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Transcript: Webinar 5 June 2018 Unannounced re-accreditation audits

*Presented by Executive Director Regulatory Policy and Performance Ms Christina Bolger
and Executive Director Operations Ms Ann Wunsch.*

To access video see www.aacqa.gov.au/unannouncedaudits

Transcript begins...

Ms Christina Bolger: Good morning, and welcome to the Australian Aged Care Quality Agency's webinar session on unannounced re-accreditation audits in Residential Aged Care Services. My name is Christina Bolger. I'm the Executive Director of Regulatory Policy and Performance, and I have with me this morning, Ann Wunsch, who is Executive Director of Regulatory Operations at the Quality Agency.

Ms Ann Wunsch: Hi, everyone.

Ms Bolger: We're really looking forward to this session. We'll take you through the changes involved in the move to unannounced re-accreditation audits, and you'll have plenty of opportunities to ask us questions and we look forward to a very interactive session with all of you this morning. What we're going to cover this morning is basically a rationale for the change, we'll step through what the changes involve, explain the steps and how it will work, we've also included some helpful tips on things that we think you should be focusing on on preparing for those changes, and opportunity for questions. If we don't get through all the questions, we are going to have regard to those and put them up on our website so that we've got some frequently asked questions that we can respond to in that way. Let's get stuck into it.

You'll remember last year we had the Carnell Paterson review, which looked into the end/end regulatory system for aged care. As a result of that review, government had 10 recommendations. It responded early to adopt a recommendation to move to unannounced re-accreditation audits in aged care. This signalled a change and a focus on quality outcomes for care recipients on any given day. So rather than having an accreditation which was planned, and the approach was highly prepared by homes, the shift now is to give providers the opportunity to demonstrate that they are providing quality care for recipients of care on any given day, at any given time. We think this is a sounder basis for performance assessment. We see that it supports continuous improvement. The accreditation system is intended to provide that framework and it becomes evidence of the good care and management that's being provided on a day to day basis on any day in a home.

So what's changing? Some of the key things we'll be talking about this morning is the reminder notice and the application. There have been some changes to this process and we'll step through those this morning. Care recipients and their representatives have been given additional opportunities to participate in the quality assessment prior to the audit. Of course, the assessment team will be arriving unannounced. This is the key change from this initiative. And there's also been some changes to the way we conduct the exit interviews and the exit meetings, and we'll talk you through those.



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Each of these key changes we'll provide you with some information on and focus on the key areas that you need to pay attention to in the lead up to the unannounced.

The timing of the changes. The legislation has already been changed to amend the Quality Agency principles. We now know that services who are due to apply for re-accreditation from 1 July 2018 will be subject to unannounced re-accreditation audit. Another balance is if you have an accreditation expiry date on or after 1 January 2019, the new arrangements also apply. However, if you've been already advised and notified of your site audit dates, they will occur as arranged. So audits that are in the pipeline will continue under the current arrangements. Services applying from 1 July 2018 will be subject to an unannounced re-accreditation audit. There's further information about this on our website and we encourage you also to contact your state director if you are uncertain about the arrangements that apply to you.

So what are the principles that underline these changes? We've worked closely with the Department in implementing these changes to make sure that we maintain opportunities for procedural fairness for providers. This applies to the conduct of audit, the way information flows through the system and the procedural fairness that it's afforded in the review opportunities at the end of the audit. We strengthened the opportunities for care recipients and their representatives to provide input to the audit. This has been really important because obviously with an unannounced visit, there's not as much notice given to the care recipients that we're coming. We've looked for additional ways to provide those opportunities prior to the audit, and we've also worked within the parameters that these changes will have no additional costs for the sector.

Let's step through the changes. You will see from this slide that the basic process is the same. We've mirrored the existing re-accreditation process and made changes to a number of the steps. The first step here is the provider receiving a reminder notice. We'll talk about changes here in some detail later. The key element is that the reminder notice now includes a date by which the application must be received. The second step is the provider submitting an application with self-assessment, and we will flag this with you as a key change that you need to attend to. The self-assessment is now provided with the application. Thirdly, the provider informs the care recipients and their representatives of the upcoming site audit. We've introduced some key changes here to support providers to advise the care recipients and their representatives prior to the audit and ways in which they can contact the Quality Agency. The fourth step is the unannounced site audit itself and the conduct of the audit and, lastly, the exit meeting and the reporting. We've made some changes to the way information is dealt with at the exit meeting and there is no change to the reporting following that.

Let's dive in now and look at each of these steps. Current practice is for a reminder notice to be sent to homes seven months prior to the expiry of their accreditation. This practice remains, but the reminder notice will now have a specified date by which the home must submit their application for re-accreditation. This is important. The reason for the date is that we are setting up a consistent time period during which the audit could occur. We don't want late applications that would limit the time between the application and the expiry date. We want to provide a consistent period of time for all homes within which the unannounced re-accreditation audit could occur.

