



**Australian Government**

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**Australian Aged Care Quality Agency**

**Regulator Performance Framework  
Self-Assessment Report 2016-17**

**Australian Aged Care Quality Agency**

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## **CEO Foreword**

I submit the Australian Aged Care Quality Agency's self-assessment against the Regulator Performance Framework for 2016-17 mindful that the Quality Agency and the national aged care regulatory processes have been under review. I appointed an external advisor - the Nous group - to advise me of any shortcomings in regulatory practice or process following the April 2017. The Oakden report found significant failures in the quality of care and services to residents including at the Commonwealth accredited aged care units Makk and McLeay.

The Carnell-Paterson Review of National Aged Care Regulatory Processes also provided advice to Government and made 10 recommendations for the government's consideration relating to the broader regulatory system for aged care of which the Quality Agency forms one part.

The Quality Agency has accepted the recommendations of the Nous report and has a program underway to improve its processes particularly relating to management of risk and assessing more complex services. We have taken significant learnings from the failures at Oakden and are on track to lift our performance over the next twelve months in key areas relating to a stronger focus on risk (Key Performance Indicator 3).

The Australian Aged Care Quality Agency has been externally audited and re-accredited this year by the International Society for Quality in Health Care, ISQua. We are committed to continuously improving our regulatory performance to hold providers to account and ensure quality care for older Australians.

**Nick Ryan**

**Chief Executive Officer**

**Australian Aged Care Quality Agency**

## Introduction

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 accredits residential aged care services and conducts quality review of home care services.<sup>1</sup>

Under section 12 of the Act, the functions of the Quality Agency include:

- to accredit residential care services in accordance with the Quality Agency Principles, and the Accreditation Standards made under the *Aged Care Act 1997*;
- from 1 July 2014, to conduct the quality review of home care services in accordance with the Quality Agency Principles, and the Home Care Standards made under the *Aged Care Act 1997*;
- to register quality assessors of residential and home care services in accordance with the Quality Agency Principles;
- to advise the Secretary about aged care services that do not meet the Accreditation Standards or the Home Care Standards;
- to promote high quality care, innovation in quality management and continuous improvement amongst approved providers of aged care;
- to provide information, education and training to approved providers of aged care in accordance with the Quality Agency Principles.

The strategic objectives of the Quality Agency are to:

- ensure that our regulatory approach prioritises and continuously improves safety and quality outcomes for care recipients;
- ensure consistent and holistic outcomes for care recipients, in partnership with our co-regulators (Department of Health and the Aged Care Complaints Commissioner);
- inform consumer choice in the aged care sector;
- support and comply with Government policies and expectations.

## Regulator Performance Framework

As part of the Australian Government's commitment to reducing unnecessary and inefficient regulation, all regulatory agencies are required to undertake an annual self-assessment against the Regulator Performance Framework (the Framework). The purpose of the Framework is to measure the performance of Australian Government regulators and to give businesses and the community confidence that regulators manage risk with the minimum of impact necessary to achieve regulatory objectives.

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<sup>1</sup> Includes home care services, Commonwealth Home Support Program services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program services.

## Regulator Performance Self-assessment Report 2015-16

The Quality Agency's inaugural self-assessment under the Framework was completed in 2016. The results of this self-assessment were published in the Quality Agency Regulator Performance Self-assessment Report 2015-16, which is available on the Quality Agency website.

<http://www.aacqa.gov.au/about-us/regulator-performance-self-assessment-report-2015-16-2>

## Regulator Performance Self-assessment Report 2016-17

This report provides the Quality Agency's self-assessment results for the 2016-17 financial year.

The criteria used for the self-assessment were:

- The Framework's 6 key performance indicators (KPIs) and 20 measures of good regulatory performance (performance measures); and
- The Quality Agency's evidence metrics.<sup>2</sup>

The report provides the Quality Agency's:

- **Performance data** – how we performed against each KPI and performance measure based on our evidence metrics; and
- **Self-assessment ratings** – how we assessed our overall performance against each KPI.

The criterion for the self-assessment ratings is explained below:

<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Strong performance against all the performance measures under the KPI	Strong performance against majority of the performance measures under the KPI and no evidence of negative/poor performance against any measure	Average performance against the performance measures under the KPI	Poor performance against some performance measures under the KPI	Poor performance against most of the performance measures under the KPI

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<sup>2</sup> The evidence metrics are a set of outputs and activities that have been selected by the Quality Agency in consultation with stakeholders to demonstrate how the Quality Agency meets the KPIs and performance measures. Under the terms of the Framework, prior to commencing the first self-assessment, the regulator's relevant Ministerial Advisory Council or relevant Stakeholder Consultation Mechanism (SCM), as approved by the responsible Minister, must be consulted to provide quality assurance of the proposed metrics. In May 2015, the Assistant Minister for Social Services approved the Aged Care Sector Committee as the Quality Agency SCM.

