

Submission by the Aged Care Standards and Accreditation Agency Ltd to the
Senate Community Affairs References Committee

Inquiry into Aged Care

The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

- (i) assessing and monitoring care, health and safety,
- (ii) identifying best practice and providing information, education and training to aged care facilities, and
- (iii) implementing and monitoring accreditation in a manner that reduces the administrative and paperwork demands on staff.

THE AGED CARE STANDARDS AND ACCREDITATION AGENCY LTD

The Agency is an independent company established by the Australian government under the *Aged Care Act 1997*. The Agency is a company limited by guarantee incorporated under the *Corporations Act 2001* and subject to the *Commonwealth Authorities and Companies Act 1997*. The sole member of the Company is the Australian government, represented by the Minister for Ageing.

The Board of Directors, appointed by the Minister of Ageing, sets the strategic direction and oversees the activities of the company. There are currently ten directors on the Agency Board, including the Chairman. The Agency's Audit Committee assists the company and the directors to comply with their obligations under the *Commonwealth Authorities and Companies Act 1997* and the *Corporations Act 2001*.

The Chief Executive Officer is responsible for the management of the company and the delivery of the corporate objectives.

The Agency was appointed the 'accreditation body' by the Secretary to the Department of Health and Ageing, under Part 5.4 of the *Aged Care Act*, in 1997. Under the *Aged Care Act*, the Minister may make Principles in accordance with subsection 96-1(1). The *Accreditation Grant Principles 1999* specify the functions of the accreditation body and the procedures it is to follow in carrying out those functions.

The functions of the accreditation body are expressed in the *Accreditation Grant Principles 1999* as:

"The Aged Care Standards and Accreditation Agency Ltd is the body corporate paid an accreditation grant under the accreditation grant agreement for the purpose of accreditation of residential care services in accordance with these Principles, and for other purposes set out in these Principles. The functions of the Agency include:

- (i) managing the accreditation process using the Accreditation Standards; and
- (ii) promoting high quality care, and helping industry to improve service quality, by identifying best practices and providing information, education and training to industry; and
- (iii) assessing and strategically managing, services working towards accreditation; and
- (iv) liaising with the Department of Health and Aged Care about services that do not comply with the standards applicable to them (the Residential Care Standards or the Accreditation Standards, as appropriate)."

The legislation sets out the scope of the Agency functions. Operationally these functions translate into activities that can be described as:

- (i) assessing homes for compliance with the accreditation standards and determining the period of accreditation
- (ii) promoting high quality care and helping homes improve service quality by providing education and information

The Agency works within the broader regulatory framework that governs the funding and provision of residential aged care. This framework includes the *Aged Care Act 1997*, the various Aged Care Principles, the Complaints Resolution Scheme and state and local government legislation.

The Agency fulfils its functions using processes and principles set out in the:

- *Aged Care Act 1997*
- *Accreditation Grant Principles 1999*
- *Accountability Principles 1998*
- *Quality of Care Principles 1997*
- *Commonwealth Authorities and Companies Act 1997*
- *Corporations Act 2001*
- Company Constitution
- Deed of Funding Agreement with the Department of Health and Ageing

Protocols to regulate referrals and compliance monitoring processes and the exchange of data are in place between the Department and the Agency.

The Agency's sources of revenue are accreditation fees paid by homes when they apply for accreditation, the accreditation grant paid under the *Aged Care Act 1997*, interest and income from education activities.

The *Accreditation Grant Principles 1999* provide a cap on education income. The cap is set at a specific amount or the cost whichever is the lesser. In practice, many of the Agency's education activities are provided at no charge. This mandatory requirement, under the *Aged Care Act 1997*, combined with the mix of accreditation related responsibilities, makes the Residential Aged Care Accreditation process unique in comparison with other accreditation systems, particularly in the health care field.

The Deed of Funding under which the Agency receives the accreditation grant requires the Agency to report against specified performance indicators. The Agency reports its performance against these indicators in its annual report.

