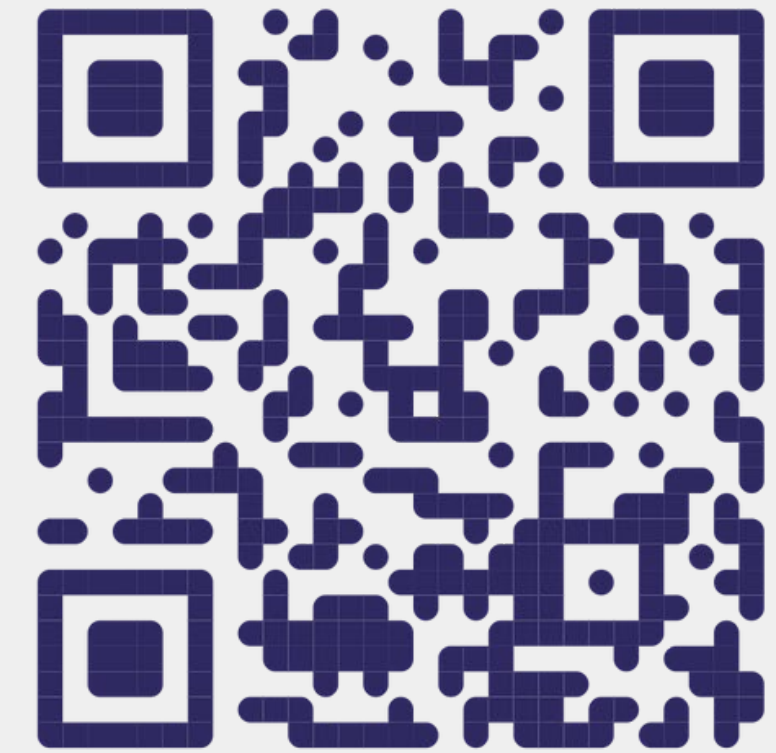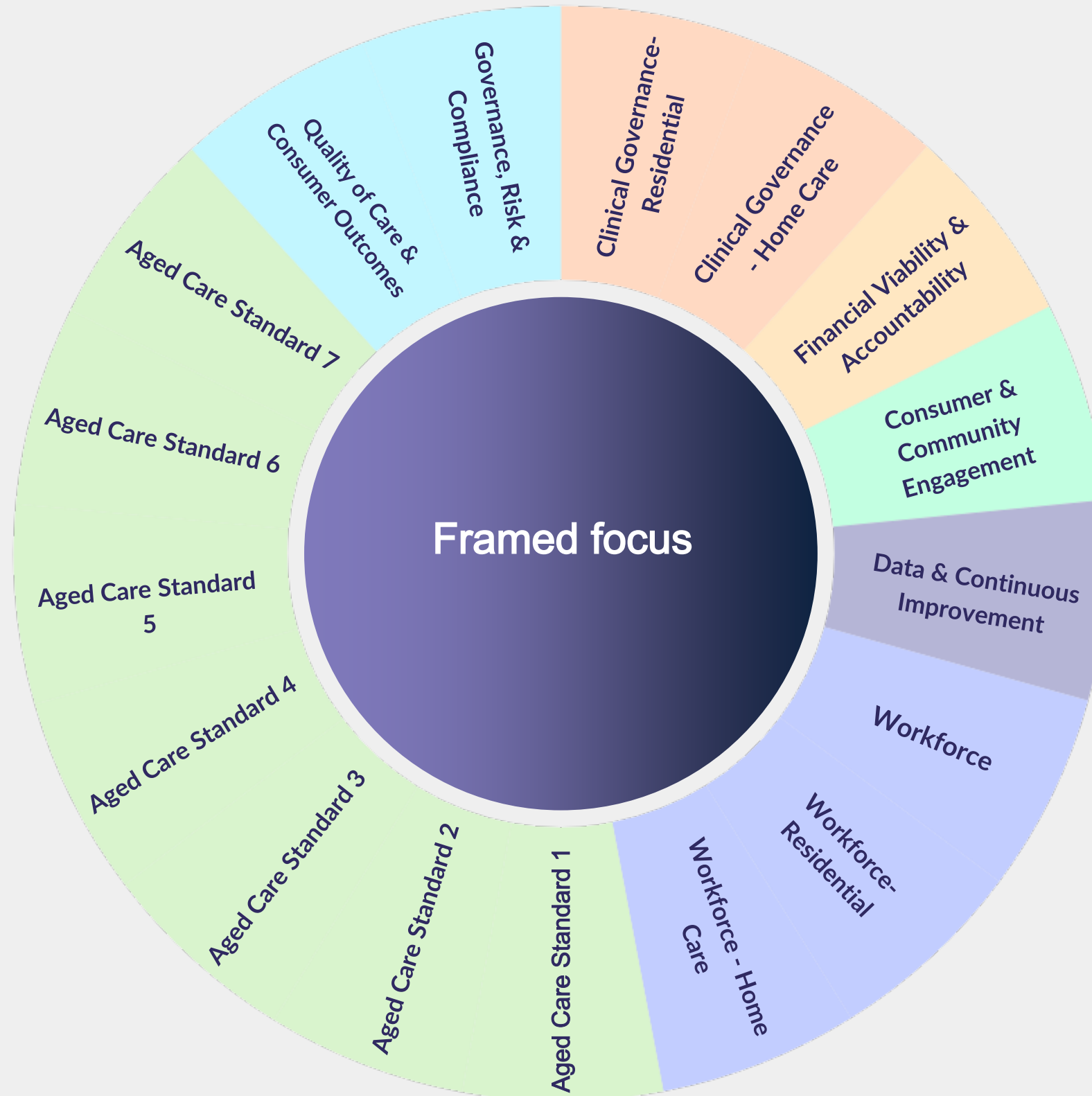
KPI Prioritisation   - Drivers for Governance Selection

