Assessor handbook

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Australian Aged Care Quality Agency

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Users of this handbook should refer to all relevant legislation, including the *Aged Care Act 1997*, *Australian Aged Care Quality Agency Act 2013*, Quality Agency Principles 2013 and the Accountability Principles 2014.

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We are accredited by the International Society for Quality in Health Care as an international accrediting body.

This handbook informs our assessor training program which has also been accredited by ISQua.

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Introduction

This handbook is a reference document to guide aged care quality assessors in assessments of residential aged care homes for the Australian Aged Care Quality Agency (the Quality Agency).

The Quality Agency is responsible for the accreditation of residential aged care homes according to the *Australian Aged Care Quality Agency Act 2013* and the Quality Agency Principles 2013. Without accreditation a provider is not eligible to receive an Australian Government subsidy.

The *Aged Care Act 1997* requires approved providers of residential aged care homes to comply with the Accreditation Standards, which are set out in the Quality of Care Principles 2014. There are four standards – each with a defining principle – comprising 44 expected outcomes. The Accreditation Standards are presented in the appendix to this handbook. It is the responsibility of approved providers to demonstrate their homes' performance against the standards, and the role of assessors to assist them to do so.

All assessors follow the methods and procedures described in this handbook when conducting audits and assessment contacts. This ensures that assessments are carried out consistently and according to legislated requirements and the Quality Agency's policies.

This handbook is publicly available because approved providers and their staff, consumers, governments and others have an interest in the effectiveness of our approach to assessing the quality of residential aged care.

This handbook describes:

- the context and objectives of assessments
- principles underlying assessments
- methods and techniques to be applied when assessing
- using evidence to draw conclusions about homes' performance against the Accreditation Standards.

In 2011, we replaced the original *Audit handbook* with this *Assessor handbook* and in 2012 released the *Report writing handbook.*

References and cross-references

Throughout this handbook, we have used the following symbols to point to further reading or resources:

indicates a cross-reference to another section of this handbook

indicates a reference to another document – either a Quality Agency publication or resource, or an external publication

indicates material available on a website – either our own **www.aacqa.gov.au** or another organisation's website.

SECTION 1: ACCREDITATION AND ASSESSMENT PRINCIPLES

1.1 The Quality Agency's approach to assessments for accreditation

1.1.1 The role of the Quality Agency

The Quality Agency is the 'accreditation body' responsible for accrediting residential aged care homes according to the *Australian Aged Care Quality Agency Act 2013* and the Quality Agency Principles 2013 (Principles). The Principles set out our functions as:

(a) managing the accreditation process using the Accreditation Standards

(b) promoting high quality care, and helping industry to improve service quality, by identifying best practices and providing information, education and training to industry

(c) assessing and strategically managing homes working towards accreditation

(d) liaising with the Department of Social Services about approved providers that fail to meet the Accreditation Standards.

1.1.2 Objectives of assessments

Each assessment involves a review of the performance of a home against the Accreditation Standards. The key objective is to gather and validate information to enable a judgement to be made about the home's performance.

Assessors systematically collect, analyse and report information about a home's processes and the results it achieves for care recipients, to enable our decision-maker to make a decision. The assessment team assists the approved provider or key personnel to identify information that demonstrates the home's performance against the Accreditation Standards.

1.1.3 Separation of assessment and decision-making responsibilities

Our approach reinforces the separate and distinct roles of assessors and decision-makers.

Assessors conduct assessments of homes' performance against the Accreditation Standards and report their findings to inform the decision-makers, who make decisions about whether the homes will be accredited and determine their case management needs. This separation of responsibility is a key aspect of our quality assurance and accountability.

The decision-maker sometimes comes to a different conclusion to the assessment team. The decision-maker has other information about the performance of the home to consider in addition to the assessment team's report – such as a response or submission from the approved provider which may describe improvements made since the visit.

The decision-maker may also consider the full history of the home – whether it has failed to meet the Accreditation Standards in the past or consistently performed well – which might indicate its prospects for undertaking continuous improvement, and any advice received from the Department of Social Services.

1.1.4 Case management

The decision-maker not only determines whether a home is accredited, but also applies all of our knowledge about a home to determine the timing and focus of its next assessment activity, and the extent of support it may need from the Quality Agency.

We refer to this tailored approach to managing homes as 'case management'. The purpose of case management is to protect the welfare of care recipients by initiating timely action to address potential and actual risks of poor care and services and to support improvements.

Case management decisions may take into account a range of information, including information from the public or the media; or awareness of administrative changes or governance issues that have the potential to affect a home's performance.

1.2 Guiding principles

1.2.1 There is no prescribed way for homes to operate

The Quality of Care Principles 2014 are explicit about the flexibility that homes have to determine how they operate their business of providing care and services to care recipients:

> **18.9 Application of Accreditation Standards**
>
> (1) The Accreditation Standards are intended to provide a structured approach to the management of quality and represent clear statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of care recipients. It is not expected that all residential care services should respond to a standard in the same way.

Homes create and maintain systems for the benefit of care recipients, not for accreditation.

Assessors may offer suggestions about ways that care and services might be improved, but they must make it clear that these are for the home to consider – it is the improvement that is a requirement, not the means of achieving it.

1.2.2 The focus should be on care recipients

The Accreditation Standards are 'about' care recipients. This is illustrated by the wording of the defining principles – to take one example, for Standard 2 Health and personal care:

> Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

So our attention is firmly centred on the care recipients – assessors will look for evidence of:

- the impact on care recipients of the care and services homes provide
- commitment by homes to addressing the needs, preferences and rights of care recipients, demonstrated in the way they plan and deliver care and services.

The Quality Agency Principles 2013 require that assessors meet at least 10 per cent of a home's care recipients or their representatives during an audit visit to discuss the care and services they are receiving. In practice the assessment teams speak to a higher proportion of care recipients and representatives. Our policy is that this also applies at assessment contact visits.

1.2.3 The Accreditation Standards address results and processes

The expected outcomes of the Accreditation Standards, against which a home's performance is measured, are concerned with results and processes.

Results

Results broadly refer to the effects of programs and activities implemented by the home to meet the care needs of care recipients.

Some expected outcomes are clearly related to results for care recipients: when tangible results are being achieved for care recipients, the expected outcome is met. Assessors give particular consideration to information **from** the care recipients themselves (or their representatives), and **about** care recipients e.g. from the home's records.

Other expected outcomes look for results that are less directly related to care recipients: when tangible results are being achieved for the home, the expected outcome is met. An example is expected outcome 1.3 Education and staff development: "management and staff have appropriate knowledge and skills to perform their roles effectively". Assessors seek information from the home's staff and managers about such results and the processes that produce them.

Systems and processes

A home's performance is based on a system of interrelated processes.

Processes create the results for care recipients, the home and other stakeholders. For example, providing medication and diversional therapy, providing meals and accommodation, and providing support to care recipients, are all processes.

A home needs an effective system of processes to provide continual quality service. Processes ensure that results are achieved in a manner that gives confidence about the home's future performance. Processes do not always need to be formalised or documented for them to be effective, but they do need to be well managed and understood, and sustainable – that is, the system does not rely on a particular person or people to produce the required results.

Refer to our *Results and processes guide* (available from our website) for detail on the focus of each expected outcome.

1.2.4 The assessment process is open and transparent

Openness and transparency requires the commitment of both the assessment team and the approved provider to sustain the credibility of the assessment process. It requires that:

- We keep approved providers and staff at homes informed about the accreditation process and what assessments involve.
- During an assessment, the assessors make sure that they communicate – with care recipients, representatives, the approved provider or their delegate and the home's staff – about what they are doing and why, and what to expect. They are open to questions.
- The assessment team tells the approved provider (or their delegate) promptly about any concerns about the home's performance, and assists them to identify further information that could contribute to an accurate assessment. There may be a logical explanation, or there may be part of the system the assessment team has not yet seen.
- There should be no surprises at an exit meeting, or in the assessment team's report, because the team will have already raised any issues.
- Assessment reports give logical, clear reasons for the team's findings, providing sufficient information for both the approved provider and the decision-maker.

- The home makes as much information as possible available to the assessment team during the visit. Although, where necessary, the approved provider can send information to the decision-maker after receiving the team's report, it is more efficient if the assessors are fully informed when they prepare the report.

1.2.5 Conclusions are based on evidence

Conclusions about a home's performance against the Accreditation Standards must be founded on sound evidence. That means they are based on information that is:

- competent – useful and reliable; consistent with actual events and practices; obtained from reliable sources; and corroborated from more than one source
- sufficient – in terms of both quality and quantity – for the assessment team to draw accurate and credible conclusions
- relevant – related to current practice and current care recipients.

When forming an opinion about whether or not the home meets the standards, the assessment team must be sure that the evidence supports their conclusions. The evidence must bear a strong and logical relationship to the Accreditation Standards.

1.3 The obligations of the approved provider and the home

1.3.1 Demonstrating performance against the Accreditation Standards

It is the approved provider's responsibility to demonstrate that the home meets the Accreditation Standards. This means showing how the home's systems and processes are effective in meeting the standards.

Undertaking self-assessment

Self-assessment is a comprehensive, systematic program of internal review of a home's performance against the Accreditation Standards. Self-assessment processes allow the home to discern its strengths and areas in which improvements can be made, and culminates in planned improvement actions, which are then evaluated for success in meeting care recipients' needs.

A home must carry out a self-assessment in preparation for its re-accreditation audit. The approved provider may choose whether to include documentation of the self-assessment with their application for re-accreditation or wait until the site visit. In any case, the self-assessment process and its conclusions will be one of the first items for discussion at the site visit.

We provide a self-assessment tool for homes to use if they wish to follow our format – available from our website. However, many approved providers will have their own approach to self-assessment, and their own way of assembling the results. Provided that the home can show self-assessment information demonstrating the home's performance against the standards, the assessment team will be able to verify that the requirement has been met.

Approved providers may conduct self-assessments more frequently than in the lead-up to re-accreditation. Having an up-to-date picture of the home's performance will help in staying prepared for assessment contact visits by our assessors, and – importantly – it identifies activities that need to be incorporated into a plan for continuous improvement.

1.3.2 Pursuing continuous improvement

The requirement for homes to pursue continuous improvement is explicit in the Quality Agency Principles 2013 and in the Accreditation Standards.

According to the Principles an approved provider must:

- undertake a process of continuous improvement for the home, measured against the Accreditation Standards
- have a plan for continuous improvement for the home
- make the plan available to the Quality Agency and our assessment teams[1].

Under each of the four Accreditation Standards the first expected outcome requires that:

> The organisation actively pursues continuous improvement.

This does not mean that there must be plans for improvement in every expected outcome. It does mean that a home must have a process to improve its performance. Our expectation is that actively pursuing continuous improvement will be displayed in results that primarily affect the quality of care and services to care recipients.

The home should be able to clearly articulate the purpose of the improvement, how it will be, or is being, achieved and methods of validation and evaluation to verify the process and ensure it is on the right track.

A sound continuous improvement program can demonstrate:

- results – actual improvements made and their assessed benefit to care recipients over a defined period (e.g. the last 12 months)
- planned and projected results – actual improvements planned or being introduced and the intended benefit to care recipients over a defined period (e.g. the next 12 months)
- baseline – the current situation the home is trying to change
- monitoring – systems to monitor a new process or activity during its implementation to make sure it is on the right track
- evaluation – systems to monitor a new process or activity once it has been implemented and ensure that it meets the original objective with results for care recipients.

There is comprehensive information about continuous improvement on our website. There is also an optional template for a plan for continuous improvement.

[1] We will usually ask for an updated plan for continuous improvement when the decision following an assessment activity is that the home has not met all 44 of the expected outcomes.

SECTION 2: THE ROLE OF THE ASSESSOR

2.1 Requirements for assessors

2.1.1 Qualification to be an assessor

We employ both internal and external assessors. An internal assessor may be employed as a permanent staff member or for a fixed term; an external assessor may be engaged for a particular assignment as either a contractor or casual assessor.

All assessors must have completed approved training and orientation and be registered.

Among the requirements for maintaining their registration, assessors need to continue their professional development. We help them to stay up to date by providing an Assessor Development Program.

Given the high standards of performance and integrity that are required in all interactions with a home and care recipients, we require assessors to observe the Code of conduct for aged care assessors. A signed commitment to the code is another of the requirements for registration and re-registration.

Our website provides comprehensive information about the requirements – and the process for becoming an aged care quality assessor.

2.1.2 Eligibility to conduct an assessment

According to Section 2.58 of the Quality Agency Principles 2013, to be eligible to be included in an assessment team, an assessor must:

- be a registered quality assessor (as outlined above)
- be available to complete the assignment
- not have been employed by or provided services to the approved provider in the three years before the team was created
- not have a pecuniary or other interest that could conflict with a proper audit of the home.

When we select an assessor for an assessment team we send an assignment request. An assessor cannot conduct work unless he or she has accepted the assignment request, which requires checking the details, accepting the conditions of the activity and confirming their eligibility.

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Assessor code of conduct

I will observe the assessor's code of conduct as follows:

1. Act professionally and accurately report findings in a consistent and an unbiased manner.
2. Undertake audits only in accordance with Quality Agency procedures and policies.
3. Maintain professional standards of dress and behaviour and wear my registration badge when on Quality Agency assignments.
4. Respect the in-house rules of any organisation I am visiting and keep my mobile phone turned off or silent during all visits.
5. Maintain my competence and knowledge of contemporary practice.
6. Not misrepresent my own or any other individual's qualifications, competence or experience, nor undertake auditing work beyond my expertise.
7. Disclose to the Quality Agency any current or prior working or personal relationships that may be seen as a conflict of interest or that may influence my judgment.
8. Not enter into any activity which may be in conflict with the best interests of the Quality Agency or that would prevent the performance of my duties in an objective manner.
9. Adhere to the requirements of the *Australian Aged Care Quality Agency Act 2013* and the *Privacy Act 1988* and not discuss or disclose any information relating to an audit unless required to by law.
10. While conducting assignments for the Quality Agency not represent any other business interests.
11. Not use my registration as an assessor to promote any business in which I may have an interest.
12. Not accept any inducement, commission, gift or any other benefit from any interested party.
13. Not communicate false, erroneous or misleading information that may compromise the integrity of any audit.
14. Not act in any way that would prejudice the reputation of the Quality Agency, assessors or the accreditation process.
15. Cooperate fully with any enquiry in the event of any complaint about my performance as an assessor or any alleged breach of this code.