Performance indicators are:

- (i) Percentage of homes with compliance in all 44 expected outcomes
 - Assessment for accreditation
 - monitoring levels
 - timeliness
 - adequate Agency staffing
- (ii) Promotion of high quality care
 - Provision of sector and consumer education through seminars, publications, development of accredited training courses, inclusion of an education component in support visits, and provision of relevant education and training identified by the Agency or the Department through analysis of trends in compliance against specific accreditation outcomes.
- (iii) Effective decision-making and reporting
 - Timeliness and appropriateness
 - Consistency
 - Quality
 - Approved provider and public access to reports
- (iv) Assessing and strategically managing services working towards accreditation
 - Timeliness and quality of support, information and education to approved providers and aged care homes
- (v) Liaison with the Department
 - Timeliness of response to referrals
 - Notifying significant non-compliance including serious risk
 - Timeliness and quality of reports to the Commonwealth including regular data exchange with the Department
- (vi) Meeting corporate requirements
 - Meet all legislative and corporate publishing and information provision requirements.
- (vii) Effective complaints handling process
 - Professional code of conduct
 - Effective formal process to manage complaints
 - Timeliness and appropriateness of response to complaints

In addition, the Funding Agreement requires the Agency to undergo an independent quality audit, and to report to the Department annually on progress against the recommendations made by the Australian National Audit Office in its report *Managing Residential Aged Care* (Audit Report No. 42, 2002-2003).

The Agency is currently undergoing certification of its systems against the ISO 9001:2000.

The Agency is committed to providing quality products and services. This is set out in the Service Charter at Attachment 'A'. The Agency adopts a continuous improvement approach to managing its business processes. This approach includes the conduct of Agency Liaison Groups in each state and nationally and regular meetings with providers and their associations. The Agency Liaison Groups generally include representatives of approved providers, employees, consumers and Agency management. The purpose of these liaison groups is to provide a conduit for two-way communication about industry performance and Agency performance and policy development.

The Agency is subject to scrutiny from a number of other quarters. They include:

The *Australian National Audit Office* tabled a review of the management of the accreditation process by the Agency in May 2003. The ANAO in the Report, *Managing Aged Care Accreditation*, Audit Report No 42, 2002-2003 acknowledged that "the Agency has adequately identified its legislative responsibilities for accreditation and has implemented an adequate process to meet them. In general, its management of its people and work-flow supports the accreditation process" (page 18). The report included 6 recommendations. These recommendations have been acted on.

Actions on the recommendations are reflected in a range of efficiency measures taken by the Agency, including:

- (i) The Agency has strengthened its quality assurance systems, introduced new systems, updated assessor training and centralised some functions to ensure accuracy and consistency in assessment and decision making;
- (ii) The Agency has refined its financial management and reporting systems.
- (iii) Financial delegations have been updated and authorities are centralised;
- (iv) Controls on accounts payable, reconciliations and payroll were improved;
- (v) Introduced a business case approach to the evaluation of significant projects.

A number of changes to systems and processes were put in place following Round 1 and the *Lessons Learned from Accreditation* project. The company was aware of most of the issues raised by the ANAO. The new senior management structure put in place in January 2003 was a first significant step to focusing the organisation more sharply on the core activity of the Agency and introducing additional levels of accountability. The structure comprises four divisions: primary business units of Accreditation, and Education; and support divisions of Corporate Affairs and Corporate Services. The high level goals of the company are supported by objectives and actions in each of the four divisions that are mapped into local plans and translated into individual work schedules.

The *Joint Committee of Public Accounts and Audit* (JCPAA) held a public hearing to examine the Audit Report on accreditation in August 2003. The JCPAA noted that 'many of the earlier problems associated with maintaining accreditation standards deriving from the peaking of the Agency's workload... are now being resolved... The Committee is satisfied that an acceptable level of consistency was achieved during the second cycle of accreditation which is now complete'. The sole JCPAA recommendation was that the Agency broaden the focus of quality assessment data to include quality of life information. This is linked to recommendation number 5 of the ANAO Report.