Other changes in the reminder notice are that at that time, the Quality Agency will send a link to the application form and the self-assessment template. We'll also include a poster to place around the home and a form of words that we are asking you to use in notifying care recipients and their



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representatives about the site audit. The reminder notice will provide you with clear instruction explanations for the next steps. The second step is submitting the application for re-accreditation. Now, the application must include some key things in order to be accepted by the Quality Agency. The application is now including submission of the self-assessment. The self-assessment is a key piece of information for the Quality Agency to review prior to the unannounced site audit. It is performance assessment of the home with respect to the quality standards and we expect that this is a key opportunity for the service to demonstrate its performance against the standards prior to the audit.

The self-assessment form will also require an undertaking to commit to continuous improvement. This isn't a new requirement, but we're focusing on the provider committing in a statement on the application form to continuous improvement of the service. There'll also be a consent for the assessment team to access the service. This is a shift from current practice and it is required because of the unannounced nature of the audit. We are seeking consent to access the service for the purposes of the performance assessment during a site audit at the very commencement of the process. We note that the accountability principles require the provider to provide this consent, but also that it can be withdrawn at any time. This will be dealt with in the application form. And, as you do now, the application form would include the re-accreditation fee that is applicable to the service.

We've also sought to formalise a practice that's been in place for some time, that services may request dates that it's deemed not practical for the audit to be undertaken, and we understand that there would be a limited number of dates for religious or cultural reasons that you would request that the unannounced audit not take place. This is now formalised on the application form so that the Quality Agency, in accepting that application, is accepting those specified dates.

The third step that we want to focus on is the information that needs to be provided to care recipients and their representatives to notify them of the upcoming audit. So, clearly, this has always been a requirement for providers to notify care recipients and their representatives in writing about the audit, but it's not possible now to advise them of an audit date. This advice will be in writing and it will signal the period in which the audit could occur so that the care recipients and their representatives have the opportunity to contact the Quality Agency prior to the audit. We'll include a poster informing care recipients and their representatives how they may contact us and provide input to the audit.

There've been amendments to the Quality Agency principles in this regard that clearly state that the provider must take all reasonable steps to make sure that each care recipient and their representative is aware of when a site audit could be undertaken and the period of time that it could occur in. Care recipients must be given an opportunity to talk to the team when the site audit has commenced and also that representatives, by way of advocates and public advocates, are also advised that the Quality Agency will be conducting the audit.

The site audit occurring without prior notice. When we're thinking about the conduct of the audit, how will that pan out? The assessment team will arrive at the service without notice. This is not without precedent in the Quality Agency's work. As you know, we've had the unannounced program for some time for unannounced assessment contacts. The assessment team will arrive at the audit and give the provider the written notice from a CEO of the Quality Agency which will contain the team names of the assessment team. Previously, the home would have been advised of the assessment team prior to the audit. This step is important because it then provides visibility of the assessment team as they



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arrive at the audit. We have steps in place to manage conflict of interest. We are managing a register of the providers - sorry, of the assessment team and, through that register, we maintain conflict of interest through a Code of Conduct. We also require those assessment team members to notify us of any conflict with a home, and that conflict is recorded in our Better Business system so that on assignment of these audits we are aware of potential conflicts and we don't assign teams with conflict. This hasn't been a problem for us. We have very few notifications of conflict on site on the day, but we will take steps to manage those if they do occur, and we would request that you contact the Quality Agency if that is the case.

The team on the day will meet with the person in charge of the service. The person in charge of the service is really the person in charge of managing the service on any particular day. They will be a key person for the Quality Agency in conducting the audit. We would expect that they are the person who understands the processes in place at the home to provide quality care and services to care recipients. We'll go through some tips on advising and providing information for persons in charge of the service in the next few slides.

So, lastly, the exit team and the reporting. Our current practice is to have an exit meeting with the team. There was a requirement that the Quality Agency provide what was called a report of major findings at that exit meeting. That process is now no longer continuing. It was very problematic for us to have findings communicated before the audit team had concluded the site audit report and we feel that it's stronger procedural fairness for providers for teams not to discuss findings of an audit at the exit team meeting. Those findings are made subsequent to the completion of the site audit report and allow the team to reach a view which is balanced and weighs the evidence in a way that is considered. The assessment team will no longer provide a report of major findings on the last day of the audit, but will have an exit meeting during which the key issues that have been identified during the audit will be discussed. And those key issues should be evident through the process of the audit, so there are still no surprises. The audit team will have raised matters with you that they are observing through the conduct of the audit.

The audit team will then leave the site and write up the site audit report with the evidence to support their findings. The audit report, with that evidence, will be sent to the provider for review and consideration, and that will be done within seven days of completion of the site audit. The provider then has the opportunity to respond to the team's completed site audit report and the evidence, and there is 14 days for the provider to submit such a response, if they wish to make one. We feel that these steps strengthen the procedural fairness of the audit and the reporting to providers of outcomes.