## Self-assessment Results

The following table outlines the Quality Agency's performance data and self-assessment ratings for the 2016-17 financial year.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><b>KPI 1: REGULATORS DO NOT UNNECESSARILY IMPEDE THE EFFICIENT OPERATION OF REGULATED ENTITIES</b></p> <p><b>Measure 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.</b></p> <p>1.1.1 <i>A stakeholder engagement strategy is in place.</i></p> <p>1.1.2 <i>Regular Quality Agency Liaison Group (ALG) stakeholder consultation meetings held in each State and Territory.</i></p> <p>1.1.3 <i>Percentage of industry association conferences attended and contributed to.<sup>3</sup></i></p> <p>1.1.4 <i>Participation rates in Quality Agency Better Practice conference program creating opportunity for sharing understandings about aged care services.</i></p> <p><b>Measure 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.</b></p> <p>1.2.1 <i>Feedback questionnaire responses show low impact on service provision.</i></p> <p>1.2.2 <i>Any negative feedback and feedback suggesting improvement is acted upon promptly.</i></p> <p>1.2.3 <i>Accessible complaints process is maintained and responses are prompt.</i></p>	<p>The Quality Agency achieves this KPI in the following ways:</p> <p><b>1.1: We work closely with the aged care sector to ensure we maintain a current understanding of our operating environment and the emerging issues affecting the aged care sector.</b></p> <ul style="list-style-type: none"> <li>• Our Stakeholder Engagement Strategy 2015-2019 sets the framework and context for how engagement with stakeholders is managed at the Quality Agency.</li> <li>• The Aged Care Quality Advisory Council (Advisory Council) advises the Quality Agency on its functions and operations. This includes providing essential advice on safety and compliance, and helping align the Quality Agenda with consumer expectations. Advisory Council members have a wealth of knowledge and experience, with strong representation from clinical care, service provider and consumer perspectives. Advisory Council members also bring innovation in a range of areas that reflect the changing nature of aged care.</li> <li>• Our Quality Agency Liaison Group and State and Territory Agency Liaison Groups provide channels for direct communication with key representatives of aged care peak bodies, consumer representatives, staff unions and professional bodies. Meetings are conducted at least three times per annum.</li> <li>• Six Better Practice conferences were held across Australia with the programs developed in response to current themes and trends within the sector. Over 1,200 delegates attended the Better Practice conferences, including strong Indigenous and Community/Home Care representation in Darwin. This included attendees from East Arnhem Regional Council; Roper Golf Regional Council; Victoria Daly Regional Council and Australian Regional and Remote Community Services. Positive feedback was received from attendees, with 93% of feedback results indicating that these programs continue to address themes and issues relevant to the aged care industry.</li> </ul> <p><b>1.2: We routinely collect and analyse feedback from approved providers, as well as complaints information, to</b></p>

<sup>3</sup> Data about staff participation in aged care industry conferences, workshops and seminars is not easily obtainable due to current reporting practices. However, our staff members attend a number of these events each year, depending on their relevance to corporate priorities.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><b>Measure 1.3: We implement continuous improvement strategies to reduce the costs of compliance for those we regulate.</b></p> <p>1.3.1 <i>Maintain contact with internationally recognised organisations through involvement with ISQua.</i></p> <p>1.3.2 <i>Complaints process used to identify areas for improvement.</i></p> <p>1.3.3 <i>Visit feedback questionnaire provides opportunity for services to identify improvement areas.</i></p> <p>1.3.4 <i>Review of policies and procedures includes consideration of reducing compliance cost. (Number of changes to reduce compliance burden).</i></p> <p>1.3.5 <i>Use of the SA Innovation Hub – evaluation results – to assess options to reduce compliance costs.</i><sup>4</sup></p>	<p><b>guide continuous improvement in regulatory practices.</b></p> <ul style="list-style-type: none"> <li>At the conclusion of every site visit to a residential aged care service, quality assessors leave a hardcopy questionnaire for each approved provider to give feedback relating to our conduct of the visit. This data is collated by an external company which is then sent to us every month to analyse and follow up any potential issues that are identified. Feedback results consistently demonstrate a high level of satisfaction with our services and performance. The response rate for this period was 52 per cent.</li> <li>The Home Care Questionnaire is an online survey that we provide to approved providers of home care services to rate and comment on our site performance following a quality review. The link to the survey is included in the email sent to the approved provider with the interim quality review report.</li> <li>Complaints about the Quality Agency may be raised through various channels including our website. Under our complaints policy, a finalised written response to the complaint must be provided within 28 days. Where this is not possible, the complainant must be informed about progress until the matter is finalised.</li> </ul> <p><b>1.3: We have robust continuous improvement strategies that minimise the cost of compliance for approved providers.</b></p> <ul style="list-style-type: none"> <li>The Quality Agency is accredited by the International Society for Quality in Health Care (ISQua). In June 2017, the Quality Agency was audited by ISQua against the International Standards for External Evaluation Organisations, 4th Edition, and received a result of 29 out of a possible 32 (91%). Based on the audit, our accreditation has been extended for a further 4 years, until 2021.</li> <li>Complaints data is analysed routinely to identify trends and areas for improvement. Identified issues often inform training topics for quality surveyor continuous professional development events held every three months.</li> <li>We regularly review our policies, procedures and systems to identify areas with undue process variation. We also utilise a Staff Improvement Request (SIR) system, in which staff are encouraged to identify improvements to our business applications, IT infrastructure, regulatory policies and procedures, to further strengthen our administrative processes, achieve efficiencies, and improve regulatory outcomes for approved providers.</li> <li>We commenced a major update of our information technology system (Better Business), which when completed</li> </ul>

