



Regulatory Bulletin

Aged Care Quality Standards Performance Assessment Methodology.

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The purpose of this Regulatory Bulletin is to outline the assessment methodology used by quality assessors when undertaking performance assessments under the Quality Standards. It describes the Commission’s systematic approach to assessment of provider performance as a key element of its regulatory practice.

Registered quality assessors undertake performance assessments through site audits, quality reviews and assessment contacts under the Aged Care Quality and Safety Commission Rules, 2018. A performance assessment consists of obtaining and evaluating evidence to determine performance against the Aged Care Quality Standards, 2018 (Quality Standards). Quality assessors undertake a performance assessment including through observations, interviews, and documented evidence of the quality of care and services at a service.

Key points

- The assessment methodology guides the Commission’s overall approach to monitoring and assessing aged care provider performance against the Quality Standards.
- The Commission has the authority to undertake assessments as regulatory functions under the *Aged Care Quality and Safety Commission Act 2018* and the *Aged Care Quality and Safety Commission Rules 2018*.
- The assessment methodology provides a consistent approach to assessing a provider’s performance against the Quality Standards within the broader assessment program and the Regulatory Strategy of the Commission.
- The assessment methodology supports quality assessors to reach similar conclusions about performance against the Quality Standards in similar circumstances and provides transparency for stakeholders about the conduct of a quality assessment.



In this Bulletin:

- Aged care provider(s) means both approved providers of accredited residential aged care services and home service providers;
- Quality Standards refers to the Aged Care Quality Standards 2018;
- Commissioner includes the Commissioner or a delegate of the Commissioner; and
- The Rules refers to the Aged Care Quality and Safety Commission Rules 2018.

Authority

The Commission undertakes its regulatory functions under the *Aged Care Quality and Safety Commission Act 2018* (Commission Act) and the *Aged Care Quality and Safety Commission Rules 2018* (Rules). The *Aged Care Act 1997* also outlines the obligations and responsibilities of aged care providers receiving subsidies from the Australian Government.

The Commission's Regulatory Strategy provides clarity and transparency of the Commission's consumer focused, risk based, and responsive approach to regulation. It informs operational policy, assessment program objectives and engagement with stakeholders. The Commission's regulatory functions are also supported by a policy framework. This can be found on the Commission's website at **agedcarequality.gov.au/about-us/legislation-and-policies**.

This assessment methodology is applicable to the following performance assessment activities:

- Accreditation of commencing services (Part 3, Division 3, Subdivision C);
- Re-accreditation of residential services (Part 3, Division 3, Subdivision D);
- Quality reviews of home services (Part 4, Division 3);
- Assessment contacts (Part 5, Division 5, Subdivision C); and
- Review audits of accredited services (Part 5, Division 6).



Conducting a performance assessment

Assessment Team

An Assessment Team consists of one or more registered quality assessors appointed by the Commissioner to undertake a performance assessment against Quality Standards. The Assessment Team works together to assess a provider's performance against the Quality Standards. An assessment contact may also be undertaken by a delegate of the Commissioner for other purposes specified in the Rules.

Scope of assessment

In preparation for a performance assessment, quality assessors consider information about the service. This may include provider self-assessment information, outcomes of previous assessments, and information provided by consumers, their representatives and the provider. Assessment planning helps quality assessors to identify any key matters to be examined during the assessment and the scope of the performance assessment. Not all performance assessments will cover the same Quality Standards. All or part of the Quality Standards and their requirements may be included in the scope of an assessment.

For example: when instances of non-compliance or serious incidents are reported to the Commission, the circumstances of such incidents would form part of the next performance assessment undertaken at the service to ensure that the consideration of these incidents is addressed in the evidence collected.

Entry meeting

Every site visit begins with an entry meeting between the person in charge at the service and the Assessment Team. The purpose of the meeting is to introduce the Assessment Team, briefly explain the quality assessors' authority, seek consent to enter, outline how the assessment will be conducted, and the expected length of the site visit.

A performance assessment commences with structured questions. The structured questions are a source of evidence in areas of importance to the Commission. They provide a first pass assessment of possible areas of risk or concern to be followed up by the Assessment Team as part of the sample.

