



Mapping Recognition Report

Aged Care Quality Standards to Human Services Quality Standards

Prepared for:
Human Services Quality Framework, Disability Connect Queensland
Department of Communities, Disability Services and Seniors

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Introduction

The Department of Communities, Disability Services and Seniors (**DCDSS**) has engaged Breaking New Ground Pty Ltd (**BNG**) to provide a mapping recognition report which maps the Aged Care Quality Standards (**ACQS**) against all of the 'common requirements' (i.e. excluding service-specific requirements) of the Human Services Quality Standards (**HSQS Common**), as set out in the *Human Services Quality Framework (HSQF) User Guide – Certification* (Version 6.0).

This mapping recognition report identifies the degree of commonality, as well as the extent of "gaps", between ACQS and HSQS Common, when all of the requirements of ACQS are met.

Each standard and indicator of HSQS Common is identified as being "Met", "Partially Met", or "Not Met", by the standards and indicators of ACQS, when all of those ACQS standards and indicators are met.

Summary of project findings

There is a large degree of commonality between HSQS Common and ACQS, however ACQS is, on the whole, a less prescriptive set of requirements.

HSQS Common is more prescriptive in a number of areas, which reflects the fact that it is applicable to a very broad range of service providers. It contains detailed indicators and mandatory evidence requirements to assist those providers to understand what is required to implement a comprehensive governance system that ensures a quality service delivery environment for service users. ACQS is a higher-level set of outcomes-focussed standards, which allows providers some flexibility in how they deliver those outcomes.

As a result, in our consideration of the degree of mapping between HSQS Common and ACQS, we found a high number of 'partially met' indicators, where we found HSQS Common and ACQS to share a similar intent, but ACQS not containing the same specificity and depth of detail that is present in HSQS Common.

In our view, ACQS addresses the intent, and most or all of the indicators, of the following three HSQS standards:

- Standard 3 – Responding to Individual Need;
- Standard 4 – Safety, Wellbeing and Rights; and
- Standard 5 – Feedback, Complaints and Appeals.

There are 14 indicators in total in HSQS Standards 3 to 5 (common requirements). We consider ACQS to meet ten of those indicators and partially meet the remaining four indicators. We conclude that Standards 3, 4 and 5 are "Met" by ACQS.

In addition, ACQS addresses some or most of the intent, and some of the indicators, of the remaining three HSQS Standards, being:

- Standard 1 – Governance and Management;
- Standard 2 – Service and Access; and
- Standard 6 – Human Resources.

There are 15 indicators in total in HSQS Standards 1, 2 and 6 (common requirements). In our view, ACQS meets five of those indicators, partially meets eight indicators, and does not meet two indicators. We conclude that Standards 1, 2 and 6 are "Partially Met" by the Aged Care Quality Standards.

The tables overleaf summarises our findings.

Mapping Summary - Standards level:

Degree to which HSQS Common requirements are Met when all requirements of ACQS are Met

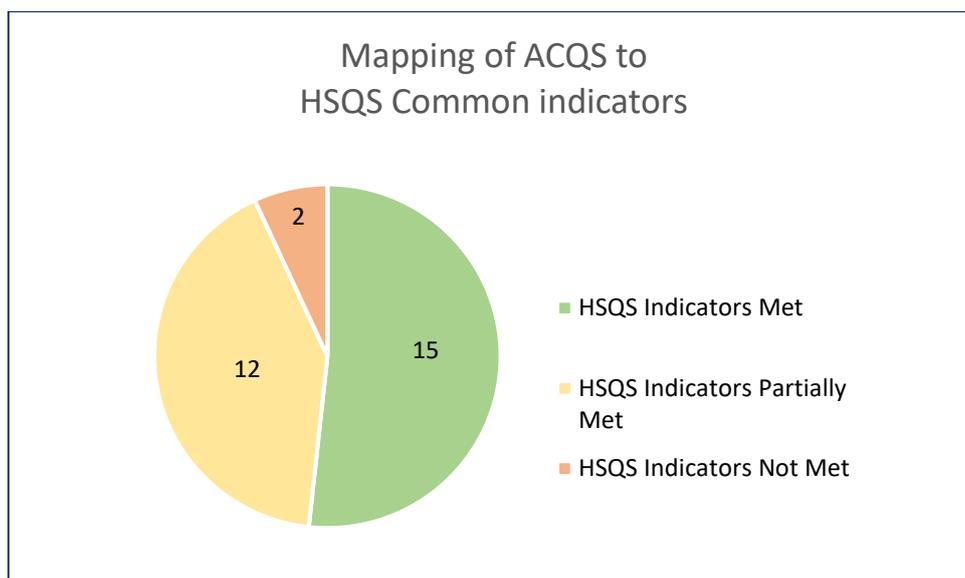
The Aged Care Quality Standards meet three of the six HSQS standards (common requirements):

HSQF Standards	Aged Care Quality Standards
Standard 1: Governance and Management	Partially Meets
Standard 2: Service Access	Partially Meets
Standard 3: Responding to Individual Need	Meets
Standard 4: Safety, Wellbeing and Rights	Meets
Standard 5: Feedback, Complaints and Appeals	Meets
Standard 6: Human Resources	Partially Meets

Mapping Summary - Indicators level:

Degree to which HSQS Common indicators are Met when all requirements of ACQS are Met

The Aged Care Quality Standards meet 15, partially meet 12, and do not meet two, of the 29 HSQS Common indicators:



Overview of the Standards

An outline of HSQS Common and ACQS is provided below.

Human Services Quality Standards (HSQS Common)

QLD Government Department of Communities, Disability Services and Seniors

The Queensland Human Service Quality Framework (**HSQF**) has been developed for organisations delivering services under a service agreement with the Department of Communities, Disability Services and Seniors (**DCDSS**), the Department of Child Safety, Youth and Women (**DCSYW**) or other specified arrangements.

This mapping recognition report maps 'common requirements' that apply to all service types/streams in-scope of the HSQF. These are listed against the yellow arrow in the *HSQF User Guide – Certification Version 6.0*.

HSQS Common requirements include a total of 29 indicators, and associated mandatory evidence requirements, across the six HSQS standards. HSQS Common requirements apply to all services/funding streams. In the *HSQF User Guide – Certification Version 6.0*, there are additional requirements which apply to specific funding streams or service types, for example services to families; child protection placement services; and domestic and family violence. These have not been considered or mapped in this report.