Strategy

KPI's
(Who, What, When)
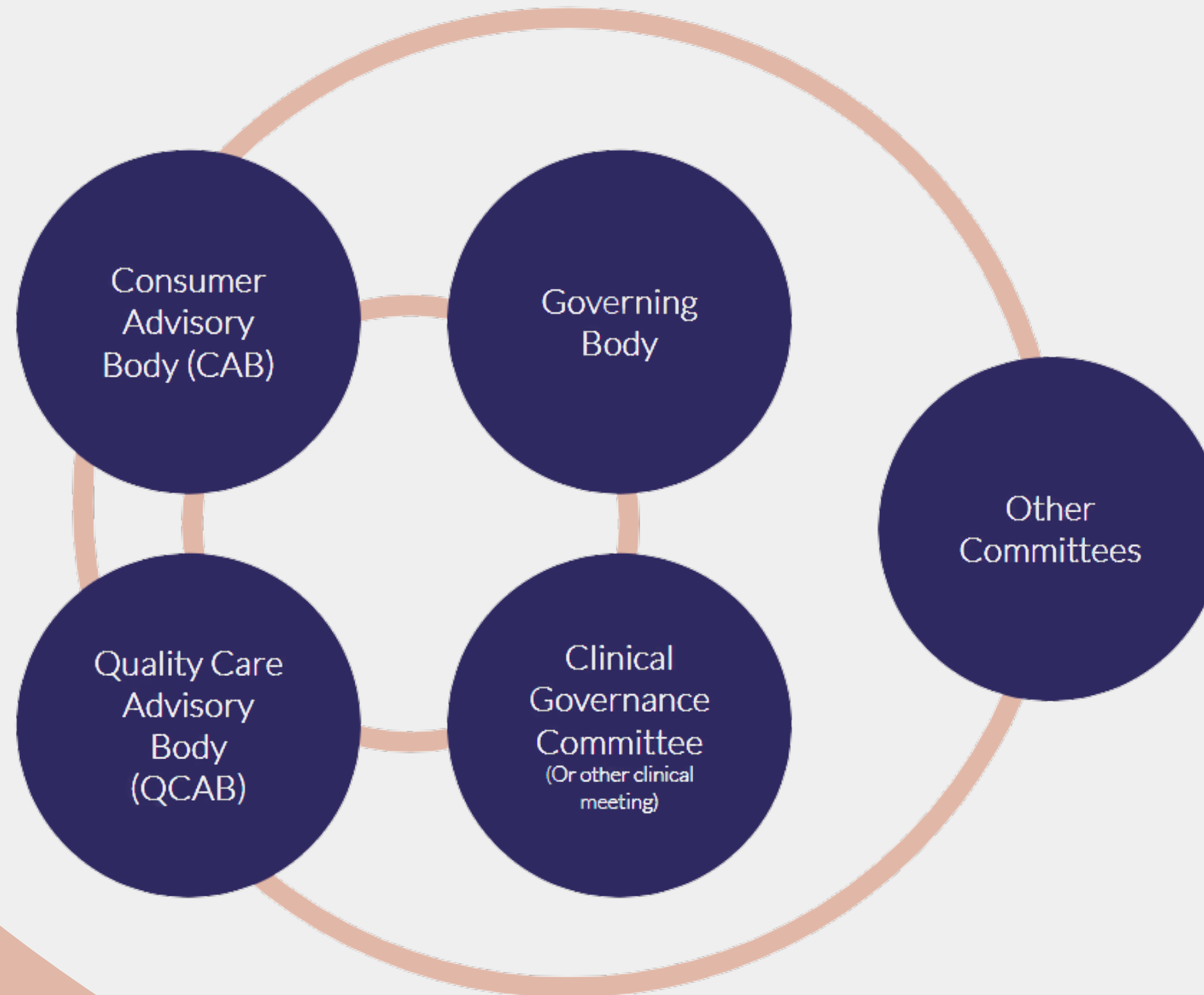
Risk

Compliance

High Risk Governance issues

Governance	Reported to Board	Reported to CEO	Delegated to accountable person	Suggested Frequency
Quality of Care & Consumer Outcomes				
Restrictive Practices Oversight - Condition of Registration Linked with SIRS Reporting Obligations	Y-CG and QCAB		COO / Q&C	Quarterly
Trend per each top 5 complaint Trend (Consumer and Worker) - Links to reporting requirement for Complaints and Feedback Management Report	Y		COO / Q&C	Bi-Annual

High Risk Governance issues

Key KPI Elements	Reported to Board	Reported to CEO	Delegated to accountable person	Suggested Frequency
Governance & Risk				
Responsible Persons Compliance Register- Current and changed	Y		CEO	Bi-Annual
Board education requirements: 100% completion rate	Y		CEO	Bi-Annual
Required provider reporting compliance rate - Links with annual reporting		Y	ELT	Bi-Annual
QCAB reports each 6 months: Published response		Y	Q&C	Quarterly
CAB invitations: Reports & Published response	Y		CEO / Chair	Bi-Annual
Non-compliance register & associated response plan	Y		CEO / Chair	Quarterly

High Risk Governance issues

Key KPI Elements	Reported to Board	Reported to CEO	Delegated to accountable person	Suggested Frequency
