



Australian Government

Australian Aged Care Quality Agency



**Regulator Performance Self-assessment
Report 2015-16**

Artwork by Dreamtime Creative

Artist's meaning behind the artwork: The central meeting place represents Australian Aged Care Quality Agency supporting quality, flexible and culturally appropriate aged care to older Aboriginal and Torres Strait Islander people, close to their home and community represented by the meeting places outside. The small pathways from the concentric circle is the Quality Agency reaching out to the communities. Everything is connected by the larger pathways representing the importance of hearing, and listening to clients' stories to manage and deliver their care effectively. The star top right represents the Quality Agency always looking for better ways to do things and the patterning within the segments are the different communities.

SECTION 1: Australian Aged Care Quality Agency

The Australian Aged Care Quality Agency (the Quality Agency) is a statutory agency established under the *Australian Aged Care Quality Agency Act 2013* (the Act). The Quality Agency was established in January 2014 as the accreditation body for residential aged care and for the quality review of care in home care services.¹ The Quality Agency manages accreditation, quality review and on-going supervision, including compliance monitoring of Australian Government subsidised aged care facilities and home care.² This involves undertaking:

- in residential aged care, periodic full audits and follow-up visits to monitor improvements where failure to comply with the Accreditation Standards has been identified;
- managing a program of unannounced visits to ensure every residential aged care home receives at least one unannounced visit each year;
- undertaking periodic 'quality reviews' of aged care service providers who provide services to people in the community; these are reviews of performance assessed against the Home Care Standards; and the National Aboriginal and Torres Strait Islander Flexible Care Program Quality Standards; and follow-up visits to monitor improvements where failures have been identified.

The Quality Agency's regulatory approach includes promoting high quality care through information, education and training services to aged care providers; and promoting innovation in quality management and continuous improvement in the aged care sector for both residential aged care facilities and home care.

The work of the Quality Agency complements the role of the Aged Care Complaints Commissioner and Department of Health. The Commissioner is responsible for examining individual complaints; whereas the Quality Agency's role is to ensure there are systems and processes that provide quality care and service delivery to individuals whether those services are delivered through a residential aged care facility or in the person's own home.

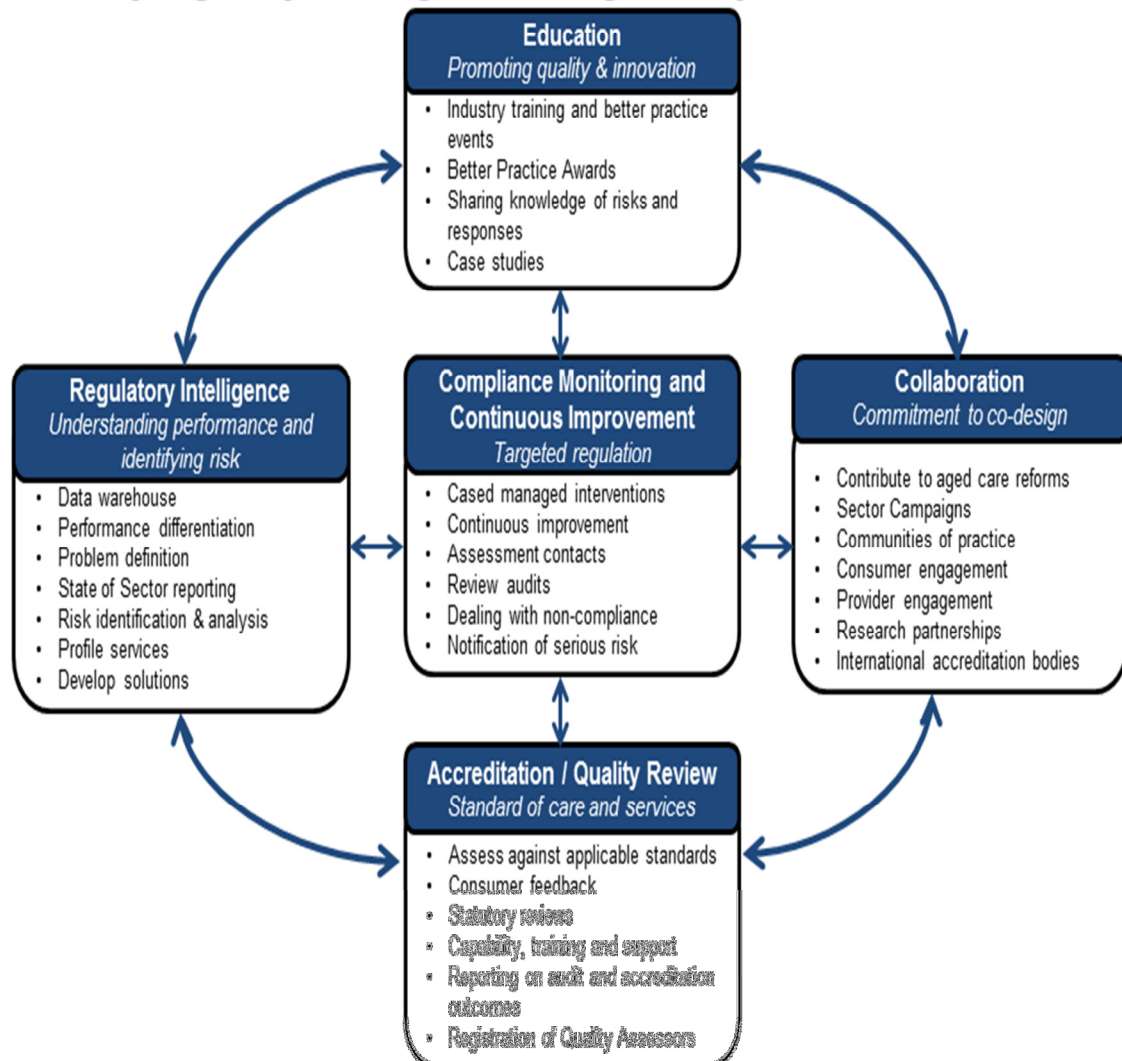
The Quality Agency's functions provide a range of mutually re-enforcing regulatory tools: compliance; education and quality improvement elements. The Quality Agency uses case management, sector data on risk and performance, better practice models and continuous improvement as integral elements to the operation of our quality assurance programmes. Figure1 (below) describes our integrated regulatory model.

¹ Home care includes Home Care, Commonwealth Home Support Program and National Aboriginal and Torres Strait Islander Flexible Aged Care Program

² Residential aged care is regulated by the Australian Government, which provides subsidies to approved providers whose care and services have been accredited.



Quality Agency: Integrated Regulatory Model



1.1. Organisational Structure

The Chief Executive Officer, Mr Nick Ryan, is supported by three Executive Directors who are Deputy CEO and Executive Director Corporate Services and Strategy, Ms Seema Srivastava; Executive Director Programs and Education Ms Christina Bolger, and the Executive Director Operations Ms Ann Wunsch.

1.2. Quality Agency staffing

As at 30 June 2016, the Quality Agency had 210.65 Full Time Employees (FTE). Of these, 100.8 are Quality Assessors or Quality Reviewers. The Quality Agency calls upon an additional 175 external assessors, as needed, to undertake assessments to meet the cyclical peak in residential accreditation activities. The cyclical peak concluded at the end of October 2015.

1.3. Aged Care Quality Advisory Council

The Aged Care Quality Advisory Council (Advisory Council) provides advice to the Minister and the Chief Executive Officer (CEO) in relation to the functions of the CEO as specified in the Act. The Advisory Council is established under Part 4 of the *Australian Aged Care Quality Agency Act 2013*.