<sup>4</sup> This activity is no longer current for the 2016-17 reporting period.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
	<p>will enhance the automation of our processes and will contribute to minimising the cost of compliance for approved providers.</p>
	<p><b>Self-assessment rating: Very Good</b></p>
<p><b>KPI 2: COMMUNICATION WITH REGULATED ENTITIES IS CLEAR TARGETTED AND EFFECTIVE</b></p> <p><b>Measure 2.1: We provide guidance and information that is up to date, clear, accessible and concise through media appropriate to the target audience.</b></p> <p><i>2.1.1 Percentage of website information that complies with government accessibility guidelines.</i></p> <p><i>2.1.2 Number of education/information sessions on accreditation and quality review arrangements.</i></p> <p><i>2.1.3 Information and education offered through a range of media suitable for the mix of services/ stakeholders.</i></p> <p><i>2.1.4 Percentage of feedback about education sessions that is positive.</i></p> <p><b>Measure 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.</b></p> <p><i>2.2.1 Regular newsletter, Quality Standard provides regular information about practices and issues and invites comment.</i></p> <p><i>2.2.2 Number of meetings of Quality Agency Liaison Groups to communicate about and discuss changes in practice.</i></p>	<p><b>The Quality Agency achieves this KPI in the following ways:</b></p> <p><b>2.1: We support approved providers to meet the required standards through a range of published guidelines and communication strategies. We also engage and consult with the aged care sector to ensure that our communications continue to be effective and that expectations are clearly articulated.</b></p> <ul style="list-style-type: none"> <li>• Ensuring our web content is compliant with government accessibility guidelines is an ongoing focus for the Quality Agency.</li> <li>• We continued to refine web content to ensure greater clarity for our web users.</li> <li>• We have commenced publication of a regulatory bulletin, a targeted communication to assist services to understand how specific requirements and processes fit into the overarching aged care regulatory framework – articulating expectations and underlying reasons for our approach.</li> <li>• We use multiple platforms for reaching approved providers. Information about the Quality Agency is available through our website, targeted email correspondence, a monthly industry e-newsletter, education and training events, and Better Practice conferences.</li> <li>• We conducted 78 education sessions on accreditation and quality review nationally.</li> <li>• We conducted 542 compliance assistance education sessions. 206 of these were directly related to our regulatory case management activities.</li> <li>• We offer face to face education through a public dates and organisation direct requests to meet service and stakeholder needs. Education resources and information is also available online via our website.</li> <li>• Across all face to face education programs 97% of participants that have provided feedback indicated positive responses to evaluation questions related to administration</li> </ul>

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><b>Measure 2.3: Our decisions and advice are provided in a timely manner, clearly articulating expectations and the underlying reasons for decisions.</b></p> <p>2.3.1 <i>Percentage of decisions made within set timeframes.<sup>5</sup></i></p> <p>2.3.2 <i>All accreditation and quality review report decisions include reasons for decisions.</i></p> <p><b>Measure 2.4: Our advice is consistent and supports predictable outcomes.</b></p> <p>2.4.1 <i>Approved procedures for communicating with providers of aged care services are used by staff and are controlled by business process management systems.</i></p> <p>2.4.2 <i>Intensive initial training for quality surveyors; continuing professional development program is maintained.</i></p> <p>2.4.3 <i>Resources to guide assessments and greater detail about how providers may meet expected outcomes are available publicly.<sup>6</sup></i></p>	<p>processes, education content and delivery.</p> <ul style="list-style-type: none"> <li>For more details on the education and compliance assistance programs please see reporting at Measure 5.2.</li> </ul> <p><b>2.2: We utilise a number of industry engagement channels to inform industry groups and representatives of our projects or activities where there may be an impact to our stakeholders.</b></p> <ul style="list-style-type: none"> <li>The Quality Standard is distributed to over 11,500 stakeholders each month providing concise and targeted information on assessment processes, changes to regulatory operations, practical advice for approved providers on improving compliance with the standards and examples of better practice.</li> <li>The Quality Agency Liaison Group meets three times a year to communicate with the sector about significant changes occurring within the Quality Agency or changes which can impact the sector.</li> </ul> <p><b>2.3: We have established processes for ensuring timely decisions about an aged care service which clearly articulate the reasons for the decision and expectations for further improvements.</b></p> <ul style="list-style-type: none"> <li>Our policies and procedures support decision-makers to consistently meet legislated and internal decision-making timeframes. Agreement from approved providers is obtained where decisions are made outside of legislated timeframes. Any overdue decision is captured in our information management system and may be subject to investigation to inform future improvement activities.</li> <li>Standardised assessment report templates provide a clear and consistent approach to communicating decisions to approved providers of aged care services.</li> </ul> <p><b>2.4: We take steps to ensure consistent and predictable regulatory outcomes for those we regulate.</b></p> <ul style="list-style-type: none"> <li>Our Quality Assessor Handbook sets out approved protocols for how we communicate with approved providers of aged care services. The Quality Assessor Handbook is controlled by internal document management systems to ensure that quality surveyors have the most up to date version in the course of their work.</li> <li>To support sound and consistent decision making about a residential or home care service, we conduct routine quality assurance reviews of decisions and ad hoc reviews of reports when an issue has been identified at a particular state office.</li> </ul>