What are some things that we'd like you to focus on and takeaway messages from this presentation? Firstly, we really want you to start your self-assessments, have those ready. This is not a just in time activity. The self-assessment is a foundation for your continuous improvement at the home and should be linked to your plan for continuous improvement. The self-assessment documentation which is required on application should be something which is in place at the home on any day of the year. It may need a refresh for the purposes of the re-accreditation, but it shouldn't be something that is prepared just in time.

We anticipate that there'll be some questions about the self-assessment. We have information on our website that relates to self-assessment. There is a self-assessment tool there. We also have a



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Qassist module that is one of our education modules to assist you with self-assessment of your service. We also want to emphasise that it's really important that the application is submitted by the specified date. The consequences of not doing this are the risk that continuous accreditation may not be maintained. The specified date is there to ensure that the Quality Agency is able to complete the process in time before your re-accreditation expires. So, to avoid a gap in accreditation status, the application must be lodged by the specified date.

Thirdly, it's very important to pay attention to the steps that are now in place to notify care recipients and their representatives prior to the audit. This is an area that we consider a strengthened requirement and an important way of placing the consumer at the heart of the audit and for the Quality Agency to provide a sufficient opportunity for consumers and their representatives to contact us as we prepare for the site audit.

Fourthly, providing information about the accreditation process to people who are in charge of the service on the day. So, clearly - I'll just skip forward - it's important that you provide senior staff with information about the re-accreditation audit. We would imagine that they would have access to self-assessment documentation, policies and staffing information that can be provided during the conduct of the audit. We also understand that there may be people there who are not available on the day, and our staff will be flexible about how they're able to contact those. For example, if a physiotherapist or a recreational therapist isn't there on the day, we would seek other ways of contacting them, potentially to phone them to speak with them about how they ensure quality outcomes for consumers.

And the last point is understanding the exit meeting and the site audit report. We've discussed this in relation to the removal of the report of major findings and it's important that you understand the opportunities that you have to respond to the site audit report and also that there are no changes to the actual reporting of and publication of the site audit report. The CEO will make a decision which takes into account the site audit report, the provider response and also the other information that is available to the delegate in making a decision about the period of accreditation, and this step hasn't changed.

So that takes us through some of the key points that we wanted to cover in the presentation, and now we will seek to respond to any questions that you have, and we're looking forward to hearing from you about matters that are a concern for you or that we haven't covered sufficiently in the presentation.

Ms Wunsch: It looks like we've got a question here from Nick, *"Does a self-assessment need to be in the template provided by the Quality Agency? Can we use our own template as long it covers all of the expected outcomes and other criteria in the Quality Agency self-assessment template?"*

Ms Bolger: The answer, Nick, is that it's not a prescribed form so you may use whatever form that suits your service in terms of how you would like to demonstrate your performance against the standards. We're not prescriptive about that. There are certain things, though, that we're seeking in the self-assessment. It is an assessment of performance, not just a submission of evidence, so we would be looking to see the extent to which the provider understands their own performance, any areas of risk and how they're addressing those risks, and potentially the link to the plan for continuous improvement. The plan for continuous improvement has been a requirement of the system for some time. It is something we would encourage you to submit at the time of the self-assessment as well so that we can see how key areas are being addressed and, if there are any concerns, how you are seeking to manage those risks and to ensure outcomes for consumers.



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Ms Wunsch: And, Nick, look, I'd like to add that historically we did have a requirement that a self-assessment be provided prior to the assessment team going on site, and if I think back to those times I recall that there would be many providers that would provide a quite voluminous self-assessment that could be sort of measured in kilos and I think it's just important for providers to note that we want your critical analysis and understanding of your performance and a good understanding of the risks that you understand about the service you provide, and that's really a piece that goes to quality, rather than quantity. We're not looking for volumes of information, but we're looking at, in a sense, your review or how you assess your own performance and that there is clarity in that material provided to us. Our next question is from Jenny, and Jenny asks, *"Will the exit meeting also contain feedback on the positive things that were noted during the audit?"*

Ms Bolger: I think we can say yes. So generally, the feedback at the exit meeting would be to provide feedback for the service at the point of care about observations of the assessment team. So that would include both positive and areas where there had been concerns raised, so it would be a balanced feedback.

Ms Wunsch: Our next question says, *"Can you just please tell us again when these changes apply?"* And so the changes apply to services who are due to apply for re-accreditation from 1 July 2018 and with an accreditation expiry date on or after 1 January 2019. That means that anyone who has already been contacted about a planned re-accreditation audit date, those audits will proceed as currently arranged. But for those who are due to apply from 1 July, you will be applying for an audit that will be occurring unannounced, and that will also apply to those who have an expiry date on or after 1 January 2019.

Ms Bolger: Vanessa has asked, *"Can the statement of intention regarding the commitment to continuous improvement be a copy of the continuous improvement plan?"* That's a good question, Vanessa. We'd encourage you to submit your plan for continuous improvement as part of your self-assessment, but the statement of intention of commitment to continuous improvement will be actually a specific declaration on the application. So, it is actually a statement of commitment and we would expect that in demonstrating that commitment the plan for continuous improvement is one document that can help with that.