Recommendation 5 from the ANAO Report was that the Agency and the Department of Health and Ageing 'plan an evaluation of the impact of accreditation on the quality of care in the residential care industry'. The Department advertised a tender in March 2004. The tender is for the evaluation of the impact of accreditation on the delivery of quality of care *and* quality of life to residents in aged care. The evaluation will also seek to identify performance measures and suitable benchmarks, including quality of life measures. The tender closed on 17 May, and an evaluation team is being assembled to examine the proposals and recommend a preferred tenderer. The project should be completed during 2005-2006, and will meet the requirements of both recommendation 5 of the Audit Report and the JCPAA's recommendation in report 398.

The Agency also attends and answers questions at the *Senate Community Affairs Estimates* hearings. Questions about the Agency's performance may be asked of the relevant Minister in Parliament.

As a matter of good practice all general assertions and specific complaints about the Agency's performance are assessed. The Agency's performance record shows its systems and processes are robust, effective and efficient.

The Agency is strongly committed to improving its systems, processes and service to aged care homes. The ANAO report confirms the existence of a sound foundation and the aged care industry recognises the ongoing improvements we have made to our operations.

ASSESSING AND MONITORING CARE, HEALTH AND SAFETY

The responsibility of the accreditation body is to assess compliance with the 44 Expected Outcomes set out in the Accreditation Standards. The expected outcomes relate to how systems and processes deliver care to residents. The accreditation body is not responsible for the actual delivery of services to residents. That, and ongoing compliance with the Accreditation Standards is the responsibility of providers.

While the accreditation related processes are set out in the *Accreditation Grant Principles 1999*, the Accreditation Standards made under the *Quality of Care Principles 1997*, set out the 'expected outcomes' to be met by residential aged care services in order to be accredited and retain accreditation. The Standards specify the outcomes that are to be achieved for residents but they do not prescribe how the home must achieve the outcome. This approach provides the opportunity for providers to tailor care and services in a way that best meets the residents' needs and expectations. It also encourages innovation in care delivery models.

The accreditation process involves a team of at least two (2) registered aged care quality assessors evaluating all aspects of a home's performance through an assessment of the accreditation application and a two to three day site audit. The site audit includes interviews with residents, their families, staff and management. The assessment team will examine relevant documentation, and observe the living environment and practices of the home. Information is gathered to analyse the home's performance against the 44 outcomes. Assessors will ask questions about past and current practices to assess compliance with all the expected outcomes of the Accreditation Standards.

The purpose of the assessment is to provide an accurate report of the home's performance against the Standards. The assessors meet with the home's management at the conclusion of the audit and provide information about their major findings. The provider then has the opportunity to make a written submission to the Agency. A decision is then made by the Agency as to whether or not a home is accredited and for what period. Most homes are accredited for a period of three years. However, they may be accredited for a lesser period.

There are 2935 accredited homes as at 30 June 2004. In Round 2 of accreditation 88% of homes achieved full compliance and 91% were awarded 3 years accreditation. Of the homes with non-compliance approximately half were non-compliant in one expected outcome only. Subsequent to Round 2 most homes with non-compliance have achieved compliance.

Given that circumstances can change quickly in an aged care home it is necessary to have a monitoring program. All accredited aged care homes are subject to a regular series of support contacts conducted by the Agency. The purpose of a support contact is to monitor a home's on going compliance with the Accreditation Standards and the *Aged Care Act 1977* (Clause 3.20 *Accreditation Grant Principles 1999*). A support contact involves either a visit to the home or a telephone contact, conducted by registered quality assessors. A support contact-site generally lasts from half to one-day. A support contact (desk) is a one or two hour teleconference between a quality assessor and the management of the home.

During the twelve months ending 30 June 2004, the Agency conducted 965 site audit visits and 2,815 site support contact visits of which 14% were spot checks. A spot check is a visit with less than 30 minutes notice.

Only persons who are registered aged care assessors are permitted to conduct assessments. The *Accreditation Grant Principles 1999* set out the path by which a person becomes a registered aged care quality assessor.