<sup>5</sup> A percentage figure has not been provided due to time constraints obtaining the required data.

<sup>6</sup> To avoid duplication this data is addressed under Measure 5.1.



KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
	<ul style="list-style-type: none"> <li>Our quality surveyor induction training was revised in 2017. All quality surveyors undergo a rigorous induction program and Continuing Professional Development (CPD) throughout their employment. Where significant operational or regulatory issues are identified from time to time, these are addressed through the CPD program.</li> </ul>
<p><b>KPI 3: ACTIONS UNDERTAKEN BY REGULATORS ARE PROPORTIONATE TO THE REGULATORY RISK BEING MANAGED</b></p> <p><b>Measure 3.1: We apply a risk-based, proportionate approach to compliance obligations, engagement and regulatory certainty or impact.</b></p> <p>3.1.1 <i>Risk and case management policies and procedures are available and followed by staff.</i></p> <p>3.1.2 <i>Our risk and case management approach is publicly available.<sup>7</sup></i></p> <p>3.1.3 <i>We make use of a range of actions proportionate to the extent, seriousness and/or risk of poor compliance performance and risk to care recipients.</i></p> <p>3.1.4 <i>We provide time to remedy poor performance except where there is serious risk to care recipients.</i></p> <p><b>Measure 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.</b></p> <p>3.2.1 <i>Assessment program management provides for adjustment to respond to changes in regulatory threats and risks (e.g. pandemic, natural disasters).</i></p> <p>3.2.2 <i>We take a thematic approach to assessment as appropriate to address</i></p>	<p><b>Self-assessment rating: Very Good</b></p> <p><b>The Quality Agency achieves this KPI in the following ways:</b></p> <p>We have accepted all the recommendations and actions in the NOUS report, commissioned after failures in care at the Oakden Mental Health Facility (Makk and McLeay wards), and are working to:</p> <ul style="list-style-type: none"> <li>Embed risk-based practices to better direct compliance monitoring and approaches to high risk and complex services;</li> <li>Pre-plan audits to allow an aged care service’s characteristics, history and risks to inform conduct of the audit and ensure the allocation and composition of assessment teams;</li> <li>Strengthen capability in risk-based approaches and provide clinical or specialist support for quality surveyors and decision makers in the assessment of quality of care and services;</li> <li>Support and recognise the significant role of decision makers in determining audit outcomes and in setting the expectations for quality surveyors</li> </ul> <p>All of the above actions have been incorporated into our Corporate Plan and Operations Plan for the 2017-18 financial year.</p> <p><b>3.1: We use a case management approach to monitor the performance of aged care services that are at risk of failure to comply with the standards and consider a proportionate approach to our regulatory obligations.</b></p> <ul style="list-style-type: none"> <li>We use a case management approach to assess the risk of an aged care service (as high, moderate or low), to determine the types of improvement actions that are required, and the type, scope and frequency of future visits by the Quality Agency. This approach takes into account information from the public or media, as well as administrative and corporate changes at the approved provider. We also receive ‘case</li> </ul>