Name:

Date:

Assessor code of conduct FRM-ACC-0140 v14.0
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2.2 The assessment team

An assessment team:

- is formed for each assessment activity and disbanded at the conclusion of the activity
- generally consists of at least two assessors (and this is mandatory for a review audit)
- in some circumstances – such as a desk audit for a new home – may be only one assessor.

2.2.1 Teamwork

Teamwork during assessments involves:

- consultation and discussion during all phases of the assessment including the planning, assessment and reporting phases
- valuing and supporting the contribution of all team members
- sharing information and conclusions
- ensuring sufficient information is gathered.

Although one team member may have chief responsibility for assessing a system or expected outcome, all members of the team have accountability for the assessment as a whole, including the findings and the report.

2.2.2 Responsibilities of all team members

Individual assessors are responsible for the quality of their participation while assessing for the Quality Agency, including:

- maintaining adequate communication
- contributing as part of the team
- undertaking all tasks detailed on the assignment request
- corroborating information where possible
- adhering to timeframes
- using the latest tools we have provided including report templates
- following the advice in the *Report writing handbook* about how to present assessment reports
- proofreading all written work to ensure it is factual, accurate, relevant, free of contradiction and repetition, succinct and in the required format before it is submitted to the Quality Agency
- sending their notes to the Quality Agency after the assessment activity has concluded.

2.2.3 Additional responsibilities of the team leader

In addition to all the responsibilities of a team member, the team leader is responsible for coordinating the assessment. This includes:

- ensuring the plan for the assessment is understood by team members and communicated to the approved provider
- reaffirming responsibilities to the team if there is a requirement for variation

- ensuring the assessment team is on track with the assessment plan throughout the entire assessment process
- promoting personal responsibility for the quality of work amongst team members
- chairing the entry and exit meetings
- regularly communicating with the approved provider (or their delegate) about the progress of the assessment
- ensuring any concerns or need for further information are promptly communicated to the approved provider (or their delegate)
- communicating with our state office contact (generally a Group Leader, the Assessment Manager or State Manager) on behalf of the assessment team – and vice versa – when difficulties or questions arise
- coordinating the production and quality checks of reports of the assessment
- ensuring timeframes are adhered to
- submitting reports and other required documents to the Quality Agency
- completing the online assessor questionnaire before or at the same time as the team's final report is submitted.

2.3 Assessors' approach to working with homes

2.3.1 Getting the most out of an assessment

Our experienced assessors tell us that relationship management is vital to the success of an assessment. Not only do positive interactions make the experience more pleasant for everyone, they can make a difference to the accuracy of the assessment.

If relationships are not managed, the risks are:

- loss of opportunity to obtain sufficient objective information to draw an accurate conclusion about the home's performance against the Accreditation Standards
- loss of reputation for the Quality Agency and loss of faith in the accreditation process as a whole
- creating a poor impression of individual assessors' professionalism, which can lead to complaints.

Analysis of complaints lodged with the Quality Agency between July 2007 and December 2010[2] showed that most of them related to aspects of assessors' conduct during visits, such as:

- their attitudes – being prescriptive, judgemental, displaying off-putting body language
- their questioning style – excessive, 'machine gun' questions
- not following the agreed schedule, causing disruption to the home's work routine.

Assessors should work to establish and maintain positive relationships from start to finish during interactions with approved providers and individuals at homes. Site visits pivot on

[2] There were 249 complaints during that period – representing only 1.1 per cent of the visits conducted. There were comparatively fewer complaints in 2009 and 2010, which we attribute to more emphasis being given to effective communication in our training for assessors.

short-term relationships between individuals – there is little time to repair breakdown in relationships.

Some of the keys to positive interactions are:

An open and encouraging communication style

When individuals – including managers, staff, care recipients and their representatives – feel free to express their opinions and knowledge about a home, the assessment team is likely to be better informed about the home's performance.

To help everyone feel positive about the process, assessors need to:

- give others the opportunity to speak and to show what they think is important, and why
- actively listen
- answer questions
- provide positive feedback – which encourages homes to continue to improve – not just negative feedback.

Our open and transparent assessment process relies on clear communication with the approved provider or their delegate when issues are identified. This involves:

- timely discussion of information gained from observations, interviews or document review

  Present the facts by stating directly what has been identified, without implying fault.

- discussing conclusions and how the team reached them

  Be succinct: say what is - not what ought to be - by making neutral, descriptive statements of what may be causing the problem.

- listening to their explanation
- explaining what else could be provided to demonstrate the home's performance
- knowing when to stop asking questions so those being questioned don't feel uncomfortable

  Pay close attention to conversations, facial expressions and body language, particularly when people start to feel uncomfortable or become aggressive or silent and withdrawn.

Awareness of how assessors can be perceived

The people at a home being assessed are often very nervous. They may see the assessment team and the Quality Agency as powerful and intimidating – especially when a visit is unannounced. Explaining the role of the assessment team and various actions (such as why a particular question is being asked) can set people at ease. It is also useful to invite interaction; this can be as simple as asking throughout a visit "are you okay with the process, do you have any questions?"

Awareness that the setting is a HOME

Recognising that the assessment takes place *in the care recipients' home* automatically reinforces a respectful attitude towards everyone concerned with the assessment.

It is important to remember that being interviewed – or even just the presence of the assessment team at the home – can cause care recipients to be concerned that there are problems in their home, even when there are not.

Also, the staff are *at work*; we aim to cause minimal disruption to the home's normal operations, so before engaging staff it makes sense – and is respectful – to ask them if they have anything else that needs attending to at present, or if they have any conflicting appointments.

If any changes to the assessment plan need to be made, it is the assessor, not the approved provider, who should be adaptable. A confrontational approach should never be used in any interaction with anyone during an assessment activity, especially when the team's plan for the assessment needs to be altered.

Self-awareness

Being in touch with how your personal traits, background and experience affect your attitudes can help avoid imposing personal views on others. Assessors need to be open to the possibility that more than one approach can result in safe or positive outcomes for care recipients.

Assessors can also help maintain positive relationships by separating their feelings from the assessment process, knowing when to look for common ground.

2.3.2 Being helpful

The principle that it is the assessor's role to assist an approved provider to demonstrate that a home meets the Accreditation Standards is an important one. It means that assessors are not there to challenge the home's staff to prove that the home meets the standards, nor to 'catch them out'. Assessors need to be clear about what information they are looking for and why.

The goals are:

- to reach a shared understanding of what is occurring in the home and what has been achieved
- to consider what information the assessment team can give to the approved provider to assist in addressing deficiencies.

2.3.3 Providing information

To help approved providers to make improvements, assessors provide information during assessments, such as:

- information about potential alternative ways of providing care or services
- information about possible causes of problems observed in care or services being provided
- sources of information about alternative ways of providing care and services, including our website.

If information about the programs or systems of another home has been made public – for example, published in a journal or covered at a Better Practice conference – it may be freely provided. But assessors must not give information about programs or systems they have seen at another home unless the approved provider of that home has given approval, as it is their intellectual property.

Advice about specific methods of improving care and service should not be represented as required action. We should be sensitive to the possibility that approved providers may interpret suggestions as requirements. Assessors must explain to the home's management that their advice is for consideration only and does not represent a specific requirement. Suggestions must be discussed during the visit, not just recorded in the 'additional information' section of the assessment information or assessment contact report.

It is important to draw a distinction between an assessor and a consultant. Assessors should not promote specific products and services. Rather, they should explain where the home can get further guidance – for example, professional organisations, published guidelines, and information publicly available such as articles in the *Quality Standard*.

2.3.4 Respecting privacy and confidentiality

The assessors' job is to collect information from care recipients and representatives without disclosing 'who said what'. This also applies to other people who speak to the assessors unless they say that it is okay to identify them.

2.3.5 Providing aid to care recipients in difficulty

There is no duty imposed on assessors, either through specific legislation or common law, to provide emergency aid to a care recipient or any other person.

An assessor must act within the scope of their authority and training at all times. An assessor does not have the authority to examine care recipients or interfere with the care provided by the approved provider.

If, while carrying out his/her duties, an assessor finds a care recipient is in immediate danger or requires immediate emergency aid he/she should immediately notify a responsible member of staff.

If there is no responsible staff member within proximity to be able to act or remove the person from the immediate danger:

- the assessor must take reasonable steps to protect the care recipient from danger or to remove the care recipient from danger

but

- he/she should not risk personal injury in taking any actions to protect a care recipient.

If an assessor finds a care recipient who is injured or otherwise requires emergency aid and there is no responsible person in reasonable proximity, he/she may provide aid but only within the scope of his/her qualifications, training and experience. This is appropriate if immediate aid is needed to protect the care recipient from further harm.

It is essential that the assessor alerts management staff of the home of any actions he/she has taken as soon as possible. He/she must also report the action to a senior manager in the state office as soon as possible.

2.4 Further reading

See also …

Section 4 Planning visits – for more about the way work is assigned among team members

Section 5 Conducting visits – for more about:

- teamwork
- communication

Section 6 Gathering information at site visits – for more about:

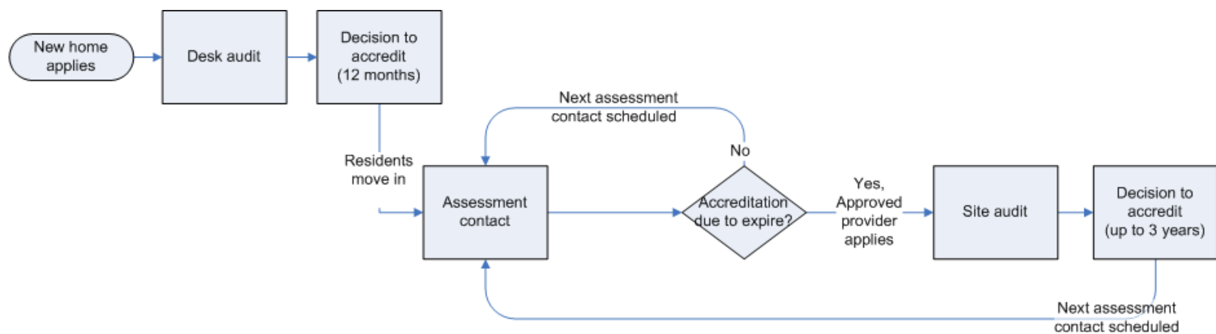
- interviewing techniques
- confidentiality.

SECTION 3: ASSESSMENT ACTIVITIES

3.1 The accreditation cycle

Accreditation is not a one-off event. Not only is accreditation granted for a defined period – at the end of which a home must apply for re-accreditation – but we also monitor every home during its accreditation period to assess its performance against the Accreditation Standards and its pursuit of continuous improvement.

The following diagram depicts the cycle of assessment activities:



The length of time between repeated assessment contacts will depend on how well the home performs against the standards and deals with any need for improvement. In situations where assessors find expected outcomes not being met and the home does not succeed in resolving them, our decision-maker may determine that a review audit is required (not shown in the diagram).

3.2 Assessments at a glance on the following page is a quick reference guide to the differences between activities that assessors conduct.

3.2 Assessments at a glance

	New home desk audit	Assessment contact	Re-accreditation audit	Review audit
What	A review of a new ('commencing') home's application for accreditation. Following the audit a decision is made on whether the home will be accredited for 12 months.	Usually a site visit by an assessment team, addressing an assessment module and/or matters that require monitoring or follow-up ('case-specific matters'). The visit may be announced (the home is given notice that the team is coming) or unannounced (the home is not given any notice that the assessment team is coming). Sometimes the contact is a telephone call (known as a 'desk assessment contact').	A site visit by an assessment team to consider a home's performance against the Accreditation Standards. Following the audit a decision is made on whether the home will be re-accredited, and for how long.	A site visit by an assessment team to consider a home's performance against the Accreditation Standards. The visit may be announced (the home is given notice that the team is coming) or unannounced (the home is not given any notice that the assessment team is coming). Following a review audit a decision is made on whether the home's accreditation period will be varied (e.g. reduced) or whether its accreditation will be revoked. The decision also includes information about areas the home needs to improve in order to meet the Accreditation Standards.
When	After a commencing home has submitted its application for accreditation, before care recipients move in.	*At least* twice during a home's accreditation period, as determined by our decision-maker according to the particular circumstances of the home and its performance against the Accreditation Standards. A home with a history of not meeting the Accreditation Standards is likely to have assessment contacts more frequently than a home with a record of consistently high performance.	After the home has submitted its application for re-accreditation. The application is due about six months before the home's current accreditation expires, allowing time for the re-accreditation audit to be planned and conducted and a decision made before the accreditation expires. We inform the approved provider of when the assessors will visit the home, and the home informs care recipients and their representatives.	Ad hoc, as determined by our decision-makers – for example when: • another assessment activity has revealed that the home meets less than 41 of 44 expected outcomes • the home was given a timetable for improvement but did not succeed in meeting all the expected outcomes during the set time • the Department of Social Services has asked us to follow up on concerns.
Time at the home (on site)	None – there is no site visit at this point because there are no care recipients.	Usually one day, but depends on the scope of the assessment, which is determined by the extent of monitoring or assessment required.	Usually two days.	At least two days, possibly longer.
More details	Section 3.3 on page 23	Section 3.4 on page 23	Section 3.5 on page 26	Section 3.6 on page 29

3.3 Desk audits for new homes

A new – or 'commencing' – home is one which has not previously provided residential aged care and is not currently accredited by the Quality Agency, but the approved provider has been allocated beds (or 'care recipient places') by the Department of Social Services (DSS).

