H&H Care SA Pty Ltd	**Form01.** Governance Responsibilities and Associated Provider Management **Australian Government Support at Home Program**	
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Policy and procedure 1
H&H Care SA Pty Ltd | Support at Home services

This policy establishes how H&H Care SA oversees safe, lawful and person-centred services delivered on behalf of a registered aged care provider. It sets responsibilities, service approval controls, monitoring and escalation arrangements for managers and workers.

Document control	Details
Policy number	HH SAH GOV 001
Version and status	1.0 — Draft for Director approval
Prepared	24 October 2026
Policy owner	Director, H&H Care SA Pty Ltd
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, employees, nurses, contractors and approved subcontractors delivering Support at Home services

1 Purpose and scope

H&H Care SA will maintain clear accountability for its workers, service delivery, clinical arrangements, records and business risks. This policy applies to its associated provider arrangement with H&N Future Pty Ltd trading as The Fig Trees Support at Home, and to future arrangements separately approved by the Director.

H&H Care is the associated provider under the arrangement described here. It does not assume The Fig Trees' funding, regulatory notification or care management functions unless a function is expressly allocated in writing and lawfully performed. The registered provider retains its statutory responsibilities. NDIS registration does not by itself establish aged care provider registration.

2 Policy statement

H&H Care accepts services only within its agreed scope, available resources and demonstrated workforce competence. Client rights, consent, safety, cultural needs and continuity of care guide decisions. Workers must raise concerns promptly, and management must document decisions, monitor outcomes and correct identified problems.

Accountability and authority

3 Governance arrangements

The Director retains overall organisational accountability and appoints competent people to operational and clinical roles in writing. In a small organisation one person may hold several roles, but each responsibility and backup must remain clear. Clinical decisions require the appropriate professional qualifications and current registration; a management title does not confer clinical authority.

Role	Responsibilities
Director	Approve contracts, service scope, budgets, policies and delegations; oversee risks, workforce capacity, insurance and improvement; resolve significant compliance issues; approve suspension or termination arrangements.
Service Manager or Coordinator	Check referrals and authorisations; coordinate care instructions and rosters; verify worker readiness; monitor visits and notes; maintain registers; communicate with the registered provider and escalate gaps.
Clinical Lead RN	Oversee agreed nursing services, clinical risks and competency; establish appropriate delegation and supervision; review deterioration, medication and complex care concerns; escalate beyond available expertise.
Workers and nurses	Follow current plans and role limits; obtain ongoing consent; document services accurately; report incidents, hazards, changes and conflicts; refuse unsafe tasks and seek guidance.
Administration and finance	Maintain approved records and access controls; check invoices against authorisations and visit evidence; monitor payment and insurance dates; refer discrepancies to management.
The registered provider	Retains statutory accountability for funded services delivered on its behalf. Its operational tasks, care management, authorisations, regulatory reporting and oversight interfaces must be confirmed in the joint responsibility schedule.

4 Delegations and absence cover

The Director maintains a delegation register stating the role holder, authorised decisions, financial limits, clinical limits, backup person and review date. Only authorised people may accept or vary contracts, approve expenditure or commit H&H Care to new services. Delegation does not remove the delegator's oversight responsibility.

The Coordinator maintains a current escalation contact list, including manager and RN cover and the registered provider's business-hours and after-hours contacts. If clinical cover is unavailable, do not roster a task that requires it; arrange an authorised alternative and safe handover.

5 Independence and conflicts of interest

Workers declare actual, potential or perceived conflicts at engagement and whenever they arise. The Director records the conflict, controls and review date. Decisions affecting a director's personal interests require a documented independent review where practicable. Gifts, referral benefits, use of client funds and personal relationships must follow the relevant conduct policy.

Establishing and controlling the arrangement

6 Verify the registered provider and contract

Before a new arrangement or expanded service begins, the Director or delegate must:

- Confirm the legal entity, ABN, current aged care registration status, relevant categories, service locations and nominated contacts. Retain evidence of the verification.
- Obtain the complete executed contract, all fee schedules, written variations and the registered provider's current policies and forms. Record contract commencement, expiry, review dates and notice requirements.
- Assess workforce capacity, clinical oversight, insurance, financial viability, privacy arrangements and service risks. Record approval, conditions or reasons for declining.
- Agree a responsibility schedule covering referral, assessment, care plans, consent, clinical decisions, medication support, complaints, incidents, SIRS, records, invoices, audits and continuity.
- Confirm who assesses and makes required associated provider notifications to the Commission. H&H Care supplies accurate information promptly and retains the registered provider's confirmation where available.

7 Apply the existing Fig Trees agreement

The agreement dated 10 March 2026 states a term from 11 March 2026 to 30 June 2027 and requires compliance with The Fig Trees' policies. Its scheduled scope includes RN and EN services and specified independence and everyday living supports. This does not constitute blanket authority to deliver every Support at Home service.

