

New Aged Care Act Rules consultation – Release 1 – Service list

Division 8—Residential care service types			
57 Residential accommodation			
Item	Service	Description	Comments
1	Accommodation	The following:	
		(a) all capital infrastructure costs and depreciation;	
		(b) communal areas for living, dining and recreation, as well as personal accommodation in either individual or shared rooms;	
		(c) refurbishments and reinstatements of fixtures, fittings and infrastructure;	
		(d) maintenance, of buildings and grounds used by individuals, to address normal wear and tear	
2	Accommodation administration	Administration relating to the general operation of the residential care home, including accommodation agreements, service agreements and other documentation relating to residents	
58 Residential everyday living			
Item	Service	Description	
1	Operational administration and emergency assistance	The following:	
		(a) administration relating to:	
		(i) the delivery of the other services listed and described in this table; and	
		(ii) higher everyday living agreements (if applicable);	
		(b) emergency assistance, including:	
		(i) at all times, having at least one suitably skilled employee of the registered provider onsite and able to take action in an emergency;	
		(ii) if an individual is in need of urgent medical attention— providing emergency assistance in accordance with the registered provider’s protocol for providing such assistance;	
		(iii) activation of emergency plans in the case of fire, floods or other emergency;	
		(iv) contingency planning for emergencies;	
		(v) staff training for emergencies	
2	Telephone and internet services	Access to telephone and internet or Wi-Fi services (but not the cost of phone calls or usage charges)	
3	Utilities	The following:	
		(a) utility running costs for the residential care home (such as electricity, water and gas);	
		(b) heating and cooling for bedrooms and common areas to a comfortable temperature;	
		(c) testing and tagging of all electrical equipment provided by the registered provider	

4	Cleaning services and waste disposal	The following:	
		(a) cleanliness and tidiness of the entire residential care home, including the individual's personal area;	
		(b) safe disposal of organic and inorganic waste material	
5	Communal furnishings	Fit-for-purpose communal lounge and dining furniture, including televisions and outdoor furniture	
6	Bedroom and bathroom furnishings	The following (other than bedroom and bathroom furnishings that are customised):	
		(a) an adjustable bed (with a mattress) that is appropriate for the individual's height and weight;	
		(b) any equipment or technologies used to ensure the safety of the individual in bed and to avoid injury to the individual and to aged care workers;	
		(c) pillows (including pressure cushions, tri pillows and wedge pillows);	
		(d) a bedside table, a visitor chair, an over bed table (if required), draw screens (for shared rooms), wardrobe space and a fixture or item of furniture where the individual can safely lock and store valuables;	<ul style="list-style-type: none"> • Shared rooms may not have sufficient floorspace to cater for visitor chairs with an unintended consequence of a reduction in bed stock converting shared rooms into single rooms
		(e) a recliner chair, with arms, that meets the individual's care, safety and comfort needs (including a chair with particular features if needed, such as an air, water or gel chair);	<ul style="list-style-type: none"> • This will cause an increase in provider costs to provide recliner chairs without corresponding increase in funding. • The Basic Care Tariff includes "the overall needs of the facility and number of residents rather than the needs of any specific resident." • Floorspace in rooms may be prohibitive of fitting a recliner chair. • Not typically designed for multi-users (need to consider infection control) if shared • Recliners are not called out in the Service Lists for Support at Home, Assistive Technology nor Home Modifications
		(f) a shower chair, containers for personal laundry, and waste collection containers or bins for bedrooms and bathrooms;	
		(g) bed linen, blankets or doonas, air or ripple mattresses (if required), absorbent or waterproof sheeting, bath towels, hand towels, bathmats and face washers;	<ul style="list-style-type: none"> • How are the specialised mattresses to be funded • Not called out in the Service Lists for Support at Home, Assistive Technology nor Home Modifications
		(h) laundering of all products mentioned in paragraph (g)	
7	Toiletry goods	The following goods, which must meet the individual's medical needs, including specialist products for conditions such as dermatitis:	
		(a) facial cleanser (or alternatives such as facial wipes), shower gel or soap, shower caps, shampoo and conditioner;	
		(b) toothpaste, toothbrushes and mouthwash;	