HSQS Standards	
Standard	Standard description
1. Governance and Management	Sound governance and management systems that maximise outcomes for stakeholders.
2. Service Access	Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.
3. Responding to Individual Need	The assessed needs of the individual are being appropriately addressed and responded to within resource capacity.
4. Safety, Wellbeing and Rights	The safety, wellbeing and human and legal rights of people using services are protected and promoted.
5. Feedback, Complaints and Appeals	Effective feedback, complaints and appeals processes that lead to improvements in service delivery.
6. Human Resources	Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

Aged Care Quality Standards (ACQS) (2019)

Commonwealth

All organisations providing aged care services, including residential care, home care and short-term restorative care, as well as services under the Commonwealth Home Support Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, are required to comply with the Aged Care Quality Standards. Organisations have been assessed and required to provide evidence of their compliance with and performance against ACQS since 1 July 2019.

ACQS replaced four previous standards against which aged care providers were assessed, depending on the services they provided, being the:

- Residential Aged Care Accreditation Standards, detailed in the *Quality of Care Principles 2014*;
- Home Care Common Standards, detailed in the *Quality of Care Principles 2014*;
- Flexible Care Standards for short-term restorative care, detailed in the *Quality of Care Principles 2014*; and
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Standards.

ACQS focuses on outcomes for consumers and reflects the level of care and services the community should expect from all providers of aged care services.

ACQS is comprised of eight separate standards:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance.

Each of the Aged Care Quality Standards is expressed in three ways:

- a statement of outcome for the consumer;
- a statement of expectation for the organisation; and
- organisational requirements to demonstrate that the standard has been met.

Aged Care Quality Standards	
Standard 1 – Consumer dignity and choice	
<i>Consumer outcome</i>	I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.
<i>Organisation statement</i>	The organisation: (a) Has a culture of inclusion and respect for consumers (b) Supports consumers to exercise choice and independence (c) Respects consumers' privacy.
Standard 2 – Ongoing assessment and planning with consumers	
<i>Consumer outcome</i>	I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.
<i>Organisation statement</i>	The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.
Standard 3 – Personal care and clinical care	
<i>Consumer outcome</i>	I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.
<i>Organisation statement</i>	The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.
Standard 4 – Services and supports for daily living	
<i>Consumer outcome</i>	I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.
<i>Organisation statement</i>	The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.
Standard 5 – Organisation's service environment	
<i>Consumer outcome</i>	I feel I belong and I am safe and comfortable in the organisation's service environment.
<i>Organisation statement</i>	The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.
Standard 6 – Feedback and complaints	
<i>Consumer outcome</i>	I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.
<i>Organisation statement</i>	The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform

Aged Care Quality Standards	
	continuous improvements for individual consumers and the whole organisation.
Standard 7 – Human resources	
<i>Consumer outcome</i>	I get quality care and services when I need them from people who are knowledgeable, capable and caring.
<i>Organisation statement</i>	The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.
Standard 8 – Organisational governance	
<i>Consumer outcome</i>	I am confident the organisation is well run. I can partner in improving the delivery of care and services.
<i>Organisation statement</i>	The organisation's governing body is accountable for the delivery of safe and quality care and services.

Our approach to mapping

Mapping terminology

The mapping of ACQS against HSQS Common indicators has been undertaken using the following three definitions:

- ▶ **Met/Meets:** Addresses the intent of the standard or indicator, and most or all of the standard's mandatory evidence requirements.
- ▶ **Partially met/Partially meets:** Addresses some or most of the intent of the standard, and some of the standard's indicators and/or mandatory evidence requirements are not addressed.
- ▶ **Not met/Does not meet:** Does not sufficiently address the intent of the standard or the indicators.

Discussion on approach to mapping:

Standards are designed with not only varying content and focus areas, but also for different purposes; i.e. to guide implementation of good or minimum practice, risk and compliance management, and quality accreditation. Additionally, standards are usually designed for, and applied to, specific entities, groupings of entities, or service types, for example mental health service provision, or organisations in receipt of funding under a particular government funding stream.

These variations across standards raise some challenges in the mapping of standards and must be considered when reviewing mapping findings. The detailed mapping in this report identifies some of those challenges while still providing a mapping assessment.

Alongside the Aged Care Quality Standards is an accompanying *Guidance and Resources for Providers* document, wherein more prescriptive, practical, and example-based guidelines are given. That guidance document “*is intended to assist organisations to implement, and maintain their compliance with, the [Aged Care] Quality Standards*”, but “*is not a legal document and does not form part of the Quality Standards*”. It does not include any additional mandatory requirements that supplement ACQS itself. By contrast, in the *Human Services Quality Framework User Guide – Certification V6.0* document, there are a number of ‘mandatory evidence requirements’ referencing specific indicators of HSQS Common, which “*must be evidenced by the organisation in order to meet the standards*”. Many of the mandatory evidence requirements stipulate that a specific policy or procedure must be in place.

In mapping HSQS Common, we have included the mandatory evidence requirements that are set out in the *HSQF User Guide*, however we have not mapped the large selection of ‘examples of action and evidence’ in the ACQS guidance document, because these examples are not mandatory, and instead are provided to support organisations to understand the intent of the requirements and what type of evidence the organisation *may* use.

Ultimately, this mapping exercise is limited to comparison of the actual sets of standards only, and so we have not considered any additional materials in our mapping.

In mapping the standards, consideration has been given to both the intent and the context of the standards. The following two examples provide insight into this mapping approach:

1. *Standard 1: Governance and Management, Indicator 1.6* (HSQS Common) requires cultural safety for, and community consultation with, Aboriginal and Torres Strait Islander peoples. ACQS does not make any specific mention of Aboriginal and Torres Strait Islander peoples, but refers more generally to ‘culturally safe services’ and ‘valuing identity, culture and diversity’.

While ACQS does not specifically refer to Aboriginal and Torres Strait Islander people, we have still assessed the evidence requirement as 'partially met', based on the common intent across the standards. This point is representative of a key concept in our mapping: while HSQS Common and ACQS have taken different approaches in guiding organisations, the final outcome arrived at may be similar. In this case, culturally appropriate and safe service delivery for a variety of service users is expected by both sets of standards.

2. *Standard 6: Human Resources* (HSQS Common) includes the concept of workers' rights, and this is captured in Indicator 6.5, which details workers' rights to raise grievances and have disputes dealt with. Standard 7 of ACQS (*Human Resources*), seeks to ensure that workers are knowledgeable and capable to deliver safe, respectful and quality care. The requirements of that standard do not extend to the issue of workers' rights. This is a good example of the consumer outcome-focused nature of ACQS.