1.4. 2016-17 Portfolio Budget Statement

The Quality Agency's Portfolio Budget Statement (PBS) for 2016 - 17 reflects its strategic intent to manage its core business while supporting the Government's aged care reform initiatives including its commitment to Consumer Directed Care. The 'Outcome Statement' and the program objectives for the Quality Agency, as contained in the PBS, are concerned with ensuring service provision is about quality care and reflect consumer choice and preference. The Quality Agency's focus on restructure of its audit reports, to better reflect consumer experience of aged care services is a new initiative designed to support this outcome. The performance criteria for the delivery of the Quality Agency programs in the PBS reflected in terms of quantitative and qualitative outcomes these criteria captures both a sufficiency in volume of activity in order to manage risk and a better targeting of activity which captures and promotes consumer experience of care.

SECTION 2: Regulator performance framework

As part of its commitment to reduce unnecessary and inefficient regulation, the Australian Government commenced a Regulator Performance Framework (the Framework) from 1 July 2015. The purpose of the Framework is to measure the performance of regulators and to give businesses and the community confidence that Commonwealth regulators manage risk with the minimum of impact necessary to achieve regulatory objectives.

The Regulator Performance Framework has six outcomes-based key performance indicators (KPIs). These are:

1. Regulators do not unnecessarily impede the efficient operation of regulated entities
2. Communication with regulated entities is clear, targeted and effective
3. Actions undertaken by regulators are proportionate to the regulatory risk being managed
4. Compliance and monitoring approaches are streamlined and coordinated
5. Regulators are open and transparent in their dealings with regulated entities
6. Regulators actively contribute to the continuous improvement of regulatory frameworks.

These KPIs are supplemented by measures of good regulatory performance.

The Framework requires regulators to undertake and report on the results of an annual self-assessment. This is the first self-assessment reporting for the period 1 July 2015 to 30 June 2016.

The suite of qualitative and quantitative measures was developed in consultation with the Aged Care Sector Committee and the Advisory Council. The Quality Agency's results for self-assessment will be externally evaluated through the Aged Care Sector Committee and with the Minister's approval.

This document explains the self-assessment methodology, measures and output/activity-based evidence that the Quality Agency has used to assess its performance against the six KPIs.

The Quality Agency will seek to improve its performance measures and supporting evidence on an on-going basis in order to better reflect performance. This continuous improvement approach indicates our commitment to being an effective and responsive regulator.

SECTION 3: Executive Summary

The Quality Agency's performance metrics against the six key performance indicators of the Framework were developed in consultation with the Aged Care Sector Committee and the Advisory Council. The performance metrics represented the systems and processes of the Quality Agency at that time. The overall performance demonstrates the systems, processes and the resulting activities are undertaken by the Quality Agency with the objective of undertaking functions with a minimum impact to those we regulate.

The Quality Agency recognises that self-assessment is an iterative process for the purpose of evaluation and identifying improvement opportunities. Being the first reporting period for the Framework, the self-assessment process identified a need for overall improvement in the approach to measuring performance. A key objective for the Quality Agency is to build capacity to respond to the changing regulatory environment and to respond to the broader objectives in supporting consumer choice in aged care. This includes enhancing and building on our existing systems and support a risk based approach to the regulatory functions of the Quality Agency³. We have included a case studies in our self-assessment (refer to the attachments). We plan to build on this approach in future assessments.

In 2014, the Quality Agency gained responsibility of the quality review program for home care services including the Commonwealth Home Support Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. The supporting systems for these activities continue to be monitored to identify efficiencies in practice and stakeholder expectations for a highly diverse sector.

The implementation of the Framework and indicators will be further developed in 2016 - 2017 and align with the Corporate Strategic Plan 2016 to 2020 and stated performance measures. This will support processes of ongoing and regular reporting against stated objectives with the aim to embed performance measurement into everyday practice; translating outputs to results.

³ Corporate Strategic Plan 2016-2020

SECTION 4: Self-assessment methodology

The Quality Agency has assessed its performance across the all functional areas:

- Corporate services and strategy
- Education and programs
- Operations

We have assessed our overall performance against the KPI's as **Very Good**.

The Quality Agency's approach to self-assessment includes a step-by-step process:

1. Identification of available evidence to support each performance measure:
 - A process of assessment to identify existing processes and available evidence to meet the process measures. This is assessed for each business unit and relationship with each KPI.
 - Where necessary, improvements are implemented to assist in the gathering of evidence.
2. Analysis of each piece of evidence and the results achieved against each performance measure and KPI. To enhance the outcomes of the measures, the Quality Agency will use case stories to reflect the performance and enhanced outcomes for stakeholders.
3. Each business unit contributes to a central reporting tool to report on performance against each of the measures. This information is then assessed for contributing improvement activities to inform the next round of self-assessment.

SECTION 5: Quality Agency performance measures

	<i>KPI 1 – Regulators do not unnecessarily impede the efficient operation of regulated entities</i>	<i>KPI 2 – Communication with regulated entities is clear, targeted and effective</i>	<i>KPI 3 – Actions undertaken by regulators are proportionate to the regulatory risk being managed</i>	<i>KPI 4 – Compliance and monitoring approaches are streamlined and coordinated</i>	<i>KPI 5 – Regulators are open and transparent in their dealings with regulated entities</i>	<i>KPI 6 – Regulators actively contribute to the continuous improvement of regulatory frameworks</i>
<i>Measures of good regulatory performance</i>	1.1 We demonstrate an understanding of the operating environment of the industry or the organisation, or the circumstances of individuals and the current and emerging issues that affect the sector.	2.1 We provide guidance and information that is up to date, clear, accessible and concise through media appropriate to the target audience.	3.1 We apply a risk-based, proportionate approach to compliance obligations, engagement and regulatory certainty or impact.	4.1 Our information requests are tailored and only made when necessary to secure regulatory objectives, and only then, in a way that minimises impact.	5.1 Our risk-based frameworks are publicly available in a format which is clear, understandable and accessible.	6.1 We establish cooperative collaborative relationships with stakeholders to promote trust and improve the efficiency and effectiveness of the regulatory framework.
	1.2 We take actions to minimise the potential for unintended negative impacts of regulatory activities on regulated entities or affected supplier industries and supply chains.	2.2 We consider the impact on regulated entities and engage with industry groups and representatives of the affected stakeholders before changing policies, practices or service standards.	3.2 Our preferred approach to regulatory risk is regularly reassessed. Strategies, activities and enforcement actions are amended to reflect changing priorities that result from new and evolving regulatory threats, without diminishing regulatory certainty or impact.	4.2 Our frequency of information collection is minimised and coordinated with similar processes including those of other regulators so that, as far as possible, information is only requested once.	5.2 We are open and responsive to requests from regulated entities regarding the operation of the regulatory framework, and approaches implemented by regulators.	6.2 We engage stakeholders in the development of options to reduce compliance costs. This could include industry self-regulation, changes to the overarching regulatory framework, or other strategies to streamline monitoring and compliance approaches.