Governance, Risk & Compliance				
Whistleblower disclosure #	Y		CEO	Standing Agenda
Third-party audit IMS/SIRS RP and BSP compliance rating (strongly recommended)	Y		CEO	Annual
Initial approval of and annual review of the Quality Framework and Clinical Governance Framework	Y		CEO / Q&C	Bi-Annual
Approval and ongoing review of the enterprise workforce plan - linked with the mandatory training plan	Y		CEO	Annual
Workers' screening and suitability report		Y	HR	Bi-Annual
Security of Tenure compliance reporting		Y	COO / Q&C	Quarterly

High Risk Governance issues

Key KPI Elements	Reported to Board	Reported to CEO	Delegated to accountable person	Suggested Frequency
Clinical Governance				
National Quality Indicators compared to the benchmark, associated improvement	QCAB		CEO / Q&C	Bi-Annual
SIRS per category trend compared to industry trend, associated improvement *	Y		CEO	Annual
Vaccination reporting	Y		IPC	Quarterly
Restrictive practices by type trend compared to industry trend and adequacy of reduction report *	QCAB	Y	COO / Q&C	Quarterly
Emergency deployment of the Restrictive Practices Disclosure Report	Y		COO/Q&C	Each meeting
% BSP to consumer population ratio and adequacy of BSP report	Y		CP Team	Quarterly

