



Aged Care Association Australia

DISCUSSION PAPER

REVIEW OF THE ACCREDITATION PROCESS FOR RESIDENTIAL AGED CARE HOMES

JULY 2009

Contents

Aged Care Association Australia (ACAA) Review of Accreditation Process, Aged Care Accreditation Standards and Development and Piloting of Quality Indicators (attached)

Contents.....2

General Comments3

ACAA Preferred Position.....11

Attachment A – National Aged Care Alliance Discussion Paper – Aged Care Accreditation

General Comments

Review of Accreditation Process

Self Assessment

Should approved providers have to apply for re-accreditation or should the accreditation body conduct a rolling program of accreditation audits, which ensures that each home is reassessed prior to their current period of accreditation running out (without the need for the approved provider to put in an application)? What are the advantages/disadvantages of the two approaches?

Should the provision of detailed self assessment data continue to be a requirement of any application process? If so, why?

Would the removal of the requirement to provide self-assessment data on application create a more stressful accreditation site audit? If so, how might this be avoided?

- The self-assessment required prior to homes applying for re-accreditation is a time consuming exercise that adds only minimal value to most providers. The majority of providers have their own mechanisms of self-assessment against the Aged Care Standards, making the completion of the self-assessment required by the Agency a superfluous and duplicative exercise.
- Feedback from membership indicates that during site visits and in audit reports, the self-assessment is only rarely referred to by the auditors.
- As applications for accreditation must be completed six months prior to the accreditation period ending; the information contained in the self-assessment is dated and may well have been superseded by the time of the site visit.
- Consideration must be given as to what parties benefit from the self-assessment - the provider, the Agency or both. The providers should have their own established comprehensive and dynamic mechanism of self-assessment. If it is for the Agency's benefit, very few providers will indicate non-compliance on a self-assessment anyway.
- A reduced range of data could be used to give to the auditor a sense of orientation to the service. The self-assessment in its current format is repetitive as many of the outcomes overlap.
- The accreditation process is not new, so the Agency has a large amount of information available at their disposal from previous audits.
- The site audit should not be any more onerous if a self assessment is not completed as the auditors are required to assess each outcome anyway.
- The accreditation body is already conducting a rolling program of accreditation audits and their emphasis on the use of the assessment modules indicates they are trying to move to this scenario. The rolling out program has more of an emphasis on compliance monitoring rather than accreditation and really is moving back to the standard monitoring teams that we had prior to the accreditation move in 1997.

- Accreditation and compliance monitoring are not interchangeable terms
- The application should entail a form and a check. We are now in our 12th year of accreditation and most approved providers know what the auditors need to look at for accreditation and have it ready for the visit.

Electronic Records/Access

What problems, if any, have approved providers / services experienced in respect of accreditation audits and electronic records?

What are the current barriers to assessment teams utilizing electronic records and how might these be overcome?

- Any auditor employed by the Agency should have enough computer skills to use the electronic record systems used by approved providers. The approved provider should not be teaching the use of the computer system to the auditors at the approved provider's expense; it is the Agency's responsibility and should not employ auditors until they know how to use the basic programs currently in use by approved providers
- Barriers to assessment teams utilizing electronic records includes:
 - Auditors needing to have their hand held by facility staff during the entire visit in order to do their work – drain on internal resources
 - Access to computers to read records when staff need to use them.
 - Ensuring the correct authority level is given to the Auditor to access the necessary information.

Nomination of an assessor

Should approved providers continue to be able to nominate a quality assessor as a member of the assessment team that will be conducting the site audit on their aged care home?

If yes, why? How does this improve the assessment process?

How can issues of perceived conflict of interest be managed?

- There is little benefit in providers nominating quality assessors for the site audit, as in many cases, the auditors are unknown to the provider and the way the current list is on the Agency website, there is no detail about the knowledge and skill levels of the auditors.
- There may however be times when a provider has had concerns about the professional conduct or conflict of interest with a previous assessor. In situations such as this, providers should have the right to nominate a quality assessor that they do *not* wish to have as a site audit.
- Perceived conflict of interest can be managed by a statement from both auditors and providers prior to the site audit occurring.

