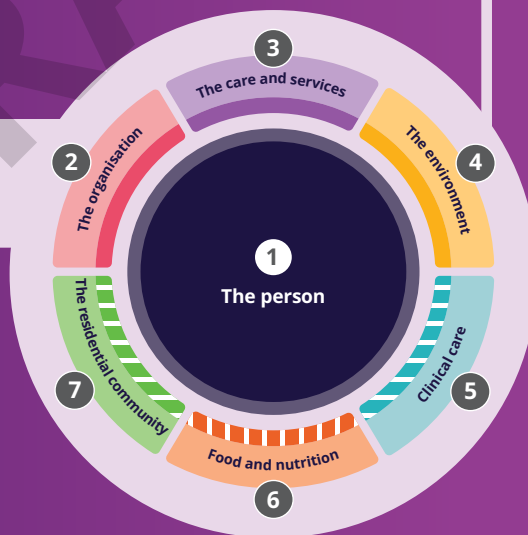




Draft Audit methodology, evidence mapping and associated templates

Guidance material for the
strengthened Aged Care Quality
Standards for review and discussion

January 2024



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Please note the draft strengthened Quality Standards referred to in this document are not yet in operation. This draft is intended for consultation purposes only.

Purpose of this document

The Aged Care Quality and Safety Commission is committed to supporting the aged care sector to be ready for the implementation of the [strengthened Aged Care Quality Standards](#).

This document is intended to give providers insight into the guidance and framework that auditors and delegates of the Commission will use to assess provider performance against the strengthened Quality Standards.

The audit methodology sets out guidance, key points of consideration and principles for decision making while giving an overview of the audit process. It also provides some context of the evidence mapping framework that supports auditors.

Consultation

We are consulting on the draft audit methodology. Your insights will help to make our guidance materials are:

- fit for purpose across service types
- practical and easy to understand
- useful tools for continuous improvement

We invite you to consider the below questions when reading through this document:

Is there anything else that could be included in the methodology to support you in demonstrating conformance with the strengthened Quality Standards? Please specify and tell us what you would like included.

Are there any aspects of the audit process that are missing or not clear? Please specify and tell us what you would like included.

You can provide your feedback by filling in this [feedback form](#) or using the QR code on this page before midday (AEST) on 19 May 2024.



Questionnaire

<https://survey.websurveycreator.com/s/ConsultationStrengthenedQualityStandardsMaterial>

Introduction

The current Aged Care Quality Standards (current Standards) introduced on 1 July 2019 are at the heart of safe and quality care for older people. All Australian Government-funded aged care services must meet the requirements of the current Standards.

In response to recommendations from the Royal Commission into Aged Care Quality and Safety, the Department of Health and Aged Care (the Department) has reviewed the current Standards and developed a set of [draft strengthened Aged Care Quality Standards](#) (strengthened Quality Standards), released 14 December 2023. The strengthened Aged Care Quality Standards will replace the current Standards and aim to ensure older people receive safe and quality care and services and define the kind of aged care providers need to deliver.

The Aged Care Quality and Safety Commission (the Commission) will be responsible for regulating registered providers against the strengthened Quality Standards. These strengthened Quality Standards are part of a broader regulatory model placing more emphasis on relational regulation to build relationships, trust and transparency in the sector, at the same time as supporting continuous improvement. The new model puts older people first and foremost and respects their autonomy and independence to make decisions that are right for them.

Success of the strengthened Quality Standards will rely on their application. In December 2022, the Commission engaged Ernst and Young Australia (EY) to conduct a pilot project to test how the strengthened Quality Standards will apply in practice across relevant aged care settings, in addition to developing a revised audit methodology, guidance documents, tools and templates for auditors and providers.

The objectives of the pilot project were to inform:

- how the draft strengthened Quality Standards can be effectively implemented
- how the Commission will assess provider performance against the strengthened Quality Standards
- how the introduction of graded assessment can better differentiate provider performance and drive continuous improvement
- what support providers will need to understand and meet their obligations under the strengthened Quality Standards. This includes identifying the guidance and resources needed to support the sector
- how to best support older people to understand what the strengthened Quality Standards mean for them and what they should expect from their aged care service.

Draft: Audit methodology, evidence mapping and associated templates

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

EY and Commission staff conducted 40 pilot audits across a sample of 32 providers that were representative of the aged care sector (service type, size, location and diversity of people receiving aged care). The 40 pilot audits were undertaken between April and September 2023. Insights from the pilot audits informed an update to the strengthened Quality Standards.

Thank you to those providers, their staff and recipients of care and services for their participation in the pilot audits. This valuable exercise has enabled the Commission to develop a draft Audit Methodology and Evidence Mapping Framework which is outlined within this document. The draft Audit Methodology, [Evidence Mapping Framework](#) and associated draft [Guidance](#) have been designed as package so the individual documents should not be considered in isolation. Together these documents provide a holistic view to assist providers, workers and governing bodies to understand the intent of the strengthened Quality Standards, clarify new concepts and consider how to apply them in their service. Providers are also encouraged to review the Request for Information [Category 4 & 5 template](#) and [Category 6 template](#) and the [Pre-Audit Preparation Tool](#) which providers will be asked to complete as part of the audit process.