High Risk Governance issues

Key KPI Elements	Reported to Board	Reported to CEO	Delegated to accountable person	Suggested Frequency
Financial Viability & Accountability				
Prudential and Financial audit / reporting	Audit and F		CFO	Bi-Annual
Liquidity Management and associated governance standard reporting	Audit and F		CFO	Annual
RAC - RAD and accommodation liability trend - permissible use	Audit and F		CFO	Quarterly

High Risk Governance issues

Key KPI Elements	Reported to Board	Reported to CEO	Delegated to accountable person	Suggested Frequency
Workforce				
Workforce NQI, including Care Minute and 24/7 RN		Y	COO / CFO	Quarterly
Code of Conduct mandatory training		Y	HR	Bi annual
Misconduct register		Y	HR	Quarterly

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Common Compliance Issues and Responses

Issue	Description	Response Plan	Tracking and Accountability
Restrictive Practices and Behaviour Support Plan (BSP) Non-Compliance	Failure to adhere to regulations regarding restrictive practices and inadequate implementation or monitoring of Behaviour Support Plans.	Review and update all restrictive practices, policies and procedures. Provide mandatory training on BSP development and implementation for all relevant staff. Implement a robust auditing system for BSP compliance. Consider how your QCAB can add value for review or an independent third-party report with feedback directly to the board.	Establish a regular reporting schedule on BSP compliance, including the number of restrictive practices, duration, and justifications. Assign accountability for BSP oversight and track compliance rates weekly.

Governance Compliance Pitfalls in Aged Care:
Issues and Responses

Top 5 Common Compliance Issues and Responses

Issue	Description	Response Plan	Tracking and Accountability
Inadequate Care Assessment and Care Delivery	Insufficient or incomplete assessment of consumer care needs, leading to suboptimal care planning and delivery.	Develop and implement standardised, comprehensive care assessment tools. Conduct regular training for assessment staff on best practices and regulatory requirements. Implement a peer review process for care assessments to ensure quality and consistency. Audit reporting to CG.	Monitor the completion rate and quality of care assessments. Track the number of care plan adjustments due to initial assessment deficiencies Care Manager/Partner is responsible for quarterly reporting on assessment quality.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Common Compliance Issues and Responses

Issue	Description	Response Plan	Tracking and Accountability
Incidents and SIRS with Significant Harm to Consumer and Insufficient Evidence of Systemic Response	High incidence of Serious Incident Response Scheme (SIRS) events with significant harm, coupled with a lack of clear strategic actions to reduce recurring trends and return to benchmark performance levels.	Establish a dedicated incident review committee to conduct thorough root cause analyses (RCAs) for all serious incidents. Develop and implement clear action plans with measurable outcomes. Set performance benchmarks for incident reduction. Link the adequacy of PCI to the QCAB work plan.	Track the number of SIRS incidents, severity, and consumer harm levels. Monitor the implementation progress of action plans and evaluate their effectiveness against established benchmarks. Reporting is scheduled.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Common Compliance Issues and Responses

Issue	Description	Response Plan	Tracking and Accountability
National Quality Indicators (NQI) Outside Performance Tolerance Levels and Inadequate RCA and Response Plan	NQI results consistently fall outside acceptable performance tolerance levels, and subsequent Root Cause Analyses (RCAs) and response plans are insufficient or ineffective.	Implement a robust NQI monitoring system with real-time data analysis. Conduct comprehensive RCAs for all NQI outliers, involving a multidisciplinary team. Develop SMART (Specific, Measurable, Achievable, Relevant, Time-bound) response plans with clear accountabilities. Link review to QCAB.	Track NQI performance against tolerance levels. Monitor the completion of RCA and the implementation of response plans, including the closure of corrective actions. Performance reports will be presented to the CG.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Common Compliance Issues and Responses

Issue	Description	Response Plan	Tracking and Accountability
High Impact risks (e.g. Falls, Choking, Dysphagia, Malnutrition / Dehydration, Wounds, Deterioration, Referrals, Diabetes)	Substandard care and adverse effects to lived experience (harm arising from poorly identified and managed high-impact risk).	Implement a robust RCA and resource plan that enables fast response at the individual and cohort level. Develop a SMART response plan that has regard to staff competence and resourcing.	Track high-impact risk register, review adequacy of policy and processes and align education and training. Plan to address surveillance of the workforce and management engagement.