Areas of focus in structured questions are posted on the Commission's website and include:

- Questions of the person in charge at the service focus on areas of known risk in the sector (risk-based questions). For more information see agedcarequality.gov.au/assessment-contacts; and
- Structured questions of consumers that capture their experience of care against the Quality Standards (consumer experience questions). For residential services, these questions are asked on site. For home services this input is usually sought prior to the site visit. Further information see agedcarequality.gov.au/CER-residential.



Communication during the performance assessment

The team leader will establish effective channels of communication between the Assessment Team and the person in charge at the service. For providers, this means making relevant information available to the Assessment Team during the performance assessment. For quality assessors, this means keeping the person in charge of the service informed throughout the assessment process, communicating effectively, being open to questions, and highlighting any concerns promptly.

If it becomes apparent that there is evidence of potential non-compliance against the Quality Standards that has placed or may place the safety, health or well-being of a consumer at risk, the team leader will communicate this concern to the person in charge at the service.

On each day of the performance assessment a member of the Assessment Team will meet the person in charge at the service to discuss the progress of the assessment.

Evidence collection

During a site visit to assess performance against the Quality Standards the Assessment Team will collect evidence through a number of methods.

- i) **Interviews and enquiries**
Quality assessors will interview a range of people including consumers and their families, representatives, staff, management, allied health personnel, volunteers, suppliers and contractors. This may also include health professionals or general practitioners, the public guardian, or advocacy services.
- ii) **Observation**
The Assessment Team will observe care in practice and use validated tools to record observations of consumers' experiences and gather insights into how staff interact with consumers. Observations will help inform the lines of enquiry the Assessment Team may pursue.
- iii) **Review of documents**
Quality assessors will review documents such as care plans, policies, procedures, and complaints to assess what the service has in place and the results it achieves for consumers. Documentation can be paper based or electronic. For most requirements in the Quality Standards, the presence of documentation alone will not be enough to demonstrate performance.



The Assessment Team will also consider any relevant information about the quality of care and services provided including:

- Information given to the team by consumers, former consumers of the service and/or by consumer representatives. This includes interviews using structured consumer experience questions with a random sample of consumers or their representatives;
- Information from the Secretary of the Department of Health about the provider of the services;
- Information, such as complaints, provided to the team by the Commission;
- Information given to the team by the provider of the service such as a plan for continuous improvement or self-assessment information; and
- Any other relevant evidence.

Evidence of outcomes for consumers against the Standard

In assessing the service's performance against the Quality Standards, the Assessment Team will focus on the intended outcome against the Quality Standard in relation to each requirement. The Assessment Team will speak with consumers, their representatives and staff, use their judgement, make enquiries, and observe care in action.

In each instance, the key questions are:

- What is the consumer experience? and
- Does the organisation demonstrate that it:
 - understands the requirement in relation to the consumer outcome?
 - applies the requirement, and this is clear in the way it provides the consumer's care and services?
 - monitors how it is applying the requirement and the outcomes they achieve? and,
 - reviews outcomes and adjusts its practices based on these reviews to keep improving?

The Assessment Team will consider the range of evidence sources relevant to the scope of each requirement. This means that depending on the requirement being assessed, different forms of evidence may be relevant. The totality of evidence, in the context of the consumer outcome will be considered when reaching a recommendation of whether a Quality Standard is met.



Exit meeting

At the conclusion of the performance assessment an exit meeting is held with the person in charge at the service, and those they choose to involve. The Assessment Team will communicate the key issues identified during the site assessment with the person in charge at the service. These issues may identify areas of concern, (particularly possible risks to the safety health and well-being of consumers), observations on some areas done well, and results of consumer experience interviews.

At this time, the Assessment Team is not – able to, and therefore will not, communicate any recommendations regarding the site assessment in terms of *met* or *not met* requirements. This would pre-empt the consideration of evidence by the Assessment Team in writing their report.

The Assessment Team will communicate the next steps. They will also leave an optional, confidential feedback questionnaire for the service provider to complete regarding the assessment. This information is independently managed and used by the Commission for its continuous improvement of its assessment program.

Performance Assessment Report

The Assessment Team documents the evidence and findings from each assessment and prepares a report with a performance assessment recommendation of met or not met against each assessed requirement of the Quality Standards.