In order to become a quality assessor, a person must meet the eligibility criteria set out in the application form and be successful at interview with the industry panel (established in accordance with the *Accreditation Grant Principles 1999*). They must also successfully complete the training course on aged care quality assessment and complete an orientation program.

Aged care assessors are initially registered for one year with annual renewal if they meet the requirements of the independent registrar (Quality Society of Australasia).

The Agency manages the accreditation process with the aim of promoting high quality care in an environment of continuous improvement.

In the lead up to Round 1 some 300 providers exited the residential aged care industry. The Agency has analysed the performance of homes between Round 1 and Round 2 of accreditation. The analysis reveals that 899 homes improved their level of compliance and 217 homes' performance levels deteriorated.

The identification of non-compliance by the Agency assists the home by identifying the areas that require improvement. The health, safety and well being of residents is protected because the Agency monitors homes for compliance and takes action where non-compliance is found. This is one of the key purposes of the monitoring activity.

The roles of the provider and the Agency are distinctly different. Providers are responsible for the delivery of care. The Agency is responsible for monitoring homes' compliance with the Standards and promoting high quality care. The measure of compliance is a measure of a home's performance, not a measure of the Agency's performance.

As part of the monitoring process the Agency determines a Timetable for Improvement (TFI) under the *Accreditation Grant Principles 1999* where a home is found to have non-compliance. The effect of a TFI is to give the provider a defined period in which to take corrective action. Where the provider still has non-compliance at the end of the TFI period, the provider is referred to the Department of Health and Ageing for action. In the twelve months to 30 June 2004, the Agency determined 333 TFI. 182 were completed within the timetable, 89 are still within the timetable and 92 did not achieve compliance within the timetable.

The Agency has undertaken two target support contact projects in 2003/04. They were related to medication management and standard 1 (management systems, staffing and organisational development) of the Accreditation Standards.

The purpose of this approach is to determine whether there are risk indicators in the corporate profile (e.g. ownership type, geography, size, resident mix) of homes. This work is still being evaluated.

As the Agency systems and processes have matured we have put in place a number of initiatives designed to improve performance. These include:

- (i) establishing a central quality assurance cell
- (ii) identifying homes that have had a significant change in compliance levels over a short time and understanding the reason for the change
- (iii) piloting a more targeted approach to support contacts
- (iv) developing 'corporate' profiles of homes
- (v) introducing a case management approach to monitoring homes compliance with the Standards
- (vi) observers on 10% of audits will be introduced later this year
- (vii) upgrading assessor training
- (viii) introducing a new assessor structure and principal assessor roles
- (ix) new organisation structure and updated accountabilities

As part of its own review processes, the Agency assesses its performance in a number of ways. For example:

- Routine exit questionnaires;
- Independent assessment;
- Complaints management system,;
- Feedback through formal arrangements; and
- Informal feedback from providers.

Reviews conducted by the Agency and a recent independent review conducted by Westwood Spice indicate that the people involved in the accreditation process have a positive view of the Agency and its processes.

The post-contact questionnaires routinely show greater than 90% satisfaction with the way the Agency staff performs their role. A summary of the post- contact questionnaire results is at Attachment 'B'.

This outcome was validated by the Westwood Spice report on interviews with staff involved in accreditation of 349 homes during Round 2. The results of the key questions in that study are at Attachment 'C'.

IDENTIFYING BEST PRACTICE AND PROVIDING INFORMATION, EDUCATION AND TRAINING TO AGED CARE FACILITIES

The Agency seeks to identify a range of superior practices 'better practices' that could be adapted and adopted to suit a range of applications and contexts within aged care. An example of a home that has improved its performance following contact with the Agency is The Juninga Centre in Darwin.

CASE STUDY: From serious risk to success

Staff and management at The Juninga Centre, a pair of independent homes in Coconut Grove, Darwin, NT, caring for 12 high care and 14 low care indigenous residents, have proven how working with the standards can make a difference.