A home must be accredited before it is eligible to receive Australian Government subsidies and accept care recipients.

At least three months before care recipients move into the home, the approved provider discusses a due date for their application with their local Quality Agency office, and is provided with the accreditation application for new homes.

The application must be received at least 30 days before care recipients move into a home to allow for a decision to be made and thus ensure government funding of the home.

The approved provider needs to show how the home will meet the Accreditation Standards once it is operating and to give the Quality Agency an undertaking that the home will undertake continuous improvement in providing care for care recipients.

When reviewing a new home's application, the assessment team considers:

- how sustainable the proposed systems would be
- the ease of transition from an empty building with no systems or staff
- how the home will monitor whether it is meeting the needs and preferences of care recipients as systems are adjusted when numbers of care recipients increase.

The assessment team submits a report of its findings to a decision-maker.

The decision-maker decides whether the home will be accredited for 12 months, or not accredited, and informs both the approved provider and DSS of the decision. The decision document includes information about any areas the residential aged care home needs to improve in order to meet the Accreditation Standards.

The decision is published on our website. If the decision is to accredit the home, a certificate is sent to the approved provider.

If the decision-maker decides not to accredit the home, the approved provider can request reconsideration by a new decision-maker. If the second decision-maker confirms the decision not to accredit, the approved provider can appeal to the Administrative Appeals Tribunal for a review. More information on reconsideration and appeal is on our website.

3.4 Assessment contacts

An assessment contact is the most common type of assessment that a home experiences. There will be at least two during any given accreditation period.

Every decision following every assessment activity includes an indication of future assessment contacts – for example:

> The home will have at least one unannounced assessment contact per year.

New homes

After being granted accreditation for an initial 12 months, a commencing home receives its first assessment contact within one to two months of care recipients moving into the home, and a further unannounced assessment contact before its application for re-accreditation is due.

Other accredited homes ('existing homes')

The form and frequency of assessment contacts during the home's accreditation period is decided on a case-by-case basis. We consider the particular circumstances of each home and the level and frequency of monitoring required. A home with a history of failure to meet the Accreditation Standards is likely to be visited more frequently than a home with a record of consistently high performance.

3.4.1 The purpose and scope of an assessment contact

An assessment contact may be carried out for one or more of the following purposes:

a) to assess a home's performance against the Accreditation Standards
b) to assist a home with its process of continuous improvement
c) to monitor a home's progress against a timetable for improvement (TFI) or other program to remedy a failure to meet the standards that was identified at an earlier assessment activity
d) to identify whether there is a need for a review audit

and/or

e) to provide additional information or education about the accreditation process and requirements.

The scope of the assessment will be determined by a decision-maker and will be specified for the assessment team on their assignment request – the assessment team will cover either an assessment module or case-specific matters, or both:

- Assessment modules are tools we have developed for assessors to conduct a broad review of a home's care for care recipients, following a theme (such as care planning and assessment, clinical care or incident management).
- Case-specific matters are matters that require monitoring or follow-up at the home – such as failure to meet the standards identified at an earlier assessment activity, or information we have received from the Department of Social Services. Specific expected outcomes are identified to be addressed.

3.4.2 Types of assessment contact

Assessment contact visits

Assessment contact visits may be announced or unannounced – that is, the home is not given any notice that the assessment team is coming. We ensure that each home receives at least one unannounced assessment contact visit in every financial year.

A visit is usually for one day, but the time allocated will depend on the scope of the assessment contact.

The assessment team observes the home in operation; interviews staff and care recipients or their representatives; looks at records and other documents; and looks at the environment.

Desk assessment contacts

In some cases, an assessment contact may be conducted by telephone – referred to as a ‘desk assessment contact’.

The approved provider receives information on when the assessor will be telephoning and the home organises staff to be present as appropriate.

Introductions are made at the beginning of the teleconference to establish who is present. Other aspects of the desk assessment contact are the same as assessment contact visits – for instance, the entry and exit meeting agenda are used and notes are taken.

Case-specific matters and any documentation provided before the contact are then discussed with the home, including progress made, and future actions to be undertaken by the home.

Information on next steps, such as the provision of an assessment contact report, is then discussed and the phone call is ended.

3.4.3 During the assessment

If there are any expected outcomes that the team considers the home might not meet – whether we already know about them or not – the team promptly informs the approved provider and also contacts the state office.

If the team believes there is – or could be – serious risk to care recipients, the team leader contacts the state office. A senior manager from the state office then contacts the approved provider to allow immediate remedial action to be taken before preparing a serious risk report for the Department of Social Services.

3.4.4 After the assessment contact

The assessment team prepares an *Assessment contact report* and *Recommendation* and submits them to the Quality Agency for a decision to be made.

All members of the team must formally agree to the content, as each team member is responsible for the entire report.

3.4.5 Decision following an assessment contact

Before making the decision we send the report to the approved provider inviting them to respond within seven days to the assessment team’s findings within seven days.

The decision-maker considers any information provided by the approved provider along with the assessment team’s report and recommendation, and information about the home’s performance history.

The decision-maker informs the approved provider of the decision within 14 days of the assessment contact exit meeting in an *Assessment contact advice*. The advice will specify the next visit arrangements and any matters to improve.

If the decision-maker finds that there is failure to meet the standards that we did not already know about, the home may be put on a timetable for improvement or scheduled for a review audit.

If the home was already on a timetable for improvement and has not succeeded in meeting all 44 expected outcomes by the end of the specified period, we may arrange a review audit and must inform the Department of Social Services, which may decide to impose sanctions on the home.

The *Assessment contact advice* is not publicly available. However, an update to the home's last accreditation decision will be published on our website if the decision results in a 'compliance change' – that is, the number of expected outcomes met by the home has changed.

There is no avenue of reconsideration or review for assessment contacts.

3.5 Re-accreditation audits

A re-accreditation audit is conducted when a home applies for re-accreditation. The application is due about six months before the home's current accreditation expires.

A re-accreditation audit involves a systematic assessment of a home's performance against all of the Accreditation Standards. An assessment team is usually on site for two days.

3.5.1 Before the site visit

We appoint the assessment team and notify the approved provider who the team members are and when the re-accreditation audit will take place.

The approved provider is entitled to object to the inclusion of any member of the assessment team within 14 days of being advised who they are.

The approved provider **must** inform care recipients and their representatives at least 21 days in advance about the re-accreditation audit and that they will have an opportunity to talk to members of the assessment team in private. We provide the wording for the home to use to inform care recipients and their representatives, as well as a poster which must be prominently displayed in the home. These are available in a number of community languages as well as English.

The posters and letters are available on our website.

The assessment team meets (this may be a teleconference) to discuss what is known about the home from the information we provided, and to plan their approach to the site visit. The team develops a schedule for the visit and provides it to the home.

The team leader contacts the approved provider a week or two before the site visit to confirm details such as key personnel, whether interpreters will be needed and what the team will expect to look at. If the assessment team has already had a planning meeting the team leader will send the proposed schedule for the visit; otherwise it will be sent closer to the date of the visit.

3.5.2 At the site visit

The team reviews the home's self-assessment and plan for continuous improvement as part of the re-accreditation audit.

The team also observes the home in operation, interviews staff and at least 10 per cent of care recipients and/or their representatives, looks at the home's records and other documentation and the environment.

If there are any expected outcomes that the team considers might not be being met – whether we already knew about the issue or not – the team promptly informs the approved provider and also contacts the state office of the Quality Agency.

If the team believes there is – or could be – serious risk to care recipients, the team leader contacts the state office. A senior manager from the state office then contacts the approved provider to allow immediate remedial action to be taken before preparing a serious risk report for the Department of Social Services.

In all cases, the assessment team prepares the *Major findings* – showing 'met' or 'not met' for each of the 44 expected outcomes – and hands it to the approved provider's delegate during the exit meeting while discussing the findings.

3.5.3 After the site visit

The team prepares the *Audit assessment information* which expands on the information given in the *Major findings*. It includes specific evidence of any expected outcomes rated as not met.

All members of the assessment team must confirm their agreement to the content, as each team member is responsible for all parts of the report, not just those they wrote.

The team leader submits the assessment information to the Quality Agency for the attention of a decision-maker (within the timeframe on the assignment request). We send a copy to the approved provider within seven days of the exit meeting, giving them the opportunity to respond to the findings within 14 days of receiving it. The approved provider's response goes to the decision-maker.

The final *Audit report* is created using the assessment information and, once again, all team members must endorse it. Because this report will be published, it includes the assessment team's rationale for their findings but not the supporting and additional information that could contain private information about care recipients or identify people who spoke to the team.

3.5.4 Decision following a re-accreditation audit

To decide whether, and for how long, the home will be accredited the decision-maker considers any information supplied by the approved provider and the history of the home's performance as well as the *Audit assessment information* and the *Audit report*.

The decisions available to the decision-maker are:

- to re-accredit
- not to re-accredit
- to revoke the home's accreditation, which effectively cancels the home's current accreditation.

The decision-maker prepares a written *Accreditation decision* which states the accreditation period and includes details of future assessment contact arrangements.

If the decision-maker determines that there are expected outcomes the home has not met, the home will be required to submit a plan for continuous improvement

We send the *Accreditation decision* with the *Audit report* to both the approved provider and the Department of Social Services.

The approved provider is entitled to seek reconsideration – by a different decision-maker – of a decision not to accredit the home, or of a decision about the accreditation period.

If the second decision-maker confirms the original decision, the approved provider can appeal to the Administrative Appeals Tribunal (AAT) for a review.

More information on reconsideration and appeal is on our website.

If the decision is to accredit the home, we issue a certificate.

The *Audit report* is published on our website shortly after the period for seeking reconsideration or review has expired.

Australian Government
Australian Aged Care Quality Agency

Audit Major Findings

Name of home	GOLD Star Hostel
RACS ID	706

Approved provider:	Ace

Australian Government
Australian Aged Care Quality Agency

Audit Assessment Inform

Re-accreditation audit

Name of home	Gold Star Hostel
RACS ID	706

Australian Government
Australian Aged Care Quality Agency

Gold Star Hostel

Approved provider: Ace

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 31 March 2017.

We made our decision on 25 February 2014.

The audit was conducted on 21 January 2014 to 22 January 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

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Australian Aged Care Quality Agency

Audit Report

Gold Star Hostel 706
63 Star Court
GOLDSTAR VIC 3152
Approved provider: Ace

Introduction
This is the report of a re-accreditation audit from [Activity Start Date] to [Activity End Date] submitted to the Quality Agency.

Accredited residental aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

Accreditation periods

A home will usually be granted three years accreditation if it meets all of the 44 expected outcomes.

A home is also likely to be granted three years accreditation if it meets almost all of the 44 expected outcomes and the decision-maker is confident that it will meet the Accreditation Standards within a short time, and then maintain its performance.

The decision-maker may decide to grant a shorter accreditation period if there are concerns about a home's prospects for meeting or continuing to meet the Accreditation Standards (provided the health, safety and wellbeing of care recipients are not compromised).

Our website has more information about the criteria that decision-makers apply to determine the accreditation period.

3.6 Review audits

A review audit is also a site visit by an assessment team to conduct a complete review of the home's performance against all of the Accreditation Standards, but it occurs during the home's accreditation period and only when warranted by concerns about the home's performance against the standards.

We may initiate a review audit if:

- an assessment contact has revealed that the home meets less than 41 of the 44 expected outcomes
- the home reaches the end of a timetable for improvement without succeeding in meeting all the expected outcomes
- there is a change at the residential aged care home – for example, change in key personnel, number of 'allocated care recipient places' or building changes
- the Department of Social Services (DSS) requests that we do so.

The visit may be announced or unannounced. (In some circumstances, when several expected outcomes are found not being met at an assessment contact, it is converted into a review audit.)

The assessment team comprises at least two assessors, who are on site for a minimum of two days.

3.6.1 At the site visit

During a review audit the team observes the home in operation; interviews staff and at least 10 per cent of care recipients and/or their representatives, and must consider any comments made by care recipients who have received care. The team also looks at the home's records and other documentation, and the environment.

If there are any expected outcomes that the team considers the home might not meet – whether we already knew about the issue or not – the team promptly informs the approved provider and also contacts the state office.

If the team is concerned that there is serious risk to care recipients, the team leader contacts the state office; a senior manager from the state office then contacts the approved provider to allow immediate remedial action to be taken before preparing a serious risk report for the Department of Social Services.

The team prepares the *Review audit assessment information* giving specific evidence of any expected outcomes rated as not met.

All members of the assessment team must agree to the content, as each team member is responsible for all parts of the report.

A copy is handed to the approved provider's delegate and discussed at the exit meeting. The approved provider then has seven days to submit its response to the *Review audit assessment information* to the Quality Agency.

3.6.2 After the site visit

The team leader submits the assessment information to the Quality Agency for referral to a decision-maker (within the timeframe on the assignment request).

The final *Review audit report* is created using the *Review audit assessment information* and all team members must endorse it. Because this report will be published, it includes the assessment team's rationale for their findings but not the supporting and additional information that could contain private information about care recipients.

The report is due to be submitted within seven days of the exit meeting.

3.6.3 Decision following a review audit

We usually assign a senior decision-maker from another state to make the decision following a review audit. The decision-maker considers any information supplied by the approved provider and the history of the home's performance as well as the *Review audit assessment information*.