Governance Compliance Pitfalls in Aged Care:
Issues and Responses

Top 5 Board Reporting and Management Oversight Challenges

Challenge	Common Issues	Response Plan	Tracking and Evaluation
Information overload for the Board	Over-reporting of data without sufficient insights, recommendations, or trackable and accountable response plans. Board reporting is a data dump or loaded with difficult to read graphs.	Develop a standardised board reporting framework that prioritises key performance indicators (KPIs), strategic insights, and actionable recommendations. Implement a "summary first" approach with detailed appendices.	Regular feedback from board members on the utility and clarity of reports. Track the implementation and effectiveness of recommended actions presented to the board. Review of reporting effectiveness as part of the board work plan.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Board Reporting and Management Oversight Challenges

Challenge	Common Issues	Response Plan	Tracking and Evaluation
Inadequate Review of Workforce Capability	Workforce capability is not adequately reviewed as part of key management actions, impacting service quality and compliance.	Include a dedicated section in board reports on workforce capability, addressing staffing levels, training completion, competency assessments, and retention rates. Implement a robust workforce planning and development strategy.	Monitor key workforce metrics (e.g., training compliance, staff turnover, absenteeism). Evaluate the impact of workforce development initiatives on service quality and compliance outcomes. A detailed report on workforce capability has been assessed and documented.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Board Reporting and Management Oversight Challenges

Challenge	Common Issues	Response Plan	Tracking and Evaluation
"Set and Forget" Quality Audit Schedules	Quality audit schedules are static and do not respond to emerging trends or risks, leading to potential compliance gaps. Management is not held to account.	Implement a dynamic quality audit schedule that is risk-based and responsive to emerging trends, incident data, and NQI results. Conduct regular reviews of the audit program's effectiveness and scope.	Track the number of audits conducted, findings, and the timely closure of corrective actions (PCIs). Evaluate the impact of audit findings on overall quality and compliance. Audit effectiveness will be reviewed at Board meetings. Ensure reporting addresses a focus on risk mitigation.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Board Reporting and Management Oversight Challenges

Challenge	Common Issues	Response Plan	Tracking and Evaluation
Inadequate Response Planning and PCI Tracking	Ineffective response planning, including a lack of tracking for actionable preventative and corrective actions (PCIs) that are monitored for close-out and evaluated for effectiveness.	Establish a centralised system for tracking all PCIs, including assigned owners, due dates, and status updates. Implement a regular review process for PCI close-out and evaluation of effectiveness.	Monitor the percentage of PCIs closed on time and the recurrence rate of issues for which PCIs were implemented. Conduct post-implementation reviews to assess the long-term impact of PCIs. Reporting on PCI status and effectiveness to be provided to the Board/CEO.

Governance Compliance Pitfalls in Aged Care: Issues and Responses

Top 5 Board Reporting and Management Oversight Challenges

Challenge	Common Issues	Response Plan	Tracking and Evaluation
Poor escalation processes, linked to risk and the degree of non-conformance to Provider core obligations	Immature board capability to clearly communicate risk tolerance, expected baseline response planning (linked to risk) and subsequent board-aligned reporting that enables genuine oversight and tracking for risk controls.	Documented risk appetite statement, clear monitoring of the risk management framework. Early detection and tracking of emergent risk and potential non-compliance with robust remediation/response planning that is escalated into board reporting for accountability tracking.	Monitor the quality of board pack preparation aligned to the risk appetite statement. Escalated reporting for emergent issues and aligned response planning that has regard for internal capability, resourcing and degree of risk of harm to individuals. Consider management surveillance and third-party review.

Reach out!

Cynthia Payne
Managing Director

https://www.linkedin.com/in/cynthiapayne

cynthiapayne@anchorexcellence.com