Ms Wunsch: And we've got a question from Bronwyn, *"Does the unannounced re-accreditation audit occur in the seven-month time period between the application and the current accreditation expiry date?"* I think the answer is yes.

Ms Bolger: That is right.

Ms Wunsch: That is right, yes.

Ms Bolger: That is the period during which the audit could occur. You would understand that there is some process involved in the finalisation of the audit and the publication of the audit that takes some time out of the tail end of that, but the period between application and expiry date is when we're advising that the audit could occur.

Ms Wunsch: We have another question here, *"What happens if my application for re-accreditation is submitted late?"*



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Ms Bolger: The Quality Agency principles don't require the Quality Agency to process that application in time for the re-accreditation decision to be made prior to the expiry of your service's accreditation. So there are significant potential consequences of late applications. If there are reasons why you are anticipating a late application, then we would certainly want to know about them sooner rather than later, but there is the risk that the Quality Agency would not be able to process that application prior to expiry of your accreditation.

Ms Wunsch: There's a question here from Annette about, *"What about part-time therapists, what would you do if the therapist was not available on site? We mentioned contacting by phone, but how will we handle it if that person was on leave or at other employment and not available to be contacted at the team's convenience?"* Well, Annette, there are a number of ways the assessment team could take into account other information provided at the audit about the particular matter that they are interested in. So, it wouldn't be the case that we would be necessarily relying on one single informant to understand how care is delivered, say, around the issue of mobility. There would be other ways that the assessment team could seek to understand through interviews with other personnel, observations, documentation, interviews with care recipients and representatives, and that is consistent with the audit methodology that we use.

Ms Bolger: I did get one question in a session that we delivered interstate, which went to, *"What will happen if our training provider is running some training on that day when the team is there,"* and I felt like, well, perhaps that's very good evidence that if we stuck our head in the training room on any given day that there is some training underway to support consumer outcomes. I think it's looking at things differently and seeking to understand performance through a range of sources of evidence, rather than pursuing particular lines of inquiry would be a little bit more inventive about some of the evidence that's collected.

Ms Wunsch: So, Deidre asks, *"Can we have a copy of the PowerPoints after the session?"* Deidre, these slides are already part of the information that sits on our website against each of the headings that we've worked through this morning, so that information is there, but this webinar, there will be a link on our website to this webinar so you can view this again, and we're also happy for you to make contact with us if you had further questions.

Ms Bolger: And Julie asks, *"Will unannounced accreditation audits occur over weekends, or will they remain as a weekday, business as usual audit?"* Good question, Julie.

Ms Wunsch: We will schedule unannounced re-accreditation audits during business hours, Monday to Friday, on working days, however, you would know that the Quality Agency from time to time does conduct unannounced assessment contacts and unannounced review audits on a case by case basis on part of a weekend or we might come on site earlier in the morning or later into the evening, but that's because there is a reason to be at the service at that particular time and it might be because we would like to interview night staff, or we would like to look at practices around mealtimes that are in the evening or, for instance, we may want to consider what the staffing looks like at a particular service on a weekend, but that's because we have a rationale or a reason to go on that basis. But our unannounced re-accreditation audits, similarly to our existing program of re-accreditation audits, will be scheduled to occur during the week, business hours, Monday to Friday.

Ms Bolger: So, Brian asks, *"Is it only the person in charge that can attend the entry and exit meeting, as opposed to additional support team members attending if they were available on that particular*



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day?" Of course, it's up to the home as to who they would also like to attend the exit meeting. People who have been involved as the audit is conducted may be included. Obviously, it's a good way of broadening the involvement and the feedback around quality issues, so we would leave that up to the home, but we would expect that the person who is in charge of the service on the day was present at the exit interview.

Ms Wunsch: Bec asks - good question, Bec, *"If families contact the agency to set up a meeting with the surveyors, does that mean the family and next of kin will know the dates that the assessment team will be at the facility?"*

Ms Bolger: No, look, they won't because there's that period prior to the audit that we're encouraging feedback from care recipients and their families. So, we would still not disclose the date of the audit, it's just that there's an audit pending, and that will be evident because the re-accreditation will be expiring and care recipients and their representatives will have been advised of that.

Ms Wunsch: I'm just adding to that, Bec, so when people contact us to provide us with information over the phone, we will take that information down. We will tell them that the provider will be contacting them, family members and care recipients, about the audit date when the audit is on foot and that they will know then. We can ask them for their mobile numbers and we can make contact with them if they are seeking to have a further interview on site, so we've already got their contact details because they've already contacted us. There are ways that we can continue to engage with care recipients and representatives, as we do now, when people contact us with any concerns or issues they want to discuss with the Quality Agency. We're familiar with that process of engaging with care recipients and representatives.