The decisions available to the decision-maker are:

- to revoke the home's accreditation – this effectively cancels the accreditation and means the home would no longer be eligible for Australian Government subsidies. This decision would apply when the decision-maker considers that there is serious risk to the health, wellbeing and safety of care recipients, or that there are too many expected outcomes not being met, and little prospect of the home meeting the standards
- not to revoke but to vary the home's accreditation – that is, change the accreditation expiry date; the accreditation period is usually shortened, so the home will have another full audit when it applies for re-accreditation
- not to revoke or vary the home's accreditation – that is, make no change. Usually, this would apply when the decision-maker has determined that the home meets the standards, but it may apply when the home does not meet the standards but has good prospects for doing so.

The decision-maker prepares an *Accreditation decision* which includes details of future assessment contact arrangements: if the home failed to meet the Accreditation Standards there will be at least one announced assessment contact in addition to the standard unannounced visits.

We send the decision along with the *Review audit report* to both the approved provider and the Department of Social Services.

The approved provider is entitled to seek reconsideration – by a different decision-maker – of a decision to revoke the home's accreditation or vary its accreditation period.

If the second decision-maker confirms the original decision, the approved provider can appeal to the Administrative Appeals Tribunal for a review.

More information on reconsideration and appeal is on our website.

The *Review audit report* is published on our website shortly after the period for seeking reconsideration or review has expired.

3.7 Further reading

See also …

Section 4 Planning visits – for how assessment teams prepare for assessment activities

Section 5 Conducting visits – for the processes followed at site visits

Section 6 Gathering information at site visits – for how assessment teams assemble evidence from interviews, observations and document reviews

Section 7 Drawing conclusions from evidence – for more about findings that the home has failed to meet the standards and serious risk

Report writing handbook – for full details of reports.

SECTION 4: PLANNING VISITS

4.1 The scope of the assessment

The scope of an assessment is determined by one of our decision-makers and is recorded on the assignment request to the assessment team members. This may include instructions about considering particular information provided (such as referrals from the Department of Social Services).

Re-accreditation audits and review audits address all 44 expected outcomes of the Accreditation Standards. Assessment contacts may include assessment using an assessment module or combination of modules; consider information from previous visits; and/or assessment against specific expected outcomes.

4.2 Team preparation

The assessment team confers – either face-to-face or by telephone – to prepare an outline of how the visit will be conducted. For a re-accreditation audit the time allocated for the meeting will depend on whether the home's self-assessment was included with the application for re-accreditation.

The team needs to:

- identify the information needed for assessment of the home's performance
- group the assessment issues and information needs, paying particular attention to the processes operating on site and the relationships between these processes and the Accreditation Standards
- plan the interviews, observations and the documents to be looked at
- agree on timeframes for writing subsequent reports.

If the team considers that an accredited interpreter is required and one has not previously arranged the team leader discusses this with the Operations Manager.

4.2.1 Information review

The team must refer to the information provided by our operations team, including the assignment request with details of the home and the type and scope of visit and a work pack comprising:

- the home details report
- for re-accreditation audits:
  - the application for re-accreditation
  - the home's self-assessment if it was submitted with the application
- the last assessment contact report or audit report – and, if the home had any expected outcomes not met, the decision
- information on the history of the home's performance against the Accreditation Standards
- information from the Department of Social Services.

4.2.2 Reviewing self-assessment documentation

When the home's self-assessment is submitted with its application for re-accreditation, the planning stage will involve examining the documentation to identify any gaps or potential issues and direct the line of enquiry for the site visit.

4.2.3 Assigning work among team members

Part of the planning process is to divide assessment tasks among team members so that all areas are covered, considering links between systems and the need to regularly communicate with other team members.

It is also important to allocate individual team members' responsibilities for the assessment so that each team member can prepare for their role. Taking into consideration the particular skills and experience of individual assessors on the team, responsibilities can be assigned in a variety of ways, for example:

- by related systems
- by specific staff or care recipients
- by specific expected outcomes to be reviewed
- by location or area.

As a trained assessor, each team member is able to assess all expected outcomes. All team members are responsible for the team's conclusions and the final report. When dividing work, it is important to consider:

- whether there are any care recipients with special needs in the home
- whether an interpreter will be used (this adds time to interviews)
- the physical environment.

Dangers of splitting workload by evidence source

Teams should avoid assigning individual assessors to exclusively examine evidence from a specific source, such as care recipient interviews. We should not have one assessor only doing interviews, another only looking at documents, etc. Such an approach is likely to lead to poor corroboration, and fragmented assessment and reports.

When assigning workloads, it is imperative that each team member has the opportunity to talk with care recipients, staff and/or management, look at documents and make relevant observations.

4.2.4 The site schedule

The site schedule is used for re-accreditation audits and sometimes for review audits. A formal schedule is not required for assessment contacts. Instead, assessment teams should discuss with the home what will be looked at, and the most convenient time for interviews, document review, specific observations, etc.

Schedules should only be used as a guide. They need to be flexible so that the team can change its approach based on the needs of the home, and in order to minimise disruption to care recipients.

We provide a standard schedule as part of the work pack we send to the assessors. The team makes any adjustments and the team leader sends it to the approved provider and discusses it during the pre-visit contact (see Section 4.3).

A sample schedule for a two-person team is shown below. Note that care recipient interviews are scheduled early in the day.

Assessors should also remember to include regular breaks. Leaving the site for lunch is also encouraged if possible as it ensures both the home and the team get a break.

During the entry meeting it should be made clear to the home that the team will attempt to adhere to the original schedule, but that changes may be necessary at any time as a result of information gathered. The approved provider's delegate will be informed if changes are necessary.

Sample re-accreditation audit schedule

Assessor one – Day one	
9:00 am	Entry meeting
9:10 am	Brief tour of the home
9:30 am	Management systems, staffing and organisational development
12:30 pm	Lunch
1:00 pm	Team meeting
1:15 pm	Management systems, staffing and organisational development continued
4:30 pm	Team meeting and brief meeting with approved provider
5:00 pm	Leave the home

Assessor two – Day one	
9:00 am	Entry meeting
9:10 am	Brief tour of the home
9:30 am	Care recipient interviews
11:30 am	Health and personal care
12:30 pm	Lunch
1.00 pm	Team meeting
1:15 pm	Health and personal care continued
4:30 pm	Team meeting and brief meeting with approved provider
5:00 pm	Leave the home

Assessor one – Day two	
9:00 am	Care recipient interviews
11:00 am	Physical environment and safe systems
12:30 pm	Lunch
1:00 pm	Team meeting
1:15 pm	Physical environment and safe systems continued Final documentation review and completing any other assessment tasks
4:30 pm	Team meeting
4:45 pm	Exit meeting
5:00 pm	Leave the home

Assessor two – Day two	
9:00 am	Care recipient lifestyle
12:30 pm	Lunch
1:00 pm	Team meeting
1:15 pm	Care recipient lifestyle continued Final documentation review and completing any other assessment tasks
4:30 pm	Team meeting
4:45 pm	Exit meeting
5:00 pm	Leave the home

4.3 Pre-visit contact with a home (announced visits)

The team leader contacts the approved provider ahead of a re-accreditation audit or other announced visit.

For a re-accreditation audit, one to two weeks before the visit the schedule is emailed to the approved provider's delegate and followed up during the telephone call to discuss:

- confirmation of the date and time of entry
- confirmation of the key contact person at the home
- confirmation of whether an interpreter is needed, or any cultural requirements
- confirmation of the schedule including availability of key staff for interviews with the team – the team leader will then make any necessary adjustments to the schedule and inform the team members
- confirmation that the home has informed care recipients and their representatives about the site visit, using the poster and the letter wording we provide
- the team's request for copies of a list of care recipients to be provided on the day to assist with selecting care recipients or their representatives to interview or examine records
- availability of documents or electronic records – including the home's self-assessment if the approved provider chose not to submit it with their application
- availability of a quiet and secure working space where the assessment team will be able to meet privately
- any logistical information such as directions or parking.

The team leader documents the communication in their assessor notes.

4.4 Travel

Information on arrangements is provided in our documentation such as travel requests and assessor contracts (external contractors). It is important to remember the following:

- an assessor's driver's licence must be current
- maps for regional areas should be downloaded before the visit
- extra time and special precautions should be taken when traffic or weather is bad
- additional precautions may be required for regional areas – for instance, ensuring adequate water in case of breakdown in arid areas
- on a long distance trip (more than two hours or 150 km) inform someone in the state office, before leaving, of when you expect to arrive and make contact when you reach the home; do the same on the return journey
- all receipts must be kept, including any petrol, meal and hotel receipts.

4.5 Resources

The following should be taken on site:

- any paperwork we provide including the letter of authority to access the home
- stationery
- for re-accreditation audits, a printed copy of the statement of major findings
- tools such as our *Results and processes guide* and *Assessment modules* (if needed)
- entry and exit meeting agenda

- leave-behinds
- for unannounced visits, copies of the dedicated poster
- site visit feedback questionnaire.

SECTION 5:
CONDUCTING VISITS

5.1 Preliminary assessment team meeting

It is useful to hold a short team meeting at the beginning of the assessment which:

- does not involve the home and is usually held off site
- may be held the day before the assessment, or on the morning of the assessment during travel time
- confirms the team arrangements
- enables all assessors to arrive on an equal footing ready for the assessment – the visit can only commence when all team members have arrived so they enter the home at the same time.

5.2 Access to a home

5.2.1 Hours of access

Assessments are generally conducted during business hours. According to the Accountability Principles 2014 assessments can be conducted outside standard operating hours if:

- the team is acting on a serious complaint where care recipients' safety, health or wellbeing may be at risk
- the team needs to examine a process or practice of the home that does not occur during business hours.

In such a case, assessors must first gain approval from the Quality Agency and the approved provider or their delegate.

Permission to change the hours for any visit must first be gained by contacting the Assessment Manager.

5.2.2 On arrival

The team presents the request for access letter to the person in charge and the team members show their photo identification cards.

5.2.3 Unannounced visits

On an unannounced visit the assessment team needs to go to the home and introduce themselves to the person in charge. The team leader will explain why they are visiting the home and give the person in charge the access letter provided by the Quality Agency. The person in charge needs to grant access to the team for the visit to be conducted. Once the person in charge grants access, the assessment contact or review audit can commence.

If the person in charge asks the assessment team to wait until more senior staff or key personnel arrive then the team should do so. However, if an unannounced visit does not commence within 30 minutes of the team's arrival on site, the visit is no longer considered unannounced, and the person in charge should be made aware that another unannounced visit will be planned.

The team may suggest to the person in charge that they can begin by speaking with care recipients or making observations while waiting. The person in charge may be able to start with a short tour of the home.

If there is an extensive delay in beginning the visit or if the person in charge does not wish to grant access, the team leader needs to phone their Assessment Manager for advice. The Assessment Manager will then contact the approved provider and discuss the situation. Consent to access is usually granted – if not, the Assessment Manager will advise the assessment team to withdraw.

Similarly, if consent is withdrawn during a visit, the team leader needs to contact the Assessment Manager. If consent remains withdrawn the team will be advised to leave the home.

In all cases it is important to remember that assessors' communication with those on site needs to be polite and clear and designed to assist the situation.

Entry meeting agenda

1. Complete attendance sheet
2. Introductions
3. Plan for the visit
4. Observers (if one is present)
5. Interviews (confidentiality)
6. Open and transparent approach
7. Suggestions for improvement
8. Availability of work area
9. WHS (Any issues affecting this visit?)
10. Exit meeting
11. Questions

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5.3 The entry meeting

The entry meeting is kept brief (approximately 10 to 15 minutes) and for announced visits should follow up any request made at the planning stage – such as for lists of care recipients or lists of documents.

1. Complete attendance sheet

2. Introductions

- Explain how the visit will be conducted
- Explain the role of the assessment team
  - the team leader is the point of contact for the home
  - any questions with the visit should be discussed with the team leader
- Provide useful answers to questions about the visit
- Observer (if present)
- Confirm:
  - person in charge
- allocated places
  - number of care recipients at home (beds filled)
  - number of high care recipients at home (beds filled)
  - if there are any care recipients with any specific needs including specific cultural and linguistic needs.

3. Plan for the visit

- Refer to the schedule prepared at the planning stage and provided to the approved provider in advance (*re-accreditation audit*)
- Ask if there is anything happening at the home such as a function, outing, doctors visiting, or other events which may impact the visit
- Confirm areas being looked at by each member of team
- Confirm availability of care recipients and representatives, staff, documents (including access to electronic systems) and timing of observations (e.g. medication rounds)
- Plan will be reviewed regularly with person in charge to monitor the progress of the visit
- Purpose of the visit

Assessment contacts

- assess home's performance against the Accreditation Standards and other responsibilities under the Act
- assist home to undertake continuous improvement
- identify if there is a need for a more thorough review of the Accreditation Standards through a review audit

Re-accreditation audits

- verify self-assessment

- assess home's performance against the Accreditation Standards and other responsibilities under the Act

Review audits

- assess home's performance against the Accreditation Standards and other responsibilities under the Act.

4. Observers (if one is present)

- Observers program forms part of our overall quality assurance framework
- Information about the program can be found on our website
- *(If the* observer *is **not** a team member)* the observer will not contribute to the assessment
- *(If the observer **is** a team member)* the observer will contribute to the assessment as well as observe one or more assessors.

5. Interviews

- Interviews will be conducted with care recipients/representatives (generally at least 10 per cent and anyone who requests an interview); consideration is given to care recipients' needs such as communication and cognition needs during interviews
- Observations – staff practices, interactions with care recipients, etc. and the internal and external environment
- Interviews will be conducted with key staff and staff in general
- Review of documents
- Confirm:
  - (re-accreditation audits only) if care recipients/representatives were informed of the visit
  - if anyone would like to speak to the team.

Confidentiality

- The identities of interviewees will not be disclosed to the home or approved provider.