Mapping tables

Overleaf we have provided summary pie charts indicating the degree to which each HSQS Common requirement is *Met*, *Partially Met*, or *Not Met* when all of the requirements of ACQS are met.

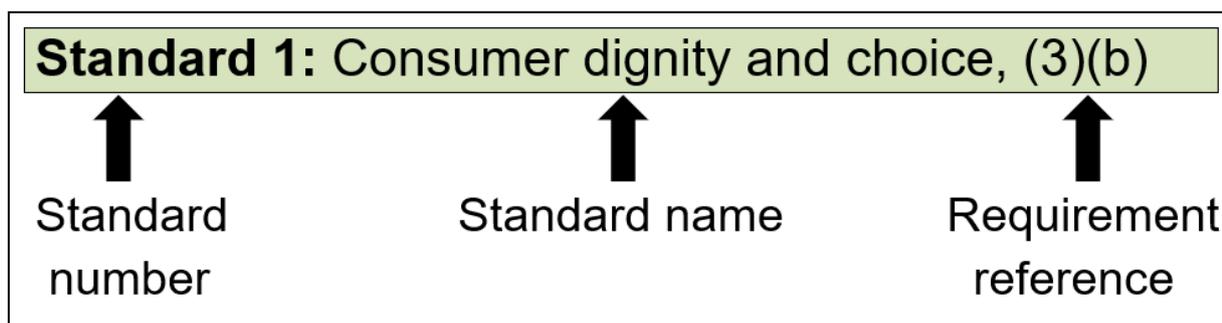
Following the pie charts, we have set out a table for each of the six HSQS standards, in which we provide our assessment of the degree to which each HSQS Common indicator or mandatory evidence requirement is met by ACQS.

Mapping key

The key below represents the numbering system we have used when mapping to the Aged Care Quality Standards.

This numbering system reflects the official numbering of the Aged Care Quality Standards as laid out within the [Quality of Care Principles 2014](#).

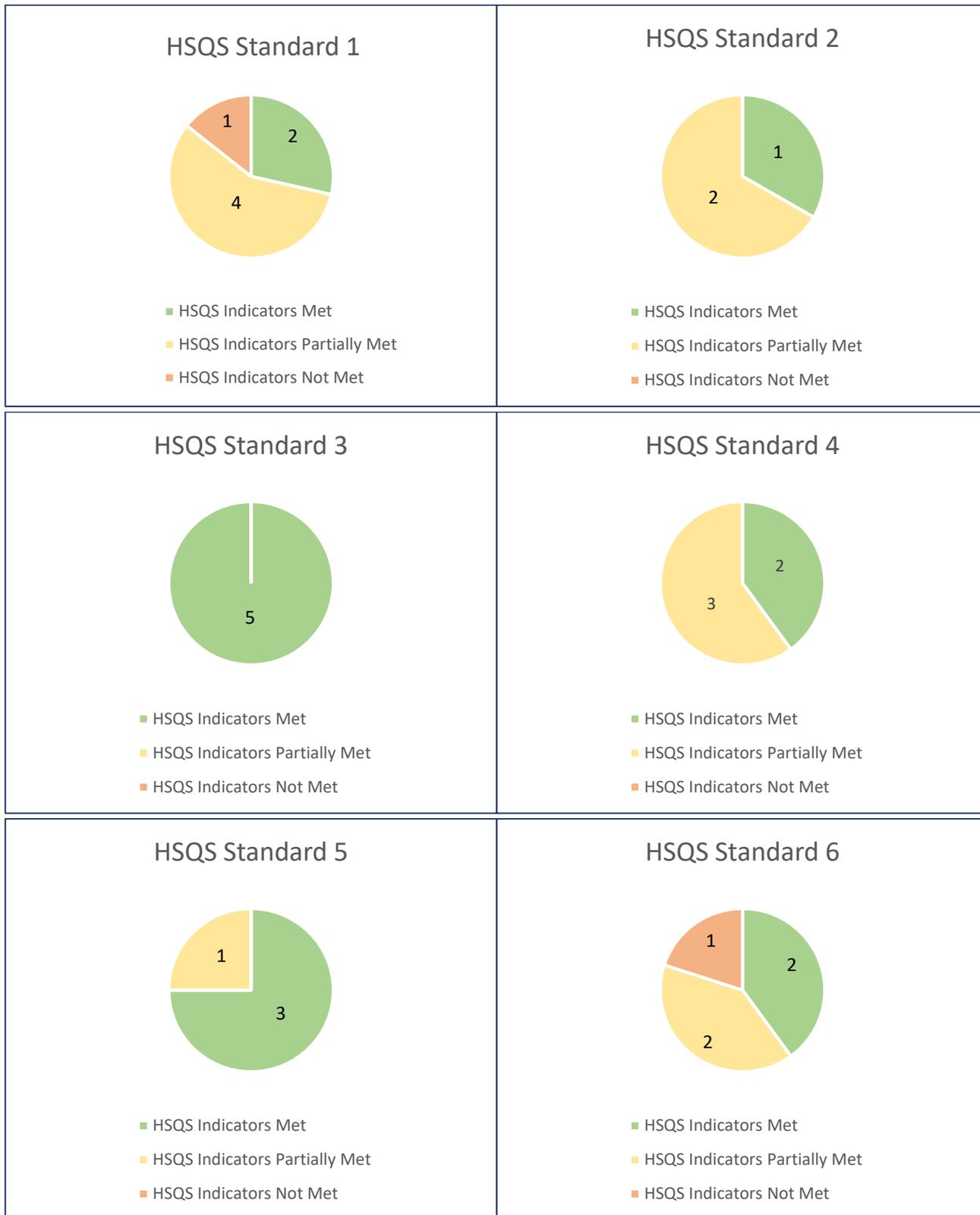
In order to access an Aged Care Quality Standards requirement in full, please refer to Schedule 2 of the [Quality of Care Principles 2014](#).



Mapping detail: Aged Care Quality Standards

Aged Care Quality Standards mapped against the 29 HSQS Common indicators

The following charts illustrate the degree to which each HSQS standard (common requirements) is met, partially met or not met, when all of the requirements of the Aged Care Quality Standards are met.