	<i>KPI 1 – Regulators do not unnecessarily impede the efficient operation of regulated entities</i>	<i>KPI 2 – Communication with regulated entities is clear, targeted and effective</i>	<i>KPI 3 – Actions undertaken by regulators are proportionate to the regulatory risk being managed</i>	<i>KPI 4 – Compliance and monitoring approaches are streamlined and coordinated</i>	<i>KPI 5 – Regulators are open and transparent in their dealings with regulated entities</i>	<i>KPI 6 – Regulators actively contribute to the continuous improvement of regulatory frameworks</i>
<i>Measures of good regulatory performance</i>	1.3 We implement continuous improvement strategies to reduce the costs of compliance for those we regulate.	2.3 Our decisions and advice are provided in a timely manner, clearly articulating expectations and the underlying reasons for decisions.	3.3 We recognise the compliance record of regulated entities, including using earned autonomy where this is appropriate. All available and relevant data on compliance, including evidence of external verification is considered	4.3 We utilise existing information to limit the reliance on requests from regulated entities and share the information among other regulators, where possible.	5.3 Our performance measurement results are published in a timely manner to ensure accountability to the public.	6.3 We regularly share feedback from stakeholders and performance information (including from inspections) with policy departments to improve the operation of the regulatory framework and administrative processes.
		2.4 Our advice is consistent and supports predictable outcomes.		4.4 We base monitoring and inspection approaches on risk and, where possible, take into account the circumstances and operational needs of the regulated entity.		

SECTION 6: Performance Assessment

KPI 1: Regulators do not unnecessarily impede the efficient operation of regulated entities

KPI 1 Self-assessed rating of performance

The Quality Agency’s performances against the KPI *Regulators do not unnecessarily impede the efficient operation of regulated entities* is assessed as **Very Good**.

The Quality Agency achieves this by our consultative approach to understanding our operating environment and engagement with our stakeholders. We use feedback and complaints information to guide improvements whilst ensuring unintended negative impacts are mitigated. We implement continuous improvement strategies that take into consideration options to aim to minimise the compliance cost for our service providers.

Excellent	Very Good	Good	Fair	Poor
strong performance against all the measures under the KPI	strong performance against majority of the measures under the KPI and no evidence of negative/poor performance against any measure	average performance against the measures under the KPI	Poor performance against some measures under the KPI	Poor performance against most of the measures under the KPI

1.1 We demonstrate an understanding of the operating environment of the industry or the organisation, or the circumstances of individuals and the current and emerging issues that affect the sector.

The Quality Agency is committed to working closely our stakeholders to ensure we maintain a current understanding of our operating environment and the emerging issues affecting the aged care sector. An important component of this is to engage meaningfully with stakeholders so that we can better understand their needs, build relationships and work in partnership to promote continuous improvement within the sector.

The Quality Agency currently holds a number of consultative and information-sharing meetings thought the financial year including the state agency liaison group. These meetings provide an opportunity for consultation and information sharing on a number of issues including:

- any proposed changes in legislation;

- operational activities and policy areas that have an impact on the sector;
- communication of Quality Agency activities and sector accreditation/quality review issues;
- the status of Quality Agency education and training plans;
- reports on relevant activities by sector members; and
- areas of non-compliance, industry trends and aged care reforms.

The Quality Agency's seven Better Practice conferences provide an opportunity for delegates to come together and discuss current, emerging industry issues, and share ideas. The conference programs are developed in response to current themes and trends within the sector for example the 2015/16 conference programs focused on Consumer Directed Care, Technology, Pain Management, Human Resources, Dementia and Innovative programs. The conference programs also show case Better Practice awards and tailored to suit each state/ territory.

Delegate feedback received from each Better Practice conferences are positive and indicate the programs address relevant themes and issues faced by the aged care industry. Each year we host well attended Better Practice conferences. Last year our overall actual paid delegate numbers for Adelaide, Sydney, Perth and Queensland reveal that we exceeded our budgeted delegate numbers. This highlights the importance and relevance of Better Practice within the industry. We will continue to schedule the Better Practice conferences in response to the demand of the industry and provide a forum where industry professionals can come together to share and discuss emerging industry trends and issues

1.2 We take actions to minimise the potential for unintended negative impacts of regulatory activities on regulated entities or affected supplier industries and supply chains.

The Quality Agency understands our activities could have unintended negative impact on our service providers, which can in turn affect the quality of care provided to care recipients. We are committed to the continuous improvement of our processes and use feedback provided by our stakeholders as well as complaints information to guide improvements.

Following each visit to a residential aged care home, the assessment team will leave a feedback form (site visit questionnaire) which can be filled out anonymously and is not mandatory. The questionnaire provides homes the opportunity to rate and comment on their overall experience of their most recent visit and the assessment team's performance. Results of the residential site visit questionnaire consistently demonstrate a high level of satisfaction with our services and the team's performance during site visits. In 2015-2016, we received a response rate of 54% of questionnaires for all visits and an overall satisfaction rating of 93%.

The Quality Agency developed and released an online home care site visit questionnaire at the end of the 2015-2016 financial year. A link is sent to service providers with the interim quality review report. This survey will capture feedback from home care service providers on their experience of the quality review process. The online questionnaire enables providers to give anonymous feedback on their experience and suggestions for improvement. The survey has only recently implemented and we are yet to receive sufficient data to inform our performance.

Complaints about our processes may be raised through various methods including via our website. Whilst the Quality Agency seeks to address the complaints as soon as practical, the process often involves responses by others to contribute to the full understanding of the matter. In 2015-16, the average response time for complaints was 37 days.

1.3 We implement continuous improvement strategies to reduce the costs of compliance for those we regulate.

We analyse complaints data to identify trends and areas for improvement, which often contribute to training topics at the assessor/reviewer continuous professional development events held every two months. Other improvement opportunities are raised formally through the improvement request system. Items are delegated to the relevant business unit for action. This includes improvements to business systems identifying efficiencies or where process variation may unnecessarily impact activities for the service provider.

The residential aged care site visit questionnaire has a comments section which asks “Do you have any suggestions about how this (the visit) could be better conducted in the future?” and “In what areas could the assessment team have performed better?” Each comment is read, categorised and reported on a quarterly basis, furthermore the state offices are sent the site visit questionnaire data on a monthly basis where data that includes comments can be reviewed, followed up and actioned where required.

The Quality Agency is accredited by the International Society for Quality in Health Care (ISQua) - formal recognition that our performance as an accrediting body has been assessed by peer reviewers against international standards. This activity is a further source of information to identify areas for improvement.

The Quality Agency has ISQua organisational accreditation and accreditation for the assessor training. We have organisational accreditation until August 2017. Our assessor-training program is accredited until October 2019.

The Quality Agency has identified that our investment in a robust information technology system (Better Business) and automation of our processes is a way of minimising the cost of compliance. This includes a client relationship management (CRM) system and workflow processing creating nationally consistent processes and efficiencies in communication and reporting mechanisms.

We regularly review our policies, procedures and systems to identify areas with undue process variation. This may be informed by enhancements to systems that enable improved internal systems to reduce sourcing of additional information from providers. For example, early in 2015, a process of verifying information from a home care provider required a

number of telephone calls and enquiries requesting information from the provider. Our client relationship management system and our relationship under a memorandum of understanding with the Department of Health has improved with more accurate information reducing the level of contact with providers to source information. This is now only undertaken on a confirmation basis.

Improvement opportunities KPI 1:

The Quality Agency has a Stakeholder Engagement Strategy supported in 2016-17 by a Stakeholder Engagement Operational Plan. This plan supports a more targeted and productive engagement processes. The plan is based around proactive engagement, and broadens existing engagement experiences to be more opportunistic and holistic.

In 2016-2017, we aim to introduce a revamped complaints management framework to improve flow of information and better integrate feedback into our continuous improvement processes.

KPI 2 – Communication with regulated entities is clear, targeted and effective

KPI 2 Self-assessed rating of performance

The Quality Agency’s performance against the KPI Communication with regulated entities is *clear, targeted and effective* is assessed as **Very Good**.