Ms Bolger: Yeah, look, I think that's a good point, Ann, and perhaps we didn't emphasise in the earlier presentation that the steps taken by the home on the day when the audit is commencing require them to take all reasonable steps to notify care recipients and their representatives. You might have a number of ways in which you can do that, for example, some homes have methods of notifying care recipient representatives by text, or using whatever methods you can, but all reasonable steps to let them know that the audit has commenced and that the Quality Agency is on site and available to speak with them. So there is some further detail on that on our website.

Ms Wunsch: Liz is asking, *"Do the unannounced re-accreditation audits apply to community care providers or only residential aged care services?"* This program of unannounced re-accreditation audits applies to residential aged care services and does not apply to homecare or Commonwealth home support program services. It's only residential aged care services that this audit, unannounced, applies to.

Ms Bolger: There's no change to the scope of the accreditation program, it's just the unannounced aspect of it that's changing.

Ms Wunsch: Ellora is asking, *"In the entry meeting will the team still provide a proposed audit schedule?"*

Ms Bolger: The entry of the team will provide information about how the audit will be conducted, and that generally will provide details on the schedule. We don't want to be locked into a very prescriptive schedule because we need to understand how we can move through the home and assess quality.



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So, we would be seeking to have that conversation with the person in charge of the service on the day.

Ms Wunsch: Typically, we will be seeking to conduct the interviews with care recipients and representatives to commence the unannounced re-accreditation audit, and at the beginning of each day of the audit. There will be interviews that will be scheduled for the purposes of speaking with care recipients and representatives. We will be professional and courteous and respectful of the provider and staff other commitments in delivering care and we will arrange interviews with the personnel we need to to work as effectively as we can with the provider or person in charge to ensure that their other commitments can be met at the same time as our audit is conducted.

Ms Bolger: There's a question here that possibly crosses over a little to some of the other changes in the aged care sector - and we recognise that there are a few changes afoot and they do intersect - and this question relates to seeking clarification. Helen is asking, *"Can I clarify that within the transition period that services will be audited based on the four standards and 44 outcomes, and will there be unannounced visits as we know now outside the re-accreditation visit?"* I think Helen is referring to the transition period to the new Aged Care Quality Standards. Just let me step you through that and how that intersects with the current changes.

The new Quality Standards will be in legislation, all being well and government processes concluding, from 1 July this year. That then leaves 12 months during which time homes and services, more broadly, can prepare themselves for the new standards, and during that transition period the current standards apply. So, yes, during the period between 1 July 2018 and 1 July 2019 when the new standards take effect, all assessments will be against the current Aged Care Quality Standards. It's not until 1 July 2019 that services will be assessed against the new standards. During that time, we understand that we will continue to undertake unannounced assessment contacts which are separate from the current program of audits. So that's part of our compliance monitoring of homes, and that will be scaled according to risk.

Ms Wunsch: *"Will there be unannounced visits, as we know, outside of the re-accreditation visit,"* and, yes, that's the case. We're conducting one unannounced assessment contact at all services each year. We've got a question here from Jenny, *"How long will the unannounced visit be for, or is that determined by the findings at the audit?"* The team will be scheduled to conduct the audit in a set number of days, however, from time to time, it's the case that there may be matters that the team is looking at where they require additional time, and there is a process by which they make contact with their state office to request time, and the provider or the person in charge, of course, will be advised as to any additional time that might be needed. That is on a case by case basis. Our teaming and the timing of these audits takes into account the approach we have in case management and it's a risk-based model to determine how much time we would allocate to each service for the purposes of the unannounced re-accreditation audit.

Ms Bolger: There's a question here that goes to the exit meeting - and I've just lost it - but it went to, *"Will the home be advised of the not mets, the areas that aren't meeting the standards, at the exit interview?"* And the answer to that is no because it's not a sound practice to form a view prior to the evidence being considered, the team developing and completing the audit report, and that's done following the site audit off site by the assessment team. The exit interview or the exit meeting will provide visibility of the main issues that have been identified through the audit, both positive findings,



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as well as areas that the assessment team have been indicating that they are more concerned about through the audit, but it won't conclude a finding, it won't give a met/not met-type report, which has been the current practice. It's problematic for a number of reasons, as I've indicated. That decision, those findings, will be communicated to the provider in the site audit report, which the provider has an opportunity then to respond to with the evidence attached.

Ms Wunsch: Cheryl has got a question here, *"If residents provide feedback to the agency before the visit, but depart the service before the visit occurs, is their feedback included?"* Now, we can take into account the care and circumstances of care recipients who are currently at the service during the audit, or who have been at the service prior to the audit, and the Quality Agency principles sets out the provisions for us, taking into account this information.

Ms Bolger: Previous care recipients are included.

Ms Wunsch: Yes. And so that means previous care recipients' information to us about their care or their representatives' information to us about their care, so that definitely can be included, Cheryl, but a very good question there. Now, from Carol, *"Will the audit be conducted over three days or just one?"* It will be conducted over the period that is scheduled for the purposes of the audit and they are generally a minimum of two days. There may be very, very small services for which we might be able to team two people for the purposes of a single day, but I could count that on one hand across Australia. They are two days and longer, depending on the size, scale, complexity and risk presented in our understanding of that particular service.