6. Open and transparent approach

- No surprises at the exit meeting
- Team will ask the home to present more information to demonstrate if potential problems are identified
- If serious risk is identified at the home, we will talk to you about it and a senior manager will also contact you
- If someone in the home does not understand a question, or why something is being reviewed, they should ask the assessor for clarification
- The team will regularly ask the home if they are comfortable with the process and if they have any questions.

7. Suggestions for improvement

- For approved provider's consideration only
- Do not represent a required action.

8. Availability of work area

- Includes a quiet area
- Access to toilets, etc.

9. WHS

- Ask the person in charge if there are any occupational health and safety issues, for instance, building work or anybody with an infection condition of which assessors need to be aware.

10. Exit meeting

- Proposed time of the exit meeting
- Time will be confirmed with person in charge closer to end of visit.

11. Questions

5.4 Teamwork and time management

While an individual assessor may have primary focus for gathering information relevant to specific areas, all team members are jointly responsible for gathering, reporting and discussing information and evidence across all areas assessed. All team members have joint responsibility for the content and timeliness of any reports.

Time management is a large component of assessing which is why a well-considered plan is necessary. Where the assessment team requires more time on site, the team leader should contact the Assessment Manager.

5.4.1 Regular meetings between team members

The team must meet regularly to discuss the progress of the assessment and any concerns, and ensure that all evidence required for a robust assessment is considered. The following method of regular meetings is offered as a guide but will vary according to the assessment:

- after the entry meeting – a brief meeting
- at least one meeting no more than half-way into the visit
- a meeting at least half an hour before the exit meeting or end of the day.

The team should record:

- that the meetings occurred
- major points discussed in the meetings
- items for follow-up.

5.5 Assessment processes on site

Assessments are to be based on this handbook, the *Results and processes guide* and the *Assessment modules* (assessment contacts only). These documents are designed to ensure a consistent assessment approach that adheres to our legislative obligations, our policies and business rules.

5.5.1 Forming an initial view

Assessors start to form a view about whether a home is meeting the Accreditation Standards while they are in the process of gathering information. This is important because:

- they need to be thinking about whether information from one source has already been corroborated, or the team needs to look for further information before reaching a conclusion
- they need to be thinking about how the information they have gained from looking at results and processes across the home's systems can be extrapolated into the expected outcomes so they can form a view about whether or not the home has met the specific expected outcomes and eventually the standards
- if there is any concern that the home may not meet a standard, the assessment team needs to discuss that with the approved provider's representative as soon as practicable, allowing them the opportunity to provide additional information or clarification. In doing so, the team maintains the openness and transparency we are committed to.

Self-assessment information

The home's self-assessment and other information about a home such as previous assessment reports act as a starting point for the assessment. They contain information and evidence about the home and the results it has achieved and help the assessors to direct their enquiries. In particular, information regarding continuous improvement in the home's self-assessment identifies information held by the home that demonstrates its performance and improvements.

If the approved provider submitted a self-assessment for the home with their application for re-accreditation, the team will have reviewed it during the planning phase and be ready to follow up on information about the home's performance.

If the approved provider chose not to submit a self-assessment for the home with the application, an early focus for the assessment team is to find out:

- who will be responsible for discussing the self-assessment process and outcomes and answering the team's questions
- what process or method the home used for its self-assessment
- what evidence of the self-assessment the home has – is it collated in one document, or is it in several documents (and are these available in hard copy or not).

5.5.2 Considering results first

The team should consider:

- What information is available to assess performance?

- For expected outcomes with a focus on results for care recipients, is there care recipient-related information to assess performance?
- For other results-related expected outcomes, is there objective data and information relating to the desired results?
- If the home is unable to present adequate results, can the assessment team readily find results to assess performance? For example, through interviews with care recipients/representatives, staff and others; through observation; and through document review, quality assurance information, reports, etc.
- Is the information reliable and has it been corroborated?
- What additional information or response did management of the home provide to the team as a result of issues raised?

5.5.3 Considering processes

In some situations, it is important to consider the home's processes. These include where there is insufficient information available to evaluate the results achieved by the home, or where the assessment team wants to corroborate results found or wishes to gather additional supportive information.

In considering processes:

- Is it evident there are adequate processes or systems in place to meet the Accreditation Standards?
- Can the home show these processes are in place?
- Is there information, for example, measurements to show the effectiveness of the processes?
- If the home is unable to present any measures of effectiveness, can the assessment team readily find results to assess performance?
- Do the measures, if available, show that the processes reliably lead to meeting the standards?
- Do the processes give the team a level of confidence that processes would reasonably and reliably lead to continuously meeting the Accreditation Standards?

Section 7 Drawing conclusions about a home's performance has more about considering results and processes.

5.6 Taking notes

Assessors need to take accurate notes when assessing. This allows them to monitor the progress of assessments and to write accurate reports. Information on team meetings and meetings with approved providers should also be recorded in assessors' notes using the assessment workbook we provide.

Assessors' notes are to be sent to the Quality Agency following the assessment activity, for secure storage.

Assessors' notes should:

- be legible
- be sequential and use the entire page; if a page is not used in its entirety, strike the rest of that page at the time
- contain the home's residential aged care service identification number (RACS ID), dates of the assessment and name of assessor on each page (initials are accepted from the second page on)
- be page-numbered
- record notes according to the template
- record care recipients' names, and staff names and designations
- use consistent abbreviations or codes which are easily interpreted
- record specific examples, especially in relation to negative information – for instance, 'Mrs Smith said "I regularly receive cold cups of tea"'.

Section 6 Gathering information at site visits has more about assessors' notes.

5.7 Communication

5.7.1 Regular meetings with the approved provider or their delegate

Under Section 2.15 (1) of the Quality Agency Principles 2013 the team must meet with the approved provider' delegate daily during a re-accreditation audit, to discuss the assessment process (this is in addition to the exit meeting). Although the legislation applies to re-accreditation audits, our policy is that it also applies to assessment contacts and review audits.

Regular meetings with the approved provider or their delegate ensure that:

- the team can communicate their findings including any gaps found and seek further information where necessary
- the home is given opportunity to provide further information regarding service delivery and performance
- the home is kept abreast of findings, so there are no surprises at the exit meeting.

The team leader meets with the approved provider or their delegate at least once a day. This can be increased to suit the team's needs. The following simple method of regular meetings during an audit is offered as a guide only – it will naturally depend on the duration of the assessment and information identified:

- entry meeting
- after the team meeting in the middle of the day
- at closure of day one
- after the team meeting in the middle of day two

- later in the afternoon of day two if needed. This meeting can be used to ensure any issues are raised with the approved provider or their delegate before the exit meeting
- exit meeting – approximately 15 minutes.

Note: The frequency and timing of meetings with the approved provider or management depends on the circumstances of the assessment. If there are any difficulties in conducting the assessment, concerns about the home's performance against the Accreditation Standards, or if there is a change in the scope of the visit, these should be raised promptly.

Recording the details of meetings between the assessment team and the approved provider or delegate

The team leader documents in their notes:

- that the meetings occurred
- who attended
- major points discussed in the meetings as appropriate
- any points of agreement or disagreement.

5.7.2 Possible failure to meet the Accreditation Standards

Evidence that indicates a home may not meet an expected outcome must be communicated and discussed with the approved provider or their delegate as soon as practicable, before the exit meeting, to ensure that more information can be provided if available. Giving the approved provider the opportunity to provide further information or to clarify any issues identified by assessors is one of the ways of ensuring evidence is reliable and assessment is accurate.

It also upholds our principle that there should be no surprises at an exit meeting because the assessment has been conducted in an open and transparent way with frequent discussion about its progress. A common complaint from approved providers is "if only the team had told us and given us a chance to provide more information and explain". When a team's findings are not sustained by the decision-maker it is often because the approved provider is able to provide information which resolves concerns and anomalies raised in the team's report.

If the assessment team is uncertain about whether there is sufficient evidence to report that an expected outcome is not being met, but convinced that there are significant problems in the care and services being provided to care recipients, it is always preferable to inform the approved provider that the report will state 'not met' and that the decision-maker will request a response from the approved provider before making a decision.

Any reluctance by a team to clearly identify deficiencies to the approved provider while on site can result in confusion if the report subsequently shows 'not met'. It is imperative that the team is unambiguous and that the approved provider understands that the team has found that the home does not meet the Accreditation Standards, so the team should use those words while on site, rather than only referring to 'concerns', 'issues' or 'problems'.

However, once off site and writing up the report, if the team decides that the home has not met an expected outcome they did not raise at the exit meeting, the team leader must inform the assessment manager and telephone the approved provider.

The assessment information must contain an explanation of how the evidence indicates the home does not meet an expected outcome (that is, the rationale) and the key evidence or 'supporting information' used to draw the conclusion. If more or less weight is placed on particular evidence, this must be clearly explained, as should any responses from management of the home.

5.7.3 Communication with the Quality Agency

The team leader must contact the State Manager or Assessment Manager before the exit meeting if there is a concern that the standards are not being met. Not only can the manager provide guidance, this is an important opportunity to consider whether there may be serious risk associated with the failure – which the Quality Agency Principles 2013 oblige us to do. It also alerts the state office that there will be a report that needs to be considered quickly.

5.8 Responding to serious risk

Serious risk describes a situation that causes harm – or has the potential to cause harm – to the safety, health or wellbeing of a care recipient. When serious risk is present it is reasonable to expect there will be, or continue to be, harm to a care recipient unless the circumstances are promptly addressed.

Section 7 provides some guidelines on how serious risk is identified.

The first priority in any such circumstance is that the approved provider or their delegate removes the risk. Obviously, the approved provider's delegate needs to be informed so that they can take action.

If the risk is immediately removed and the assessment team is satisfied that the underlying causes have been resolved so that it is unlikely to recur there may be no need for any further action, but the team leader must still advise the Assessment Manager or State Manager.

If evidence of serious risk still exists, we will take action. The aim is to resolve the problem as quickly as possible.

5.8.1 Steps to be taken in the case of likely serious risk

1. The team leader immediately informs the approved provider or their delegate of the concerns and the importance of removing – or at least mitigating – the risk as soon as possible, and that the Quality Agency is being contacted.
2. The team leader immediately contacts the Assessment Manager or State Manager in the state office.

3. The Assessment Manager or State Manager immediately telephones the approved provider and – if the risk remains – explains the reasons for concern and that two hours will be allowed for remedial action to be taken and a written outline of the action to be submitted. The call is followed by an email giving the reasons in writing.
4. After two hours, the Assessment Manager or State Manager will determine whether there is serious risk, and will advise both the approved provider and the assessment team. He or she will commence preparation of a serious risk report for the Department of Social Services and the approved provider, and will request input from the assessment team.

We usually arrange daily assessment visits until serious risk is mitigated, and will continue to monitor remedial action until the risk is resolved. There may still be failure to meet the Accreditation Standards after the serious risk is resolved.

5.9 Problems on site

If a team experiences problems on site, refusal to access the home or any other issues which may compromise the assessment (such as the discovery of a conflict of interest), the team leader must contact the Assessment Manager immediately. The Assessment Manager will advise what actions to take – which may include changing the approach of the assessment, or, in extreme cases, withdrawing from site.

Exit meeting agenda

1. Thank you
2. Complete attendance sheet
3. Outcomes of the visit
4. What happens next
   - Statement of major findings – assessment information (for site audits and review audits only)
   - Audit report or Assessment contact report
5. Resources, eg education flyers, leave behinds, fact sheets, etc
6. Feedback questionnaire
7. Questions

The *Assessor handbook* contains additional information relating to the conduct of entry and exit meetings.

Australian Government
Australian Aged Care Quality Agency

www.aacqa.gov.au

5.10 The exit meeting

This is a brief meeting of approximately 10-15 minutes.

1. **Thank the home**
   - Mention management, staff and care recipients/representatives.
2. **Complete attendance sheet**
3. **Outcomes of the visit**
   - Note: Where no representative of the approved provider is present, there is no discussion of the findings.
   - Only provide brief feedback on visit
     - do not engage in lengthy discussions – the discussions have occurred during the visit, there are no surprises at the exit meeting
     - record anything discussed in the assessment workbook
   - If an assessment contact
     - outline the results of the visit, that is, expected outcome XYZ is met or not met, other information they should be aware of
   - If a re-accreditation audit
     - provide statement of major findings to the person in charge
   - If a review audit
     - provide review audit – assessment information to person in charge
     - it is important for approved provider to respond in writing to any negative information in this document.
4. **What happens next**
   - The team will write a report on the major findings of the visit
     - includes information on the visit including feedback from management in response to identified issues (if necessary)
   - Team reports findings; decision-maker makes a decision

   Assessment contacts
     - an assessment contact report will be written and submitted within two to five days of the exit meeting; this document will not be published
     - approved provider may submit or be invited to submit additional information
     - decision-maker will make decision about outcomes of visit and inform approved provider within 14 days of exit meeting

   Assessment contact decisions include:
     - any expected outcomes not met (including required improvements and a timetable for improvement)
     - any serious risk
     - whether to conduct a review audit
     - assessment contact arrangements

Re-accreditation audits

- assessment information will be sent to approved provider within seven days
- it is important for approved provider to respond to any negative information in this document
- re-accreditation audit report will be written and submitted within 14 days of exit meeting; this document will eventually be published (supporting and additional information is not published)
- decision-maker will make decision within 28 days of receiving re-accreditation audit report
- approved provider will be notified shortly after the decision

Re-accreditation audit decisions include:

- period to accredit/not to accredit
- any expected outcomes not met (including required improvements and a timetable for improvement)
- any serious risk
- assessment contact arrangements

Review audits

- review audit report will be written and submitted within seven days of exit meeting; this document will eventually be published (supporting and additional information is not published)
- decision-maker will make decision and inform approved provider within 14 days of receiving review audit report

Review audit decisions include:

- to vary, to revoke, or not to revoke (not to vary)
- any expected outcomes not met (including required improvements and a timetable for improvement)
- any serious risk
- assessment contact arrangements.