This is demonstrated through our provision of a range of information and communication strategies with stakeholders. We engage and consult with industry groups and representatives that are affected by any changes to our practices, policies and service standards. We ensure our advice is consistent and timely to ensure expectations and decisions are clearly articulated.

Excellent	Very Good	Good	Fair	Poor
strong performance against all the measures under the KPI	strong performance against majority of the measures under the KPI and no evidence of negative/poor performance against any measure	average performance against the measures under the KPI	Poor performance against some measures under the KPI	Poor performance against most of the measures under the KPI

2.1 We provide guidance and information that is up to date, clear, accessible and concise through media appropriate to the target audience.

Refer also to KPI 2.4.

The Quality Agency provides information across a variety of platforms such as our website, our newsletters, information sheets and at our education workshops and conferences. Access to our resources used by our workforce is available on our website, may be downloaded and we also provide a purchase pack for the mail out of hard copy material.

Our correspondence to providers about our regulatory activities of accreditation and quality review is managed through a centralised system ensuring consistency in information and messages to providers. Supporting this correspondence is a range of information sheets providing guidance about our processes. These processes are monitored for compliance with legislated timeframes and compliance with internal process requirements.

The Quality Agency has recently undergone an exercise to review and update content and information on our website for WCAG accessibility. Some of this work is continuing with a review of available content and purpose of information. *Refer to Attachment 1 Case Study WCAG compliance for AACQA*

Our industry newsletter *Quality Standard* is distributed monthly and includes information on how we conduct assessment, changes to operations and other corporate information, as well as articles containing practical advice that can be readily adapted or implemented. The *Quality Standard* promotes examples of better practice within the aged care industry and is designed to provide practical advice to the sector.

In July 2015, the *Quality Standard* publication moved from a print publication to online only, with two versions available – a PDF for downloading and printing internally, and a web (html) version for reading online.

The *Quality Standard* is sent to over 7,000 email addresses each month, including aged care providers, staff, assessors, reviewers, and other members of the aged care industry who request to be placed on the mailing list. Topics covered in the *Quality Standard* from July 2015 - June 2016 include:

- Bariatric care
- Palliative care
- Antimicrobial resistance
- Food handling
- Innovation hub
- Obligations for employers to conduct police checks
- Risk management
- Complaints scheme changes
- National aged care quality indicator program
- *Let's talk about quality* project
- Release of resources
- Latest research

Each month we receive a number of submissions to the *Quality Standard*, and quality assessors/reviewers submit ideas for articles based on what they see in the field. Where appropriate, we source opinions and submissions from experts in the field. Any feedback or improvement suggestions that are received are captured and feed into our quality improvement system.

We continually endeavour to improve the layout of the publication, in particular the email and website versions, as this is increasingly the way people read the publication (rather than downloading and printing a pdf).

2.2 We consider the impact on regulated entities and engage with industry groups and representatives of the affected stakeholders before changing policies, practices or service standards.

We utilise our industry liaison group meetings and our newsletters to engage and inform industry groups and representatives of our projects or activities where there may be an impact to our stakeholders. During our Better Practice conferences attended by industry groups, representatives and other stakeholders, our CEO provides a summary of activities for the Quality Agency including any planned activities.

Other methods of engagement include surveying providers to gain their feedback on the effectiveness of our processes. For example, a telephone survey of home care providers was conducted to gain feedback about the quality review process and identify areas that were considered relevant for the provider to develop an ongoing survey process. We have now implemented an online survey for home care providers and this will enable us to add as required additional questions as required to further engage and measure results of our practices.

2.3 Our decisions and advice are provided in a timely manner, clearly articulating expectations and the underlying reasons for decisions.

The Quality Agency Principles 2013 provide that an authorised decision-maker, taking into account the assessment team's report, responses to the team's report and other information known about the home or the home care service. Residential age care homes and home care service providers have an opportunity to respond to the team's findings in a written submission to the Quality Agency, prior to a decision being made.

Accreditation and quality review decisions are made by decision-makers, these are senior staff appointed by the CEO and trained to make decisions. All accreditation and quality review reports outline the home or the home care service provider's performance against the applicable standards including:

- decision on the number of expected outcomes met or not met
- the reasons for the decision
- and the period of accreditation.

Our policies and procedures inform the workflow processes implemented in our information system. The automated processes identify process timeframes including legislated timeframes and enable our staff to monitor processes and ensuring timeframes are met.

Where unforeseen circumstances result in delays, these are reported on and investigated to inform any improvement activities or practice issues.

Where a decision may be made outside of the legislated timeframe, it is with the agreement of the home or the home care service. An example of this is may be an agreement between the Quality Agency and the home or the home care service provider to submit a response that may be outside of legislated timeframes.

The Quality Agency has standardised reporting templates across both residential and home care, which assist in articulating our decisions and the reasons for the decision. The standardised reporting templates enable clear and consistent information about our expectations to our stakeholders.

2.4 Our advice is consistent and supports predictable outcomes.

The Quality Agency assessor and reviewer course is a rigorous program and includes pre-course learning, an onsite observation and a two-week classroom-based program facilitated by expert trainers. The course is based on adult learning principles and includes both formative and summative assessment. We have also developed a new Quality Reviewer course to support the foundation training of new quality reviewer staff. Quality assessors were also provided with an opportunity to cross skill in quality review. The 'Aged care quality assessor course' (Assessor course) was successfully re-accredited internationally with ISQua until October 2019.

We also offer a range of Continuing Professional Development programs throughout the year for Quality Assessors and Reviewers. Our rigorous training program and ongoing professional development ensure consistency in our workforce skills and knowledge. This enables us to give consistent advice and support to our stakeholders during visits.

Our guidance material for assessors and reviewers includes the Results and processes guide for accreditation and *Practices and processes guide* for home care. The Quality review guidelines for the National Aboriginal and Torres Strait Islander Flexible Care Program include guidance for the Quality Standards. This material supports a consistent approach to support our audit methodology and information that is considered during accreditation and quality review visits.

Our website provides detailed information on accreditation and quality review processes. The information is currently written with a target audience of the aged care sector. Our website allows us to provide information about our activities and expectation consistently to support outcomes for our stakeholders. Freely available on our website for downloading (or for purchase) include:

- *Results and processes guide* for accreditation
- *Practices and processes guide* for home care

- *Quality Review guidelines* for National Aboriginal and Torres Strait Islander flexible program
- *Quality Review guidelines* for Home Care
- *Assessor handbook*
- *Report writing handbook*
- Self-assessment tools
- Plans for continuous improvement.

There is also an app of the *Results and processes guide* that can be downloaded to smartphones and tablets. Providers also have access to our self-assessment tool our Plan for continuous improvement templates for accreditation and quality review.

The *Quality Standard* also regularly publishes information about assessment processes and resources, including articles about:

- Better Practice Awards
- Focus on expected outcomes
- Qhome and QUEST
- Release of Quality Review guidelines for National Aboriginal and Torres Strait Islander flexible program
- *Let's talk about quality*
- Aged Care Complaints scheme changes
- Best Practice food and nutrition manual for aged care facilities
- Risk management

Our Youtube Channel also has informative videos on aged care – some of which has been co-produced with the Aged Care Channel.

Our information system includes consistency in correspondence, information sheets and a range of templates sent to providers.

Improvement opportunities KPI 2:

In 2016/2017, we are introducing a new discussion column to the *Quality Standard* that better highlights the work of the Quality Agency as a leader in quality. This includes collaborative work we are doing with other organisations/academics to drive sector improvement.

Work is underway to rewrite website information in a way that is targeted to the consumer.