The Assessment team will also identify in the performance assessment report any evidence of concerns about potential risk to safety, health and well-being of consumers.

Process for Consideration of the Performance Assessment Report

The Commission will provide the performance assessment report to the provider of the service so that it has the opportunity to:

- (a) Understand the reasons, evidence and facts that the decision-maker is to rely on in identifying areas for improvement and making findings of non-compliance; and
- (b) Provide a response to matters identified in the assessment report that may be relied on by the decision maker.

The performance assessment report and any response provided by the provider with respect to the service is considered by a decision maker who has delegated powers. This is to make a finding as to whether there are areas for improvement for the Quality Standards to be met, and in making a finding of non-compliance.

The Rules require that where the performance assessment related to an application for re-accreditation, the site audit report is published on the Commission's website along with the accreditation decision.

Information on how the Commission responds to identified areas for improvement and non-compliance with the Quality Standards is provided in [Regulatory Bulletin Responding to non-compliance with the Aged Care Quality Standards](#) on the Commission website.



Frequently asked questions

1. What is the Commission's assessment methodology based on?

The Commission's assessment methodology is based on common principles of social care auditing and management systems auditing. It is benchmarked against the ISO19011 International Standard for auditing management systems. The approach is underpinned by key principles of performance assessment, including:

- Integrity;
- Fair representation;
- Diligence and judgement in assessment;
- Independence;
- Evidence based approach;
- Risk-based assessment; and
- Transparency and accountability.

2. How does the Commission ensure that quality assessors are consistent in their assessment?

The Commission's assessment methodology supports consistent monitoring and assessment of performance against the Quality Standards. The training and support for our quality assessors has a focus on risk-based, evidence informed performance. The Assessment Team follows a consistent process to collect sufficient, relevant evidence within the scope of the assessment. These matters are dealt with in assessor training and the policy and resources for quality assessors.

The Commission provides support to quality assessors with guidance material and supporting policies and procedures. The Aged Care Quality Standards Guidance and Resources document is also available to support quality assessors and providers to understand the intent of each Quality Standard and ways evidence may be sought.

A computer Assisted Assessment Tool (CAAT) supports performance assessment for all service types under the Quality Standards. CAAT enables quality assessors to evaluate information collected against Quality Standards. It also helps them produce Assessment and Consumer Experience reports.

Quality assessors are subject to a Code of Conduct and are only registered after completing a mandatory training program approved by the Commissioner. This training program is accredited by the International Society for Quality in Health Care (ISQua). Ongoing continuing professional development is also against mandatory Commission requirements and this program responds to areas for improvement to meet the objectives of the Commission.



3. Why do performance assessments differ in scope between site visits and between services?

Performance assessments of the quality of care and services may focus on one or all of the requirements of the Quality Standards based on program objectives and risks. Under the Commission's risk-based approach to compliance monitoring, Assessment Teams will vary the scope of an assessment based on several factors, including:

- The compliance history of the service;
- Input from consumer experience interviews;
- Intelligence and complaints about the service;
- The mix of consumers at the service;
- Areas identified from previous assessments;
- Sector wide and government priorities; and
- Evidence and issues that emerge once the assessment has commenced.

4. How is the Commission accountable for its own performance?

Understanding our impact as a regulator is essential to the way the Commission works and improves. We incorporate measures of performance into our corporate and business planning and monitor these as we pursue our objectives.

We engage with a broad range of stakeholders in the sector and seek feedback to monitor our performance against the Government's Regulator Performance Framework. This provides a common set of performance measures for increased accountability and greater transparency in the way regulators perform their role.

We seek feedback from every site visit to a service in the form of a post-visit questionnaire. At the exit interview, providers are asked to complete a survey providing feedback on how the performance assessment was conducted. This information is collected anonymously by an independent survey organisation and used as input for continuous improvement of compliance monitoring and assessment.

The Commission welcomes feedback. Complaints, concerns and inquiries can also be directed to our website at agedcarequality.gov.au/contact-us.



Need to know more?

If you have any questions contact the Commission's Regulatory Policy Team by email on:

Regulatorypolicy@agedcarequality.gov.au

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