Please note that all these resources are subject to review and amendment in line with the introduction of the New Aged Care Act. As the new regulatory model is still under development, refinements will continue to be made over the following months. The Department of Health and Aged Care's Consultation Paper 2: A new model for regulating Aged Care and [A New Model for Regulating Aged Care Consultation – Summary Report 2023](#) provides more detail on this.

We welcome your feedback during this consultation period to help inform further iterations of these important documents.

1. Registration categories

Under the new Aged Care Act, all registered providers of Commonwealth-funded aged care services will be required to be registered in one or more of the provider registration categories based on the service types they intend to deliver. The Commissioner must be satisfied that a provider meets relevant requirements for registration and re-registration. Audits against the strengthened Quality Standards are a key registration requirement for some registration categories.

On the following page, Table 1 demonstrates the relationship between the proposed registration categories, service types and the strengthened Quality Standards.

There are currently a total of six registration categories proposed. The strengthened Quality Standards and audit process only apply to providers registered to categories 4, 5 and/or 6.

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Table 1: Registration categories and application of strengthened Quality Standards

Registration category	Description	Service types	Strengthened Quality Standards applicable	Audits
Category 1	Home and community services	<ul style="list-style-type: none"> • Domestic assistance • Home maintenance and repairs • Meals and nutrition • Transport 	Not applicable	Not subject to audits
Category 2	Assistive technology and home modifications	<ul style="list-style-type: none"> • Goods, equipment, and assistive technologies (non-digital) • Home modifications 	Not applicable	Not subject to audits
Category 3	Advisory services	<ul style="list-style-type: none"> • Care management (basic) • Assistance with care and housing • Specialised supports 	Not applicable	Not subject to audits
Category 4	Personal and Social care in the home or community (including respite)	<ul style="list-style-type: none"> • Transition care services • Allied health • Personal care • Social support and community engagement • Flexible, Centre based and cottage respite 	Standards 1 to 4	All providers in categories 4 are subject to audits against Standards 1, 2, 3 and 4.
Category 5	Nursing and complex care management	<ul style="list-style-type: none"> • Nursing • Care management (complex) 	Standards 1 to 5	All providers in categories 5 are subject to audits against Standards 1, 2, 3, 4, and 5.
Category 6	Residential care	<ul style="list-style-type: none"> • Accommodation services • Care and services • Residential respite 	Standards 1 to 7	All providers in category 6 are subject to audits against Standards 1, 2, 3, 4, 5, 6 and 7.

2. Audit methodology

The Audit Methodology has been developed to provide auditors and delegates of the Commission with a framework and guidance to undertake consistent audits of provider performance against the strengthened Quality Standards.

It is expected the new aged care legislation will set the Outcomes as the enforceable element of the strengthened Quality Standards; therefore, auditors will determine findings of conformance at the Outcome level. This requires auditors to gather and assess evidence at the Outcome level, with the Actions under each Outcome providing guidance about what is required to achieve the Outcome.

Once all provider obligations are finalised under the new Aged Care Act the Audit Methodology and Evidence Mapping will be refined to ensure alignment with provider obligations such as incident management and governance obligations.

The Audit Methodology sets out guidance, key points of consideration, and principles for decision making through the course of the audit process. The Audit Methodology supports:

- A consistent approach to conducting audits, where auditors reach similar conclusions about provider performance against the strengthened Quality Standards in similar circumstances.
- A quality audit program that is scalable, efficient, and effective.
- A culture of continuous improvement and innovation in the aged care sector.
- The Commission's broader regulatory outcomes, including providing an input into registration and re-registration decisions for providers.

Auditing principles

The Commission has adopted principles for the conduct of audits against the strengthened Quality Standards, based on the ISO19011 International Standards for auditing management systems. These include:

- integrity
- fair representation
- diligence and judgement in assessment
- independence
- evidence-based approach
- risk-based approach
- transparent and accountable
- safe handling of personal and protected information.

Draft: Audit methodology, evidence mapping and associated templates

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

The strengthened Aged Care Quality Standards Provider Pack includes three key guidance resources, outlined in Table 2. The standards guidance is primarily for providers, workers, and governing bodies to understand the intent of the strengthened Quality Standards, clarify new concepts and consider systems and processes to comply with the strengthened Quality Standards.

The Audit Methodology outlines the audit process and the Evidence Mapping Framework which will be used by the Commission to assess provider conformance with the strengthened Quality Standards and is available to providers to inform their understanding of the audit process.

Table 2: Key draft guidance resources

Standards guidance	Audit methodology	Evidence mapping
The Standards Guidance are the primary resources used by providers to support their understanding the intent of the strengthened Quality Standards, clarify new concepts and consider systems and processes to comply with the strengthened Quality Standards.	The Audit Methodology is guidance used by auditors for the purpose of an audit which describes the process that providers can expect the Commission to follow when preparing for and conducting audits.	The Evidence Mapping is guidance used by auditors during an audit and outlines the sort of questions, observations and other evidence auditors may ask for or review when on-site.