<sup>7</sup> The Quality Agency does not provide its case management policy on its website. However, our case management approach is highlighted in the Quality Surveyor Handbook, Quality Agency Annual Reports, as well as a number of other publications on the website.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><i>emerging risks or issues.</i></p> <p><b>Measure 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.</b></p> <p>3.3.1 100% of decisions about assessments include consideration of compliance record consistent with policy.</p> <p>3.3.2 Participation with the SA Innovation Hub and evaluation to inform future earned autonomy approach(es).<sup>8</sup></p>	<p>source information' and referrals from the Department of Health (the Department) and the Aged Care Complaints Commissioner (Complaints Commissioner). Using these various sources of information we aim to initiate timely and proportionate actions to address identified risks at aged care services.</p> <ul style="list-style-type: none"> <li>• A Case Management Committee in each state office plans appropriate actions and the National Case Management Committee meets weekly to review case progress and actions.</li> <li>• We engage with aged care services throughout our assessment processes and provide opportunities 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 service 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.</li> </ul> <p><b>3.2: We adjust our approach to our assessment activities based on information received from a range of stakeholders.</b></p> <ul style="list-style-type: none"> <li>• We apply a case management approach to ensure that quality assessment activities protect the health and safety of care recipients, while minimising unnecessary compliance burdens. Under this approach, approved providers with higher risk activities or with a history of poor performance are subject to more compliance monitoring oversight and compliance assistance education to assist continuous improvement.</li> <li>• Case management decisions may take into account a range of information, including information from the public or the media; referrals from the Department and the Complaints Commissioner; or awareness of administrative changes or governance issues that have the potential to affect an approved provider's performance. This means that any new information received is considered along with other information about a service to determine what, if any, additional compliance monitoring or other action is appropriate.</li> <li>• The 2016-17 unannounced visit program focussed on performance assessment against the top five not met expected outcomes of the Aged Care Standards.</li> </ul> <p><b>3.3: We rigorously consider all relevant compliance data</b></p>

<sup>8</sup> This activity is no longer current for the 2016-17 reporting period.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
	<p><b>and we ensure that high performing approved providers are appropriately acknowledged.</b></p> <ul style="list-style-type: none"> <li>• Our business systems maintain a historical record of all the services we regulate, including data obtained from the Department and the Complaints Commissioner, as well as our regulatory activities. Assessment of whether an approved provider of a service is meeting their regulatory obligations is used to inform the frequency of visits to a service and the scope of compliance monitoring activities. The overall performance of the approved provider with respect to a group of residential or home care services may also be considered, along with other interdependencies that may affect compliance with the relevant standards.</li> <li>• Our Computer Assisted Audit Tool (CAAT) has been implemented to enable us to compile comprehensive and objective information on a residential service’s performance, better identify at-risk services and improve compliance. CAAT is a customised application used by our quality surveyors during assessment visits to residential aged care homes. CAAT captures a wide array of regulatory information and evidence. .</li> <li>• Our annual Better Practice Awards program celebrates projects, initiatives or programs that act as exemplars for other approved providers of aged care services and encourages continuous improvement to care and services. There were 28 Better Practice Award winners and many were invited to speak at our Better Practice conference program. Full profiles of the Award winners are published on our website.</li> <li>• A new higher tier to the Better Practice Award – the ‘National Innovation and Excellence in Aged Care’ award was introduced to recognise a smaller number of approved providers that are demonstrating leading edge, innovative practices in aged care that represent ‘excellence’.</li> </ul>
	<p><b>Self-assessment rating: Fair</b></p>

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><b>KPI 4: COMPLIANCE AND MONITORING APPROACHES ARE STREAMLINED AND COORDINATED</b></p> <p><b>Measure 4.1:</b> Our information requests are tailored and only made when necessary to secure regulatory objectives, and only then in a way that minimises impact.</p> <p>4.1.1 Evidence of collected information being acted upon, stored and re-used, where appropriate.</p> <p>4.1.2 Information requests are limited to explicit legislated requirements, case management decisions or to enable assessment of performance against legislated standards.</p> <p>4.1.3 Feedback from services shows minimal impact on service delivery.</p> <p><b>Measure 4.2:</b> 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.</p> <p>4.2.1 Information provided by department and other sources is systematically recorded and used in lieu of independent information collection where practicable.</p> <p><b>Measure 4.3:</b> We utilise existing information to limit the reliance on requests from regulated entities and share the information among other regulators, where possible.</p> <p>4.3.1 Transparency of assessment demonstrated in information available publicly about assessment processes, standards and considerations.</p> <p>4.3.2 Number of assessments co-ordinated with similar regulators.</p> <p>4.3.3 Information provided by department and other sources is systematically recorded and used in lieu of independent information collection where practicable.</p>	<p>The Quality Agency achieves this KPI in the following ways:</p> <p><b>4.1: Our information requests are aligned to legislative requirements and where operational requirements dictate a need for information to enable efficient delivery of our regulatory activities.</b></p> <ul style="list-style-type: none"> <li>Our two key information requests from approved providers are the application for accreditation for residential aged care services (which forms part of the legislated accreditation process) and the service details form for home care services. 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.</li> <li>Following each visit to a residential aged care service, assessors leave a feedback form that can be filled out anonymously and returned to an independent company which provides a monthly report on collated and aggregated data. One of the questions on the feedback form asks for responses on the question “Please rate the performance of the team in terms of allowing care staff to continue their duties during the visit”. In 2016-17, 99% of responses from services that had received an unannounced visit rated our performance on this measure as either ‘excellent’, ‘very good’, or ‘good’.</li> </ul> <p><b>4.2 &amp; 4.3: We partner with co-regulators to ensure that information requests are streamlined and that relevant information is shared and coordinated across the respective regulatory programs to minimise impact on approved providers.</b></p> <ul style="list-style-type: none"> <li>We maintain close links with the Department and the Complaints Commissioner, which enables a mutually enhanced understanding of the regulatory landscape and current and emerging risks within the aged care sector. The linked regulatory programs of the Complaints Commissioner, the Department and the Quality Agency supports timely information sharing about complaints made about an aged care service, including the outcomes of related investigations or compliance monitoring activities conducted on the affected service. This exchange of information between co-regulators is one way that the potential for duplication of information requests and unnecessary impost on approved providers is minimised.</li> <li>In 2016-17, the Department and the Quality Agency signed a new Memorandum of Understanding, broadening their previous protocols for information sharing.</li> </ul>

