



leading quality in
community services



Australian Community Industry Standard (ACIS) 4.0

acia
CERTIFIED

australian community
industry standard

ACIS 4.0

Background

Australian Community Industry Alliance (ACIA) has been around since 2005 as a peak body in the provision of quality services and supports for the disability, community care and aged care sectors. It is a charity and not for profit organisation that facilitates and advocates strongly in this space. Every 3 years ACIS undertakes a review, this is its fourth iteration and changed to reflect:

- Increased alignment with NDIS and Aged Care Acts;
- Findings in the Royal Commission, contemporary research and associated papers; and
- Response to trends in issues of ACIS historically, eg governance, clinical governance.

Gaps for Clients

The gaps with NDIS and Aged Care Standards are clear and significant. These include:

- NDIS and Aged Care Standards only audit systems and clients under their scope;
- Clinical governance and governance is largely absent in NDIS and aged care;
- Workforce leadership and capability requirements are not adequately addressed;
- Complexity of clients growing acuity is not contemporary with current needs; and
- Mental Health and assistive technology are not addressed.

Alignment and Integration

There is no secret that we are looking to align better to NDIS and Aged Care Standards but ensure clients needs are adequately addressed to meet contemporary, evidenced based and risk managed practices in an industry that is highly at risk of poor performance and compliance, given the initial findings in the royal commission into people with disabilities.

Strengths of the alignment as outlined in the table below include;

- ACIS 4.0 looks to achieve 50% alignment with both NDIS and Aged Care Standards;
- Human rights based standard;
- This should save audit and preparation timing by half (as further validated in a recent audit);
- Feedback from Providers (4.7/5) and Auditors (4.8/5) report ACIS better meeting the needs of the industry and clients, more so than ever before; and
- We have aligned modules with evidenced based practices and current standards to improve integration, for example ACIS recommendations for Boards and ISO9001. Including the development of practice guidelines to support reflective practice approaches to operations.

ACIS 4.0	ACIS 2018	NDIS Standards	Aged Care Standards
Rights & Responsibilities	Increased human rights		Increased human rights
Corporate Governance	Increased governance		
Clinical Governance	New standard	New standard	Increased governance
Service Delivery			
Service Environment	New COVID & I.C	Inc new requirements	
Add. Physical Support	New categories	Increased scope	Increased scope
Add. Behav. Support	New cognitive imp. std	New cognitive imp. std	
Add. Mental Health	New standard	New standard	New standard
Add. Assistive Technology	New standard	New standard	New standard
TEAM: RN +1	RN + 1	2 (non RN*)	2 (non RN)
DURATION: 1yr*	1yr+*	1.5 years	3 years

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Similar Standard

Largely Similar

New Standard

Key improvements in ACIS 4.0

- ACIS 4.0 when put with NDIS certification assessments should be half the time of what ACIS 2018 was;
- ACIS 4.0 aligns about 50% with NDIS and 50% Aged Care Act;
- Self assessment has reduced from 480 pages down to 80 pages;
- The special consideration form now allows for flexibility on requests to help Providers align with NDIS and transition to 4.0;
- New practice guidelines have got lots of good feedback to help support implementation of ACIS;
- Additional education being provided by ACIA to support the standards;

ACIS 2018 - Review

ACIS certified organisations that have certified over the last three years include; 60,000 clients and 45,000 staff across home care, disability and community.

Profile of ACIS Providers:

4:5 provides provide community access, personal care, domestic services, social support, medication management, catheter care, wound management, bowel management and enteral feeding

3:5 provide positive behaviour management and 1:3 engage with restrictive practices.

More than 4:5 providers have clients with brain and spinal injury, mental health, autism, cognitive impairment