3. Overview of audit approach

The Audit Methodology has been designed to ensure a more positive experience for everyone involved in the process. The methodology is designed to support providers to demonstrate conformance with the strengthened Quality Standards and to show how they apply continuous improvement to reflect ongoing monitoring, evaluation and enhancement of systems and processes.

An overview of the audit process is outlined in three stages below, with more detailed explanation further in this document. The initial audit preparation process commences with a pre-audit Request for Information (RFI) [Category 4 & 5 template](#) and [Category 6 template](#) and use of the [Pre-Audit Preparation Tool](#) (PAPT) which are essential in helping the Commission to gain an understanding of the provider and services before commencing on site audits. During the initial process, the Commission will gain a good understanding of the provider, what is important to their service and the provider can offer information that demonstrates conformance.

Timeframes for each stage of the audit process are being tested in trial audits being conducted in early 2024. When timeframes for each stage are determined, the Commission will update this document to include these details.

Audits are conducted in three distinct stages as detailed below:

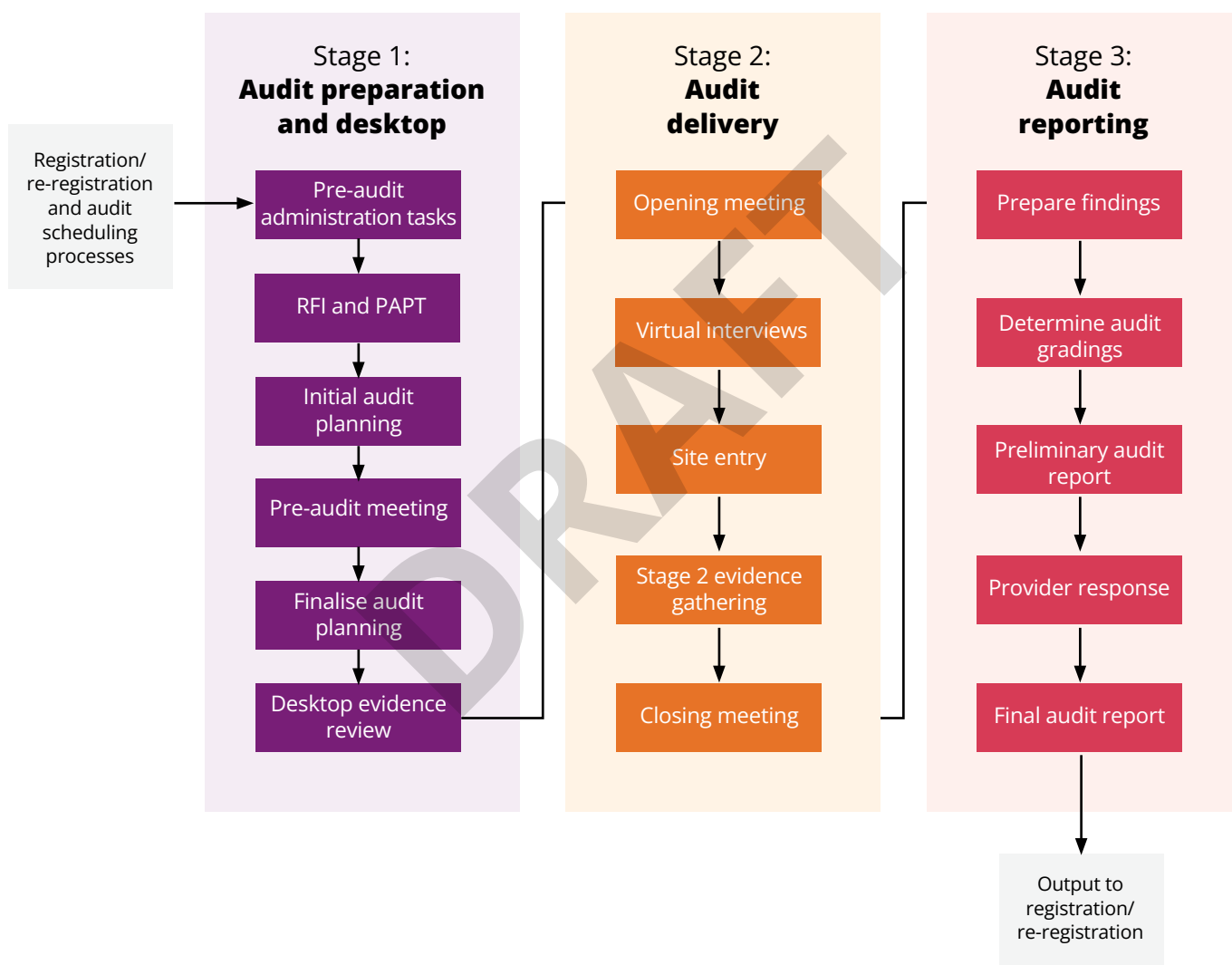
1. Stage 1 – Audit preparation and desktop: There are two key objectives for this stage of the process; a) to undertake effective planning and b) preparation for the audit.

- a) Commission staff will undertake an initial review of information and documents provided in the Request for Information (RFI) (insert link) and use of the Pre-Audit Preparation Tool (PAPT) (insert link) by the provider to better target Stage 2 activities.
- b) Commission staff will arrange an initial meeting with the provider (pre-audit meeting) to understand their context and commence selection of the sample of older people that we can speak to as part of the audit. This stage is likely to be fully desktop and is relevant for both registration and re-registration audits.