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><b>Measure 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.</b></p> <p>4.4.1 <i>Operational needs and circumstances of services are taken into account in determining when to and when not to conduct unannounced assessments.</i></p> <p>4.4.2 <i>100% of decisions to visit services are based on all information available and reasons recorded.</i></p> <p>4.4.3 <i>We apply risk-based case-management approach to timing and scope of all assessments.</i></p>	<p><b>4.4: Our regulatory activities take into consideration the individual case management needs of the service.</b></p> <ul style="list-style-type: none"> <li>The Australian Government policy 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.</li> <li>We employ a case management model to identify risk of poor quality care and services, and to prioritise and manage regulatory actions and activities to change behaviours of services with actual or potential failures in the quality of care and services. As part of this model, information received from the Department, the Complaints Commissioner or other sources (e.g. coroner findings, advocacy organisations, media reports etc.) is reviewed to determine the appropriate risk approach to the information and the regulatory approach for the approved provider and the service. This approach ensures that we consider the individual circumstances of each service to determine the appropriate review and assessment actions.</li> <li>We currently have a program underway to strengthen capability in risk-based approaches, including the differentiated delivery of quality assessment and compliance monitoring on the basis of risk. This will improve identification and response to two types of risk: systemic risk (risks likely to exist across the sector), and regulated entity risk (the risks an individual approved provider presents through their choices and actions).</li> </ul> <p><b>Self-assessment rating: Good</b></p>
<p><b>KPI 5: REGULATORS ARE OPEN AND TRANSPARENT IN THEIR DEALINGS WITH REGULATED ENTITIES</b></p> <p><b>Measure 5.1: Our risk based frameworks are publicly available in a format which is clear, understandable and accessible.</b></p> <p>5.1.1 <i>Our risk and case management</i></p>	<p><b>The Quality Agency achieves this KPI in the following ways:</b></p> <p><b>5.1: Our risk-based approach is available on our website and published resources.</b></p> <ul style="list-style-type: none"> <li>We have commenced development of a Serious Risk Policy, which will help clarify how we identify and manage findings of ‘serious risk’.<sup>10</sup> Information about the new policy will be made available to aged care services on the Quality Agency website in the second half of 2017.</li> <li>The Quality Agency website provides a variety of published</li> </ul>

<sup>10</sup> Under section 2.63 of the Quality Agency Principles, when there is a finding that an aged care service has failed to meet one or more expected outcomes of the applicable standards, the Quality Agency considers whether this failure has placed, or may place, the safety, health or wellbeing of a care recipient at serious risk.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><i>policies are publicly available.</i><sup>9</sup></p> <p>5.1.2 <i>Details of assessment processes including assessor resources available publicly on our website.</i></p> <p><b>Measure 5.2: We are open and responsive to requests from regulated entities regarding the operation of the regulatory framework, and approaches implemented by regulators.</b></p> <p>5.2.1 <i>Information and education sessions about assessment programs are available.</i></p> <p>5.2.2 <i>Information about assessment programs is available on our website.</i></p> <p>5.2.3 <i>Feedback and complaints mechanisms are in place to inform continuous improvement; complaints and feedback responded to promptly.</i></p> <p><b>Measure 5.3: Our performance measurement results are published in a timely manner to ensure accountability to the public.</b></p> <p>5.3.1 <i>Performance measurement results are published on time.</i></p>	<p>resources to help approved providers understand how we conduct quality assessments of residential aged care services and quality review of home care services. These free online resources include:</p> <ul style="list-style-type: none"> <li>➤ Self-assessment tools for approved providers of aged care services.</li> <li>➤ Plan for Continuous Improvement templates, which are completed and submitted to the Quality Agency by approved providers to verify how the provider will improve their performance based on the findings of an assessment against the accreditation or home care standards. Online access to the templates ensures transparency about how the Quality Agency manages non-compliance, and the responsibilities of approved providers to commit to improvement goals within agreed timeframes.</li> <li>➤ Our monthly e-newsletter, Quality Standard, which regularly publishes information about our assessment processes and other information to assist approved providers to meet the standards.</li> <li>➤ Plain English fact sheets and pocket guides explaining the Accreditation and Home Care Standards, and the quality assessment and quality review processes.</li> <li>➤ Our guidance material for quality surveyors 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. While these resources are principally for use by quality surveyors, they are also intended to be used by approved providers to help them understand how the Quality agency conducts assessments and quality reviews against the applicable standards. The website also includes a range of fact sheets and education resources to support approved providers, for example Qhome; a workplace based learning resource for home care services to use with their staff and other stakeholders.</li> </ul> <ul style="list-style-type: none"> <li>• We have also commenced development of the Regulatory Bulletin, a periodic publication for aged care services which will be made available on the Quality Agency website in the second half of 2017. The Regulatory Bulletin will be a targeted communication to assist services to understand how specific requirements and processes fit into the overarching aged care regulatory framework – articulating</li> </ul>