		(c) hairbrush or comb, shaving cream and disposable ra ors;	
		(d) tissues and toilet paper;	
		(e) moisturiser and deodorant;	
		(f) cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers)	
8	Personal laundry	The following:	
		(a) laundering (other than by a special cleaning process such as dry cleaning or hand washing) items that can be machine washed, using laundry detergents that meet the individual's medical needs, such as skin sensitivities;	
		(b) ironing of laundered clothes (other than underwear and socks) if requested by the individual;	<ul style="list-style-type: none"> • Not called out in the current Care and Service Principles 2014 for Residential Care. It is for Support at Home • Providers could provide access to ironing facilities. • Worker Health and Safety requires consideration along with competency training
		(c) a labelling system for the individual's clothing;	
		(d) return of personal laundry to the individual's wardrobe space	
9	Meals and refreshments	The following:	
		(a) at least 3 meals per day (including the option of dessert with dinner) plus morning tea, afternoon tea and supper, of adequate variety (that is, not the same meal every day), quality and quantity to meet the individual's nutritional and hydration needs;	
		(b) special diets and drinks, if needed to meet the individual's medical, cultural or religious needs, including but not limited to enteral feeding, nutritional supplements, texture-modified meals, gluten-free, lactose-free, vegetarian, vegan, kosher and halal diets (but not for meeting the individual's social preferences on food source such as non-genetically modified and organic);	
		(c) flexibility in mealtimes, if requested by the individual;	
		(d) a range of non-alcoholic beverages at each meal (such as water, milk, juice, tea and coffee);	
		(e) eating and drinking utensils and aids if needed;	
		(f) making snack foods (including fruit, biscuits and savoury snacks) and non-alcoholic beverages available at all times	
59 Residential non-clinical care			
Item	Service	Description	
1	Care and services administration	Administration related to:	
		(a) the delivery of the other services listed and described in the other items of this table; and	

		(b) the delivery of the services in the service type residential clinical care; and	
		(c) advance care plans	
2	Personal care assistance	Personal assistance, including individual attention, individual supervision and physical assistance, with the following:	
		(a) bathing, showering, personal hygiene and grooming (other than hairdressing);	<ul style="list-style-type: none"> • In Clinical Care, Section 60, Item 4 c) these are called out. • What Is the intention by splitting these between non-clinical care and clinical care?
		(b) dressing, undressing and using dressing aids;	
		(c) eating and drinking, and using utensils and aids (including actual feeding if necessary);	
		(d) cleaning of personal items (and their storage containers) needed for daily living, including dentures, hearing aids, glasses, mobility aids and artificial limbs	
3	Communication	Assistance with daily communication, including the following:	
		(a) assistance to address difficulties arising from impaired hearing, sight or speech, cognitive impairment, or lack of common language (such as the use of cue cards or learning of key phrases);	
		(b) fitting sensory communication aids and checking hearing aid batteries	
4	Emotional support	The following:	
		(a) if the individual is experiencing social isolation, loneliness or emotional distress—ongoing emotional support to, and supervision of, the individual (including pastoral support);	
		(b) if the individual is new to the residential care home—assisting the individual to adjust to their new living environment	
5	Mobility and movement needs	The following (other than the provision of motorised wheelchairs, electric mobility scooters and customised aids):	
		(a) assisting the individual with moving, walking and wheelchair use;	
		(b) assisting the individual with using devices and appliances designed to aid mobility;	
		(c) the fitting of artificial limbs and other personal mobility aids;	
		(d) provision and maintenance of crutches, quadruped walkers, walking frames, wheeled walkers, walking sticks, wheelchairs, and tilt-in-space chairs;	
		(e) aids and equipment used by aged care workers to move the individual, including for individuals with bariatric needs;	
		taking into account:	
		(f) the individual's needs; and	
		(g) the individual's ability to use aids, appliances, devices and equipment; and	
		(h) the safety of other individuals and of aged care workers and visitors to the residential care home	
6	Continence management	The following:	
		(a) assisting the individual to:	
		(i) maintain continence or manage incontinence; and	