2. Stage 2 – Audit delivery: This stage is where the audit team commences detailed evidence gathering to inform findings against the Outcomes in the strengthened Quality Standards. This stage is likely to have some desktop and on-site evidence gathering and is relevant for both registration and re-registration audits.

3. Stage 3 – Audit reporting: This stage is where the audit team prepares findings and determines audit gradings from the evidence gathered and analysed in Stage 2. This is also where the provider has a chance to respond to the findings included in a Preliminary Audit Report. This stage is likely to be fully desktop and is relevant to both registration and re-registration audits.

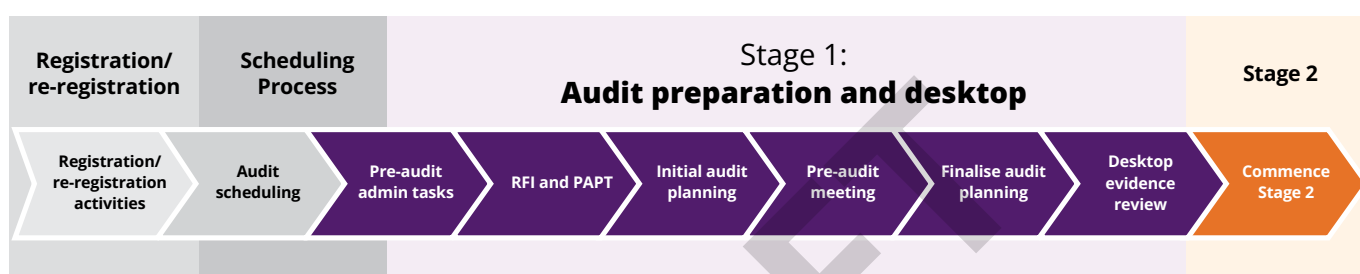
Table 2: Key draft guidance resources



The following section provides more detail about the three stages of the audit process.

Stage 1

Figure 2: Overview of Stage 1 – Audit preparation and desktop



Audit Preparation and Desktop relate to the administrative and pre-audit preparation undertaken by both providers and the audit team prior to the audit team conducting on-site activities. This process applies to both provider and service-level audits.

Provider intelligence packs will be generated for audit teams based on available information held by the Commission, which considers and includes all relevant internal regulatory data (such as complaints and compliance), as well as all available and relevant external data (such as consumer demographics and workforce information). This will assist the team to understand the provider/service’s context, risk profile, regulatory and compliance status, past performance, and any recent complaints or incidents. This information will assist the team in planning an effective audit.

All audits require providers to self-assess their performance through completion of a [Pre-Audit Preparation Tool](#) (PAPT). In addition, providers will be asked to collate and submit information, documents and records requested by the Commission via the Request for Information (RFI) [Category 4 & 5 template](#) and [Category 6 template](#) process. These documents will be required within a set timeframe with a due date communicated to the provider.

The Commission will provide support to providers where necessary throughout this stage to ensure they are able to provide the necessary information. Information provided will assist the audit team in their audit planning processes.

The Commission will conduct a pre-audit meeting with the provider and key audit stakeholders after drafting the audit plan. This pre-audit meeting will require attendance by:

- Key point of contact/person in charge for the provider and service(s) included in the scope of the audit who are authorised to engage with the Commission on behalf of the provider in relation to the audit.
- Senior executive management responsible for clinical governance, quality management, risk management and partnering with older people.
- Key members of service management, such as service manager(s) for any service(s) in scope and the quality and clinical manager/s (where relevant).

This meeting will be held virtually and is to discuss and validate the provided information, key points of contact, provider/service context as well as scheduling of interviews. Provider questions can also be answered at this meeting and at all stages through the audit process.

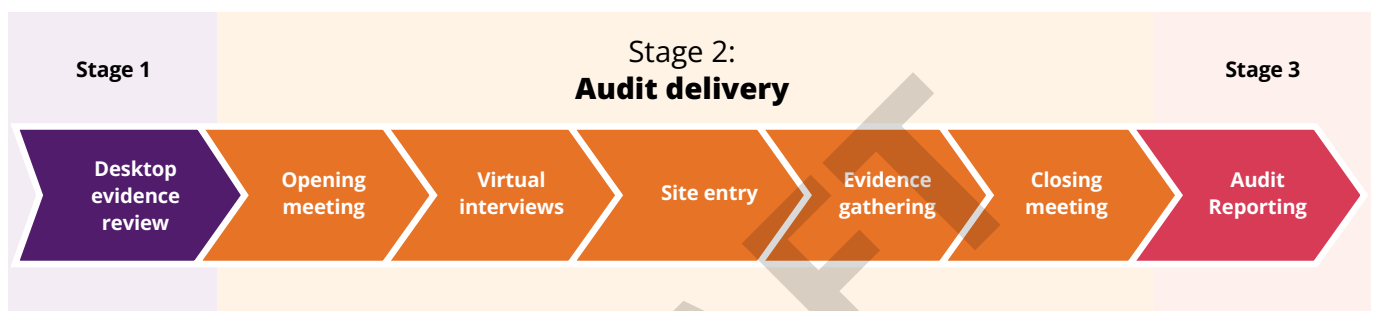
A new digital audit tool will be implemented by the Commission for the transition to the strengthened Quality Standards and alignment with the broader reform program. This audit tool will allow auditors will record information about the evidence they collect.