The Coordinator must obtain written service requests and agreed fees, retain screening and qualification evidence, provide required insurance certificates and arrange access to records as contracted. The Director maintains a contract issues register for clarification of liability, equipment, cancellation terms, records retention and other unresolved matters. Any contract variation must be signed by both parties as required by clause 12.6.

This policy does not amend the brokerage agreement or bind The Fig Trees to new operational duties. Proposed joint responsibilities and timeframes must be agreed separately. Where an instruction or contract term appears inconsistent with law, client rights, professional duties or safety, protect the client, escalate to the Director and seek written clarification and specialist advice. Do not conceal concerns or implement an unlawful instruction.

8 Further subcontracting and purchasing

H&H Care must not further subcontract services without the registered provider's prior written consent, as required by the agreement. Before approved subcontracting, verify the entity, screening, qualifications, insurance, competencies, privacy controls and capacity; document scope, reporting and audit access. Maintain oversight and obtain any further approvals required by the registered provider. Purchasing a product alone must be distinguished from engaging an organisation to deliver care.

Authorising and delivering services

9 Referral and commencement checks

The Coordinator records each referral and completes the service readiness checklist before the first visit:

- Written authorisation identifies the client, service type, tasks, hours, location, start date, agreed rate and approving contact. Resolve unclear or out-of-scope requests before acceptance.
- Obtain the current care plan, relevant assessments, home and individual risks, communication preferences, consent arrangements, emergency contacts and clinical instructions. Verify the authority of any representative; family involvement alone does not establish decision-making authority.
- Agree responsibilities for completing missing assessments. High-risk or clinical tasks must not start without the necessary plan, equipment, competent worker and clinical support.
- Allocate workers with verified screening, role qualifications, current professional registration where required, induction and client-specific competence. Confirm medication, nursing and EN supervision arrangements where applicable.
- Explain H&H Care's role, the registered provider's role, complaints pathways, service contacts and arrangements for missed visits in a form and language the client understands. Arrange an interpreter when needed.
- Record acceptance and share the approved instructions securely with the allocated worker. Obtain confirmation that the worker has read and understood them.

10 Daily service controls

Before and during each visit workers check current instructions, identify immediate hazards, seek consent and work within authorised tasks and competence. They document actual visit times, tasks, observations, refusals, changes, escalation and outcomes in the approved record system, ordinarily before the end of the shift. Urgent concerns must be reported immediately rather than left in case notes.

The Coordinator checks missed or shortened visits, incomplete tasks and important alerts each working day. For essential care, implement the client's contingency plan and escalate immediately if coverage cannot be secured. Changes to clinical needs go to the Clinical Lead RN and registered provider. Obtain written approval for ongoing changes to hours, tasks or fees; emergency action necessary to protect a person must not be delayed while seeking billing approval.

11 Invoice and resource controls

Finance reconciles each invoice with written authorisation, visit records, agreed rates and allowable expenses. Under the current contract, invoices are fortnightly unless otherwise agreed in writing. Maintain a separate record of disputed amounts and follow-up. Never record undelivered services as delivered. Routine rostering or administration must not be described as clinical care or care management without a lawful basis and appropriate authorisation.

The Director checks adequate staffing, equipment and insurance before extending the service scope. Where capacity is insufficient, advise the registered provider promptly and agree a safe alternative rather than accepting unsupported work.

Escalation monitoring and improvement

12 Safety incidents and significant concerns

Workers first protect the client and call 000 for an emergency. They immediately contact the H&H manager and the RN where clinical advice is needed. The manager promptly alerts the registered provider through the agreed pathway and documents when the incident occurred, when each party became aware, immediate actions and further responsibilities.

Suspected abuse, neglect, serious injury, medication harm, significant deterioration, missing essential care, privacy breaches and worker suitability concerns require immediate escalation. If the usual contact is unavailable or implicated, use the backup contact or Director; use external emergency, safeguarding or regulatory pathways where appropriate. Do not delay urgent reporting for an internal investigation or discourage protected disclosures.

The registered provider ordinarily assesses and submits SIRS notifications for its funded services, with H&H Care supplying information and cooperating promptly. Confirm this allocation in writing. H&H Care remains responsible for any separate legal reporting duties applying to it. Follow the incident policy for current statutory deadlines; internal escalation must occur early enough to support them.

13 Oversight and review schedule

The frequencies below are H&H Care internal controls, not a statement that legislation prescribes these exact intervals. Apply a shorter deadline where law, contract, professional practice or risk requires it.

Frequency	Control and retained evidence
Each working day	Coordinator checks service exceptions, urgent alerts and outstanding safety actions; records actions and responsible people.
Monthly	Director and manager review incidents, complaints, missed visits, worker compliance, clinical risks, client feedback, financial exceptions and improvement actions. Retain minutes and decisions.
At least quarterly	Audit a risk-based sample of client files, visit records, invoices and worker records; review all high-risk exceptions. Offer a joint review with the registered provider and record participation or follow-up.
Before expiry and on change	Verify screening, registration, insurance and contract renewals. Remove workers from affected tasks if required evidence lapses. Notify the registered provider of relevant changes promptly.
Annually and after significant change	Review this policy, service scope, contract risks, business continuity and training needs. Seek client and worker feedback and assess whether controls are effective.