		(ii) use aids and appliances designed to assist continence management;	
		(b) provision of the following:	
		(i) unlimited aids and appliances designed to assist continence management to meet the individual's needs;	
		(ii) commode chairs, over-toilet chairs, urodomes and catheter and urinary drainage appliances;	
		(iii) disposable bed pans, urinal covers, pads and enemas	
7	Recreational and social activities	Tailored recreational programs and leisure activities (including communal recreational equipment and products) aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment, and maintaining and improving the social interaction of the individual. These programs and activities must include the option of:	
		(a) at least one social activity each day that is not screen-based, television-based or meal-based; and	<ul style="list-style-type: none"> • Basic Care Tariff will need to change to cater for lifestyle worker penalty rates for weekend work. • Having Personal Care Workers conduct the lifestyle activities will impact on the Provider's Care Minutes obligations • Upskilling Personal Care Workers would be required to documentation and evidence the activities if delivered by Personal Care Workers or Volunteers.
		(b) regular outings into the community (but not including the cost of entry tickets, transport or purchased food and beverages associated with the outings)	
60 Residential clinical care			
Item	Service	Description	
1	Care and services plan oversight	Ensuring that:	
		(a) the care and services plan for the individual is comprehensive, reviewed on a regular basis, and adjusted when necessary; and	
		(b) all aspects of the care and services plan are carried out; and	
		(c) progress against the care and services plan goals is monitored	
2	Rehabilitation, allied health and fitness therapy programs	Individual rehabilitation, allied health and fitness therapy programs that are:	
		(a) designed by health professionals; and	
		(b) delivered in individual or group settings; and	
		(c) delivered by, or under the supervision, direction or appropriate delegation of, health professionals; and	<ul style="list-style-type: none"> • Is this an indication of a Care Minute Obligation for Allied Health Professionals?
		(d) aimed at maintaining and restoring the individual's fitness and physical ability to perform daily tasks for themselves, including through:	
		(i) maintenance therapy designed to provide ongoing therapy services to maintain and improve levels of independence in everyday living; and	

		(ii) if needed, more focused restorative care therapy on a temporary basis designed to allow the individual to reach a level of independence at which maintenance therapy will meet their needs;	<ul style="list-style-type: none"> Will there be dedicated Allied Health funding for these services?
		but not including intensive, long-term rehabilitation services required following (for example) serious illness or injury, surgery or trauma	
3	Medication management	The following:	
		(a) implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines;	
		(b) administration of, and monitoring the effects of, medication (via all routes (including injections)), including supervision and physical assistance with taking both prescription and over-the-counter medication, under the delegation and clinical supervision of a registered nurse or other appropriate health professional	
4	Nursing	Services provided by or under the supervision of a registered nurse, including but not limited to the following:	
		(a) initial comprehensive clinical assessment for input to the care and services plan for the individual, in line with the individual's goals and preferences, carried out by a registered nurse;	
		(b) ongoing regular comprehensive clinical assessment of the individual and the individual's care and services plan, in line with the individual's goals and preferences, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out by a registered nurse or an enrolled nurse (including under appropriate delegation by a registered nurse);	
		(c) all other nursing services carried out by a registered nurse, enrolled nurse or other appropriate health professional;	
		(d) all other services required for the individual's care	
		Note: Examples of services include (but are not limited to) the following:	
		(a) ongoing monitoring and evaluation of the individual, and identification where care may need to be escalated or altered due to the changing health or needs of the individual;	
		(b) maintaining accurate, comprehensive, and up-to-date clinical documentation of the individual's care;	
		(c) assistance with, or provision of support for, personal hygiene, including oral health management and considerations for bariatric care needs;	<ul style="list-style-type: none"> Strange call out when all other care is under non-clinical Why call out Bariatric personal hygiene in nursing and not in non-clinical? Assessment may be more involved??? Should call out paraplegic and other cohorts of similar condition
		(d) chronic disease management, including blood glucose monitoring;	
		(e) if the individual is living with cognitive decline—support and supervision of the individual;	
		(f) if the individual is living with mental health decline—support and supervision of the individual;	
		(g) establishment and supervision of a pain management plan, including the management and monitoring of chronic pain;	
		(h) medication management (as listed and described in item 3 of this table);	

