



Aged Care Quality Standards

Guidance for Self-Assessment

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Version 1.5



Introduction

This is the Aged Care Quality and Safety Commission (Commission) Guidance to assist services to complete the Self-Assessment Tool template.

The Aged Care Quality Standards (Quality Standards) focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide aged care services. Many organisations will go beyond these core requirements to provide a higher quality of care and services.

The Quality Standards are made up of eight individual Standards:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance

Each Standard has:

- a consumer outcome;
- an organisational statement; and
- a number of requirements.

Guidance material and resources are available on the [Commission's website](#)¹ to support services to understand the intent of each Standard and the requirements.

The Commission recognises there are many types of providers working in a wide range of care and service settings, ranging from relatively small or specialised to very complex. As a result, there is no prescribed format for self-assessment, but a supporting template is available to assist organisations.

In completing the self-assessment, providers should assess for each of the Standards requirements and be able to demonstrate to the Commission that they:

- **understand the requirement** in relation to the consumer outcome
- **apply the requirement**, and this is clear in the way they provide care and services to consumers
- **monitor** how they are applying the requirement and the outcomes they achieve
- **review outcomes and adjust their practices** based on these reviews to keep improving.

¹ <https://www.agedcarequality.gov.au/resource-library>



Why should you complete a self-assessment?

A self-assessment can:

- Help build an organisational culture that is focused on improving the safety and quality of care and services, and improving individual consumers' experiences and outcomes.
- identify and evaluate outcomes for consumers, staff and the organisation.
- help communicate with the governing body of the service about performance and risk.
- prepare for a quality assessment by the Commission.

A culture of quality and safety means more than just preventing harm. A self-assessment is an opportunity for a provider of a service to evaluate its current performance against the Quality Standards, review the results achieved for consumers and to assess the effectiveness of its approach to continuous quality improvement and risk management.

A self-assessment can promote systemic reflection and analysis of performance by the organisation. Done well, it can lead to a focus on ongoing continuous improvement, strengthening workforce capability and commitment, ownership of problems and solutions, and greater engagement and trust between staff and managers.

The success of the self-assessment process relies on your organisation being open to an honest assessment of its ability to demonstrate, through evidence, performance against the Quality Standards. There are no right or wrong answers to the self-assessment. Self-assessment is a reflective process, looking at what is already in place, what improvements need to be made, and sharing and testing this information with staff, consumers and stakeholders.

The self-assessment process provides an excellent opportunity to increase your organisation's understanding of how it delivers care and services to improve outcomes for consumers. Most importantly, self-assessment supports innovation and a culture of continuous improvement in day to day practices, encouraging staff to be alert in their work and actively looking for ways to improve services and enhance each consumer's experience of care.

The information collected during a self-assessment will help to identify areas for improvement and clarify the reasons to make changes in those areas. This process can be seen as building a case for change within an organisation, as it helps everyone to understand why the organisation is seeking to make changes to processes and systems. It supports evidence-based communication with governing bodies about performance against the Quality Standards and areas of risk at the service.



Self-assessment and continuous improvement

All aged care providers are required to have a written plan for continuous improvement under the Aged Care Quality and Safety Commission Rules 2018 (Rules). The plan for continuous improvement sets out how the organisation will comply with its continuous improvement obligations under the Quality Standards, and how it will make any improvements that are needed.

Undertaking a self-assessment is an effective way of developing and updating a plan for continuous improvement. Relevant elements from the self-assessment, such as identified issues, can be included in an updated plan for continuous improvement with details on planned actions to address the issues.

A continuous improvement approach should reflect the self-assessment findings and other monitoring tools, and focus on areas for improvement.

A self-assessment should be an active document as part of continuous improvement at the service, reviewed regularly and updated as required by the service. Make self-assessment an active process by involving staff in continuous improvement at the services.

What is required by the Commission

The following table provides an outline of the requirements and expectations of the Commission in relation to a provider's self-assessment against the Quality Standards.

Service Type	What is needed and when
All service types	The Commission may request self-assessment information at any time: <ul style="list-style-type: none"> during a visit to the premises of the service under section 70 of the Aged Care Quality and Safety Commission Act as part of an assessment contact not involving a visit to the premises of the service under section 67 of the Rules.
Residential services	Submission with application for re-accreditation. Make available to assessment team at the time of the re-accreditation audit.
Home services (Home Care services and Commonwealth Home Support Programme services)	Make available to the assessment team at time of the quality review.
National Aboriginal and Torres Strait Islander Flexible Aged Care Program services	Submission prior to quality review. Make available to assessment team at the time of the re-accreditation audit.