14 Corrective action and service suspension

Record every significant gap in the improvement register with risk rating, immediate controls, action owner, due date and verification of effectiveness. Escalate overdue high-risk actions to the Director. Where safe delivery cannot be assured, suspend the affected task, notify the registered provider and arrange essential care continuity. Do not abandon a client or continue an unsafe service merely to meet a roster.

Records implementation and supporting documents

15 Records and confidentiality

Use approved systems such as ShiftCare and controlled business storage with role-based access. Share only information needed for authorised care, oversight or lawful disclosure, through approved secure channels. Record access changes when workers join, change roles or leave. Keep contract, workforce, clinical and finance records traceable and available for authorised audit.

The existing agreement requires records during the term and for seven years afterwards unless otherwise notified. It also contains return or destruction provisions. The Director must reconcile instructions with applicable legal, clinical, insurance and retention requirements before records are destroyed. Obtain written clarification where duties conflict; suspend routine destruction while the issue or a legal hold remains unresolved.

16 Ending or changing an arrangement

The Director reviews the applicable notice and termination terms and obtains advice where needed. Agree handover with the registered provider: client communication and consent, essential care coverage, current plans, outstanding incidents and complaints, equipment and keys, secure record transfer, access removal and final invoice reconciliation. Retain evidence of transfer and any ongoing confidentiality, insurance, restraint or retention obligations. No worker may independently transfer a funded service to H&H Care outside an authorised arrangement.

17 Implementation and approval

Before this policy takes effect, the Director confirms the role appointments and backup contacts, obtains The Fig Trees' current policies, approves the supporting registers and trains affected staff. Record attendance and worker acknowledgement. Review understanding through supervision, case discussions and file audits. The effective date is the Director's approval date, not the preparation date.

18 Supporting forms and registers

Establish the following controlled templates. They may be combined in an electronic register; this list identifies required records under this policy rather than separate statutory form names.

Reference	Record and minimum fields
GOV F01	Provider and contract register: entity, verification, scope, dates, fees, policies, insurance, issues and owner.
GOV F02	Responsibility and delegation schedule: activity, accountable role, authority limits, backup, reporting contact and agreement date.
GOV F03	Service readiness checklist: authorisation, plan, risks, consent, worker, clinical cover, equipment and approval.
GOV F04	Conflict register: declaration, affected decision, controls, reviewer and review date.
GOV F05	Governance review and improvement log: issue, risk, decision, owner, due date, completion evidence and effectiveness check.
GOV F06	Exit and handover checklist: continuity, notifications, records, access, property, invoices and residual obligations.

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References and approval checklist

19 Related H&H Care documents

Client rights and consent; intake and assessment; care planning; clinical governance; workforce screening and competency; incident management and SIRS; complaints and open disclosure; safeguarding; privacy and records; infection prevention; WHS and lone work; service continuity; invoicing; document control.

20 Legal and practice references

Apply current versions and confirm requirements relevant to the services delivered. The Standards applicable to the registered provider depend on its registration categories and service types. This policy supports those obligations; it does not assert that every registered-provider governance requirement applies directly to H&H Care in its associated provider role.

- Aged Care Act 2024 and Aged Care Rules 2025, including the Statement of Rights and Aged Care Code of Conduct.
- Aged Care Quality and Safety Commission — Guidance for associated providers. https://www.agedcarequality.gov.au/providers/guidance-associated-providers
- Aged Care Quality and Safety Commission — Strengthened Quality Standards, particularly Standard 2 The organisation. https://www.agedcarequality.gov.au/strengthened-quality-standards/organisation
- Department of Health, Disability and Ageing — Associated providers. https://www.health.gov.au/topics/aged-care/providing-aged-care-services/associated-providers
- Department of Health, Disability and Ageing — Support at Home program manual, current online version. https://www.health.gov.au/resources/publications/support-at-home-program-manual-a-guide-for-registered-providers
- Privacy Act 1988 and Australian Privacy Principles where applicable; Work Health and Safety Act 2012 (SA); relevant professional registration, nursing standards and employment requirements.
- H&N Future Pty Ltd and H&H Care SA Pty Ltd contract dated 10 March 2026, schedules and pricing attachment. This policy uses the supplied copy; obtain the fully executed version and all later variations.

Official guidance checked on 24 October 2026. Review the current law and guidance when approving or updating this policy.

21 Director approval checklist

- Confirm legal entity, contract version and complete execution.
- Appoint the Service Manager, Clinical Lead RN and backup contacts.
- Agree the joint responsibility schedule and escalation contacts with The Fig Trees.
- Confirm insurance, service scope, worker readiness and clinical supervision.
- Approve supporting templates and complete staff induction.
- Set effective date, sign approval and schedule the first governance review.

Director signature: _____ Date: _____

Version history: Version 1.0 — Initial draft prepared 24 October 2026. No approval or implementation is recorded by preparation of this document.