		(i) insertion, maintenance, monitoring and removal of devices, including intravenous lines, naso-gastric tubes, catheters and negative pressure devices;	<ul style="list-style-type: none"> • What will the expectation be for intravenous treatments? Antibiotics? Fluids? or just looking after the cannula between hospital visits • This appears to be a shift to more acute nursing care into aged care services • Will this result in nurse to customer ratios as exist in the acute sector?
		(j) if the individual has identified feeding and swallowing needs— support for the individual;	<ul style="list-style-type: none"> • This is not only a nursing duty - includes speech therapists and dietitians.
		(k) skin assessment and the prevention and management of pressure injury wounds;	<ul style="list-style-type: none"> • Again another area which would sit outside of nursing only, would also include OT, dietitian at a minimum.
		(l) stoma care;	
		(m) wound management, including of complex and chronic wounds;	
		(n) provision of bandages, dressings, swabs, saline, drips, catheters, tubes and other medical items required as a part of nursing services;	
		(o) assistance with, and ongoing supervision of, breathing, including oxygen therapy, suctioning of airways and tracheostomy care;	
		(p) required support and observations for peritoneal dialysis treatment;	
		(q) assisting or supporting an individual to use appropriate healthcare technology in support of their care, including telehealth;	
		(r) risk management relating to infection prevention and control;	
		(s) advance care planning, palliative care and end-of-life care.	<ul style="list-style-type: none"> • Appears to be very nursing focussed - assuming they are responsible for most of the care when better practice would be multidisciplinary
5	Dementia and cognition management	If the individual has dementia or other cognitive impairments:	
		(a) development of an individual therapy and support program designed and carried out to:	
		(i) prevent or manage a particular condition or behaviour; and	
		(ii) enhance the individual's quality of life; and	
		(iii) enhance care for the individual; and	
		(b) ongoing support (including specific encouragement) to motivate or enable the individual to take part in general activities of the residential care home	
6	General access to medical services	The following:	
		(a) making arrangements for health professionals to visit the individual for any necessary health professional appointments (but not the cost of the appointments or any gap payments charged for the appointments);	
		(b) making arrangements for the individual to attend any necessary health professional appointments (but not the cost of the appointments or any gap payments charged for the appointments);	

		(c) provision of audio-visual equipment for use with telehealth appointments;	<ul style="list-style-type: none"> • Cost of software updates for this technology is high. How is this to be funded? BCT or Other?
		(d) arranging for an ambulance in emergency situations	
7	General access to allied health services	The following (but not including) the service rehabilitation, allied health and fitness therapy programs listed and described in item 2 of this table:	
		(a) making arrangements for allied health professionals to visit the individual for any necessary allied health appointments (but not the cost of the appointments or any gap payments charged for the appointments);	
		(b) provision of audio-visual equipment for use with telehealth appointments	
	Overall comment		<ul style="list-style-type: none"> • Overall comment - nothing in here would promote collaborative multi-disciplinary practice.

Division 9—Other specified matters for residential care service types			
61	Service types must be delivered in a residential care home	Each service type in the service group residential care must be delivered in a residential care home.	
62	Other specified matters for residential care service types	Each service type set out in Division 8:	
		(a) is in the service group residential care; and	
		(b) can be delivered under the following specialist aged care programs:	
		(i) NATSIFACP;	
		(ii) MPSP;	
		(iii) TCP; and	
		(c) can be delivered under the provider registration category residential care	