<sup>9</sup> The Quality Agency does not provide its case management policy on its website. However, our case management approach is highlighted in the Quality Surveyor Handbook, Quality Agency Annual Reports, as well as a number of other publications on the website.

KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
	<p>expectations and underlying reasons for our approach.</p> <p><b>5.2: We provide a range of training and education sessions for approved providers which assist them to meet their regulatory obligations under the relevant standards.</b></p> <ul style="list-style-type: none"> <li>• The Quality Agency offers education courses and workshops on various topics tailored to meet industry demand both as public and in-house offerings. Our courses are developed by qualified staff with industry experience in the development of course and workshop materials.</li> <li>• Our flagship ‘Understanding Accreditation’ and ‘Understanding Quality Review’ courses were reviewed to better reflect the sector needs. In total, 58 (757 participants) courses on ‘Understanding Accreditation’ and 20 (186 participants) courses on ‘Understanding Quality Review’ were conducted. Both courses continue to be extremely successful year with positive feedback from 97% participants that provided feedback on these education sessions.</li> <li>• We also conducted the following one day workshops to support sector-wide improvement: Focus on Diversity, Making the Most of Complaints, Consumer Directed Care, the Home Care Standards and Managing Accreditation Performance. These workshops were attended by 573 participants, of which over 95% provided very positive feedback.</li> <li>• From July 2016, we integrated our previous quality education on the standards program into our compliance assistance education program. We have strengthened the link between compliance assistance education services and the case management of services that are at risk of failing to meet the applicable standards. The new integrated program provides tailored and targeted education sessions related to the applicable standards, quality principles, continuous improvement and the accreditation and quality review processes to those services that need it most. During 2016-17 we delivered 542 compliance assistance education sessions across Australia.</li> <li>• We engage with stakeholders to gauge our performance and we use complaints and feedback to guide improvements. 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.</li> </ul> <p><b>5.3: Information about our performance as a regulator is published on our website to ensure accountability.</b></p> <ul style="list-style-type: none"> <li>• The Quality Agency Annual Report is published on the website according to the timeframes set out in the <i>Public Governance, Performance and Accountability Act 2013</i>. The Annual Report provides the aged care sector and wider</li> </ul>



KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
	<p>community an analysis of our performance.</p> <ul style="list-style-type: none"> <li>The Quality Agency Regulator Performance Self-assessment Report is published on the website at the start of the year, in accordance with the timeframes set out by the Department.</li> </ul>
<p><b>KPI 6: REGULATORS ACTIVELY CONTRIBUTE TO THE CONTINUOUS IMPROVEMENT OF REGULATORY FRAMEWORKS</b></p> <p><b>Measure 6.1: We establish cooperative collaborative relationships with stakeholders to promote trust and improve the efficiency and effectiveness of the regulatory framework.</b></p> <p>6.1.1 <i>Participation in the SA Innovation Hub.<sup>11</sup></i></p> <p>6.1.2 <i>Regular Quality Agency Liaison Group meetings held.</i></p> <p>6.1.3 <i>Comprehensive education programs to assist providers and service staff to meet Standards and participate efficiently in assessment process; number of participants in education programs.</i></p> <p>6.1.4 <i>Collaboration with Aged Care Channel maintained.</i></p> <p>6.1.5 <i>Annual Better Practice conferences – participation rates.</i></p> <p>6.1.6 <i>Feedback mechanisms are available and made known to all stakeholders.</i></p> <p>6.1.7 <i>Collaboration with industry and other associations in the delivery of education sessions.</i></p> <p><b>Measure 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</b></p>	<p><b>Self-assessment rating: Very Good</b></p> <p><b>The Quality Agency achieves this KPI in the following ways:</b></p> <p><b>6.1: We collaborate with a range of peak bodies, industry liaison groups supporting the aged care sector and make a significant contribution to the Government’s aged care reform agenda</b></p> <ul style="list-style-type: none"> <li>We continue to engage with the Quality Agency Liaison Group and the State Agency Liaison Groups. These stakeholder committees meet three times per annum and facilitate collaboration between the Quality Agency and key representatives of aged care peak bodies, consumer advocacy bodies, and industry based unions and professional bodies. Feedback was sought from the group on issues including consumer experience reports, CAAT, Better Practice conferences, serious risk and cost recovery of unannounced visits.</li> <li>Other consultation and collaboration activities included: <ul style="list-style-type: none"> <li>Interviews conducted by quality surveyors with aged care management staff, care recipients and their representatives during visits to residential aged care or home care services.</li> <li>Public consultation with the aged care sector on our Draft Cost Recovery Implementation Statement, which will impact the way that accreditation activities are costed by the Quality Agency, starting from 1 July 2018.</li> <li>Consultation with consumer groups, aged care peak bodies, approved providers and quality surveyors, to develop and test a standardised set of interview questions for aged care residents and their representatives. Feedback from these questions is reflected in a new Consumer Experience Report.</li> </ul> </li> <li>Sector participation in our education programs in 2016-17 was very positive – over 1500 participants attended these sessions nationally.</li> <li>While the previous Memorandum of Understanding with Aged Care Channel (ACC) was not renewed for this period, the Quality Agency did provide information to the ACC on key events and focus topics for the industry to enable the ACC to deliver relevant content to their audience.</li> </ul>