There are several benefits attributed to the use of a digital audit tool including;

- consistent decision making
- structured evidence mapping
- consolidation of audit data, and
- streamlining of audit reporting.

Stage 2

Figure 3: Overview of Stage 2 - Audit delivery



Audit delivery relates to the start of the audit by the audit team. This stage applies to both provider and service-level audits.

The audit team will hold an opening meeting with the provider and key service personnel (as outlined above). It is during this meeting the risk-based questions will be discussed to assist the audit team to understand key risks and issues at the provider/service.

The first evidence gathering activity during Stage 2 of the audit process is virtual interviews with the provider's governing body and senior management. The purpose of these interviews is to commence evidence gathering related to provider governance, systems and processes and assist in targeting subsequent evidence gathering. The virtual interviews also give governing bodies and senior team members the opportunity to present to the audit team on issues they consider relevant to the audit such as innovative care practices or where there might be challenges and areas of focus for improvement. Providers can advise participants for the virtual interview as part of the pre-audit meeting in Stage 1. These virtual interviews will be coordinated and scheduled by the Commission.

Site entry is only required where there is a need to gather evidence on-site. This is mandatory for all operational (i.e. delivering services to older people) category 6 services and category 4 services where respite care is delivered in a service environment such as a respite centre. The decision-making process for whether site entry is required is completed during Stage 1 of the audit process.

After gaining consent to enter, a site entry meeting is held to discuss and confirm ongoing lines of communication between the audit team and the point of contact; timeframes for daily feedback and closing meetings; logistics such as work area, access to electronic systems; bathroom locations and any Work Health & Safety issues or risks. This meeting will be followed by a brief orientation tour of the service to assist the audit team in orienting themselves to the service.

Evidence gathering at this stage is fundamental to understanding the performance of the provider, through testing the implementation of its systems and processes at the service-level. Evidence will be gathered across all relevant evidence categories (which are outlined below), related to the implementation, monitoring, review and improvement of provider systems and processes at the service.

Documents reviewed in this stage may be paper-based or electronic. Review of documents and records may include strategies, policies, procedures, registers, meeting minutes, reports, care plans, progress notes, assessments, incident data, complaints data. This information can be used to assist in understanding the provider/ service's processes and verify their implementation.

Worker feedback is gathered to test how well workers know the older people in their care. Specific issues related to older people (based on their interviews with auditors, observations or record review) can be discussed with workers. Worker application and understanding of the provider/ service's systems and processes will also be tested. For the purpose of audits, workers are clinical and non-clinical employees, agency and subcontractor workers, volunteers, housekeeping, kitchen/ dining workers, and other health professionals (employed by the provider) delivering care and services to older people.

All audits require the audit team to speak directly with **older people and/or their representatives** about their experience of care and services. Auditors will also gather evidence from the provider/ service about how best to engage with and seek feedback from older people to ensure care and services are meeting their needs, goals and preferences and inform continuous improvement. This may include, but is not limited to, consumer advisory bodies that the provider has established as part of the aged care governance reforms.

Observation consists of auditors making direct observations of people, activities, objects and the environment, and involves all the senses (sight, smell, sound, touch). Direct observations may be planned or incidental and can be made in many areas and include such things as:

- movement of older people around the service
- the use of restrictive practices
- worker practices and interactions with older people
- the serving of meals and the dining experience
- the general living or physical environment of the service
- observations of older people that have difficulty communicating and do not have a representative to interview.

To support **an open, transparent, and effective process**, the audit team will establish ongoing communication channels with the provider/service person in charge. A 'no surprises' approach will be adopted, ensuring the provider/service person in charge is aware of all findings during the audit to prevent them being surprised by the findings identified in the Preliminary Audit Report. Providers and service management are encouraged to ask questions throughout the audit process to ensure they understand the findings of the audit team. Providers can respond to initial findings in the Preliminary Audit Report.

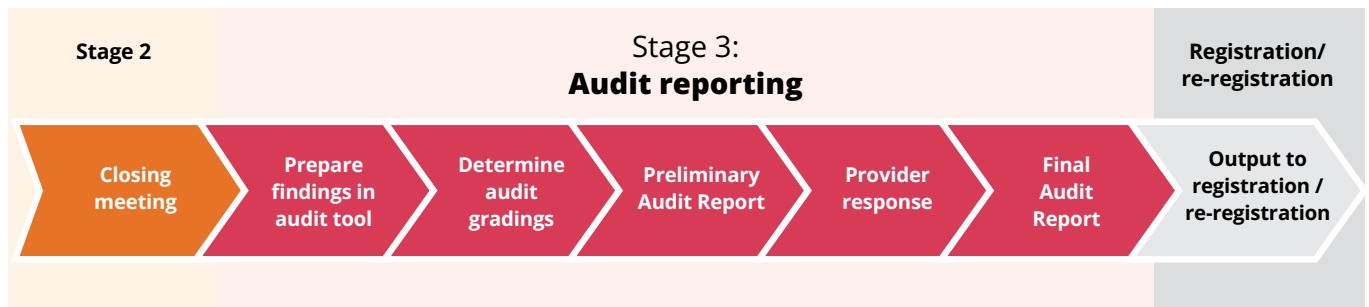
The closing meeting must be held on the last day of the audit and marks the end of evidence gathering. The closing meeting may be conducted face-to-face or virtually depending on the audit mode. The time for the closing meeting should be agreed during the opening meeting but may be amended over the course of the audit to a mutually agreeable time for both the audit team and the provider.