KPI 3 – Actions undertaken by regulators are proportionate to the regulatory risk being managed

KPI 3 Self-assessed rating of performance

The Quality Agency’s performances against the KPI *Actions undertaken by regulators are proportionate to the regulatory risk being managed* is assessed as **Good**.

The Quality Agency has a case management framework that aids in applying a risk-based proportionate approach to compliance obligations and regulatory functions. The framework ensures that we regularly assess and reflect the changing priorities and evolving regulatory threat. We recognise the compliance record of our regulated entities and develop ways of including earned autonomy where appropriate.

Excellent	Very Good	Good	Fair	Poor
strong performance against all the measures under the KPI	strong performance against majority of the measures under the KPI and no evidence of negative/poor performance against any measure	average performance against the measures under the KPI	Poor performance against some measures under the KPI	Poor performance against most of the measures under the KPI

3.1 We apply a risk-based, proportionate approach to compliance obligations, engagement and regulatory certainty or impact.

We use a case management framework to monitor the performance of homes that are at risk of failure to comply with the standards and consider a proportionate approach to our regulatory obligations. This includes analysing information from our visits to services and considering other risk based information. Other sources of information include historical information about a service’s performance, information from the public or media, administrative changes or information from the Department of Health or the Aged Care Complaints Commissioner.

Our case management framework includes regular meetings within our state and territory offices to determine the appropriate action as informed by our policies to prioritise visits based on risk assessment. Our case management governance structure includes an escalation of significant matters to a national case management forum to assess decisions and actions, manage those services identified as requiring increased engagement for regulatory certainty, and consider impact to care recipients. When making decisions where

there is failure to comply with standards, we decide whether that failure has placed or may place, the safety, health or wellbeing of a care recipient of the service at serious risk.

We engage with providers throughout our assessment process and provide opportunity to remedy poor performance by allowing a timeframe by which a service may improve their systems, processes and outcomes for care recipients. We provide opportunities for the provider to demonstrate their improvement strategies and results through assessment contacts including submission of revised plans for continuous improvement. During our assessment contacts, services are provided with ongoing information to assess the sustainability of their improvement strategies in performing against the standards and returning the service to compliance.

3.2 Our preferred approach to regulatory risk is regularly reassessed. Strategies, activities and enforcement actions are amended to reflect changing priorities that result from new and evolving regulatory threats, without diminishing regulatory certainty or impact.

We adjust our approach to our assessment activities from information we receive from a range of stakeholders including from providers. We consider exchange information and data intelligence with the Department of Health through a memorandum of understanding to consider any evolving regulatory threats either emerging or existing for services. A memorandum of understanding is in place with the Aged Care Complaints Commissioner to respond to system related information relevant to a service's performance against the standards.

Risk assessments may be undertaken from different perspectives for example, we may consider a trend of compliance related issues in relation to the activities of a provider or within a particular region. In response to released research information, productivity reports and other sources, we plan for thematic approaches to monitor the evolving expectations of consumers or to assess exposure to risk in areas within the standards.

Where emerging risks are identified, we support providers through these issues and management of their compliance with a compliance assistance model of education. This directs the need for education based on priority and risk for the provider and support the provider in taking responsibility for the areas of risk in their services.

We undertake ongoing risk assessments of services. Our risk assessment model is based on data analytics of identified known areas of risk that have potential for a service to fail to comply with standards. As the multiplicity of risk areas are identified, we adopt a more engaged model of monitoring and assessment activities.

While on site during assessment activities, we use audit methodology to corroborate evidence and assess findings. Based on this information, teams will adjust the scope of the assessment if there are emerging issues as instructed by Quality Agency management.

Where significant issues are identified, we take a risk management approach in relation to other services operated by the providers to assess the common systems that may be failing and the relationship with the service or for the overall strategies for the provider. This includes consideration of the compliance record of the service and the provider to inform a proportionate and risk based approach.

3.3 We recognise the compliance record of regulated entities, including using earned autonomy where this is appropriate. All available and relevant data on compliance, including evidence of external verification is considered.

Our client relationship management system maintains a history record of all service providers and our regulatory activities. This data is used to inform case management decisions and consideration of compliance when establishing plans for monitoring performance of homes and services. The approach to case management also considers the history of performance of the home or service as well as the overall performance of the provider or the group of home or services.

Trends in compliance and relationships with identified risk factors are applied to decide on frequency of visits and the scope of assessment. The relationship of the range of data also informs decisions on the performance of the provider and the capacity for the provider to manage possible system failures or respond to risks. This is demonstrated by the capacity of a provider to respond quickly and effectively to areas of non-compliance within a timetable for improvement. This data is captured within decision results and assessment activities.

Improvement opportunities KPI 3:

Enhancements are being progressed to improve recording and access to data from our assessment activities with the development of a computer assisted audit tool due for release in 2017. This will improve our case management processes with access to a greater depth of information and data identifying critical success factors in complying with the standards.

An upgrade is in progress for the client relationship management system. This upgrade will include enhanced options for procedural administrative activities. Procedure assessments are planned to identify opportunities to streamline administrative functions.

KPI 4 – Compliance and monitoring approaches are streamlined and coordinated

KPI 4 Self-assessed rating of performance

The Quality Agency’s performances against the KPI *Compliance and monitoring approaches are streamlined and coordinated* is assessed as **Good**.

The Quality Agency is committed to tailoring information request to secure regulatory objectives whilst ensuring information that is collected is coordinated and aligned with existing processes. We take into account where possible the circumstances and operational needs of our regulated entities when conducting our required monitoring activities. The Quality Agency in collaboration with the Department of Health and the Aged Care Complaints Commissioner has developed communication strategies for sharing information across these agencies.

Excellent	Very Good	Good	Fair	Poor
strong performance against all the measures under the KPI	strong performance against majority of the measures under the KPI and no evidence of negative/poor performance against any measure	average performance against the measures under the KPI	Poor performance against some measures under the KPI	Poor performance against most of the measures under the KPI

4.1 Our information requests are tailored and only made when necessary to secure regulatory objectives, and only then, in a way that minimises impact.

The Quality Agency provides guidance through our policies and procedures so that information requests are only made to inform our regulatory functions. Our procedures are aligned to legislation requirements and where operational requirements dictate a need for information to enable efficient delivery of our regulatory activities. Our two key information requests from providers are the application for accreditation for residential aged care providers (which forms part of the legislated accreditation process) and the service details form for home care providers. The service details form is an operational request to confirm the details of the service including contact details and key personnel to ensure we are able to plan effectively for quality review visits and to confirm communication preferences in way to minimise impact to the service and inform our ongoing activities.

Our information systems are aligned to our policy and procedure requirements standardising information requests to enable providers to respond in a consistent manner. This may

include a request for a plan for continuous improvement, which forms part of our regulatory functions in understanding the performance of a service in meeting the standards.

4.2 Our frequency of information collection is minimised and coordinated with similar processes including those of other regulators so that, as far as possible, information is only requested once.

We have a Protocol of Communication with the Department of Health and a Memorandum of Understanding (MOU) with the Aged Care Complaints Commissioner. These protocols and MOUs assist the Quality Agency formulating consistent communication strategies to minimise the duplication of information collection.

All information collected is processed and stored in our business database (Better Business). These allows senior staff to access and review the information against all services and assess whether there is a need to source information directly from the provider or make arrangements to visit or contact the provider through one of our activities such as an Assessment contact. From time to time, we may request updated information about a provider's progress against their plan for continuous improvement as a proportionate approach to our regulatory arrangements.