Skills of Assessors

Should the accreditation body have the flexibility to contract 'expert members', who are not quality assessors, to participate on an assessment team? If not, why not?

If yes, what sort of 'expert members' might be used and what safeguards, if any, would need to be put in place to maintain the integrity of the assessment process?

Should it be a legislative requirement for assessment teams conducting visits to high care facilities, or to low care facilities with a significant number of high care residents, to include a quality assessor who is a registered nurse?

- Due to the high number of outcomes that are clinically orientated, it is imperative that at least one quality assessor at a site audit should have clinical qualifications as a RN or experience in aged care regardless of whether the facility is high care or low care. Clinical nurses need to be cognizant of best practice guidelines. If an RN with aged care experience is not available, the assessor team should have phone access to a suitable RN for clarification when needed.
- The Agency checks that the approved provider has the right skills mix and qualifications of staff and this should also be the expectation of staff employed by the Agency.
- If the Agency needs an "expert" on the team, then it should be at their cost.
- If the accreditation body deems it necessary to contract such an 'expert', the provider should be in receipt of a clear understanding of; why it is deemed necessary, the qualifications of the expert, and the boundaries or limits of the expert should be specified. Conflict of interest and privacy safeguards would be a requirement to ensure there is integrity of the assessment process. The 'expert member' would need to have a thorough understanding of the 'intent' of the outcome(s) they are assessing.

Announced site visits

Should accreditation site audits be unannounced?

If not, why not? How can the public perception that announced site audits provide the assessment team with an inaccurate picture of a home's general performance be addressed?

If yes, what strategies need to be put in place to minimise disruption to staff and residents?

What strategies might the accreditation body use to encourage input to the accreditation site audit from residents and their representatives?

Should a home be able to nominate some 'black-out' days, during which the accreditation body will try to avoid scheduling a site audit? If not, why not?

- Accreditation site audits should **not** be unannounced. There is already a provision for at least one unannounced support visit annually that should assist the public's perception that the auditors are gaining a picture of the homes general performance.

- Accreditation site audits are time intensive and require multiple people in various positions across the organisation to be available to explain procedures, audits and outcomes of the home. Adequate notice is necessary so that these personnel are not on leave and are able to clear diaries of appointments so that they are available to be interviewed by the auditors. For this reason, a home should be able to negotiate with the Agency a mutually agreeable time for site audits. The ability to negotiate agreeable times would serve to improve relationships between providers and the Agency due to a shared understanding of the demands on aged care providers. The service should be able to block out times in a given month when it would not be convenient to have an audit.
- If accreditation site audits were not scheduled, residents' family and friends would not know when the team was visiting and reduce the opportunity for auditors to speak with 10% of relatives and residents. This would have the effect of reducing accessibility of residents' family to the auditors.
- The concept by some commentators that "current" announced accreditation site audits are merely looking at a snapshot point in time when the home will be doing its very best and putting its best foot forward" is a misconception. Experienced and trained auditors should be able to gauge continuous improvement and sustainable processes from a variety of sources.

Consumer Focus

Does the current accreditation process allow for appropriate levels of consumer input? If not, why not? How might this be improved?

Should there be a minimum target set for consultations with residents and / or their representatives during visits to a home by the accreditation body? If so, what would be an appropriate number or percentage?

Should assessment teams seek to attend homes out of normal business hours? Would this increase opportunities for consultation with relatives / representatives?

Are there other strategies that may increase engagement with residents and / or their representatives?

- The announced site visits gives residents, their families and representatives an opportunity to plan for meetings with the audit team. The current target sample size of 10% or more is reasonable regardless of the size of the facility. If the Agency has particular areas of concern, they already have the ability to increase the sample size. If there is a question of non-compliance, the auditors have the capacity to visit the facility after hours and on weekends.
- The Agency is able to use other strategies that could increase engagement with resident representatives. When the facility distributes to family and residents a notice of an impending site audit, a special Agency email address could be used for families to share compliments and concerns and to make suitable appointment times with the auditors.
- The Agency already has access to customer survey results, resident meeting minutes, comments and complaints folders, CIS information and individual interviews to gauge the level of satisfaction of the residents at the home. It is the auditor's responsibility to monitor compliance with outcomes, not to be a further arm of the CIS.