1:2 ACIS provides are additionally credentialed against NDIS Standards

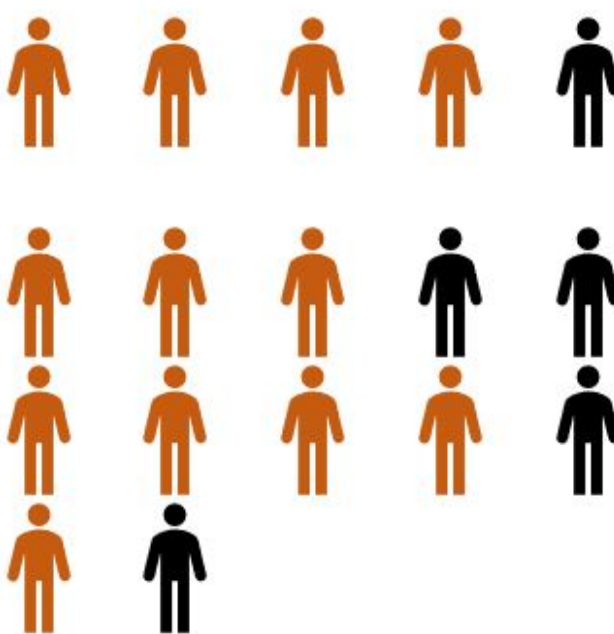
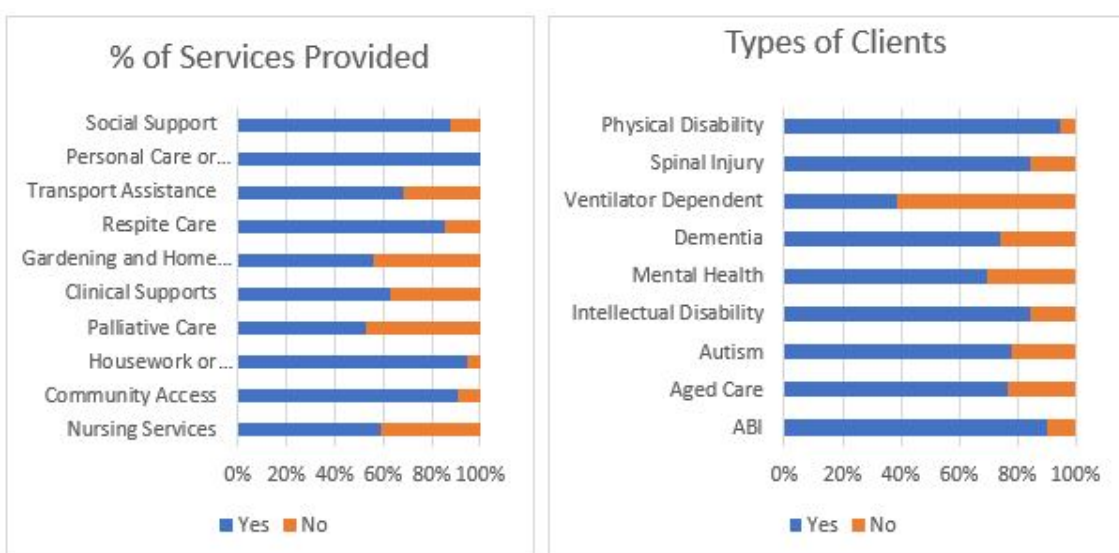
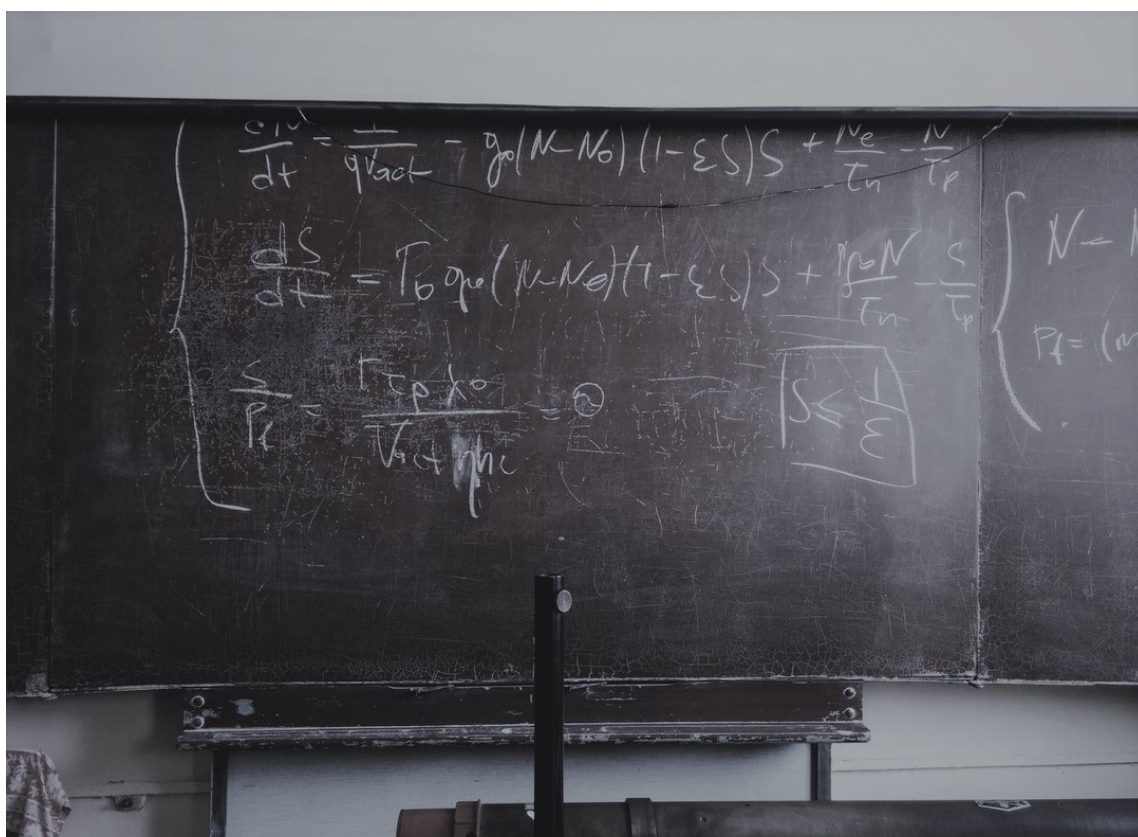