5. Resources

- Website www.aacqa.org.au
  - factsheets on accreditation
  - *Results and processes guide*, *Assessment modules*
  - links to useful websites
  - self-directed learning packages
  - information on education
- Leave-behinds – leave with person in charge.

6. Feedback questionnaire

- Provide the feedback questionnaire and reply paid envelope to person in charge. When doing this, mark the box ‘Was this visit a re-accreditation audit, review audit, or an assessment contact?’ and ‘Was this visit announced or unannounced?’ explaining the type of visit that was conducted

- Explain that an external body collates the raw data
- Home can fill out questionnaire anonymously; however, if they have a concern, they should raise it with the Quality Agency's State Manager immediately.

7. Questions

SECTION 6: GATHERING INFORMATION AT SITE VISITS

6.1 Interviewing

There are several groups of people who may provide useful information during an assessment. These include:

- the care recipients and their representatives (such as a relative, a friend, an advocate or guardian)
- staff of the home, at all levels and roles – including managers
- the approved provider or their delegate
- volunteers
- contractors
- visiting specialists.

6.1.1 Confidentiality

According to Section 4.1 of the Quality Agency Principles 2013 we must not disclose identifying information to an approved provider – unless the person it would identify consents to its disclosure, or not disclosing it would place a care recipient/s at risk. If we do intend to disclose identifying information to the approved provider, we should tell the person first.

Identifying information is information that could identify (a) a care recipient or their representative, or (b) any other person – such as a staff member – who speaks to the assessment team and asks not to be identified.

At the entry meeting, the assessment team leader should mention the confidentiality of interviews with care recipients and their representatives, and the right of staff to request anonymity. The assessment information and assessment contact reports will only identify individuals if they elect to be identified.

Assessors' notes

Notes of the interview are written up either during the interview with permission of the interviewee or immediately after.

While assessors **should** record the names – and in the case of staff, the job title – of interviewees in their notes, the notes must never be left where anyone other than the team can read them. The notes must be sent to the Quality Agency for secure storage after the visit.

6.1.2 Considerations for interviewing

Have a conversation

Although we refer to 'interviews' throughout this handbook, care recipients respond well to a conversation about their life in the home, not a 'machine gun' style of questioning. However, the conversation does need to cover all the areas of enquiry.

Use more than words

The manner in which an interviewer asks questions is crucial for information gathering and the development of productive relationships. When asking questions, tone of voice, facial expressions and body language as well as the way the question is worded, all contribute to the message that is received.

Try and reduce potential barriers to communication

Some of these barriers could be physical – for example, background noise and commotion, or physical distance.

Other barriers could be emotional on the part of the interviewee or the assessor – for example, mistrust, perceived arrogance, or feeling out of control.

Using jargon can also get in the way of productive discussion.

Choose an appropriate environment

Where possible, an interview should be conducted in a familiar environment for the care recipient or staff member and within normal and convenient hours. This includes interviewing care recipients at times when they are free and feel comfortable to talk. When a team has promised to speak to someone at a specific time, they must do so, or else negotiate a new time with that person.

Put the interviewee at ease as much as possible

- Seek permission.
- Explain why you are there and how long the interview is likely to take.
- Explain to care recipients and representatives that the discussion is confidential and nothing they say will be used in any way which would identify them to the approved provider. Similarly, ask other interviewees such as staff whether they wish to remain anonymous.
- Explain what you want to discuss.
- Seek permission to take notes if you intend to do so.
- Begin with some general questions – let them introduce themselves before you start the questions, being sure to keep these to a minimum to ensure good time management and emphasising the purpose of the discussion.

Be open about what you are trying to understand in the interview

Let the interviewee know exactly the nature of the enquiry and put your questions in context. For example:

> I am interested in how you do meal planning; I'm particularly interested in how you cater for people on soft diets. Please walk me through how you do this.

The interviewee is now clear about what you want – their answers may be more useful and direct, as they know exactly what you are seeking.

Use a balance of open and closed questions

There is a place and a purpose for each type of question.

Closed questions can generally be answered from a list of options. The most common closed questions are those which can be answered with 'yes/no'. Closed questions can be useful to get a direct answer to a specific question. They can help in situations when you need to get to the point; when the interviewee is reluctant to give specific details; where the interviewee wanders, loses focus or avoids an issue. Many assessors also use closed questions as an introduction to a specific section of the interview.

Examples of closed questions:

Do you prepare care plans as part of your job?

Do you prefer to be called Mrs Jones or Margaret?

Closed questions are less useful in encouraging dialogue, gathering a lot of detail or exploring an issue. Open questions allow the interviewee more scope to answer. They may also produce more information than a closed question or put the interviewee at ease.

Examples of open questions:

Please tell me how you go about care planning.

What would you prefer me to call you?

Your self-assessment states you review policies regularly – please tell me how that happens.

Wait for the response

Silence as a response to a question may not mean the person doesn't understand what is being asked; they may just be considering their response. A good guide for waiting time is eight seconds, although this will naturally depend on the individual.

Confirm your understanding

Be sure you have a sound understanding of the situation you have been discussing. You may validate this by summarising or reflecting your understanding of the situation back to the other person.

Close the interview effectively

This is an important part of any interview and can involve explaining any next steps, asking whether the interviewee has any questions of you and expressing appreciation for the interviewee's time and openness.

6.1.3 Group interviews

Assessors should not actively arrange group interviews, but – practically – it can be useful to approach a group of care recipients or staff to discuss the care and services provided at the home.

Group interviews should not be used to achieve a required sample size. It is important to be aware that group dynamics can discourage some individuals from frankly expressing their views, and a more extrovert or outspoken person in the group may dominate.

6.2 Interviews with care recipients and their representatives

The Principles require that, at a site or review audit visit, the team meets at least 10 per cent of the care recipients or their representatives to discuss the care and services they are receiving.

While the Principles do not stipulate a minimum proportion of care recipients to be interviewed during an assessment contact, our policy is that assessment teams should still aim to interview at least 10 per cent of care recipients or their representatives.

In practice, assessors usually speak to a higher proportion of care recipients[3]. In the case of smaller homes (for example, less than 30 beds) the team should meet at least five care recipients or their representatives in order for the team and decision-maker to have sufficient information about the home's performance.

The key point is that the number of care recipients spoken to individually needs to be sufficient for the team to be satisfied that its conclusions are appropriate – that is, the team can confidently make an inference about care recipients' views. More interviews may need to be conducted until a comprehensive picture emerges, or in order to corroborate other information.

6.2.1 Selecting care recipients or their representatives for interviews

The care recipients or representatives chosen to be interviewed must include anyone who has specifically asked to speak to the assessment team. The approved provider must allow them to speak to the team in private.

Apart from advising care recipients who have asked to speak to the team, it is not appropriate for a home to specify which care recipients should be interviewed by the assessment team.

Identifying sub-groups for interview

If there are identifiable sub-groups in the home it is important that the team makes sure that the sub-groups are represented among the interviewees (see 'quota sampling' below.)

Examples of sub-groups to be considered might be:

- non-ambulant care recipients
- care recipients with cognitive impairment
- new care recipients and long-term care recipients, and those on respite
- care recipients who require palliative care
- specialised nursing care
- care recipients recently returned from hospital
- non–English speaking care recipients, or different cultural groups
- younger care recipients
- care recipients living in different areas of the home.

[3] Currently an average of 16 per cent.

The team should consider what sub-groups to focus on during the planning phase; for announced visits the team leader may request a list of care recipients ahead of time and may ask the home to identify care recipients' level of care.

Sampling methods

Our approach to information gathering is qualitative rather than quantitative, and is strengthened by our reliance on corroboration. While assessors are not expected to set out to achieve a statistically representative sample of care recipients, it is useful to have an understanding of sampling concepts.

Simple random sampling – where any individual is just as likely to be chosen as the next – minimises bias and provides a sound basis for generalising the results found in the whole population. It requires a full list of the population to be sampled and a means of selecting individuals based on a set of random numbers.

Systematic sampling can be regarded as 'the next best thing' to simple random sampling and is easier to conduct; it involves selecting individuals at regular intervals from the whole population, such as every third or fifth care recipient. So, again, it requires a list or a file containing the whole population. The first member of the sample should be selected randomly – for example, if every third care recipient is to be sampled a random number between one and three would identify the first care recipient, then the third one after that would be the next selected.

Stratified sampling is the term used when a separate random sample is drawn for each of a number of sub-groups in the population, so that the sample reliably represents not only the overall population but also those sub-groups and allows valid comparisons between them.

Quota sampling is similar to stratified sampling but the sub-groups are not sampled randomly.

- In *proportional* quota sampling, each sub-group is the same proportion of the sample as in the population – for example, a home has 25 per cent low care recipients, 50 per cent high care recipients, and 25 per cent care recipients with dementia so the assessors would aim to have the same proportions in the sample.
- In *non-proportional* quota sampling a minimum sample is set for each sub-group with the aim of adequately representing smaller groups but without attempting to match the proportions in the population. So, for example, assessors might interview three care recipients or representatives in each of the low care, high care and dementia groups even though the high care recipients are a greater proportion of the care recipients. This approach is commonly used by assessment teams.

Incidental sampling is also referred to as convenience sampling. In this method the assessor chooses whoever or whatever comes along; for example, to interview a certain number of care recipients, the assessor would pick the first care recipients up to a set number they met in the corridor. This is the easiest form of sampling but suffers from bias – for example, interviewing only care recipients who come along a corridor might mean care recipients who cannot walk are excluded from being interviewed.

Incidental sampling is not recommended for gathering the main body of information but is useful for gathering supplementary information.

6.2.2 Using interpreters

Being bilingual does not mean that someone is able to interpret. An assessor who speaks a care recipient's language should not interview the care recipient in that language unless fluent.

It is not appropriate to use a staff member, or the care recipient's relative or friend, as an interpreter. Using an accredited interpreter not only produces a more reliable translation, it preserves the confidentiality of the care recipient's responses.

The assessment team will have identified the need for an accredited interpreter at the planning stage.

The following steps should be used when using an accredited interpreter:

1. Meet or speak with the interpreter separately to outline the aim of the interview and, if necessary, to provide background information about the individual or the home. This is also a good opportunity for the assessor to ask culturally-specific questions – such as about cultural attitudes to food and care.
2. Approach the care recipient together.
3. Let the interpreter ask the care recipient if they mind the interpreter helping you to communicate.
4. If the care recipient speaks some English, provide them with the option to respond in English, and explain that the interpreter will be used as a back-up if either of you are not certain you have understood each other.
5. Explain the confidentiality of the interview.
6. Seat the people involved in a triangle to encourage face-to-face communication. Allow a brief time for a formal introduction between the interpreter and the care recipient and for the interpreter to build a level of rapport with the care recipient. Explain that it is very important that all conversation that takes place during the interview needs to be interpreted into English.
7. Always address the care recipient directly not the interpreter
   - speak to the care recipient in the second person ('you') rather than in third person
   - try to maintain eye contact with the care recipient
   - use short, simple sentences
   - speak slightly more slowly than usual
   - use a normal volume
   - pause after each sentence to allow the interpreter to repeat the questions
   - do not use jargon, slang or jokes – they will not translate effectively
   - allow time for questions and clarification
   - regularly check and paraphrase to ensure the questions and responses are being understood
8. Ask the care recipient if they have any questions.
9. Thank the care recipient.
10. Thank the interpreter in front of the care recipient.

6.2.3 Care recipients with cognitive impairment

It is important to include and value the contributions that can be made by care recipients with cognitive impairment. While some care recipients with dementia have impaired verbal communication skills, many do not and can provide useful information about the care provided to them.

Interviews with their representatives (or looking at their records) may provide the detailed information that the care recipient's limited communication skills or a poor memory may inhibit.

Observing the care recipient in the care context will provide valuable information – for example, if a care recipient is unable to sustain a conversation, the assessor can still note whether they are dressed appropriately for the weather, their personal grooming, etc.

The assessor can also observe staff–care recipient interactions; staff members' capacity to manage agitation or behaviours which may harm the care recipient or others; how care recipients are encouraged to participate in activities; and provision of an environment that gives care recipients with cognitive impairment dignity and quality of life.

However, there are communication strategies that assist in interacting with cognitively impaired care recipients:

Setting the right environment

Because of impairments in the ability to receive, process, and respond to stimuli, people with dementia have a decreased threshold for tolerating and adapting to stresses from the environment. Assessors should be mindful of the potential impact of their presence and behaviours during an assessment:

- Try to eliminate competing noises such as radio and television or nearby conversations or activities. Care recipients with cognitive impairment have a decreased capacity to manage multiple competing stimuli.
- Consider interviewing care recipients in the mornings rather than afternoons. By afternoon some cognitively impaired care recipients may be exhausted from processing the multiple stimuli throughout the day and would be less able to manage the interaction with you.

Communication style

Complex communication can overwhelm a person's capacity to process information.

- Use a simple vocabulary and sentence form, and avoid using abstract concepts.
- Slow your rate of speech and maintain a pleasant tone of voice. Allow time for communication to occur, be calm and talk in a gentle manner.
- Do not ask for specific information that relies on a good memory to answer (this can be very threatening for the care recipient if they are unable to answer and reminds them what they cannot do).
- Use broad opening statements that provide the care recipient with the opportunity to respond to the extent of their abilities. For example, 'tell me how you are feeling today'.
- Allow time for the care recipient to respond.

6.3 Interviews with staff, managers and other people

Interviews with staff enable assessors to:

- gain a better perspective of how work is carried out in the home
- confirm that staff have the necessary understanding of the home's approach and processes
- gather staff members' opinions about what works well and any improvement opportunities
- point to other areas of interest
- corroborate other assessment information.