Aged Care Quality Standards mapped against the HSQS standards, indicators and evidence requirements

The tables below provide details on the mapping of the Aged Care Quality Standards to the six HSQS standards (common requirements), including:

- Each of HSQS's indicators and mandatory evidence requirements (second column).
- An assessment of the degree to which each indicator or mandatory evidence requirement is **met**, **partially met** or **not met** by the Aged Care Quality Standards. Where it **partially meets** or **meets** the HSQS Common indicator or requirement, the relevant Aged Care Quality Standards indicator is detailed (third column).

HSQS Standard 1: Governance and Management

ACQS partially meets Standard 1

The intent of HSQS Standard 1 broadly aligns with ACQS Standard 8 – Organisational Governance, with safety and quality being central themes of both sets of standards. However, there are concepts in HSQS Standard 1 that are not explicitly addressed in the Aged Care Quality Standards.

The HSQS Common indicators for this standard require providers to have robust governance processes and management systems in place, and they include a number of specific mandatory requirements, for example for disaster management and business continuity plans, and insurance coverage for all material liabilities. The Aged Care Quality Standards also set out all of the core requisite components of a governance system that will ensure that consumers are provided safe and quality care and services, but they are not as prescriptive about what must be included in some of those component parts. Also, the Aged Care Quality Standards do not contain any requirements surrounding the guiding purpose, vision, or aims of an organisation. Further, while HSQS Standard 1 goes into more granular detail about the specific regulatory and legislative requirements placed on organisations, the Aged Care Quality Standards have one broad indicator requiring 'regulatory compliance' from organisations. This is consistent with the higher-level approach that the Aged Care Quality Standards generally take, as well as the fact that it is a national set of standards, in which it would be cumbersome to detail each state's specific legislative requirements.

Both sets of standards stress the importance of documented and communicated delegations of authority and responsibility, as well as requiring stringent risk management processes to be in place.

Additionally, while ACQS does include the concept of cultural safety, it does not specifically address engagement with Aboriginal and Torres Strait Islander communities.

Accordingly, the Aged Care Quality Standards **partially meet** HSQS Standard 1.

Indicator 1.1	The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Governance arrangements are documented, implemented, reviewed and communicated to stakeholders.	Standard 8: Organisational governance, 3(a), 3(b), 3(c)
	Governance and management processes promote an organisational culture that respects and protects human rights consistent with the requirements of the <i>Human Rights Act 2019</i> .	Standard 8: Organisational governance, 3(b) Standard 7: Human resources, 3(b) No explicit mention of human rights, or of <i>Human Rights Act 2019</i> in ACQS, however concept of rights implicit throughout ACQS.
	Documented and implemented processes to ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including: - reporting misconduct (alleged and actual) to the relevant authority	Standard 8: Organisational governance, 3(b), 3(c), and 3(c)(v)
	- notifying reportable incidents (e.g. critical incidents)	Standard 8: Organisational governance, 3(c)(v) and 3(d)
	- ensuring that subcontracting or brokerage arrangements are consistent with legislative and contractual obligations	No discussion of subcontracting or brokerage arrangements in ACQS.
	- implementing a conflict of interest policy	No requirements relating to conflict of interest in ACQS.
	- ensuring that recordkeeping practices meet legislative and contractual obligations	Standard 8: Organisational governance, 3(c)(i) ACQS refers to 'information management' rather than 'recordkeeping'.
	- meeting reporting obligations	Standard 8: Organisational governance, 3(c)(v)

Indicator 1.2	The organisation ensures that members of the governing body possess and maintain the knowledge, skills and experience required to fulfil their roles.	ACQS meets HSQS, based on following indicators:
Mandatory evidence	Processes which ensure that members of the governing body have the knowledge, skills and experience required to fulfil their roles and govern effectively are documented, implemented and reviewed.	Standard 8: Organisational governance, 2, 3(b) Standard 7: Human resources, 2, 3(c) and 3(e)
	Members of the governing body undergo induction relevant to their responsibilities and duties.	Standard 7: Human resources, 3(d) ACQS does not refer to 'induction' specifically.
Indicator 1.3	The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice.	ACQS does not meet HSQS
	<i>There are no mandatory common evidence requirements for this indicator</i>	
Indicator 1.4	The organisation's management systems are clearly defined, documented, monitored and (where appropriate) communicated including finance, assets and risk.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Processes for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services are documented, implemented and reviewed.	Standard 8: Organisational governance, 3(c)(v) & 3(d)
	Processes for delegating authority and responsibilities throughout the organisation are documented, implemented, reviewed and communicated to stakeholders.	Standard 8: Organisational governance, 3(c)(iv)
	Organisations have disaster management and business continuity plans in place and, where relevant, participate in local disaster management planning to assess and support people with vulnerabilities.	No requirements relating to disaster management or business continuity plans in ACQS.
	Documented and implemented processes which ensure: - insurance coverage and/or funded assets are maintained in accordance with requirements (including public liability insurance, contents insurance and comprehensive motor vehicle insurance, as appropriate)	No requirements relating to insurance coverage in ACQS.
	- financial accountability requirements are met.	Standard 8: Organisational governance, 3(c)(iii)
Indicator 1.5	Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.	ACQS meets HSQS based on Standard 8: Organisational governance, 3(c)(ii)
	<i>There are no mandatory evidence requirements for this indicator</i>	

Indicator 1.6	The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Evidence that the community in which the organisation's service operates is understood and engaged with, and that this understanding is reflected in service planning and development activities.	Standard 8: Organisational governance, 3(a)
	Evidence that the organisation promotes culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples and for people from culturally and linguistically diverse backgrounds.	Standard 1: Consumer dignity and choice, 3(a) Standard 6: Feedback and complaints, 3(b) Cultural safety addressed, but Aboriginal and Torres Strait Islander people not mentioned specifically in ACQS.
	Where the target group for services is Aboriginal or Torres Strait Islander people, the organisation can demonstrate that meaningful community consultation has taken place, as relevant to the needs of people using services.	Consultation with Aboriginal and Torres Strait Islander communities not addressed in ACQS.
Indicator 1.7	The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented processes for aligning information management systems with privacy legislation and relevant privacy principles.	Standard 8: Organisational governance, 3(c)(i) Standard 1: Consumer dignity and choice, 3(f)