The Department of Health and other sources may advise us of information about change of ownership, number of places and other information such as notices of non-compliance or complaints as well as information we receive from the Aged Care Complaints Commissioner. The case management committee determines the follow up action that may be required to satisfy ourselves about the home/services compliance with the Standards. Our case management approach means that new information received about a service or approved provider is considered along with other information that we have to determine if any action is warranted and what this action should be. In this way, our visit program to services is based on an assessment of all information that is available.

Case management takes into consideration other information received from the public or media, administrative changes and governance issues that may influence a home or home care service's performance.

4.3 We utilise existing information to limit the reliance on requests from regulated entities and share the information among other regulators, where possible.

Refer to measure 4.2.

Our client relationship management system stores all available data and information about our providers and their services. This information is comprehensive and includes historical information and information obtained through visits as well as any information submitted to us by the providers. Demographic information about the home or home care service is verified against records we receive from the Department of Health before we arrange to

contact the home or home care service to confirm any updated information. Our communication arrangements with the Department of Health enables us to share information where needed to limit our reliance on requests from providers.

4.4 We base monitoring and inspection approaches on risk and, where possible, take into account the circumstances and operational needs of the regulated entity.

Audit, assessment and quality review activities are scheduled in accordance with the individual case management needs of each home and home care service. There are different types of information received from the Department of Health and the Aged Care Complaints Commissioner, referred to in our system as “case source information”. This includes referrals and release of information received from both the Department of Health and the Aged Care Complaints Commissioner.

Case source information is reviewed by senior managers and if applicable included for review the State case management committee or further escalated to a national case management committee, to determine the appropriate risk approach to the information and the regulatory approach for the provider and service such as type, scope and frequency of our visits. Our approach ensures that we consider the individual circumstances of each service to determine the appropriate review and assessment actions. We also consider the performance of the provider and their homes or services as a group. Weekly monitoring of this information is undertaken to ensure actions are recorded, are appropriate and timeframes relevant to the regulatory treatment.

Decisions about actions in response to case source information may include a decision to discuss the proposed actions with the case management committee, although the decision to wait until the meeting is on a case-by-case basis. These decisions also take into the risk rating for the home or service and any other available information or consultation with the Department of Health and the Aged Care Complaints Commissioner. Activities may be for the information to be considered at a planned activity such as an existing re-accreditation audit, quality review or assessment contact or to make a decision to schedule a review audit, quality review or assessment contact.

The Australian Government requires that every home receive at least one unannounced visit each year. We have a program that ensures this requirement is met and that each of these unannounced visits is targeted based on what we know about the circumstances of the home and the organisation that operates it. No notice of any kind is given for these visits. Our scheduling of unannounced visits considers expiry date of a home’s accreditation period and aim that residential services will not have an unannounced visit within two to three months of their planned site audit.

Homes/services on a Timetable for improvement (TFI) may have multiple visits during the TFI according to the nature and extent of the non-compliance. We apply different approaches to monitoring a TFI for home care services and homes. In terms of home care and Commonwealth Home Support Program (CHSP), consideration is given to the breadth of service delivery and the region covered. We consider a proportionate approach where relevant to sampling of home care sites to monitor performance during a TFI.

Improvement opportunities KPI 4:

In consultation with the Aged Care Complaints Commissioner, the Quality Agency is developing strategies to share information within the regulatory framework and functions of the Quality Agency with consideration of risk mitigation to consumers.

KPI 5 – Regulators are open and transparent in their dealings with regulated entities

KPI 5 Self-assessed rating of performance

The Quality Agency’s performances against the KPI *Regulators are open and transparent in their dealings with regulators* is assessed as **Very Good**.

Our risk-based approach is available on our website and available within our published resources. We are open and responsive to requests about our regulatory framework and publish results to ensure accountability to the public.

Excellent	Very Good	Good	Fair	Poor
strong performance against all the measures under the KPI	strong performance against majority of the measures under the KPI and no evidence of negative/poor performance against any measure	average performance against the measures under the KPI	Poor performance against some measures under the KPI	Poor performance against most of the measures under the KPI

5.1 Our risk-based frameworks are publicly available in a format, which is clear, understandable and accessible.

The Quality Agency website provides information on accreditation and quality review processes. The information is currently targeted to the aged care industry, with work underway to provide information targeted to consumers in a way that is meaningful and useful for them.

Information about our regulatory activities of accreditation for residential aged care homes, quality review of home care services and resources are available on our website to help with preparing for and conducting assessments. Information to assist providers in informing care recipients about our activities are available on the website and are translated into 20 languages. This correspondence includes posters and letters to care recipients to inform of an upcoming visit by the Quality Agency.

All our resources that are used by our assessor and reviewer workforce are publicly available on our website and may be downloaded or ordered in hard copy. This includes our *Results and processes guide* for the Accreditation Standards and *Practices and processes guide* for the Home Care Standards. These documents outline the approach referred to by

our workforce in assessing performance against the standards. We also provide continuous improvement resources such as templates for plans for continuous improvement and self-assessment tools across all standards in word documents for each of access and use by the provider.

The Home care quality review guidelines and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program quality review guidelines provide information about our assessment processes including quality reviews, assessment contacts and continuous improvement. They are designed to assist providers to prepare for visits and to demonstrate continuous improvement for care and services delivered to care recipients.

The Quality Agency has a tailored approach to managing the assessment and monitoring of homes, which is referred to as “case management”. This information is provided on our website under a number of web links including information about failure to meet the standards as well as additional reporting information provided in our Corporate Plan and our Annual report. The purpose of case management is to protect the health, safety and wellbeing of care recipients by initiating timely action to address risks of poor care and services to support improvement.

We run a range of education courses and workshops, with details of each available on our website. We also have a self-directed learning package on dementia, and compliance-assistance programs, all detailed on our website.

Courses that focus on the assessment process are the ‘Understanding accreditation’ (for residential aged care) three-day course, and ‘Understanding quality review’ (for home care), along with ‘Managing accreditation performance’. Other workshops are focused on the link between various issues such as risk management and information management and the assessment process.

We also have a YouTube channel with videos that can be used for training and education. It includes videos on dementia, storytelling, and presentations from our Better Practice conferences.

Along with our website and targeted email direct marketing campaigns to promote our education products, we regularly promote education opportunities in our monthly industry publication *Quality Standard*.

5.2 We are open and responsive to requests from regulated entities regarding the operation of the regulatory framework, and approaches implemented by regulators.

The Quality Agency offers courses and workshops both as public and in-house offerings on various topics. The education programs are targeted to both the residential and home care sector offering a range of targeted programs to guide and inform the aged care industry. These include tailored courses and workshops to meet industry demands.

On request from providers, we introduced a two-day 'Understanding quality review' course for the home care sector. The course focuses on understanding of Home Care Standards and quality review process incorporating the principles and practice of Consumer directed care. We budgeted one course to run in each state location. However, the course obtained very positive feedback and was very well received by the aged care sector and we successfully completed 38 courses attended by a total of 526 participants.

Due to high demand and feedback from the industry wanting more information on Consumer directed care, we developed a one-day 'Consumer directed care and homecare standards' Forum in collaboration with COTA. We completed a total of 12 forums and 376 participants attended the forums across all states.

We have continued to have a strong demand for our three-day 'Understanding accreditation' course for the residential aged care sector. Based on the feedback we have reduced the duration of the three day 'Understanding accreditation' course to a two-day course this is reflective of the growing knowledge and maturity of the residential aged care industry and there overall increased ability to demonstrate performance against standards. The two-day course will be implemented from January 2017. Based on the feedback received from the industry for this FY 2015/2016, we reworked the 'Making the most of complaints' workshop to be delivered to both residential aged care and home care sector.