Consumer advice about serious Non- compliance

Should approved providers be required to organise a meeting with residents and their representatives to discuss incidences of non-compliance?

If so, should this be a general requirement for any non-compliance, or should it only apply where there is major non-compliance, for example, non-compliance with four or more expected outcomes, or non-compliance against specified outcomes?

- The judgement of whether to organise a meeting with residents and representatives to discuss incidences of non-compliance should lie with the approved provider.
- Most approved providers already provide communication with their residents / representatives on results of Agency visits. The method of communication, whether it is by newsletter, email or another form should be up to the approved provider. The necessity to conduct a meeting should be gauged by the approved provider. It would not be wise to erode consumer confidence in minor infringements.
- There is considerable variance within the Agency across Australia as to the penalties for non-compliance. If decision makers are unable to have consistency of approach as to what constitutes “major non-compliance”, the same inconsistencies will then be applied for compulsory notification of non-compliance to residents by approved providers

Confidentiality

Does the lack of confidentiality for staff act as a barrier to them providing frank information to the accreditation body?

Should the confidentiality protections provided in the Aged Care Principles for residents or their representatives be extended to all persons who provide information to the accreditation body?

- It is already common practice for auditors not to reveal the identity of people residents / representatives or staff who they have interviewed.
- The majority of staff are happy to answer the questions of auditors candidly and without fear of reprisal.
- The Investigation Principles 2007 gives protection to any informant who desires to keep their identity confidential when making a complaint.

Questions for consideration – Monitoring failures

Is the current accreditation and monitoring regime for residential aged care homes effective in identifying deficiencies in care, safety and quality? If not, why not?

If the accreditation and monitoring regime was to be enhanced, what approaches should be adopted?

Should homes be required to collect and report against a minimum data set?

- The effectiveness of the current monitoring regime in identifying deficiencies predominantly depends on the quality of the auditor, rather than on the frequency of visits by the Agency. Auditors should be able to determine if a quality process is mature, robust and effective at the various support visits.
- If auditors have concerns about systemic problems in relation to the quality process or compliance, then this information needs to be used in the approved providers risk profile for a targeted approach for more frequent visits by the Agency.
- Increasing the frequency of site or random visits would not improve the effectiveness of the current monitoring regime. Alternatively, providers who have robust and effective quality processes should be rewarded by reducing the risk profile that in turn reduces the number of visits required.
- The collection and reporting against a minimum data set would need to proceed with caution for the following reasons:
 - The minimum data set would need to be developed with close industry input and consultation.
 - Data in itself is useless unless it is given context in the environment in which it is captured. It is what is done in response to the data that is important information.
 - Data capturing can be misrepresented and misleading if not performed consistently and with strict guidelines.

If a requirement for a minimum data set is implemented, then it should **not** be an additional requirement of the outcomes, but rather should replace existing outcomes.

Questions for consideration – Review rights

Should decisions only be appealable to the Administrative Appeals Tribunal if they have already been subject to reconsideration by the accreditation body?

Should the accreditation body be able to undertake ‘own motion’ reconsideration of decisions in certain circumstances?

- An approved provider should have the benefit of natural justice with a clear and independent review process. If the recommendation by the auditors is for an accreditation period of less than three years, consistency of decision making could be improved by having a “Decision-Making Panel” instead of one decision maker. The Panel could comprise of one decision maker from the state the approved provider is located, a decision maker from interstate, and the third decision maker could be an “Advisor” from the Department’s approved list of nursing and administrative advisors. The Panel should be convened at the Agency’s expense.
- There does need to be a review process independent of the accreditation body. The appeal to the AAT should occur only when the above process has been exhausted and not concurrently as is the procedure now.
- The appeal process to the AAT is an expensive and time consuming option, so should be the last resort for approved providers.