The number and range of staff who are interviewed depends on the type of assessment and its focus: at an assessment contact the team may only need to speak to managers and (for example) care staff, while at a re-accreditation audit or a review audit they may speak to all types of staff. There is no required sample size. Assessors aim to ensure that sufficient information is gathered to allow strong corroboration and sound judgements about the home's performance.

As noted in Section 6.1.1 Confidentiality, interviewees may request anonymity and we must not identify them to the approved provider. The assessors record staff members' names and/or job titles in their notes. In the audit trail the team must consider how to record those they have interviewed. If the interviewees do not wish to be identified then use broad categories of positions in assessment information or assessment contact reports. If the interviewees have consented to being identified then use specific job titles.

The only situation where we would disclose the name or position of a person to whom we had promised anonymity would be when we had to report risk to care recipients at the home and needed to refer to that person in doing so. In that case, the assessment team is required to take reasonable steps to tell the person that their identity will be disclosed.

Individuals may also contact the Quality Agency separately from the formal assessment in order to protect their identity. Information provided in this way must be verified through alternative means – this will happen as a matter of course because we always look for corroborative information.

6.4 Looking at records and other documents

Documents enable corroboration of information from other sources about how the home goes about delivering its care and lifestyle services and the results they achieve.

However, it is important to recognise that information will not always be documented. In these situations information is gathered and corroborated from other sources – care recipient and staff feedback during interviews or discussions, observation, and review of results for care recipients.

6.4.1 The range of documents that may contribute to an assessment

Homes make available, and assessors may read, a variety of documents during an assessment:

- records – such as care recipient files, care records and progress notes, medication charts; staff education and training records, personnel files and police checks; purchasing records; meeting agenda and minutes; complaints registers and records; improvement logs
- information for care recipients, representatives and other stakeholders – such as admission packs, brochures, leaflets, newsletters, handbooks and agreements
- documents used by staff to assist them in doing their jobs – such as policies, procedures, work instructions, manuals and plans
- forms – such as assessment forms and data collection forms
- reports – such as self-assessment reports; audit and quality assurance reports; reports on key performance indicators or other service measures and indicators; surveys of care recipients, representatives and staff; third party reports (e.g. health inspectors, food safety, workplace health and safety, fire inspection).

6.4.2 Selecting documents

Assessment teams broadly identify which documents they need to see when planning the assessment, according to the aspect of the home's operations (such as health and personal care processes; hospitality services) the Accreditation Standards being considered and self-assessment information.

Once on site, the documents that the team chooses to look at may be affected by whether the documents are the starting point of a line of enquiry or a source of corroboration. For example, if the team is selecting care recipients by starting from the files, assessors may decide to systematically sample the care recipients' records (examine every n^{th} – e.g. third – record); but if the consideration of the files follows interviews the team would be more likely to search for the records of care recipients who have been interviewed. Of course, the team may look at different care recipients' records or interview care recipients and not follow up all their records.

6.4.3 Accessing electronic information

Like all businesses, residential aged care homes use computer systems to store, retrieve and maintain a variety of documentation. Some systems are unique to the home, while others may be partly or wholly integrated with a centralised system maintained by an approved provider operating several homes.

It is important to establish the extent of the home's use of computer systems at the entry meeting and how the home wishes to demonstrate its performance to the team using these tools. It is up to a home to decide how it meets the Accreditation Standards and how it will demonstrate that. Homes are under no obligation to provide access to documents in a format that suits individual assessors.

The home may:

- allow the assessment team to view the documents on screen (perhaps providing a special read-only log-in)
- delegate a staff member to access and navigate the system on behalf of the team

- decide to print the required documents for review by the team.

Assessors should not routinely request that information be printed, even if they are not familiar with the information system or software application that is used.

The team needs to take account of how accessing electronic systems can affect time management: extra time might need to be allowed for orientation to the home's system and also the team needs to try to limit disruption to the staff's routine (staff may not be able to access the system while an assessor is using it; a staff member may need to be called on for assistance). Assessors should work in a way that ensures the security of care recipients' information, and minimises disruption to the care of care recipients.

6.4.4 Removing documentation from a home

The Accountability Principles 2014 require an approved provider to allow assessors access to the home to perform a range of activities during an audit or assessment contact. These activities include "to take extracts from, or copies of, any document or record kept by the approved provider".

However, the approved provider may refuse to allow assessors to take copies of documents in relation to a care recipient, staff member or contractor if the person has not consented.

In practice, it is rarely necessary for material (original or copied) to be removed from a home to support the findings of an audit or assessment contact. Before deciding to take original materials, samples or copies from a home during an assessment visit, the assessment team must:

a) have first considered other options to demonstrate the home's performance of responsibilities under the *Aged Care Act 1997*
b) be convinced that the removal of the material from the home is essential to demonstrate the home's performance
c) have obtained the consent of the approved provider's delegate to removal of the material.

At the exit meeting, a list of any material being removed from the home must be given to the approved provider and the team leader should append a copy of the list to their assessor notes. Any other material that the team has must be handed to the approved provider's representative. The material removed from the home must be handled carefully and securely and must not be used for any purposes other than the conduct of the assessment of the home.

All materials removed, as well as the assessors' workbooks and report(s) must be posted in a 'poly-tough' bag provided for the purpose or hand-delivered to our offices as soon as the assessor has completed the report.

6.5 Observation

Observation allows the assessment team to:

- consider practices – that is, what actually happens in the home on the day, for example:

- care recipient involvement practices
- lifestyle practices
- support processes, such as administration, catering and housekeeping

- assess elements of the living environment:
  - safety
  - privacy and dignity
  - comfort
  - cleanliness
  - security
- assess elements of the general physical environment:
  - equipment and stocks
  - safety
  - security.

It is important that assessors respect the privacy of care recipients at all times when observing practices involving their care or lifestyle.

Observation is often incidental – for example, during the assessment team's orientation tour of the home the assessors notice (or are shown) aspects of the environment, care and services which they may decide to follow up.

Assessors also plan specific observations, such as:

- meal times for care recipients requiring different levels of assistance
- staff practices in different areas of the home
- medication rounds
- hand-over from morning to afternoon shift
- short group observation in the dementia specific unit.

Observation is particularly important during unannounced assessment contacts where key staff or documents may be unavailable.

6.5.1 Assessors' notes

Assessors need to record sufficient detail about their interviews, observations and the documents looked at so that they can discuss them with the other team members and/or the approved provider's delegate, and refer to them when preparing reports. This should include:

- what issues the information relates to and its implications for whether the home meets the Accreditation Standards
- whether it corroborates other information gathered, or needs to be followed up from other sources
- for interviews, the names – and in the case of staff, job title – of the interviewee (see sections 6.1 and 6.3 above)
- for care recipients' records, the care recipient's name and the date of the record as well as any information relevant to the assessment.

6.6 Corroboration

Corroboration is a process of confirmation to increase the reliability of the information and therefore the conclusions that are made. Unsubstantiated information and one-off events do not generally represent information indicating that the home meets or fails to meet the Accreditation Standards. By combining several data sources or methods, assessors are less likely to be misled by a single interview, documents reviewed in isolation, or one-off observation.

The assessment team acts on information that concerns them by examining the processes involved, and identifying further information that may corroborate or repudiate the initial information.

Generally, the best corroboration involves substantiation from at least two of the sources – such as:

- several interviewees giving the same or similar information
- interviews corroborated by documents
- findings from document review corroborated by observation and/or interview
- managers' statements corroborated by other interviews and/or documents
- observation of recipient care corroborated by interviews and/or documentation.

Examples of when the team needs more information are:

- a report of a single event – for instance, one care recipient noted to be given a meal they did not like
- an observation based on a preconceived view or a view taken without appropriate context – for instance, a care recipient was observed being called by their first name or a care recipient's room was observed to be untidy
- a comment made by a single staff member or a single care recipient
- results from document review that are not verified by interviews with care recipients or representatives, interviews with staff, or observation of practices.

The assessment team should gather sufficient information to make a logical conclusion. For example, the first scenario (a care recipient noted to be given a meal they did not like) could be pursued further by:

- interviewing the care recipient concerned about their meals
- interviewing other care recipients about their meals, their requests and preferences, and how well they are met (increasing the sample size if necessary)
- interviewing the catering staff about the processes they follow to ensure care recipients' needs and preferences are met
- exploring the catering process described – for example, observing meal times and comparing meals given to the dietary requirements in the care recipients' files
- looking for any recent, documented complaints regarding meals and preferences.

Corroborated information from some of these sources could provide evidence of a regular or systemic failing in the catering process – or, alternatively, could show that the incident of a care recipient being given a meal they did not like was a one-off event.

In certain exceptional instances observation and care recipient feedback may outweigh all else – for example, the observation of serious risk.

Section 7 Drawing conclusions about a home's performance has more information about serious risk

6.7 How information gathering techniques are combined

6.7.1 Factors determining an assessment team's approach

An assessment team's approach to gathering information – and whether the assessment will begin with interviews, documents or observation – is driven by a number of factors:

- the type of assessment activity
  - an assessment contact will address either an assessment module or an expected outcome, or both
  - a re-accreditation audit or review audit will address all four of the Accreditation Standards
- what is known about the home – some information, such as the home's recent performance history is sent to the assessors beforehand
- for a re-accreditation audit, whether the approved provider submitted a self-assessment report with the re-accreditation application – if not, the team will wish to focus on self-assessment results early in the visit to identify results and processes that should be followed up
- advice from the home about when particular staff members are available, and any scheduled activities or care recipients' outings that the team would need to work around
- the preferred approach and the division of responsibilities agreed among the team members at the planning stage (see Section 4 Planning visits).

One model is to start with interviews with care recipients, followed by interviews with staff, then with managers and later look at documents. Assessors usually find that it's best to interview care recipients early in the day.

Another common practice is for one team member to start with care recipients while another starts with the home's managers and documentation.

6.7.2 Following a recipient's care experience

This approach to information gathering "assesses care, treatment, and services by following the actual care experiences of an individual in the health care organisation as the framework for assessing standards compliance"[4].

For example, we might follow a care recipient's experience over the last six months, looking at their assessments, care plan, progress notes, any incidents, how their interests are supported, etc.

4 *Unannounced Survey Process* 2006, Joint Commission, Oakbrook Terrace, Illinois, p50.

Another example might be following up on a comment made by a care recipient. For instance, if a care recipient were to mention they require a special diet, the assessor might track that care recipient's experience through the following steps:

1. review the care recipient's clinical file to see if they have been assessed for a special diet
2. check whether the information is accurately recorded in the recipient's care documentation
3. speak to care staff and ask them about the care recipient's dietary needs
4. ask care staff about the home's process for assessment, implementation, evaluation and communication of dietary requirements
5. using the care recipient as an example, ask kitchen staff how they are informed about care recipients' dietary requirements and what processes they follow to ensure that those with special requirements receive the required nutrition
6. observe the care recipient eating at lunch time and note whether they receive the right meal.

So the process demonstrates how care recipient interviews, staff interviews, observations and records combine to 'test' whether the home has a system in place to meet the nutritional needs of care recipients.

This approach is useful for assessors in assisting homes to demonstrate their performance as it uses a real example, rather than talking about systems and processes in the abstract.

Some of the assessment modules used at assessment contact visits follow this type of approach to direct enquiry about a homes' performance against the Accreditation Standards.

The assessment modules are available from our website

6.7.3 Weak processes

Assessors may ask a home where they are currently experiencing problems; what actions they have taken to make improvements; how they monitor their performance against the Accreditation Standards.

This allows homes to show how they function when a process is not working perfectly.

Such an approach may also:

- show innovation in response to difficult problems
- provide opportunity for the assessment team to give feedback to the home on its progress in resolving the problem
- support the home to further improve by directing them to appropriate resources such as websites or our education programs
- give the home a new way of considering the problem.

Another approach is to ask about a process which will affect care recipients if it fails.

Documentation

Interviews

Observation

EVIDENCE

FINDINGS

TEAM'S REPORT

Assessment team

Decision-maker

Home's performance history

Home's response to the team's findings

DECISION

SECTION 7:
DRAWING CONCLUSIONS ABOUT A HOME'S PERFORMANCE

7.1 Two possible findings about performance against the Accreditation Standards

Following a re-accreditation audit or review audit, assessors report their findings about a home's performance against each of the 44 expected outcomes of the Accreditation Standards. There are two possible findings:

- **met** (if the home satisfies the expected outcome)
- **not met** (if the home fails to satisfy the expected outcome).

During an assessment contact, an assessment team might also establish firm evidence that an expected outcome is not met. As the team has not assessed all expected outcomes conclusions are not drawn about the others.

A finding that a home meets or does not meet an expected outcome must be based on sound evidence.

7.2 Analysing the evidence

Analysis is the process of validation and scrutiny of available evidence to develop conclusions which are reasonable and objective.

The term 'reasonable' in this context refers to the ability of the decision-maker to understand the underlying logic of the assessor in arriving at a particular conclusion. The findings should be presented persuasively with a clear rationale.

The term 'objective' refers to conclusions that are fair, balanced and free of bias.

7.2.1 Starting from a judgement about the welfare of care recipients

Assessment teams should always start from the care or service and its impact on the care recipients: what is not being delivered, or not meeting the care recipients' needs? Which standard or standards does that deficiency relate to?

Judgements about whether a set of circumstances constitutes meeting the standards are in the context of the objects of the *Aged Care Act 1997*:

Section 2-1(1)

(b) to promote a high quality of care and accommodation for the recipients of aged care services that meets the needs of individuals

(c) to protect the health and well-being of the recipients of aged care services

[and]

(g) to encourage diverse, flexible and responsive aged care services that:

(i) are appropriate to meet the needs of the recipients of those services and the carers of those recipients; and

(ii) facilitate the independence of, and choice available to, those recipients and carers

(h) to help those recipients to enjoy the same rights as all other people in Australia

When considering specific expected outcomes it should be considered in the context of the defining principle for that standard.