We have been offering the QUEST program (Quality Education on the Standards) since 2004. From July 2016, QUEST delivery will be integrated into our compliance assistance program. We want to strengthen the link between compliance assistance offered through education services and the case management referrals for services that are at risk of failing to meet the applicable standards. Feedback consistently indicates it has been a valuable and popular education program. QUEST sessions target front line staff in residential aged and are delivered by quality assessors. QUEST sessions cover topics such as using resident feedback, privacy and dignity, accreditation overview, assessing the Standards, accreditation for consumers and continuous improvement and risk.

In terms of provider feedback about our assessment activities, we recognise that our visits may disrupt the home's management system, in the site visit questionnaire, homes are asked to rate the performance of the assessment team in terms of "Allowing care staff to continue their duties during the visit". Data collected from the site visit questionnaire shows that across all visit types (announced and unannounced) minimal impact is made on a home's ability to continue their duties while our assessment team are on site. On average over the last five years, 98% of respondents across all visit types (including unannounced visits) were satisfied there was minimal impact on service delivery from our visits.

Our survey for our activities for home care services was recently implemented with a small collection of responses; insufficient to provide a statistical profile. Preliminary feedback demonstrates positive responses to the activities and the performance of our reviewers. Services that have used our self-assessment tool found it a positive process and guided them in their self-assessment.

5.3 Our performance measurement results are published in a timely manner to ensure accountability to the public.

Our Annual Report is published to our website according to the required timeframes and includes our performance measurement results. The Annual Report demonstrates the Quality Agency's performance against regulatory activities including the number of accreditation visits to residential aged care homes and the number of quality review conducted for home care services. Compliance statistics are also represented in the report including statistics on the period of accreditation following application for re-accreditation. Our statutory obligations for financial reporting are published in the Annual report. The results of our education activities and new initiatives are included in the Annual report as well as the results of winners of our Better Practice awards.

Accreditation reports are published on our website following an accreditation audit or a review audit of a residential aged care home. Where available, previous reports are available to download. We accept enquiries through our website or over the phone to send printed copies of published reports as requested.

Improvement opportunities KPI 5:

A survey of providers undergoing quality review for home care was recently implemented. Ongoing engagement of home care providers in the survey process will continue to be sought to identify stakeholder experiences of the quality review process and identify the preferred outcomes of the quality review process.

We are working towards developing a consumer-focused report to improve accessibility of information for consumers. This requirement is listed in the 2015-16 Portfolio Budget Statement with the objective of availability of a consumer-focused report by 1 January 2017.

KPI 6 – Regulators actively contribute to the continuous improvement of regulatory frameworks

KPI 6 Self-assessed rating of performance

The Quality Agency’s performance against the KPI Regulators actively contribute to the continuous improvement of regulatory frameworks is assessed as **Very Good**.

The Quality Agency demonstrates this through our education programs, our collaboration with a range of peak bodies, industry liaison groups supporting the aged care sector and making a significant contribution to Government’s work underway to streamline accreditation processes and better match regulatory oversight with the level of risk of different aged care services.

Excellent	Very Good	Good	Fair	Poor
strong performance against all the measures under the KPI	strong performance against majority of the measures under the KPI and no evidence of negative/poor performance against any measure	average performance against the measures under the KPI	Poor performance against some measures under the KPI	Poor performance against most of the measures under the KPI

6.1 We establish cooperative collaborative relationships with stakeholders to promote trust and improve the efficiency and effectiveness of the regulatory framework.

The South Australia Innovation Hub Framework (June 2015), the objective of the Hub was to improve and sustain better outcomes for older Australians engaged with aged care services. This was achieved through developing an earned autonomy approach for aged care in support of the Government’s deregulation and social policies. The Hub highlights collaboration and partnership between industry, government, regulators and the community. Refer to Attachment 2 for the South Australian Innovation Hub.

All our courses are aimed at providing participants from the aged care sector with a comprehensive understanding of the accreditation/quality review process and an understanding of the standards. This includes how they can demonstrate performance against the standards, build their skills to self-assess, analyse and evaluate service performance and complete a self-assessment. Our engagement through our education programs promotes and builds trust with providers.

The Quality Agency's collaboration with Aged Care Channel has produced a number of programs that remain accessible and relevant to the sector. The Quality Agency engaged with the development of an education program about Accreditation, reviewing the script and activities and participating on the live question panel. The formal MOU was not renewed; however, we continue to engage with providing information and support in the development of the Aged Care Channel Programs.

We provide numerous channels of feedback and engagement with our various stakeholders. Our State Agency Liaison Group meetings are facilitated by each state office and provide an opportunity to engage with the sector and industry bodies. We engage with consumers and consumer groups to develop our understanding of issues and trends relating to the sector and ensure their experiences of care are appropriately considered in decision making and education activities. Other avenues of feedback include:

- Site visit questionnaires are distributed to a residential aged care home after every visit we make to conduct an assessment. This form requests feedback in regards to their most recent site visit.
- Interviews with management, staff, care recipients and/or their representatives for every visit we make to a residential aged care home or home care service. During these interviews, feedback on our processes is welcomed. Where care recipients and/or their representative are not able to meet face to face with the assessment team on the day of the site visit (more applicable to home care) they are able to contact us directly via phone or email. The information gathered at these interviews has helped us to understand their individual experience of care, which in turn has informed our accreditation and quality review processes and our education programs. Our use of this feedback to improve regulatory approaches will be strengthened by the introduction of more structured capture of information from consumer interviews in early 2017.
- Our website is used to elicit feedback on particular issues. For example, the draft Cost Recovery Implementation Statement (CRIS) was loaded on to our website for feedback and a dedicated email inbox was set up. The *Contact us* page on our website also provides the contact details (phone and email) of our Divisional and State offices for any member of the public who wishes to provide us feedback. Also listed are dedicated emails for any complaints people wish to make against us, employment enquiries and/or media enquiries

6.2 We engage stakeholders in the development of options to reduce compliance costs. This could include industry self-regulation, changes to the overarching regulatory framework, or other strategies to streamline monitoring and compliance approaches.

The Quality Agency is supporting the Department of Health 2015 Budget measures to identify opportunities to simplify and improve the current quality assurance systems, including standards (across end to end aged care):

- options to improve risk based regulatory;
- supporting informed consumer choice; and
- removing any unnecessary duplication for providers.

We are actively participating in the Technical Advisory Group on the development of a single set of quality standards and the Quality Indicators Performance Project to introduce a set of outcome measures for the sector.

In addition to standards consolidation, the Quality Agency is assisting Department of Health to identify and consider the streamlining of quality assurance arrangements across residential and community-aged care including ensuring the frequency and extent of quality assessment processes, to ensure they are risk-based, proportionate and targeted.

In 2016-17, we have piloted a coordinated audit response with Australian Council of Health Care Standards for a number of small rural services where aged care and health services are co-located. Hesse Rural Health Service and West Wimmera Health, both located in rural Victoria, are collaborating with the two-accreditation bodies to implement a streamlined approach, which will minimise regulatory overlap at the level of evidence collection to demonstrate performance against accreditation standards (both the Accreditation Standards and the National Safety and Quality for Health Service (NSQHS) standards). The activity included development of joint assessment tools and cross training of surveyors and assessors in both standards and approaches to auditing. The project evaluation is underway by the University of Tasmania.