Short-Term Restorative Care (STRC) services	<p>If STRC services are delivered in a:</p> <ul style="list-style-type: none"> • residential care setting – refer to residential requirements above • home care setting – refer to home services requirements above.
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For residential aged care services, the reminder notice for submission of an application for re-accreditation will indicate whether a service can expect to have a site audit against the Accreditation Standards or the Quality Standards. This is based on the service’s accreditation expiry date. The Commissioner has specified the self-assessment information that is to be provided with an application for re-accreditation as follows:

Accreditation expiry date	Arrangements and requirements for re-accreditation
Expiry dates from 23 September 2019 onwards	<ul style="list-style-type: none"> • Site audit expected to be against the Quality Standards. • Providers are not required to submit a self-assessment with an application for re-accreditation. • Assessment teams can request self-assessment information under the Quality Standards during a site audit from 1 July 2019. Providers are encouraged to use the new self-assessment tool to assist with preparation for the Quality Standards.
Expiry dates from 20 January 2020 onwards	<ul style="list-style-type: none"> • Site audit expected to be against the Quality Standards. • Self-assessment against Quality Standards to be completed and submitted with an application for re-accreditation.



How is the information used by the Commission?

The self-assessment information helps to provide supporting evidence that the organisation understands what is required under the Quality Standards, understands their own areas of risks and is taking action to address those risks. It demonstrates the level of an organisation's commitment to continuous improvement at the service.

The self-assessment information is provided to the Assessment Team when a quality assessment of the service is scheduled; or may be requested by the Assessment Team during an assessment visit to the service. The team will follow up during the assessment on the matters that have been identified as requiring improvement and seek to understand what the service has done to improve performance.

The submission of a self-assessment and its contents are used by the Commission:

- to inform the Assessment Team about the service;
- as a source of evidence for quality assessment;
- to help the Commission understand how well the provider understands and manages its own risk in relation to the service.

An organisation can indicate if a Standard or specific requirement does not apply to its service by noting 'not applicable' and providing a reason in the self-assessment template. For example, the service may not provide personal or clinical care, therefore Standard 3 does not apply.

Preparing for a self-assessment

The focus should be on the organisation's practice in relation to the service and how it:

- achieves quality experiences and outcomes for consumers; and
- demonstrates compliance with the Quality Standards.

Evidence collected during a self-assessment can help a provider of a service reflect on its strengths and identify any areas of weakness. A shared understanding of what the evidence means can help the provider confirm, clarify and prioritise any future actions. It is important to collect evidence about what your service actually does, that is, your day to day practices. Avoid only collecting evidence of systems and processes, as these can be set out in documents without necessarily being implemented or proved effective.

The Guidance and Resources for Providers includes information about the purpose and scope of each Standard. For each requirement under the Standards, the Guidance includes the intent of the requirement, reflective questions for consideration, and examples of actions and evidence. These provide an indication of the matters the Commission will consider when assessing compliance and can help to inform the self-assessment process.



What is the three-point scale?

The three-point scale is provided to assist organisations to apply a consistent approach to evaluating performance across all the Standards requirements.

Rating	Descriptors in relation to each requirement
<i>Exceeding</i>	<ul style="list-style-type: none"> • There is systemic evidence of best practice innovation and sustained positive consumer experiences and outcomes related to this requirement. • The workforce has a deep understanding and has embraced this requirement in their relationship with consumers, so it is an integral part of everyone’s job. • The organisation has effective systems and processes to support this requirement and embedded this requirement in all aspects of organisational life. • The organisation has a mature system to understand, anticipate and monitor the short term and long-term expectations of consumers and to continuously improve outcomes related to this requirement.
<i>Meeting</i>	<ul style="list-style-type: none"> • The organisation can demonstrate that the consumer experiences and outcomes related to this requirement are being achieved. • The workforce understands this requirement relevant to their roles and responsibilities and consistently applies it in what they do. • The organisation has implemented systems and processes to consistently apply this requirement in the delivery of care and services. • The organisation has systems and processes to effectively monitor this requirement and can demonstrate how consumers are engaged in this process.
<i>Developing</i>	<ul style="list-style-type: none"> • Improvement of experiences and outcomes for consumers is evolving, efforts may be more reactive than proactive, and rely primarily on key personnel. • The workforce does not consistently understand their roles and responsibilities in meeting this requirement. Application can be prescriptive rather than problem solving. • The organisation does not consistently apply this requirement to delivery of care and services. Some gaps have been identified. • Systems and processes to monitor consumer experiences and outcomes have been established in some areas. There is limited opportunity for consumer input.



Action checklist

- Confirm the organisation's process for self-assessment.
- Confirm who will be involved and how the assessment will be co-ordinated.
- Establish a process to involve consumers and interested family members.
- Determine a timetable to complete the self-assessment that allows it to be submitted in the required timeframe or to be available when requested.
- Complete self-assessment.
- Report findings within the organisation (to governing body such as board).
- Link findings to plan for continuous improvement.
- Set review date.
- Submit self-assessment to the Commission if lodging an application for re-accreditation after 1 July 2019.