Figure 1: % of services provided by and types of clients of ACIS Providers.



Education Calendar 2022



Department of Social and Services are running two webinars for providers:

- **Developing and communicating your employer brand - 8th March 2022 11-12pm** - This webinar will assist organisation leaders in developing and communicating their employer value proposition, and you will hear from an employer in the care and support sector who has

recently refreshed their approach. [Webinar series - Care & Support Sector Webinar Series \(cvent.com\)](#).

· **Broadening your talent pool - June 2022** - A great session for all roles involved in the hiring process – discussing innovative tactics to approach talent differently. In this session we will interview a proactive sector employer and understand their recruitment approach. [Webinar series - Care & Support Sector Webinar Series \(cvent.com\)](#).



Community Audits Australia is embarking on a new certification model - ISO 9001 Quality Management Certification, in addition to undertaking NDIS and ACIS Audits. CAA would like to offer an ACIA member a FREE ISO 9001 Audit. We have qualified and experienced auditors who can do this for you. First in best dressed as the saying goes as we can only offer one provider a free audit.

[CONTACT US](#)

Position Vacancy

A beautiful disability provider in NSW, based in Penrith called 365 Care is looking for a person to lead their quality initiatives. There is flexibility in the role and working with an enthusiastic team. Please email John on john@365care.com.au.

Employment Law Update from our Partners at Shanahan | Tudhope

In a decision handed down late last year in relation to a dispute over a vaccination policy implemented by BHP, a full bench of the Fair Work Commission has provided guidance for employers regarding how vaccination policies need to be implemented in order to be enforceable. While the Fair Work Commission made a number of positive comments supporting a basis for vaccination policies, ultimately BHP was unable to rely upon its policy because it had failed to comply with consultation requirements which apply to all employers under workplace health and safety legislation. As a result, any direction to comply with the policy absent consultation may not be a reasonable and lawful one.

In light of this decision, whilst it now appears clear that requiring compliance with a vaccination policy can be a lawful requirement of employees, the ability of an employer to enforce and rely upon a vaccination policy may depend on whether the consultation obligations in workplace health and safety legislation have been complied with. These obligations are much more onerous and begin much earlier in the decision-making process than employers typically deal with under the Fair Work Act. With many organisations considering implementing vaccination policies, navigating the consultation requirements will now be an essential element of this process in order to minimise disputes and to ensure any vaccination policy can be relied upon, including in defence to any unfair dismissal claim made by a non-compliant employee.

If you have any questions, please contact Christopher Husband or Paul Henderson from Shanahan Tudhope Lawyers on (02) 9262 2888 or at ChristopherHusband@stlaw.com.au and we will be able to assist you.

Where is ACIA influencing your issues?