Ms Bolger: One of the strengths of the planning of the audit and the availability of the self-assessment prior to the audit is that it gives the audit team an opportunity to review the information about the performance of the home. So, rather than arriving on site and finding that something may be requiring additional time or an additional surveyor, the assessment team will review the performance of the home. Any referrals that have been provided by the Complaints Commissioner or the Department, any public information that has come to us and the results of the consumer feedback and that will give us a way of resourcing the audits if need be to a high level.

Ms Wunsch: We've got a question from Nick, *"What happens if the self-assessment provided in the application is inadequate? Does it mean that there is a provision to resubmit it if it doesn't meet our criteria?"*

Ms Bolger: The criteria for the self-assessment are fairly broad, so the onus is really on the provider to demonstrate performance, and that's why we're not prescribing a form in which that is done. So, the emphasis really is on the service, looking at its performance and demonstrating that to the Quality Agency, and we'll take that onboard as part of the information that is informing the site audit. So, it's not that there's criteria that are sitting across that piece in itself, it's part of the end to end audit.

Ms Wunsch: Cheryl asks, *"Can you tell us again if the self-assessment needs to accompany the application?"* The answer is yes.

Ms Bolger: Yes, definitely.



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Ms Wunsch: Yes, definitely, Cheryl, definitely yes to that one. Menal asks, *"We mentioned that the self-assessment should be ready at any given day, does that mean that during the unannounced assessment contact we would need to provide the assessors with the self-assessment?"*

Ms Bolger: No, it's more the case that for the purposes of continuous improvement at the home a self-assessment is really an active document. We would be seeking that as an input to the accreditation process at a point in time, as required by the Quality Agency principles, but we won't be seeking that as part of the unannounced audits. It is part of the accreditation process, but I think the point is that it shouldn't be rushed just with the purpose of performing for an accreditation audit, it should be something that is considered and thought through and helps the service to manage risk and to manage quality against a framework of continuous improvement.

Ms Wunsch: Nick is asking, *"What's the length of time prior to the home's accreditation expiry date that the service would receive the reminder notice?"*

Ms Bolger: That's the same as it is now, Nick. It's generally seven months, but don't forget there's that one-month period that you have then to submit your application. The reminder notice is generally seven months out. There will be a one month prescribed period during which you are required to submit your application for re-accreditation.

Ms Wunsch: Peter is asking, *"Are the people, or the persons, the care recipients and family members engaging with prior to the site visit, are they the same people who will be undertaking the unannounced re-accreditation audit?"*

Ms Bolger: Not necessarily, Peter. We have some quality surveyors that will be manning the phones in order to be able to collect this information for care recipients and their representatives. They won't necessarily be the same as those that are scheduled for the audit, but all of that information is collected and will be reviewed by the assessment team that is coming to your service. So there is a requirement for the Quality Agency to make that information available to the assessment teams. So there is that continuity there.

Ms Wunsch: And a question here on, *"What if I provided consent and the team arrives and a member of the team used to work for us?"*

Ms Bolger: That would be an example of a conflict of interest. The Quality Agency principles are quite clear in this regard that we're not to assign assessment teams where there is a declared conflict of interest. We manage this through our current processes. It's a very rare occurrence. If it did occur on site, for example, if there was something not known to the assessor or to the home in terms of a potential conflict that wasn't evident when they had declared those conflicts to us, then we would deal with that on the day. So you would contact your relevant state director and, on a case by case basis, we would deal with that. But we do have a number of steps in place to manage conflict we have on employment with the Quality Agency, we maintain the register of quality assessors and that requires an adherence to a Code of Conduct and a declaration of any conflicts, whether it be a family member or a loved one in care, having worked with the provider, or providing services to a provider, and then those conflicts are logged in our system so that on assignment we can manage that in a way that does not assign those re-accreditation audits to surveyors that have a declared conflict.



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Ms Wunsch: Another question on notifying care recipients, *"What does 'in writing' mean when we have to notify when a service must notify care recipients and representatives of an unannounced re-accreditation audit? Can they send it out in a newsletter?"*

Ms Bolger: Each care recipient must be notified in writing and the Quality Agency will provide, as we do now, services with the form of words that you're to use for that notification. That doesn't prevent you from sending it out in a newsletter. That is another good idea in terms of increasing the visibility of an upcoming audit, but each care recipient or their representative must be notified in writing. So it is a form of words and it would be a communication directly to each care recipient.

Ms Wunsch: We've got a question in relation to the new standards. Emma says, *"If our accreditation expires in September 2019, when would it be confirmed which standards the performance assessment would be considering, whether they are the existing standards or the new standards?"*

Ms Bolger: Yes, so this is an example of the intersection of this new measure with the introduction of the new quality standards. We know that there is a small cohort of services that will fall close in the re-accreditation dates to the date of introduction of the new standards. We're working with the Department on an approach that would involve notifying those homes of which standards are applicable. It won't be a surprise. You will be advised one way or the other.