The approach to activities for the South Australian Innovation Hub included the introduction of a formal process for assessing expected outcomes that may be managed through overarching corporate strategies such as human resource management, information systems, safety and security and other expected outcomes of Standard 1 of the Accreditation Standards. This process included an assessment contact to assess relevant expected outcomes at a corporate level with the information documented and shared among other teams for validation at subsequent re-accreditation audits. This allowed for senior managers of the provider to present all corporate related information at the one visit and minimise the need to duplicate reviews of policy and procedure information at all sites. Validation at re-accreditation focused on measured and achieved results and outcomes for care recipients.

6.3 We regularly share feedback from stakeholders and performance information (including from inspections) with policy departments to improve the operation of the regulatory framework and administrative processes.

We produce a national data set report each quarter and this information is shared with our stakeholders through agency liaison group meetings and meetings with the Department of Health and Aged Care Complaints Commissioner. This information is used to inform other regulatory processes from other stakeholders and administrative processes.

As a requirement of the Quality Agency Reporting Principles 2013, we share information with the Department of Health about results and outcomes of our activities. This includes information about accreditation and quality reviews and compliance decisions. Information about failure to comply with the *Aged Care Act 1997* and information regarding serious risk to care recipients is provided in writing to the Secretary of the Department in as soon as possible.

We are working to ensure that data is shared between the Department of Health (Aged Care Stream) and the Quality Agency in a way that supports greater information to consumers on the My Aged Care website.

All our correspondence is managed through our client relationship management system and workflow processes. The workflow processes assist with managing legislated timeframes and reporting to the Department of Health. All processes include standard templates ensuring national consistency in reporting of information and sourcing and attaching required material when corresponding with the Department of Health.

Improvement opportunities KPI 6:

A computer assisted audit tool (CAAT) is being developed to introduce technology as an enabler to enhance consistency in assessment by incorporating existing audit methodology into a structured framework. The principles are to improve productivity, quality and intelligence. The framework will include identifiers to support information and evidence gathering against the Accreditation Standards in a way that allows providers to present their results and processes in meeting the standards to their own particular circumstances and needs.

The Quality Agency is supporting the Department of Health (Aged Care Stream) in relation to the delivery of consumer directed care. We seek to provide greater value to consumers of aged care services by capturing and reporting on the consumer experience during our site audits through interview and observational tools and publishing reports about standards of care and services in a way that better informs consumers in the choices they are making.

Case Study

Amelioration of content for Quality Agency website using WCAG 2.0

Background

The Digital Transformation Office (DTO) requires all online government information and services to follow the [Web Content Accessibility Guidelines](#) version 2.0 (WCAG 2.0). The Quality Agency has taken the considered position of adopting a continuous improvement approach towards website accessibility.

Key issues

Backlog of eight thousand plus home reports and one-hundred plus documents published on the website were non-compliant. The Quality Agency consulted with the DTO on remediation measures for these documents.

In taking on the strategy the Quality Agency encouraged key stakeholders to acknowledge, discuss and find solutions.

It was anticipated that there could be a lack of budget and resources to address all the accessibility issues identified in the audit. Best use of Commonwealth resources to be considered during decision making.

More communication with the senior-leadership was required to highlight accessibility requirements and key stakeholders affected by these issues.

An external audit of the website was required so as to understand the extent of unknown issues with accessibility, content and infrastructure of the [website](#).

There was a need to improve knowledge for better sustainability of accessibility compliance for the website.

Quality Agency

Accessibility steps

- ✓ Seek awareness and understanding of key issues with accessibility
- ✓ Build a case to address issues that could improve accessibility of website.
- ✓ Gain leadership commitment to further explore options to improve accessibility
- ✓ Build a strategy to meet and sustain accessibility

Approach

The Quality Agency conducted a vendor selection process to identify accessibility specialists to audit the Quality Agency website and to make home reports and documents accessible.

A collaboration platform on confluence was setup so Quality Agency stakeholders have clear and transparent communication within the project team.

As per advice from the DTO, The Quality Agency approved remediation of all Home reports since inception of the Quality Agency in 1 January 2014. This included about 2K+ home reports and 122 documents.

External Audit on the website was conducted and identified the technical/content based issues with the website.

The audit results were shared with the Web Content Authors and the vendor of the Quality Agency content management system (CMS) platform on confluence so stakeholders can clarify any specific queries on an open platform.

Meetings were conducted with specific stakeholder teams to discuss the audit results and progress of the remediation steps to be taken.

Moving forward, Quality Agency will need to address the technical issues as identified on the external audit.

Findings from external audit of the website

The technical audit revealed that the CMS platform was not compliant with Web Content Accessibility Guidelines (WCAG 2.0 AA) standards due to subsequent customisations published since inception in 2014.

There were substantial issues with CMS platform leading to lack of sufficient colour contrast, lack of keyboard accessibility in the navigation and inaccurate keyboard focus order in the site. This means that the template of the site will be difficult to use by many groups of people with disabilities.

The templates for producing the Home reports needed to be amended for accessibility so the reports are compliant.

Remediation costs to amend the CMS for compliance was estimated to be 40K. It was determined that remediation these issues at this-point-in-time is only a temporary solution to the problem and further analysis has to be completed to make the entire CMS platform compliant so content is accessible by default when publishing on the website.

Results

The project achieved the below key outcomes.

- ✓ Two thousand plus (approx.) Home Reports and ad-hoc documents/forms made accessible.
- ✓ One hundred plus webpages on the Quality Agency website amended for accessibility with general content (missing ALT attributes, inaccurate link text and capitalized content).
- ✓ Summary of Home reports has been added on the reports search webpage to provide immediate on-screen information for a person to understand what the document (PDF) will cover.

- ✓ Active contribution and collaboration facilitated for issue clarification, consultation and upskilling during the course of the project.
- ✓ 4 new web content authors trained on Quality Agency CMS.
- ✓ 30 plus Manager and Directors provided accessibility basics training.
- ✓ 10 plus Web content authors provided 2 day hands on training on accessible content creation.
- ✓ SES level directors imparted accessibility basics training to gain further commitment and explore any options to improve accessibility.

Continuous improvement measures

Quality Agency to explore opportunities to address technical issues with accessibility (so issues such as colour contrast, keyboard focus can be rectified for groups with difficulties accessing the website).

A consultative approach with the accessibility experts needs to be taken when publishing new content on the website.

100% of compliance 100% of the time is not feasible. The Quality Agency will continue managing inaccessibility of the Quality Agency website while steps are taken to rectify the website content.

Quality Agency will update Action Plan on the Australian Human Rights Commission website as apart of continuous improvement measures.

Case Study

South Australia Innovation Hub

Participation with the South Australia Innovation Hub (the Hub) and evaluation to inform future earned autonomy approach(es).

The Quality Agency supported an implementation of the Hub project to improve governance in aged care. A key aim of this project was to pursue better practice in governance and improve service delivery outcomes for consumers. The governance project was reported on in the 2014-2015 annual report however the role of the Quality Agency this year has included participating in the Department of Health's evaluation of the Hub trial.

As reported to the evaluators,

“Valuable aspects of Hub participation for the Agency included the opportunity to co design and share learnings directly with key stakeholders in relation to identifying what constitutes high performance in governance, which is a hallmark of effective performance by aged care providers and supports their ability to access earned autonomy”

“The governance project resulted in the production of a valuable resource for the industry” - The South Australia Hub Governance Framework

“The governance project and the Community of Practice model that underpins it have demonstrated a sustainable model of shared learning and quality improvement that is continuing beyond the life of this project with a Plan of Works for the next 5 years underway by the Hub.”

“Members have indicated their Boards have and will continue to focus on review and improvement of their governance systems both individually and together.”

Source: Effective Governance in Aged Care: SA Innovation Hub Implementation project report 2015.