In 2000, Frontier Services, a company of Uniting Church specialising in community work for rural and remote areas, were invited to assist Gwalwa Daraniki Association (an indigenous approved provider) manage the Centre. Although residents were quite happy with their lifestyle, staff were shocked by the conditions at the home. Extensive problems with clinical care and management systems, and staff morale was low.

A documentation audit found up to 300 unopened letters, and that there was no paperwork for some residents at all. Existing resident plans were incomplete with large 'gaps'. Financially, the home was struggling, partly because applications for Commonwealth funding subsidies had not been lodged.

During the first audit, the Agency assessment team identified serious risk in nutrition and hydration, and non-compliance for outcomes in management systems (Standard 1) and clinical care (Standard 2). Juninga management and staff were embarrassed by the scale of non-compliance, and immediately set about rectifying the problems.

Addressing serious risk

The management team began updating care plans and organised immediate compulsory in-service training in nutrition and hydration for clinical care and catering staff. Staff were given practical instruction on residents' dietary requirements. The training 'overhaul' was completed in 10 days. Quantitative results show staff responded positively. With the introduction of new incident report forms, the number lodged by staff increased from seven reports per month to 46 per month, in four months. This level of observation and diligence has been maintained.

What was previously left unreported was now officially recorded and being acted on as part of the home's continuous improvement planning.

How they did it

- They kept all stakeholders informed
- All staff were involved and everyone kept a sense of humour.
- There was a strong team focus. It was not the sole responsibility of the DON.
- Priorities were set and acted upon.

The home is accredited until December 2006.

The Agency has processes for identifying examples of better practice. Those processes include identification by Agency staff, self-nomination by homes who consider they are providing outstanding 'better practice' and by people wishing to speak at the Agency Better Practice events as well as the higher awards arrangements.

Since the higher award arrangement came into place some 18 months ago 144 homes applied for a higher award and 35 have received a higher award. The number of applications demonstrates a high level of commitment to better practice. We have been advised that some services that did not apply earlier have decided to seek higher awards at the next round of accreditation.

The Agency's underlying philosophy for education is that high quality care will be promoted through a combination of education and accreditation activities. Neither strategy alone will bring about sustained improvement in the sector.

The Agency developed its education plan in 2003 following an industry needs analysis and feedback from many providers. The needs analysis supported the proposition that providers felt that there would be benefit in the Agency providing more information about how compliance with the Standards could be achieved and maintained and about better practices in the sector. The Agency also routinely reports industry performance against the Standards.

Information is provided through seminars, Agency conferences, speaking at conferences and events organised by other organisations, publications on the website, in the Agency's newsletter *The Standard* and the *Better Practice* book that highlights Agency award winners.

Agency education activities over the past twelve months include:

Internal identification of better practice

Agency assessors and decision-makers report what they believe to be examples of better practice. Where the Agency considers the practice warrants wider distribution, the provider is contacted.

Articles in 'The Standard' on better practice

The Agency's quarterly publication 'The Standard' regularly showcases homes that are willing to share their better practice systems, processes and activity.

Better Practice events

These events are planned for each of Brisbane, Sydney, Melbourne, Hobart, Adelaide and Perth. The events that have been conducted have received positive feedback from participants.

Over 90% of participants reported that they learned something at the event they attended and over 90% reported that they would recommend such events to their colleagues. A summary of the key responses is at Attachment 'D'.

Better Practice compendium

This book showcases some of the homes that achieved an Agency higher award

Higher Awards – website

Homes achieving a higher award are showcased on the Agency website

Education and Training to aged care facilities

Satellite television and technology

The Agency is a partner in a joint project with Anglican Retirement Villages and the Aged Care Channel. The purpose of the project is to evaluate the use of satellite television as a medium for delivering training particularly to remote sites. The project is supported by a grant from the Australian Government.

The grant covers the provision of a satellite dish and relevant hardware and connection to the Aged Care Channel for those homes receiving the Commonwealth Viability Supplement that successfully applied to be part of the program. Ninety-six homes have been connected.