A finding that a home meets the Accreditation Standards means care recipients are safe and well-cared for, their rights are respected and that they are able to lead lives that are as fulfilling as possible given their individual circumstances.

A finding that a home does not meet the standards means there is a **potential** or **actual** adverse impact on care recipients' health, safety, rights or ability to lead fulfilling lives within their personal circumstances, attributable to the way the home provides care and services.

Each piece of evidence should be considered for its possible or actual impact – for example, if the home does not use a particular type of form, does that mean the care recipients' needs are not being identified and therefore not being met, or is the information captured in another way? Asking this sort of question prevents us from being prescriptive, and allows us to identify the gap – that is, that care recipient' needs may not be identified.

Ascertaining the impact also allows assessors to consider the extent of the problem. Using the above example, if the information is captured in other places, but is not readily identifiable, this may be considered to be a process deficiency rather than actual failure to meet the standards. That is, the home is meeting the needs of each care recipient, and is likely to continue to do so, but improvements could be made to the home's processes.

7.2.2 Weighing up all the evidence

Determining whether a home meets the standards requires informed judgment to determine the significance of individual pieces of information in leading to credible and logical conclusions. Does the evidence support the conclusion that the home meets the Accreditation Standards, or not?

The process of analysis will be unique to each home and will be influenced by information regarding its particular situation – the home's care recipients and their representatives, its environment, its plans and goals, its staff, its processes and systems, and the results the home achieves.

It is useful to consider the information about the home's results and its processes broadly:

- What does this range of information tell the assessment team about the general and usual performance of the home?
- How does the home itself understand its own performance and take steps to improve?
- Is there any conflicting information? When there is, compare and discuss the information and its relative weight to arrive at the assessment team's finding.

Key factors

- Care recipient mix and individual care recipient needs – the higher the care needs of the care recipients, the more likely it is that adverse events will occur and the greater the extent of negative consequences should they occur.

- Management and staff skills and knowledge – the greater the experience of staff, the less likely adverse events and their consequences should be.
- Systems to identify risks and problems, monitor them, assess them and action them – the better these systems are, the less likely adverse events and their consequences should be.
- Governance – the stronger the leadership and strategic planning, the more adept the home is in managing change.
- Whether the home uses risk management – risk identification, analysis, management and planning.

An example

Taking the example of expected outcome 2.11 Skin care, the assessor may find a situation in which staff do not know what to do for a care recipient requiring complex wound care. However, the assessor may identify that the home accesses wound management advisors when a care recipient has a complex wound, and that staff are aware of the documented procedure for accessing an advisor when the need is identified and have been doing so. In this case, a gap in one element does not necessarily lead down the path of failure to meet the Accreditation Standards – the approved provider has demonstrated that the expected outcome is met.

Alternatively, the assessor might find there is documentation outlining the home's procedure for managing complex wounds, including referral and access to a wound management advisor. When interviewing a sample of care recipients, respondents state they are satisfied with the way their wounds are treated, that staff change the dressings regularly and they are not in any pain. However, the assessor finds during an interview with staff that they are not aware of the home's procedure for accessing a wound management advisor or what constitutes a complex wound. The assessor observes that although the home has a wide range of wound care products, staff do not know how to use them appropriately and have not received training. A review of a sample of care recipients' files shows that the effectiveness of wound treatments is not evaluated. Interviews with staff also confirm this. When the assessor balances all the available information, gaps are identified in staff knowledge, training, the use of experts and specialists, and documentation. When these indicators are considered together, it gives a strong indication that the home might not be meeting the Accreditation Standards.

7.2.3 Some key points in the process of identifying failure to meet the Accreditation Standards:

- List issues of concern which have been identified. Are there any similarities in these concerns?
- Identify the primary expected outcome/s to which these issues of concern are related.
- Use the *Results and processes guide* to direct your line of enquiry to determine whether an expected outcome is being met. Always go through the wording of the principle and the expected outcome as well as the focus of the outcome, i.e. results for care recipients, results first, or systems and processes.
- Consider results first

  - Identify the results of the care or service delivery in relation to the expected outcome.
  - Identify what staff and care recipients say about the care or service delivery in relation to the expected outcome.
- Consider the home's systems and process to identify gaps. Ask yourself the following questions and think about the consequences of each response:
  - Does the home have a system or process in relation to the expected outcome/s?

    If NO this may be the gap.

    If YES ask yourself the following questions:

      Do staff know about and use the system?
      Analyse the system – are there gaps, risks or are protections built in?
      Is the system being implemented consistently?
- How does the home know its system or process is effective? Does the home have a monitoring system such as audits, surveys, random observations of practice, and/or incident data analysis to ensure the system or process is being implemented?

    If NO, this may be the gap.

    If YES ask yourself the following questions and think about the consequences of each response:

      What is the result of the monitoring? Not identifying their own gaps could mean inappropriate tools or are gaps being identified but not actioned?
      Do staff know about the monitoring process?
      Do staff implementing the monitoring processes have the appropriate knowledge and skills to undertake the process? Do relevant management or staff have the appropriate skills and knowledge to analyse and action results from monitoring processes?
      Is the monitoring process being implemented consistently?

- Consider the quality and quantity of information. Has the evidence obtained with respect to results and gaps in systems and processes been corroborated?
- Weigh up the evidence. Analyse the information and think about its significance and weight.
  - Is there any conflicting information? What is its significance?
  - What additional information or response did management provide in relation to the issues raised?
- Form a view about whether the home meets the Accreditation Standards.

7.3 Identifying serious risk

Serious risk describes a situation that causes harm – or has the potential to cause harm – to the safety, health or wellbeing of a care recipient. When serious risk is present it is reasonable to expect there will be, or continue to be, harm to a care recipient unless the circumstances are promptly addressed.

Whenever an assessment team suspects there is serious risk to care recipients the team leader must contact their State Manager or Assessment Manager who will advise how the team should proceed. In fact, the team leader will contact the manager if the team believes that the home has not met the Accreditation Standards, and they will always consider whether that failure constitutes serious risk (see Section 5 Conducting visits). The team leader will inform the person in charge that there is suspected serious risk and that we expect action to be taken immediately.

The 'reasonableness' of the risk, or explanations as to why it is unavoidable are not relevant. If the State Manager or Assessment Manager decides there is evidence of serious risk, we must take action and notify the Secretary of the Department of Social Services.

While it is always the State Manager or Assessment Manager who determines whether there is serious risk, rather than the assessment team, the following considerations will help the team to work with the manager in identifying the presence of risk: the hazard; the probability of the hazard resulting in injury, disease or damage to the care recipient; the care recipient's exposure to the hazard; and the likely consequences to the care recipient.

What is the hazard?

A hazard is something with the potential to cause harm. This can include substances like pharmaceuticals and chemicals, equipment and machinery, work processes and practices (or lack of them), and aspects of the living environment or surrounding area.

Almost anything could be considered a hazard; however, it is only when certain conditions are met that a hazard can present a serious risk. As an example, a busy road adjacent to an unfenced home may represent a hazard; the risk is whether there is a likelihood that a confused care recipient might wander from the home (and be at risk of being hit by a car).

What is the likelihood of the hazard resulting in injury, disease or damage?

Risk is the likelihood that death, injury, illness or psychological damage to a care recipient might result because of the hazard. The risk posed by the hazard may be categorised as:

- almost impossible
- conceivable but very unlikely
- remotely possible
- unusual but possible
- very likely
- almost certain.

In determining the risk, the decision-maker works with the team leader to consider any information concerning adverse conditions, any previous occurrences and factors that may increase the likelihood of actual risk – such as the care recipient's level of cognition, frailty, susceptibility to infection, and emotional or psychological status.

What exposure does the care recipient have to the hazard?

The next consideration is the amount of exposure a care recipient has to the hazard in question. The level of exposure can range from very rare to continuous:

- very rare
- rare
- infrequent
- occasional
- frequent
- continuous.

What are the likely consequences?

The final consideration in the analysis is the likely consequence to the care recipient or care recipients – that is, the impact on their health, safety or wellbeing. This may be categorised as:

- minor impact – for example, first aid treatment required, individual attention required
- important impact – for example, casualty treatment required, perhaps counselling required in the case of emotional impact to the care recipient
- serious impact – for example, serious injury or distress to the care recipient
- critical – for example, potentially fatal.

Does the combination of factors represent serious risk to the care recipient?

Each situation that involves hazard and risk to care recipients will be different and needs to be considered thoroughly by the team in consultation with the decision-maker.

SECTION 8: OBSERVERS ON VISITS

As part of our quality assurance framework, assessors are observed on re-accreditation audits and assessment contacts. The observers on visits program is sometimes referred to as 'observation visits'.

The observers on visits program reflects:

- our commitment to performing high quality work in a way that is consistent with our values, code of conduct and our assessment procedures
- our commitment to effective and accurate assessment of the levels of care and services delivered to care recipients
- the central importance of the audits and assessment contacts to our performance in managing the accreditation of homes and in identifying homes performing well and those performing poorly.

8.1 Selection of visits

Observations are conducted during re-accreditation audits and assessment contacts.

All internal assessors and casual and contract assessors who regularly work for us are observed as part of the process for ensuring correct assessment procedures are followed and appropriate behaviour is demonstrated.

The decision to conduct an assessment contact or re-accreditation audit observation is made by the Assessment Manager, taking into consideration scheduling and whether a more in-depth review of the assessor's practices is required.

If an observer will be attending an assessment the assessors and the approved provider are informed before the assessment. If the assessment contact is unannounced, an observation can be conducted but notice is given at the start of the visit.

8.2 Purpose of observers on visits

The purpose of observers on visits is to assist in monitoring the accuracy of assessments and to provide opportunity to further improve existing processes. This is achieved by:

- monitoring the performance of assessors
- providing advice and mentoring support for assessment team members
- monitoring the accuracy of the assessment
- assessing the effectiveness of our approach to assessments
- identifying the need and scope for improvement in the assessment process
- providing information to assist in reviewing and evaluating our assessment methods.

8.3 Guiding principles of the program

The guiding principles of the program include:

- Observation is focused on evaluating the assessment process against our policies and procedures.
- The observer has access to information available to quality assessors for the conduct of an audit or assessment contact.
- The observer has a duty to advise the team leader as soon as practicable of issues concerning accuracy and effectiveness that arise and have not been identified by the assessment team – for example, assessors lacking a care recipient focus, not following the procedures, not complying with the code of conduct, or misinterpreting the Accreditation Standards.
- Observation includes providing support and advice to assessors about our policy and procedures.
- Observations are used as part of monitoring the work of assessors, as well as seeking improvements to the process. Most assessors will have at least one observation each year, which means the presence of an observer does not necessarily mean there are performance issues.
- The observer may or may not be appointed to the team. Regardless of the presence of an observer, it remains the team leader's role to coordinate the assessment, and answer any questions. The observer will observe one or more of the assessors on the team, witnessing interviews, document review and observations made by the individual assessors.

Note: Observers are not present during a review audit.

8.4 Roles and responsibilities

Team leader

The team leader has overall accountability for the major processes and deliverables of the team.

Observer

The observer is responsible for observing the assessment and reporting on any issues identified.

Observers are provided with training in the effective conduct of observations.

8.5 Reports

A report is written by the observer after their observation of the visit. This report:

- is part of our supervision and monitoring role
- is a contemporary assessment of the assessor's performance
- is separate to the accreditation audit and is not part of any decision about the home.

APPENDIX THE ACCREDITATION STANDARDS

Standard 1
Management systems, staffing and organisational development

Principle
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Intention of standard
This standard is intended to enhance the quality of performance under all accreditation standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.

1.1 Continuous improvement

The organisation actively pursues continuous improvement.

1.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

1.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

1.4 Comments and complaints

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

1.5 Planning and leadership

The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.

1.6 Human resource management

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.

1.7 Inventory and equipment

Stocks of appropriate goods and equipment for quality service delivery are available.

1.8 Information systems

Effective information management systems are in place.

1.9 External services

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.

Standard 2
Health and personal care

Principle
Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

The organisation actively pursues continuous improvement.

2.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care.

2.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

2.4 Clinical care

Care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff.

2.6 Other health and related services

Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences.

2.7 Medication management

Care recipients' medication is managed safely and correctly.

2.8 Pain management

All care recipients are as free as possible from pain.

2.9 Palliative care

The comfort and dignity of terminally ill care recipients is maintained.

2.10 Nutrition and hydration

Care recipients receive adequate nourishment and hydration.

2.11 Skin care

Care recipients' skin integrity is consistent with their general health.

2.12 Continence management

Care recipients' continence is managed effectively.

2.13 Behavioural management

The needs of care recipients with challenging behaviours are managed effectively.

2.14 Mobility, dexterity and rehabilitation

Optimum levels of mobility and dexterity are achieved for all care recipients.

2.15 Oral and dental care

Care recipients' oral and dental health is maintained.

2.16 Sensory loss

Care recipients' sensory losses are identified and managed effectively.

2.17 Sleep

Care recipients are able to achieve natural sleep patterns.

Standard 3
Care recipient lifestyle

Principle

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

The organisation actively pursues continuous improvement.

3.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about care recipient lifestyle.

3.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

3.4 Emotional support

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.

3.5 Independence

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

3.6 Privacy and dignity

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.

3.8 Cultural and spiritual life

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

3.10 Care recipient security of tenure and responsibilities

Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.

Standard 4
Physical environment and safe systems

Principle

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

The organisation actively pursues continuous improvement.

4.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems.

4.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

4.4 Living environment

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs.

4.5 Occupational health and safety

Management is actively working to provide a safe working environment that meets regulatory requirements.

4.6 Fire, security and other emergencies

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.

4.7 Infection control

An effective infection control program.

4.8 Catering, cleaning and laundry services

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment.

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