	<p>Evidence that people using services have been made aware of their right to access and amend personal information held by the organisation under the applicable privacy legislation and/or privacy principles.</p>	<p>Standard 8: Organisational governance, 3(c)(i) Standard 1: Consumer dignity and choice, 3(f)</p> <p>Service users' rights to access information is not stated explicitly in ACQS but implied by information management and privacy requirements.</p> <p>Note that the <i>Charter of Aged Care Rights</i> includes the right of consumers to access all personal information held by their care provider. The <i>Charter of Aged Care Rights</i> is not part of the Aged Care Quality Standards, but all Commonwealth funded aged care providers are legally required to uphold the rights contained within the <i>Charter</i>.</p>
	<p>Documented and implemented processes for responding to privacy breaches and where required, reporting to the relevant authority in accordance with applicable legislation.</p>	<p>Standard 8: Organisational governance, 3(c)(i), 3(c)(v)</p> <p>Privacy breaches addressed to some degree by ACQS but requirements are not as prescriptive.</p>
	<p>Evidence that the organisation:</p> <ul style="list-style-type: none"> - is aware that it is bound to comply with the requirements of <i>Information Privacy Act 2009</i> (Qld) 	<p>ACQS does not mention <i>Information Privacy Act 2009</i> (Qld).</p>
	<ul style="list-style-type: none"> - ensures that people working in or for the organisation understand their obligations around the management and overseas transfer of personal information as provided by that Act. 	<p>ACQS does not mention <i>Information Privacy Act 2009</i> (Qld).</p>

HSQS Standard 2: Service Access

ACQS partially meets Standard 2

The underlying principle of HSQS Standard 2, being the need to identify and consider the best interests of service users in assessment and planning processes, is broadly met by the requirements of the Aged Care Quality Standards. Both sets of standards require referral to external services to be processed in a timely manner, stressing the importance of the immediate needs of the service user. HSQS Standard 2 and the Aged Care Quality Standards also contain requirements for interagency collaboration, including the provision of access to advocates and language services.

While HSQS Standard 2 requires organisations to have robust exit processes, the Aged Care Quality Standards do not identify 'exit' as a key stage in service access. This is likely due to the differing contexts of the two sets of standards. HSQS Common is applicable to a very broad range of services, including many services for people with co-occurring needs, or who may be younger, or who may move in and out of services from time to time. ACQS, on the other hand, is directed towards providers who, generally speaking, may continue to provide services to consumers for the balance of their lives, and for whom leaving a service to receive care from another service would be much less common.

Both sets of standards require eligibility and entry processes to be administered on a non-discriminatory basis.

On this basis, we consider HSQS Standard 2 to be **partially met** by the Aged Care Quality Standards.

Indicator 2.1	Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented processes which ensure: <ul style="list-style-type: none"> - eligibility and entry processes consider the best interests and impact on human rights for people seeking services, and where relevant, the potential impacts on existing service users 	Standard 2: Ongoing assessment and planning with consumers, 3(b) ACQS does not discuss impacts on other service users.
	<ul style="list-style-type: none"> - eligibility and entry into the service is provided on a non-discriminatory basis (sex, age, race, gender identity, sexuality, religion, ability or other identifiers), except where services are delivered to meet the needs of specific service users 	Standard 1: Consumer dignity and choice, 3(a)
	<ul style="list-style-type: none"> - where requested, and as appropriate to the type of services delivered, people exiting the service are assisted to move to where their current needs will be best met. 	Standard 3: Personal and clinical care, 3(f) ACQS addresses referrals, but this is presumably for existing service users, rather than people leaving the service.

Indicator 2.2	The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented processes that demonstrate: <ul style="list-style-type: none"> - how the organisation communicates effectively and responds to decisions by individual service users to access and/or exit services 	Standard 1: Consumer dignity and choice, 3(c), 3(e) ACQS shares with HSQS the obligations to communicate effectively and respond to decisions, but not specifically in the context of access to or exit from services.
	- referrals for service are processed in a timely manner and with regard to the immediacy of the needs of the potential service user	Standard 3: Personal and clinical care, 3(f)
	- the organisation works with other agencies to meet the needs of the service users during service entry and exit processes, where appropriate.	Standard 3: Personal and clinical care, 3(f)
	The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the <i>Queensland Language Services Policy</i> .	Standard 6: Feedback and complaints, 3(b) The specific requirements of the <i>QLD Language Services Policy</i> are not contained within ACQS, but the relevant ACQS indicator does share the same intent to provide language services.
Indicator 2.3	Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.	ACQS meets HSQS based on Standard 3: Personal and clinical care, 3(f), and Standard 4: Services and supports for daily living, 3(d)
	<i>There are no mandatory evidence requirements for this indicator</i>	

HSQS Standard 3: Responding to Individual Need

ACQS meets Standard 3

HSQS Standard 3 aligns with a number of the targeted outcomes of the Aged Care Quality Standards and is covered substantially by ACQS standards 1, 2, and 4. Of all the HSQS standards, Standard 3 most closely matches with the Aged Care Quality Standards, both conceptually and at a more granular level.

HSQS Standard 3, being focussed on individual need and outcomes for people using services, corresponds well to the outcomes-oriented nature of the Aged Care Quality Standards. The two sets of standards outline requirements for providers to identify and consider the needs, goals, preferences and aspirations of service users, as well as to foster and respect each individual's right to autonomy and quality of life. Both sets of standards emphasise the importance of service users' involvement in the decision-making process, and right to select others to be involved in decision-making.

Note that the specific term 'human rights' is not used in the Aged Care Quality Standards. However, an individual's rights are addressed in ACQS Standard 1, and the single *Charter of Aged Care Rights* does prescribe rights to be upheld for all consumers of Commonwealth-subsidised aged care services. The *Charter* is not referred to in ACQS, but all providers of Australian Government subsidised aged care must comply with it, as they must also do so with the Aged Care Quality Standards.

Due to the close alignment of both sets of standards in this area, HSQS Standard 3 is **met** by the Aged Care Quality Standards.

Indicator 3.1	The organisation uses flexible and inclusive methods to identify the individual strengths, needs, goals and aspirations of people using services.	ACQS meets HSQS based on following indicators:
Mandatory evidence	The organisation documents the methods used to identify the individual strengths, needs, goals and aspirations of people using services.	Standard 2: Ongoing assessment and planning with consumers, 3(b)
	Documented and implemented processes which ensure: <ul style="list-style-type: none"> - service planning is conducted in accordance with the type of services delivered, and with regard for the anticipated duration of service delivery 	Standard 2: Ongoing assessment and planning with consumers, 3(b) and 3(e)
	<ul style="list-style-type: none"> - service planning includes consideration of relevant decision making/guardianship/custody arrangements (including any statutory orders) that relate to individual service users, where relevant 	Standard 2: Ongoing assessment and planning with consumers, 3(c)(ii) No explicit mention of decision making/guardianship/custody arrangements in ACQS.