The grant also covers part of the cost of developing six programs and learning resources to pilot the delivery of nationally recognised vocational education and training through the technology. It also includes the University of Technology Sydney independently conducting a review to assess the efficacy of using satellite TV as a medium for delivering education. The Agency scoped the review project and let the contract.

Seminar series

During 2003 the Agency conducted a seminar series *'Turn Data into Action'*. These were half-day workshops held at 68 locations across Australia. 1,507 aged care staff attended.

Attachment E is a summary of feedback from participants.

Development of competency-based resources on dementia available on the web-site after the satellite television pilot.

The flexible learning package that forms the base of the dementia care programs that are transmitted through the satellite TV project will be available on the Agency web-site later in the year.

Self-directed learning packages

There are 3 *Self-directed learning packages* on the Agency web-site. These packages cover self-assessment, continuous improvement and data and measurement.

Assessor and Provider Resource material

The 'Audit Handbook for Quality Assessors' and 'Results and processes in relation to the expected outcomes of the Accreditation Standard' handbook are freely available from the Agency web-site. These provide comprehensive information about the Accreditation Standards and how the assessment of performance against the Standards is considered.

During 2003/04 the Agency produced a *'pocket guide to the Accreditation Standards'*. This has been made available free at some conferences and sold outside the conferences for a nominal charge. The demand for this guide, that provides information about how the Agency assesses expected outcomes, has been high.

Higher Ratings

The Guide to the higher ratings award arrangements is available through the Agency web-site.

The Agency's *Annual Report, Corporate Plan and Service Charter* are also found on our website.

Education during support contacts

Since its inception, Agency assessors have provided assistance to homes about how they might achieve compliance. The Agency has now developed three short education sessions that can be delivered by trained Agency staff as part of the support contact arrangements. Participation in the sessions will be voluntary and at no charge to the provider. The topics will be available from August 2004. The topics are:

- How to assess compliance
- Accreditation framework
- Resident involvement in quality systems (for residents, their relatives and carers)

Consumer education

The Agency conducted 40 information sessions directed at residents and relatives across Australia in early 2004. 1,169 people attended and the feedback was positive.

The Agency also produced and distributed 2 resident focused brochures in 2004.

Exhibition booths at industry conferences

The Agency places booths and staff at major conferences attended by staff of aged care facilities. The purpose of these booths is to give conference attendees an opportunity to ask staff questions and comment on our performance.

Presentations at Industry Conferences,

Agency staff also provides education and training through presentations at industry conferences, professional group's etc. During the year executives of the Agency have spoken at a range of conferences. As well as presenting at conferences, Agency executives routinely meet with groups of providers and home staff. During the twelve months to 30 June 2004, Agency staff met with many such groups and covered topics such as:

- Complaints handling
- Explaining accreditation
- Resident lifestyle
- Measurement and continuous improvement
- Presentations to TAFE students
- Continuous improvement

IMPLEMENTING AND MONITORING ACCREDITATION IN A WAY WHICH REDUCES THE ADMINISTRATION AND PAPERWORK DEMANDS ON STAFF.

Neither the Accreditation Standards nor the Agency expect homes to create paper work other than the accreditation application (that includes the self-assessment). For most homes (about 90%) this requirement falls only once every three years.

The assessment process seeks evidence of compliance with the Accreditation Standards. Agency assessors have no expectation to see any more documentation than that which would exist within a quality management framework. Homes may also demonstrate effective quality systems using other forms of communication such as charts, videos and colour coding.

CONCLUSION

There are a number of indicators that support the view that the Agency is effective and performs its functions effectively within the framework of the *Accreditation Grant Principles 1999*. Not the least of which is the view of the independent ANAO "The Agency has adequately identified its legislative responsibilities for accreditation and has implemented an adequate process to meet them. In general, its management of its people and workflow supports the accreditation process".

As a relatively young organisation The Aged Care Standards and Accreditation Agency Ltd has achieved much and following a path of continuous improvement has processes in place to continue that development.