We are on a number of federal consultative committees to represent your voice. If you are having concerns or would like to share your ideas please reach out to us. Committees we are on this last month include;

- Aged Care COVID Response Meeting
- Working on COVID Positive Environment
- Disability COVID Response Meeting
- NDIS Commission CEO Forum
- NDIS Consultative Forum
- Aged Care Quality Assurance Reference Group
- National Aged Care Alliance – Clinical Governance Meetings
- National Aged Care Alliance – Governance Meetings
- National Aged Care Alliance Forum
- iCare Panel Forum
- Meeting with NDIS Commissioner

Submissions

- LSS Rules Review
- ACIS 2018 Review
- Senate Response on Current Scheme and Forecasting for the NDIS

We asked what the biggest issues effecting you are and we will continue to heavily advocate in that direction.

What is the number one issue in aged care, disability and community care today?

You can see how people vote. [Learn more](#)

Lack of workforce	50%
Inadequate Funding	33%
Workload	12%
COVID	5%

Aged Care News



Australian Healthcare Week 2022 - To learn more about the event, or to register your special *Australian Aging Agenda* rate pass visit: <https://www.ahwdigital.com.au/events-austhealthweek/conference-guests>.

Care and Support Workforce reports on resources available to support the growth of the care and support sector [Download the kit](#).

Aged Care Updates, reports the Australian Government Department of Health is currently delivering \$18.3 billion in aged care reforms together with the aged care sector. You can also visit the [Engagement Hub](#) to get involved in the aged care reforms.

The Ageing Agenda, reports despite more than 560 aged care deaths – and rising – from COVID-19 since Omicron hit in November last year, Minister for Senior Australians and Aged Care Services Richard Colbeck says the sector is not in crisis. Read more [here](#).

With the rollout of significant reform affecting the home and community care sector, it's important for providers to be informed and prepared to navigate these critical changes to their

business and service model, both now and into the future. You may be interested in the Reinventing Home and Community Care 2 day online conference (use the code AAA to save some money). Read here for more: [Brochure - Reinventing Home & Community Care \(the-hatchery.co\)](#).

Disability & NDIS News



We are asking at the moment whether we are adequately supporting people with disabilities in the community? The answer is a clear NO.

Are we adequately supporting the people in our community with disabilities

You can see how people vote. [Learn more](#)

Yes	5%
No <input checked="" type="checkbox"/>	95%

Expiring supports - The following temporary COVID-19 measures will end on 28 February 2022. Full eligibility conditions for expiring supports is in the COVID Addendum:

- Meal preparation and delivery- From 12 January to 28 February, registered providers of meal preparation and delivery in all states and territories can temporarily claim for this service without an approved quote. Providers have 28 days to submit a claim for supports delivered between 12 January and 28 February 2022.
- Rapid Antigen Testing for SIL Support workers - Between 23 December 2021 and 28 February 2022, eligible SIL providers can claim up to \$12.50 for a rapid antigen test. Providers have until 31 March 2022 to claim for this support.
- Participant contingent care arrangements - After 28 February 2022, the NDIA transitions to a national single provider of workforce support. Providers experiencing significant workforce disruptions can email us for further assistance.

The Australian Ageing Agenda, reports that the Prime Minister Scott Morrison has announced that teams of Australian Defence Force personnel will be placed on 24 hours’ notice to assist aged care homes experiencing “acute situations”. Read more [here](#).

NDIS reports on their latest quarterly report released, available on the [NDIS website](#).

The APO strategy document is Australia’s national disability policy framework 2021-2031, resources available [here](#).

The APO, PWDA language guide: a guide to language about disability, resources available [here](#).

Royal commission in Disability Update:

They have released a statement of concern ([Statement of ongoing concern - The impact of and responses to the Omicron wave of the COVID-19 pandemic for people with disability | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)) highlighting a range of key concerns including:

- The de-prioritisation of people with disability and lack of regard for their health and wellbeing during the pandemic.
- Access to vaccinations and boosters for people with disability and disability support workers.
- Lack of equipment (rapid antigen tests, PCR tests, PPE) and support for effective infection prevention and control, including lack of accessible testing tools and public health information.
- Severe disruptions to disability services and essential supports due to furloughing of staff.

COVID-19 Update



The COVID-19 Aged Care Support Program Extension Grant reimburses providers for additional eligible costs incurred in managing a direct impact of COVID-19.