Ms Wunsch: A question about dates that are deemed not practical, *"What are acceptable reasons? What if my manager is on leave?"*

Ms Bolger: Things like a manager being on leave, really, they wouldn't be considered an adequate reason for a request for consideration of a day to be exempt from the unannounced audits. So the intention of this measure is really things like cultural or religious days of significance to care recipients at the home. We wouldn't consider that a course being run or managers being on leave would be sufficient reason. Obviously, care continues and it needs to continue through those events and we would expect that, on any given day, our assessment team could be assured that quality continued. So, it's really intended to be those cultural or religious days of significance.

Ms Wunsch: But we expect that unannounced re-accreditation audits will drive behaviour change in the sector and that services will seek to enable and support other personnel to support an unannounced re-accreditation audit. It won't be the case that it'll be sufficient to have all the information systems and knowledge vested in a single person or with a single point. So I think services will, when reflecting on the information we provide, will seek to understand how they can have a number of people in their service able to access the relevant information that would be needed to be accessed to support an unannounced re-accreditation audit, including access to the service's systems, access to all parts of the physical layout of the service and also that there would be some support to staff to engage with the auditing so that when the assessment team comes that there is a positive engagement with the service around any matters that are part of a performance assessment against standards.

Judith has got a question here is, *"Will there still be unannounced and announced visits throughout the year?"* Judith, we will still conduct the unannounced assessment contact program, as we currently do, and we still will conduct announced assessment contacts and, generally speaking, announced assessment contacts are planned to occur because there has been a finding of failure against the standards, a TFI has been put in place, and we need to make a performance assessment at the end



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of that TFI and we plan that date and advise the provider. We also come out to conduct assessment contacts at the midpoint of a TFI in the majority of cases. So those assessments are planned and announced, and the unannounced assessment contact program, which is a minimum of one per service per year in each financial year, but if for some reasons we need to come out more frequently than that when we have information provided to us via the Department of Health or the Aged Care Complaints Commissioner or from a member of the public, if there are issues of concern. Our approach is a flexible one, but it will involve assessment contacts, both announced and unannounced, and the unannounced re-accreditation audit.

Ms Bolger: Caroline has a question, *"Will they be requiring off duty staff to be contactable for further information?"*

Ms Wunsch: Caroline, we will be engaging with the person in charge who will provide us with information to support the re-accreditation audit. The people that are there at the service for the period of time that the audit is on foot - and that's over the two days or three days depending on the size of the service and the complexity of the audit - we would expect to engage with people that are at the service working there. There's not an expectation that people that are not available to us are going to be contacted, but it's entirely up to the person in charge or the provider to provide information to us in the way they see fit to demonstrate their performance against accreditation standards. So, really, this is a question for the provider and the person in charge to determine how they will provide information to us when we are there conducting a performance assessment.

Ms Bolger: There's a question here from Wendy which touches on something we discussed a little bit earlier, *"I gather that the auditors will not say that they are recommending met for the standards at the exit meeting, is this correct?"* It's absolutely correct, Wendy. The exit meeting will be that conversation about areas that have been observed for improvement or areas that the assessment team would like to comment on in relation to good practice. I did ask some of the teams about the type of conversation that would happen at the exit interview and I have a couple of examples, actually, that might be worth reading out just to give you a flavour of that. So just think about this being a sort of a suggested scenario for an exit meeting. "As previously discussed, you are aware that the team's concerns about medication management, this is due to gaps in record keeping, a high number of errors in incident reports and evidence that unqualified staff have been in charge of administering high risk meds. My team will now go and discuss these concerns together and weigh up all of the evidence we have gathered against the relevant outcomes. This process will take into account information you have provided to us in response to those concerns." So, it's kind of that type of conversation, rather than dealing with a piece of paper that has met/not met because obviously that's unsound practice to have arrived at a conclusion before all the evidence and the assessment team have formed a view about the sufficiency of evidence in relation to the performance against the standards. So that's the type of conversation that you can expect to be conducted at that exit interview.

Ms Wunsch: Mary has got a question here about, *"How long will accreditation be granted for, is it three years, or has that changed?"*

Ms Bolger: The Quality Agency has significant discretion to grant a period of accreditation. Generally, it has been three years, however, we're moving towards a system that recognises greater differentiation of performance in homes and we would expect to see that that delegation is exercised in a way that's proportionate to risk. In other words, we already have a proportion of homes that are



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less than three years, and we would expect to see something of a spectrum there. Generally, there is discretion from the CEO to consider the site audit report, any information that they've been provided, including information from the Secretary or the Complaints Commissioner and to determine a period of accreditation. So there's no fixed rule about the three years.

Ms Wunsch: Nick has asked a question - you've got a lot of questions here, Nick, it's good to hear from you. *"Will a person, a son or daughter of a resident providing information to the Quality Agency prior to the audit be required to provide their name or contact detail and the name of the resident who lives at the home?"* And I guess, Nick, you're thinking here; how are we going to know that we're receiving a contact by somebody who is either a care recipient or a representative of that particular service or of a particular service.