<sup>11</sup> This activity is no longer current for the 2016-17 reporting period.



KPIs / Performance Measures / Evidence Metrics	Performance data and Self-assessment Rating
<p><b>approaches.</b></p> <p>6.2.1 <i>Participation in the SA Innovation Hub and evaluation.</i><sup>12</sup></p> <p>6.2.2 <i>Liaison and co-ordination with similar state government regulators to reduce regulatory events.</i></p> <p>6.2.3 <i>Application for accreditation simplified and provision of self-assessment report removed.</i><sup>13</sup></p> <p><b>Measure 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.</b></p> <p>6.3.1 <i>Maintenance and release of a national data set occurs.</i></p> <p>6.3.2 <i>Information about performance of services is provided to the Department (100% of assessments, on time).</i></p>	<ul style="list-style-type: none"> <li>• Sector participation in our Better Practices conferences in 2016-17 was also positive - a total of 1200 delegates attended these conferences nationally.</li> <li>• We have also worked alongside consumer advocacy bodies, such as the Council on the Aging and the Centre for Cultural Diversity in Ageing to support approved providers to improve in areas such as cultural diversity, consumer directed care and the standards.</li> </ul> <p><b>6.2: We participate in a number of workgroups and committees to assist with the development of processes that will support streamlining accreditation processes, therefore reducing compliance costs on approved providers.</b></p> <ul style="list-style-type: none"> <li>• We actively participate in the Department’s Technical Advisory Group (TAG) in regards to developing a set of consolidated standards for the aged care sector.</li> <li>• We are working with approved providers of aged care services to develop a range of guidance and education support to accompany the implementation of the new aged care standards.</li> </ul> <p><b>6.3: We actively seek out feedback from stakeholders regarding our performance in the accreditation process, and the performance of services. We relay that information in a timely and consistent manner to the Department to allow us to continually improve on our frameworks and processes.</b></p> <ul style="list-style-type: none"> <li>• We produce a national data set report each quarter which is reported through agency liaison group meetings as well as meeting with the Department and the Complaints Commissioner. The information shared is used to inform other regulatory processes from various other stakeholders.</li> <li>• As a requirement under the <i>Quality Agency Reporting Principles 2013</i>, information about compliance decisions and findings of serious risk to care recipients is provided in writing to the Department as soon as possible.</li> </ul> <p><b>Self-assessment rating: Very good</b></p>

<sup>12</sup> This activity is no longer current for the 2016-17 reporting period.

<sup>13</sup> This metric is not applicable for the current reporting period. The removal of the requirement to attach the self-assessment report with the accreditation application has been in place for a number of years.

**Note:**

- Evidence metrics [1.1.3](#), [1.3.5](#), [2.3.1](#), [3.1.2](#), [3.3.2](#), [5.1.1](#), [6.1.1](#), [6.2.3](#), and [6.2.1](#) have not been addressed in the table. Please refer to the footnotes explaining the reasons for their omission.
- All performance data in the report is for the 2016-17 financial year unless specified otherwise.

## Summary of self-assessment results

Regulator Performance Framework KPIs	Ratings for 2016-17
1. Regulators do not unnecessarily impede the efficient operation of regulated entities.	Very good
2. Communication with regulated entities is clear, targeted and effective	Very good
3. Actions undertaken by regulators are proportionate to the regulatory risk being managed.	Fair
4. Compliance and monitoring approaches are streamlined and coordinated.	Good
5. Regulators are open and transparent in their dealings with regulated entities.	Very good
6. Regulators actively contribute to the continuous improvement of regulatory frameworks.	Very good