Initial findings should be shared with the provider with specifics such as older person's name/s [if permitted], specific dates and times relating to findings to enable the provider to follow up and address the identified issues or concerns. Provider contacts will have the opportunity to query the initial findings; however, additional evidence will not be accepted during the closing meeting.

Through the audit team's open and transparent approach, it is expected that all evidence will have been provided prior to this time, as provider/service contacts will have already been made aware of any issues identified at the feedback meetings which take place throughout the audit process. Providers will have the opportunity to provide additional evidence in stage 3 if required.

Stage 3

Figure 4: Overview of Stage 3 – Audit reporting



Audit reporting applies to both provider and service-level audits. This stage is conducted after the closing meeting by the audit team and is where the findings against each Outcome are prepared to determine the audit grading and prepare the Preliminary Audit Report. The audit team will analyse the evidence to determine to what extent the evidence gathered against each Outcome conforms with its requirements and intent.

The Preliminary Audit Report is to record the preliminary audit findings and audit gradings from the audit that will be shared with the delegate and the provider/service. It will:

- provide a clear, concise and factual assessment of the performance of the provider/service
- reflect the most current evidence of performance of the provider/service
- be supported by the detailed evidence that is recorded in the audit tool (the delegate and provider will have access to this detailed evidence.)
- be shared with the provider/service to enable them to provide feedback on the findings.

On receipt of the Preliminary Audit Report and the detailed evidence gathered, providers can review and provide a response back to the delegate. The provider's review and response should:

- support the provider to understand the audit findings (and associated evidence) and the improvements required to their systems and processes
- correct any factual inaccuracies with the audit findings, supported by provision of targeted evidence or context as relevant
- be targeted, specific and focused on non-conformances. Where the provider agrees with non-conformances, they are not required to provide a formal response
- comment on any extenuating circumstances which may have impacted a particular result
- comment on interim steps they are taking to address findings or manage risk.

4. Evidence gathering and evidence mapping

The primary purpose of the [Evidence Mapping Framework](#) is to support auditors in the evidence gathering process, by providing a standardised set of targeted questions and examples of evidence, aligned with each of the evidence categories. **As outlined in the overview of the audit approach, the Evidence Mapping Framework cannot be used independent of the strengthened Quality Standards Guidance or Audit Methodology.** The Framework is to be used in collaboration with these documents to enhance user knowledge and understanding of how the strengthened Quality Standards should be applied.

The Evidence Mapping Framework is not intended to be an exhaustive list of questions and examples of evidence that auditors must try and identify for each theme or Outcome at each audit. Rather, it is designed as a guide to support auditors to identify the most relevant and high value evidence. Auditors are encouraged to adjust and adapt the wording or ordering of their questions where necessary (e.g. if it is not being understood by the person being interviewed).

We recognise that the relevance of the evidence examples in the Framework will vary depending on the circumstances of each provider and service including the needs of the people receiving care. Providers are encouraged to provide the audit team with other forms of evidence where appropriate for each Outcome of the strengthened Quality Standards. The Evidence Mapping Framework supports the evidence gathering process by:

- Structuring the document by the key concepts in the strengthened Quality Standards (e.g. 'person-centred care' or 'assessment and planning') as opposed to structuring by Outcome to minimise duplication and repetition of examples of evidence and questions.
- Categorising the targeted questions and examples of evidence, by evidence categories.
- Clearly differentiating between the questions and examples of evidence at the provider and service-level.
- Categorising evidence by registration category, where relevant.

There are a total of 21 themes in the Evidence Mapping Framework, ultimately linking to the 33 Outcomes in the strengthened Quality Standards. The Evidence Mapping Framework is structured in such a way as to differentiate between provider and service-level evidence. Evidence gathered across the range of categories and sources supports greater certainty, accuracy and reliability in audit findings.

In addition, information or evidence which confirms or supports a statement, issue, risk, or finding is obtained from a range of sources which generally increases assurance the audit findings are sound, leading to less risk of reaching an incorrect conclusion.

The Evidence Mapping Framework is structured to include:

- details of the requirements associated with the theme, including links to other Outcomes
- examples of documents and records, as well as documents relating to care outcomes at the provider and service-level sorted according to registration category
- questions for the key stakeholders as defined in table 3 below, older people and their family, carers and/or representatives, sorted by registration category
- examples of observations at the service-level sorted by registration category.