	<ul style="list-style-type: none"> - service planning promotes quality of life, autonomy and independence of people using services and inclusion in their community. 	Standard 2: Ongoing assessment and planning with consumers, 3(a) Standard 1: Consumer dignity and choice, 3(c)(i) Standard 4: Services and supports for daily living, 3(a)
	<p>Where service delivery requires individualised planning and support (such as case management, recovery/support planning), the organisation develops and implements an individualised plan, in conjunction with the person and their representatives / support persons that includes:</p> <ul style="list-style-type: none"> - strategies for meeting the individual's needs and achieving identified goals, including developing and maintaining skills relevant to the person's roles in the community 	Standard 2: Ongoing assessment and planning with consumers, 3(b) & 3(d)
	<ul style="list-style-type: none"> - the types/level/nature of support to be provided by the service. 	Standard 2: Ongoing assessment and planning with consumers, 3(d) Standard 4: Services and supports for daily living, 3(a)
Indicator 3.2	The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).	ACQS meets HSQS based on following indicators:
Mandatory evidence	Processes for formulating service delivery that respects and values the individual and their human rights are documented, implemented, monitored and reviewed.	Standard 1: Consumer dignity and choice, 3(a) ACQS does not use the specific term 'human rights', however conceptually this is addressed in ACQS Standard 1. Note that the <i>Charter of Aged Care Rights</i> does outline human rights afforded to consumers of Commonwealth-funded aged care services.
	The organisation demonstrates consideration of the individual needs, rights and preferences of service users (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).	Standard 1: Consumer dignity and choice, 3(a) & 3(b)
	Services are delivered in a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.	Standard 5: Organisation's service environment, 3(a), 3(b)(i) & 3(c) Standard 8: Organisational governance, 3(b)

Indicator 3.3	The organisation ensures that services to individual/s are delivered, monitored, reviewed and reassessed in a timely manner.	ACQS meets HSQS based on following indicators:
Mandatory evidence	Documented and implemented processes for monitoring, reviewing and reassessing service delivery (including monitoring and adapting the physical environment, as relevant to the type of services delivered) to meet the needs of individual service users	Standard 2: Ongoing assessment and planning with consumers, 3(e)
	Where service delivery requires individualised planning and support (such as case management, recovery/support planning): <ul style="list-style-type: none"> - planning is undertaken in a regular cycle of assessment, planning, implementation and review 	Standard 2: Ongoing assessment and planning with consumers, 3(c)(i)
	<ul style="list-style-type: none"> - plans are adapted as required to ensure they continue to be relevant to the changing needs of service users 	Standard 2: Ongoing assessment and planning with consumers, 3(e)
	<ul style="list-style-type: none"> - records are maintained to support and demonstrate the effective implementation of individualised plans 	Standard 2: Ongoing assessment and planning with consumers, 3(d)
	<ul style="list-style-type: none"> - the organisation involves the people using services and their representatives / support persons in reviewing individualised plans 	Standard 2: Ongoing assessment and planning with consumers, 3(c)(i) & 3(c)(ii)
Indicator 3.4	The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.	ACQS meets HSQS based on following indicators:
Mandatory evidence	Policies and/or procedures outlining how the service will partner and collaborate to enable the service to work effectively with community support networks, other organisations and government agencies, as relevant and appropriate.	Standard 2: Ongoing assessment and planning with consumers, 3(c)(ii)
	Partnership arrangements and collaborative strategies are documented, implemented, and reviewed.	Standard 3: Personal and clinical care, 3(f)
	The organisation seeks input/involvement of relevant stakeholders as relevant and appropriate to inform service planning, delivery, monitoring and review processes.	Standard 2: Ongoing assessment and planning with consumers, 3(c)(ii) Standard 3: Personal and clinical care, 3(e)
Indicator 3.5	The organisation has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.	ACQS meets HSQS based on following indicators:
Mandatory evidence	The organisation uses appropriate communication methods to facilitate the engagement of people using services in decision-making and planning	Standard 1: Consumer dignity and choice, 3(c)(i) & 3(c)(iii)

	<p>Where service delivery requires individualised planning and support (such as case management, recovery/support planning):</p> <ul style="list-style-type: none"> - the organisation actively encourages the participation of people using services and their representatives / support persons (where relevant) in planning and review processes, as appropriate 	<p>Standard 2: Ongoing assessment and planning with consumers, 3(c)(ii) Standard 1: Consumer dignity and choice, 3(c)(i)</p>
	<ul style="list-style-type: none"> - the strengths, needs, goals and aspirations of people using services are recorded and responded to, and their participation in decision-making is promoted, where age and developmentally appropriate 	<p>Standard 2: Ongoing assessment and planning with consumers, 3(b) Standard 3: Personal and clinical care, 3(e) Standard 4: Services and supports for daily living, 3(d)</p>
	<ul style="list-style-type: none"> - Individualised Plans are provided in a format that is easily understood by the individual 	<p>Standard 2: Ongoing assessment and planning with consumers, 3(d)</p>

HSQS Standard 4: Safety, Wellbeing and Rights

ACQS partially meets Standard 4

The intent of HSQS Standard 4 is broadly addressed by the Aged Care Quality Standards, with dignity and respect being common concepts across both sets of standards. Both sets of standards have requirements pertaining to risk management, including identification and response to abuse and harm. However, HSQS Standard 4 has more specific requirements for a risk management system than the Aged Care Quality Standards.

The primary difference between HSQS Standard 4 and the Aged Care Quality Standards is that, for obvious reasons, the Aged Care Quality Standards do not contain requirements relating to the delivery of services to children and young people.

Privacy and confidentiality are common requirements between the two standards, with the only difference being that the Aged Care Quality Standards do not specify compliance with Queensland privacy legislation.

HSQS Standard 4 is **partially met** by the Aged Care Quality Standards.