The grant has now been extended to 30 June 2022. Amendments to the Grant Opportunity Guidelines and updated Frequently Asked Questions, published on GrantConnect, outline a range of increased supports for providers.

These include:

- Extending the closing date for applications to 30 June 2022 and increasing the total grant funding available to \$108.1 million.
- [For impact periods that include or commence after 1 December 2021](#), the cost of purchasing Rapid Antigen Tests prior to, but used within, an eligible impact period is eligible for the grant.
- [For impact periods that include or commence after 1 December 2021](#), the cost of purchasing PPE prior to, but used within, an eligible impact period is eligible for the grant.
- [For impact periods that include or commence after 1 December 2021 onward](#), the cost of accommodation and travel for usual employees of a service to support them to continue working in an outbreak environment are eligible for the grant.

An impact period is the period between the Trigger Date and End Date for the impacted service. The Trigger Date is the date on which the first resident, client or staff member is tested for COVID-19 and has to isolate as a result. The End Date is the date on which direct COVID-19 impacts are resolved i.e. there are no infected or isolated residents, clients or staff. Approved Residential Aged Care, National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and Home Care Package providers are eligible to apply if they have:

- one or more residents, clients or staff members who have had a COVID-19 test and been required to isolate as result (regardless of whether the result is positive or negative)
- incurred eligible expenses during that period of isolation (from the date of an associated COVID-19 test until the period of isolation ends) between 28 May 2021 and 30 June 2022.

For more information please see the [Grant Opportunity Guidelines \(Grant Opportunity – GO4863\)](#) and regularly updated responses to frequently asked questions available on [GrantConnect](#).

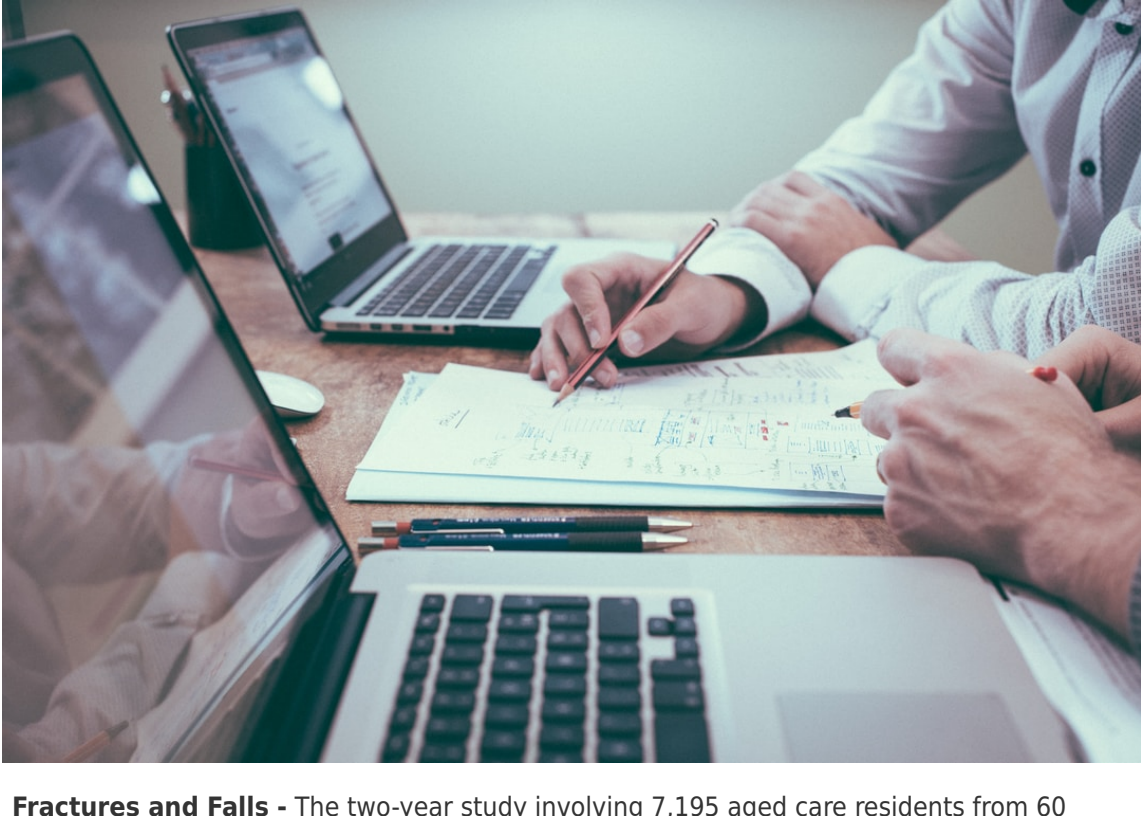
The Home Care Packages (HCP) Program COVID-19 Vaccination Support Grant (Grant), has been extended and now closes on 29 April 2022. Approved home care providers can apply now to cover costs incurred between 1 July 2021 and 30 June 2022. Grants will be offered at a provider level (not for each service outlet) with capped funding based on the number of HCP recipients in your care at 5 November 2021. Providers can use the grant to cover costs related to:

- facilitating and encouraging workforce COVID-19 vaccinations, including booster doses
- coverage of costs for staff to take leave to get a COVID-19 vaccination or if they are sick after a COVID-19 vaccination
- collecting the COVID-19 vaccination status data of your HCP workforce, and improving data quality
- ICT-related and professional advice costs to set-up processes and systems to track and report the COVID-19 vaccination status of your HCP workforce.

The funding can be used to support your permanent and casual staff, as well as volunteers and subcontractors. For the grant opportunity guidelines and frequently asked questions, see the Grant Opportunity (GO5216) on [GrantConnect](#). You can also email the Department of Health for further information at Grant.ATM@health.gov.au.

Theres a free online Information Session by Lumary – Addressing Today’s COVID challenges on 1st March 11-12pm - [Webinar Registration - Zoom](#).

Evidence Based Research



Fractures and Falls - The two-year study involving 7,195 aged care residents from 60 residential aged care facilities examined the impact of providing additional calcium and protein through dairy foods on the risk of fractures and falls in older adults. It involved providing residents approximately two additional serves of dairy per day, such as milk, cheese and yoghurt, to reach Australian Dietary Guidelines of four servings for women over 70 and three-and-a-half servings for men over 70. They saw a 33 per cent reduction in risk of all fractures, and more specifically a 46 per cent reduction in risk of hip fractures, and overall an 11 per cent reduction in falls. [Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomised controlled trial - PubMed \(nih.gov\)](#).

Difficulty Swallowing - A Systematic literature included a total of 37 studies were included. Overall, significant treatment effects were identified favouring behavioural interventions. In particular, research found in favour of Shaker exercise, chin tuck against resistance exercise, and expiratory muscle strength training. [Behavioural Interventions in People with Oropharyngeal Dysphagia: A Systematic Review and Meta-Analysis of Randomised Clinical Trials - PubMed \(nih.gov\)](#).

Palliative Care - With the growing aging population and high prevalence of chronic illnesses, there is an increasing demand for palliative care. Using a community-based participatory approach, a purposive sample of palliative care providers a semi-structured interview guide was used to collect the data. Barriers to palliative care include: misconceptions about palliative care as an underrecognized specialty; lack of trained palliative care providers; late involvement of inpatient palliative care and community hospice services; inadequate palliative care education and training; financial barriers, attitudes and beliefs around PC; and geographical barriers. Facilitators to palliative care include financial gains supporting palliative care growth, enhanced nurses' role in identifying patients with palliative care needs and creating awareness and informing the community about palliative care. Robust education and awareness, enhancing advanced practice nurses' roles, increasing funding and resources are essential to improve the access of palliative care services. [Palliative care for rural growth and wellbeing: identifying perceived barriers and facilitators in access to palliative care in rural Indiana, USA - PubMed \(nih.gov\)](#).

Acquired Brain Injury - A longitudinal qualitative research study was undertaken to understand the experience, and personal significance, of mobility skills for people with severe mobility impairment after brain injury and to determine how these evolve over time. Conclusions identified that participants saw mobility as crucial to recovering control of life. Mobility achievements other than independent walking matter to individuals after brain injury. [Improving physical mobility is critical for wellbeing in people with severe impairment after an acquired brain injury: a qualitative study - PubMed \(nih.gov\)](#).

Our Services

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LinkedIn Email

Our mailing address is: L13, 465 Victoria Avenue, CHATSWOOD NSW 2067

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