Ms Bolger: We would ask that that person identify the home and that they had been in receipt of the advice from the home about the period in which the audit could be undertaken. So that will link the caller to the home that is subject to re-accreditation. We would hope that those people would be happy to provide us with their name and their details because there may be matters that we can follow up with them during the conduct of the audit but, of course, we would also take information that is provided anonymously, and we do so already. People can contact the Quality Agency at any time and provide input that relates to the quality of care and services that they are receiving.

Ms Wunsch: Elaine asks, *"Should we be notifying the Quality Agency again in the case of outbreaks? If not, what happens if you arrive and there is an outbreak happening?"* So, Elaine, we are familiar with this issue as it happens in the space that we operate in now, both with announced re-accreditation audits and unannounced assessment contacts where, from time to time, we arrive and find that there is an outbreak. So we can seek to understand that set of circumstances when we are there at the site and make a judgment about the appropriate next steps in relation to that and, where appropriate, we would not continue with an audit if there was any risk to care recipients by our presence there. It's a scenario that we're familiar with and we're confident that we'll be able to manage it in this particular program going forward with unannounced re-accreditation audits.

Ms Bolger: Lee has asked - and apologise if we've already covered this - but, *"What is the time frame for submission of the self-assessment?"* So, remember when you get your reminder notice, when you get your reminder notice for application, you have one month from that date to submit your application with the self-assessment. So, when you get your reminder notice, you know you have a month to submit that self-assessment.

Ms Wunsch: And we've got a question from Jenny, *"Will the person in charge be told if not met is going to apply to certain outcomes at the exit meeting, or will the service provider need to wait to see the report seven days later?"*

Ms Bolger: I think this touches on a point that we've covered earlier, but it's important that everybody understands that the service won't be provided with a not met summary at the closure of the audit. Seven days later the service will be provided with the site audit report, with the evidence that we're relying on to make findings of compliance. So that is the point at which the provider has an opportunity to review the findings, review the evidence that's been gathered and the evidence that we're relying on in making that finding, and if they choose to respond to any of that, they have 14 days to do that prior to the agency making a decision about the period of accreditation.



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Ms Wunsch: However, I should just add to that that if, at any time, we have serious concerns about matters that we understand at an unannounced re-accreditation audit, we would bring those matters to the attention of the person in charge immediately and it may be that there would need to be a process understood as to whether there was failure against a particular expected outcome for the purposes of considering whether there was serious risk to a care recipient or care recipients.

Ms Bolger: And we do that now.

Ms Wunsch: Yes.

Ms Bolger: If there are concerns that a care recipient is at risk, then we will fast track the information to the provider to consider whether or not, in fact, that there was a serious risk decision to be made.

Ms Wunsch: I've got a question from Chloe here, *"Do you expect providers to be calling families on the day of the unannounced visit to alert them of the visit?"* Chloe, we're expecting that the person in charge will be able to provide the assessment team with a current up to date list of all care recipients and their representatives with their representatives' contact details. This means that the assessment team can seek to make contact with those care recipient representatives during the audit. We may also, though, have been previously advised by care recipient representatives that they want to speak to us and that they may give us their contact details in advance, and we also will always interview any care recipient representatives that are there at the audit if they request an interview with the assessment team. We will also conduct the consumer experience interviews with care recipients and representatives as we currently do, and so we're seeking to maximise the input that we get from care recipients and representatives, both prior to and during the unannounced re-accreditation audit.

Ms Bolger: We have a question from Wendy, *"It sounds a bit like the self-assessment is a continuous improvement plan, is this correct?"* No, they're two separate pieces, Wendy, but they are linked. So, the self-assessment is an assessment of performance with respect to the service and the service's performance against the accreditation standards. So, it's very much linked to what the service indicates is their performance against the standards. However, if there are areas that the service has assessed as requiring improvement, or there is some risk in certain areas, it's useful to then consider how that links to the plan for continuous improvement. So that link isn't an academic one, it is one in which the service has assessed that there is a need, that there perhaps is an area that needs improvement against the standards, and that can be addressed in the plan for continuous improvement. And this becomes very much a conversation over the transition period for the new standards. So, the self-assessment gives an opportunity for services during that transition year to come to grips with the requirements of the new standards and to understand where the gaps are and what areas might need improvement and they should be emerging in the plan for continuous improvement in readiness for next year's implementation.

Ms Wunsch: Look, we've received a large number of questions today. We won't be able to answer them all now, but please check on our website and we'll publish a number of FAQs to address these questions. But there's been some really fantastic questions here, and we'd just like to thank everyone who has logged on and our questioners, plus all of you who have participated. It's been a really good opportunity for us to talk about the unannounced re-accreditation audit program, so thank you very, very much.

Ms Bolger: Thank you. Have a good day.



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Ms Wunsch: Thanks.

END OF RECORDING (64:26)