Indicator 4.1	The organisation provides services in a manner that upholds people’s human and legal rights.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Documented processes and records of service planning and delivery demonstrate that services are delivered in a manner that is compatible with the human rights of people using services, and upholds their legal rights, including: <ul style="list-style-type: none"> - human rights and obligations consistent with the <i>Human Rights Act 2019</i> 	ACQS does not use language of ‘human rights’ or mention <i>Human Rights Act 2019</i> .
	<ul style="list-style-type: none"> - right to privacy and to access to personal information held by the service (and for services funded by a Queensland Government department, the right to access information held by the department through the <i>Right to Information Act 2009</i>) 	Standard 1: Consumer dignity and choice, 3(e) ACQS does not refer to Qld legislation.
	<ul style="list-style-type: none"> - right to confidentiality of personal information 	Standard 1: Consumer dignity and choice, 3(e)
	<ul style="list-style-type: none"> - right to be treated with dignity and respect 	Standard 1: Consumer dignity and choice, 3(a)
	People using services are provided with information on their rights, in ways that are appropriate, having regard to their identity, ability and cultural background.	Standard 1: Consumer dignity and choice, 3(a), 3(b), 3(e)

Indicator 4.2	The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Processes for preventing, identifying and responding to risks to the safety (including the prevention of all forms of harm, abuse and neglect) and wellbeing of people using services are documented, implemented, monitored and reviewed.	Standard 8: Organisational governance, 3(d)(ii)
	Where an organisation delivers services to children and young people and is carrying on a regulated business or employing persons in regulated employment under the <i>Working with Children (Risk Management and Screening) Act 2000</i> documented and implemented processes for: <ul style="list-style-type: none"> - ensuring all relevant persons working in or for the organisation (including governing body members) have either a current blue card or exemption card or (for paid employees only) a pending application for a blue card or exemption card 	No mention of working with children in ACQS.
	<ul style="list-style-type: none"> - maintaining an employee register to manage and track the status of applications including pending applications, blue/exemption card numbers, expiry dates and any other relevant information (e.g. the type of employment or any exemptions that may apply) 	No mention of working with children in ACQS.
	<ul style="list-style-type: none"> - appropriately managing the notification of a negative notice for any person working in or for the organisation 	No mention of working with children in ACQS.
	<ul style="list-style-type: none"> - linking any person who already holds a blue card or exemption card with the organisation 	No mention of working with children in ACQS.
	<ul style="list-style-type: none"> - ensuring that a child and youth risk management strategy addressing the eight minimum requirements set out in the <i>Working with Children (Risk Management and Screening) Regulation 2011</i> is in place and is reviewed annually. 	No mention of working with children in ACQS.
	Documented and implemented processes for ensuring safe environments for people who use services, with due regard to legislative requirements as relevant to the types of services provided.	Standard 5: Organisation's service environment, 3(b)(i) Standard 8: Organisational governance, 3(c)(v)
Indicator 4.3	The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Processes for reporting and responding to potential, suspected, alleged or actual harm, abuse and/or neglect of service users are documented, implemented, monitored and reviewed.	Standard 8: Organisational governance, 3(d)(ii) ACQS requires effective risk management systems and practices, including identifying and responding to abuse and neglect, however HSQS prescribes a more specifically detailed process.

	Processes ensure that all people working in or for a service (including staff, volunteers and subcontractors) are aware of: <ul style="list-style-type: none"> - what constitutes, harm, abuse and neglect and how to respond in a manner that is consistent with any legislative requirements 	
	- how to record and report allegations or incidents, including reporting of harm, abuse and neglect through internal processes and to any external agencies, as appropriate	
	- their responsibilities to support people, or make referrals to appropriate supports	
	- the importance of responding to allegations of harm, abuse and/or neglect in a manner that observes the principles of natural justice, and for all parties to be supported during the investigation of an allegation of harm, abuse or neglect.	
	The organisation has an incident reporting system which ensures that incidents are assessed, managed and reported in a timely manner to internal stakeholders and relevant external agencies such as Queensland Police, DCSYW, Coroner and/or funding bodies.	Incident reporting not explicitly addressed in ACQS.
Indicator 4.4	People using services are enabled to access appropriate supports and advocacy	ACQS meets HSQS based on Standard 6: Feedback and complaints, 3(b) & Standard 4: Services and supports for daily living, 3(a)
	<i>There are no mandatory evidence requirements for this indicator</i>	
Indicator 4.5	The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.	
Mandatory evidence	Evidence that people using services are given opportunities to participate as fully as possible and make choices about the services they receive.	Standard 1: Consumer dignity and choice, 3(c)(i) Standard 4: Services and supports for daily living, 3(c)(i)
	Services are delivered in a manner that is least intrusive while: <ul style="list-style-type: none"> - maintaining the safety, wellbeing and rights of people using services; and 	Standard 4: Services and supports for daily living, 3(a)
	- having regard to people using services' human rights including consideration of whether any limitation of human rights is consistent with Section 13 of the <i>Human Rights Act 2019</i>	ACQS does not mention <i>Human Rights Act 2019</i> .

HSQS Standard 5: Feedback, Complaints and Appeals

ACQS meets Standard 5

HSQS Standard 5 aligns with the requirements of the Aged Care Quality Standards, both conceptually and at a granular detail level. ACQS Standard 6 - *Feedback and complaints*, in particular, aligns with Standard 5 of HSQS.

Both HSQS and the Aged Care Quality Standards have a specific focus on the right of service users to make complaints. The provision to service users of information about the service's complaints management system is a key element of feedback management and is a common requirement between the two sets of standards. An essential factor in managing feedback and complaints is the frontline staff who are tasked with handling complaints, all of whom should be trained to appropriately manage complaints. Appropriate staff response and organisational competence in this area is also a shared requirement of both sets of standards.

There are some minor gaps between the two sets of standards, for example, the Aged Care Quality Standards do not explicitly require providers to make service users aware of their right to make a complaint to an external agency, in contrast with HSQS Standard 5, for which it is a prescribed requirement.

Despite some small gaps, the intent and most of the mandatory evidence requirements of HSQS are addressed in ACQS, and therefore HSQS Standard 5 is **met** by the Aged Care Quality Standards.