Questions for consideration - Reporting of decisions

Is the current way in which audit reports and decisions are published adequate? If not, why not?

Should audit reports and decisions of the accreditation body that are subject to reconsideration or review be made publicly available prior to the finalisation of the review process? If not, why not?

Should approved providers be required to provide residents and carers with access to reports and decisions of the accreditation body?

- The current way in which audit reports and decisions are published does not meet the needs of the general public or the approved provider. Currently, the reports are open to misinterpretation by the general public who do not have the skills and knowledge to dissect the report.
- For reports to be effective they would need to be:
 - timely and current
 - a global meaningful summary of each standard that gives the reader a clear understanding of the home's performance in a short succinct manner. Freedom of information allows access of the full reports should people wish to access these.
- Reports should only be made publicly available after all the review processes have been exhausted. Sometimes the report is published before decisions have been overturned

Question for consideration – Distinction between types of visits

Are the current distinctions between different types of visits conducted by the accreditation body appropriate? If so, why? If not, why not?

- The terminology “support contacts” is a misnomer, as in fact they are compliance monitoring visits.

Questions for consideration – Education role

Is it problematic for the accreditation body to provide education to industry?

If not, why not? What are the benefits of the current approach?

If yes, what are the alternate models for providing education to industry?

Does there need to be another source of advice for industry, besides the accreditation body, about issues in respect of accreditation and improving performance? If so, what would be an appropriate source for such advice?

- It should be the responsibility of the accreditation body to accredit. . It is problematic that the accreditation body also undertakes education to industry as there is a real conflict of interest. Aged Care Association Australia have had feedback from members saying they feel compelled to go to the Agency conferences because if they are seen as not attending it will be a black mark against

their name. The auditors plug the event plus education whenever they are on site – some facilities have even been called up to see why their name is not down for the conference.

- The newsletter that is published by the Agency is a vehicle to inform the industry of best practice and to give examples of approved providers demonstrating innovative approaches to care.
- The addition of further education could be undertaken by an RTO independent of the Agency.
- The peak bodies are an alternative source of information.

Questions for consideration – Period of Accreditation

Should there be a maximum period of accreditation specified in the legislation?

Should homes that have sustained compliance with the Accreditation Standards over a number of years be rewarded with a longer period of accreditation?

Are there other means of rewarding good performance?

- It is ACAA's view that positive reinforcement is a better option than negative, punitive approaches to compliance. The panel of decision makers, referred to earlier, should have the scope to recommend up to five years accreditation for homes that have consistently shown high standards of compliance and continuous improvement over the previous three years.
- There should be no need as was previously the case for the home to make special application for a period of longer accreditation.
- Homes granted longer periods of accreditation are then rewarded by a reduced number of support contacts until such times as their risk profile changes.

ACAA Preferred Position

Attachment A to this submission is a paper prepared by the National Aged Care Alliance and endorsed by Aged Care Association Australia which sets out a revised structure for aged care accreditation which ACAA continues to support as we believe that the current system no longer meets the original objective of supporting a continuous improvement system as the compliance regime operated by the Department. The intermingling of the Accreditation Agency in the Departmental compliance processes has created such a blurred boundary between the two systems that aged care providers and their staff find it almost impossible to distinguish between the compliance functions of the Department and the apparent compliance functions of the Agency even though the Agency sees itself as not directly involved in compliance activity.

ACAA is extremely anxious to ensure, that the industry's perception of quality improvement, that accreditation has created, not be wasted or lost due to this unfortunate blurring of systems. We anxious that the original intention of the accreditation system be reinvigorated with a move to a clear delineation between the compliance functions of the Department and the quality improvement functions of the Agency.

In addition, ACAA is very anxious to see the monopolistic arrangements currently associated with the accreditation process be removed as many aged care providers find enhanced quality systems and improved quality outcomes being achieved through other improvement systems such as ISO 9000, that are capable of delivering quality accreditation and quality systems management processes across all of the provider's operations including community care and retirement villages that simplifies and coordinates quality systems integration within the broader seniors housing and aged care service domain.