Indicator 5.1	The organisation has fair, accessible and accountable feedback, complaints and appeals processes.	ACQS meets HSQS based on following indicators:
Mandatory evidence	Documented and implemented complaint management/dispute resolution procedure for handling complaints between the organisation and people using services concerning any services.	Standard 6: Feedback and complaints, 3(a) and 3(b) Standard 8: Organisational governance, 3(c)(vi)
	Documented and implemented procedure for dealing with complaints that any person may make about any of the services, including the right to make a complaint to the relevant funding body and/or an external complaints agency.	Standard 6: Feedback and complaints, 3(a) Standard 8: Organisational governance, 3(c)(vi)
	Complaint management/dispute resolution procedures and complaints documents are made available to people using services and/or their representatives / support persons.	Standard 6: Feedback and complaints, 3(b) Standard 1: Consumer dignity and choice, 3(e)
	People working in or for the organisation are aware of, trained in and comply with the relevant procedures in relation to complaints management and resolution.	Standard 6: Feedback and complaints, 3(c) Standard 7: Human resources, 3(d)

	Documented processes which ensure that the organisation does not discontinue or reduce services or take any retaliatory action in relation to a person who has made a complaint about any of the services or who has had a complaint made on their behalf.	<p>Standard 6: Feedback and complaints, 3(a)</p> <p>Protection from recrimination not mentioned explicitly in ACQS, but is implied to some degree in the requirement that service users are 'encouraged' and 'supported' to make complaints.</p> <p>Note that protection from recrimination <i>is</i> included in the <i>Charter of Aged Care Rights</i> (Right 12).</p>
Indicator 5.2	The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.	<p>ACQS partially meets HSQS, based on Standard 6: Feedback and complaints, 3(b) and 3(c)</p>
	<i>There are no mandatory evidence requirements for this indicator</i>	
Indicator 5.3	People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals processes and assisted to understand how they access them.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Evidence that people using services, their representatives / support persons (where relevant) and other relevant stakeholders have been made aware of their right to access an external complaints agency and external advocacy/support agencies as appropriate, and have been informed of how to do so.	<p>Standard 6: Feedback and complaints, 3(b)</p> <p>'External complaints agency' not mentioned explicitly in ACQS.</p>
	Implemented policy/procedure which ensures that people using services are appropriately supported to provide feedback, make a complaint or appeal to external avenues should they choose to do so.	Standard 6: Feedback and complaints, 3(a)
	Documented and implemented policy which ensures that management and staff refer complaints promptly to external agencies when appropriate (e.g. the relevant department, Queensland Police Service, Office of the Public Guardian).	<p>Standard 6: Feedback and complaints, 3(c)</p> <p>'External complaints agency' not mentioned explicitly in ACQS.</p>

Indicator 5.4	The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.	ACQS meets HSQS, based on Standard 6: Feedback and complaints, 2 & 3(d)
	<i>There are no mandatory evidence requirements for this indicator</i>	

HSQS Standard 6: Human Resources

ACQS partially meets Standard 6

HSQS Standard 6 corresponds with Standard 7 – *Human Resources*, of the Aged Care Quality Standards. HSQS Standard 6 provides a comprehensive approach to cover all core aspects of human resource management, while the Aged Care Quality Standards human resources indicators are focussed more narrowly on the aspects of human resource management that most directly impact service user safety and quality care. This means that some requirements are shared between the two sets of standards, however there is a difference in the range of the two human resources standards.

Both sets of standards contain requirements for the organisation to provide a safe and clean service environment, however HSQS Standard 6 specifies that workers have a right to a safe workplace, whereas the Aged Care Quality Standards are worded such that ‘safe environment’ is only discussed in the context of consumers’ rights.

Workforce training, support and competence are key concepts shared by both sets of standards, with workforce performance review being a requirement in both human resources standards. However, ACQS does not include ‘induction’, nor does it prescribe training requirements to the same depth as HSQS, and this is reflective of the higher-level, outcomes-oriented focus of the Aged Care Quality Standards.

Additionally, the Aged Care Quality Standards do not require providers to have workplace grievance or disputes processes in place. Conversely, HSQS Standard 6 describes a robust grievance and disputes process, and requires organisations to implement such a process.

On the basis of these differences, we consider HSQS Standard 6 to be **partially met** by the Aged Care Quality Standards.

Indicator 6.1	The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented process to ensure employment practices comply with relevant employment-related legislation, including the <i>Human Rights Act 2019</i> .	<p>Standard 8: Organisational governance, 3(c)(iv)</p> <p>ACQS does not mention <i>Human Rights Act 2019</i> or legislative compliance specifically.</p>

	Buildings and the physical environment where services are delivered are safe for people working in or for the organisation and are well maintained.	Standard 5: Organisation's service environment. 3(b)(i) ACQS requires a safe service environment but is consumer orientated; safety for workers not specifically addressed.
	Human resource management systems ensure that workforce planning is undertaken in a manner that supports the level and type of services the organisation delivers.	Standard 7: Human resources, 3(a)
Indicator 6.2	The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess knowledge, skills and experience required to fulfil their roles.	ACQS meets HSQS, based on following indicators:
Mandatory evidence	People working in and for the organisation are qualified or skilled to perform their nominated role.	Standard 7: Human resources, 3(c)
Indicator 6.3	The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.	ACQS partially meets HSQS, based on following indicators:
Mandatory evidence	Processes providing people working in and for the organisation (including volunteers) with induction, training and development opportunities relevant to their roles are documented, implemented and reviewed.	Standard 7: Human resources, 3(d), 3(e)
	Persons working in and for the organisation (including volunteers) have been inducted into the organisation, according to the responsibilities of their role.	Standard 7: Human resources, 3(d), 3(e) The intent of this indicator is broadly met by ACQS but ACQS does not refer to a formal induction process.
	Persons working in and for the organisation (including volunteers) have regular opportunities to have their learning and training needs assessed and responded to.	Standard 7: Human resources, 3(d) and 3(e)
	The organisation ensures that people working in or for their service (including volunteers) have been appropriately trained to understand the human rights of people using services and the impacts of service delivery on those rights.	Standard 7: Human resources, 3(d) ACQS does not refer to training on the topic of human rights specifically.

Indicator 6.4	The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.	
Mandatory evidence	Evidence that people working in or for the organisation receive periodic feedback/supervision and support, as relevant to their role, level of experience, and the complexity of service user needs.	Standard 7: Human resources, 3(d) and 3(e)
Indicator 6.5	The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes.	ACQS does not meet HSQS.
Mandatory evidence	Documented and implemented policy or procedure which addresses the management of grievances and disputes raised by people working in and for the organisation: <ul style="list-style-type: none"> - reflecting the principles of natural justice 	ACQS does not discuss worker grievances or dispute resolution for workers.
	<ul style="list-style-type: none"> - ensuring that people working in and for the organisation are able to raise grievances without fear of retribution 	ACQS does not discuss worker grievances or dispute resolution for workers.
	<ul style="list-style-type: none"> - ensuring that people working in and for the organisation are aware of their right to refer a complaint to a relevant external agency (e.g. Fair Work Commission, Queensland Human Rights Commissioner) 	ACQS does not discuss worker grievances or dispute resolution for workers.
	Evidence that the organisation responds appropriately to grievances and disputes raised by people working in and for the organisation.	ACQS does not discuss worker grievances or dispute resolution for workers.