Evidence gathering for audits will be focused on each provider's systems and processes for delivering safe and quality care and services to understand and test whether the:

- 1. design of the provider's systems and processes meets the intent of the Outcome/s**
 - Has the provider developed systems, strategies, policies, processes, or procedures to meet the intent of the Outcome?
 - How does the provider ensure that the design of its systems, strategies, policies, processes, or procedures is aligned to contemporary evidence-based practice?
 - How do the systems, strategies, policies, processes, or procedures consider the input of older people and workers?
- 2. provider's systems and processes have been implemented in practice, across the services sampled (as relevant)**
 - **Older person lens:** To what extent are provider systems and processes implemented and delivering outcomes for older people? This may be assessed through review of older person care plans, files and records, interviews of older people, family, carers and other representatives, and observations of processes in action.
 - **Worker lens:** To what extent do workers understand their roles and responsibilities and are implementing systems and processes effectively. This may be assessed through interview of workers, and observations of processes in action.

3. provider monitors the implementation of its systems and processes and takes actions to continuously improve the effectiveness of the systems and processes.

- How does the provider monitor the implementation of its systems and processes across the services sampled? How does the individual service monitor the implementation of its systems and processes?
- Are the systems, strategies, policies, processes, or procedure actually achieving the outcomes of the strengthened Quality Standards?
- How does the provider use its monitoring processes to identify and respond to risks and issues in care and service delivery?
- What strategies, plans or actions does the provider and/or service take to improve the effectiveness of the systems and processes?
- How are older people and workers involved in improving systems and processes?

Note: *Not all concepts and Outcomes explicitly articulate the requirement for monitoring and improving the relevant system or process. However, as articulated in Outcome 2.2 and Outcome 2.3, monitoring, reviewing and continuously improving systems and processes is pivotal to delivering safe and quality care and the overall improvement of care over time. Therefore, auditors will assess how the provider undertakes monitoring, review and improvement of all concepts and Outcomes.*

Where auditors identify risk, issues or likely non-conformance it will be discussed with the provider and/or service-level management to understand:

- whether the provider was aware of the issue
- whether the provider knows what happened and whether they have identified the root cause or source of the issue
- what actions have been taken by the provider to address the issue and its root cause, and what the expected timeframes for completion are.

Note: *Auditors reviewing the evidence mapping will also consider the following:*

- *Appropriate: Appropriateness is the measure of the quality of audit evidence, i.e., its relevance and reliability. To be appropriate, audit evidence must be both relevant and reliable in providing support for the conclusions on which the auditor's opinion is based.*
- *Legislative requirements: Legislative requirements have not been repeated in the Evidence Mapping. Auditors should refer to the Guidance Manual for Quality Standards for details regarding legislative requirements for the relevant concept or Outcome.*

The older person's experience of care and services, and care outcomes are held in high regard by auditors. While evidence gathering for quality audits is focused on provider systems and processes for delivering safe and quality care and services, the older person's experience and feedback is critical to understanding whether the systems and processes established by the provider are actually achieving their objectives to deliver safe and quality care.

Evidence will be gathered at both the provider and service level by auditors conducting audits. This supports holistic evidence gathering and also improves the efficiency of the audit process.

Provider-level evidence is gathered and considered at all associated service locations, environments and aged care homes. The focus of the provider-level evidence gathering is to understand the systems and processes in place, including those for monitoring performance.

Service-level evidence gathering will be more focused on testing the implementation of systems and processes. This includes understanding the experience of older people and their care outcomes.

There may be occurrences where an aged care home, location or service environment implements systems and processes which are different to the providers. In these instances, auditors will need to assess the service-level systems and processes against the strengthened Quality Standards, while noting the deviation from the provider-level systems and processes.

Totality of evidence and collaboration

When gathering evidence and making findings against Outcomes, auditors will consider the totality of evidence, including but not limited to:

- The provider's context (such as size and location) and the expectations for the nature and quantity of evidence which may change depending on such considerations.
- The performance of the provider's systems and processes against the intent of the Outcomes.
- Impact to older people

Auditors will work in collaboration with each member of the team to ensure efficient and effective evidence gathering. This is to ensure the totality and sufficiency of evidence gathered during the audit to support recommendations about conformance.

During the evidence gathering process, auditors can access technical support from Commission subject matter experts such as the Clinical, Restrictive Practices and Food and Nutrition units.

Defining management and workers

The Evidence Mapping Framework is structured to collect evidence from various stakeholders (governing body, management, workers, and third parties) engaged with the provider to deliver care and services to older people. These terms are defined in the table three, including examples:

Table 3: Defining key stakeholders

Stakeholder	Definition
Governing body	<p>A governing body is a term used to identify the group of people assigned the responsibility to govern the provider. A governing body is a legal requirement of a number of different forms of for-profit and non-profit organisations.</p> <p>A provider's governing body might be called a board of directors, board of trustees, committee, management committee, council, governing board or responsible entity, depending on the organisation's legal form or constitution(s). The individuals who serve on the governing body might be called board members, directors, committee members, non-executive directors or trustees.</p>
Management	<p>Provider-level management</p> <p>Management is the term used to identify the group of people that are responsible for the day-to-day operations of the provider. Management for the provider. This may include, but is not limited to:</p> <ul style="list-style-type: none">• Senior Executives such as Chief Executive Officer or Chief Operating Officer.• Senior / General Managers that have overall responsibility for key operational areas or a key function for the provider e.g. quality management, clinical governance, information management, risk management. <p>It is important to note that provider-level management will likely have overall responsibility for key systems and processes but are unlikely to be involved in operationalising the systems and processes on the ground at the services. Instead, provider-level management are focused on setting strategy, setting expectations for systems and processes, monitoring implementation, and improving systems and processes.</p> <p>Service-level management</p> <p>Management is the term used to identify the group of people that are responsible for the day-to-day operations of the service. This may include, but is not limited to:</p> <ul style="list-style-type: none">• Service manager or equivalent.• Director of Nursing or equivalent. <p>It is important to note service-level management will likely have overall responsibility for implementing systems and processes for delivering safe and quality care and services at the service-level and likely report on effectiveness and implementation to the management at the provider-level.</p>

Stakeholder	Definition
Worker	<p>People working in an organisation who are responsible for its maintenance or administration, or the care and services, support of, or involvement with, older people. A member of the workforce is anyone the organisation employs, hires, retains or contracts (directly or through an employment or recruitment agency) to provide maintenance or administration, or care and services under the control of the organisation. It also includes volunteers who provide care and services for the organisation. For clarity, people in an organisation's workforce include:</p> <ul style="list-style-type: none">• Employees and contractors (this includes all staff employed, hired, retained or contracted to provide services under the control of the organisation).• Allied health professionals the organisation contracts.• Kitchen, cleaning, laundry, garden and office staff the organisation employs either directly or under contract.
Third party	<p>For the purpose of the Evidence Mapping, third parties are individuals or organisations that fall within two categories:</p> <ul style="list-style-type: none">• Third party organisations that are involved in the delivery of care and services to the older person but have not been engaged/contracted by the provider organisations (e.g. health professionals engaged by the older person, other providers, specialist services).• Other regulatory agencies or similar that may interact with the provider/service (e.g. Food safety regulatory, health and safety regulator).

5. Audit gradings

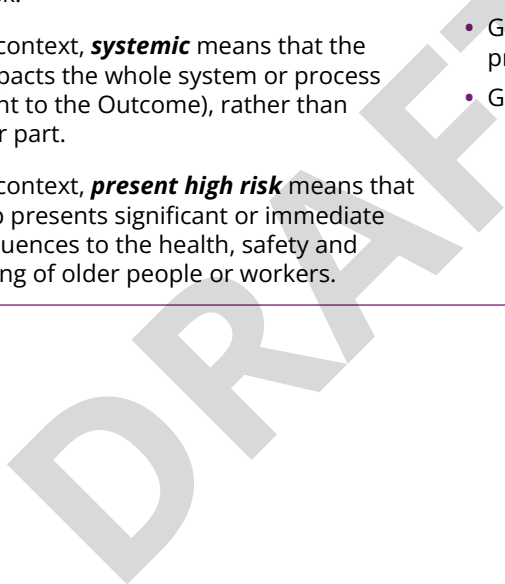
The audit gradings have been designed to incentivise excellence, innovation, and continuous improvement for the sector. Auditors will determine audit gradings at both the Outcome and Standard levels. Audit gradings will be determined for initial findings that are discussed with the provider during the closing meeting as well as audit gradings for findings that are to be included in the Preliminary Audit Report.

Table 4: Audit grading descriptions

Audit grading	Proposed description	Guide
Exceeding	Exceeding is considered where a residential aged care home has been graded as conforming with every Standard. In addition, the home is assessed against and meets additional criteria that measure performance beyond conformance with the Standards (to be determined).	To be determined.
Conformance	The provider/service can demonstrate that it has established, implemented, monitors, and continuously improves, effective systems and processes to address the requirements of this Outcome.	N/A
Minor non-conformance	<p>Opportunities for improvement or gaps identified in the provider's systems and processes that are not systemic in nature and do not present high risk.</p> <p>In this context, not systemic means that the gap does not impact the whole system or process (relevant to the Outcome), only a minor part of the system.</p> <p>In this context, do not present high risk means that the gap does not present significant or immediate consequences to the health, safety and wellbeing of older people or workers.</p>	<ul style="list-style-type: none"> • Gap is one-off or isolated. • Gap has been self-identified by the provider and plans/actions are in place to address it. • Gap is unlikely to have a significant impact on the design and implementation of the system. • Gap presents low consequences or low probability of failure. • Gap can be rectified quickly.

Continued on the next page

Audit grading	Proposed description	Guide
<p>Major non-conformance</p>	<p>Provider/service is unable to demonstrate that it has established, implemented, monitors, and/or continuously improves effective systems and processes to address the requirements of this Outcome, or gaps identified in the provider/service’s systems and processes are systemic or present high risk.</p> <p>In this context, systemic means that the gap impacts the whole system or process (relevant to the Outcome), rather than a minor part.</p> <p>In this context, present high risk means that the gap presents significant or immediate consequences to the health, safety and wellbeing of older people or workers.</p>	<ul style="list-style-type: none"> • Gap occurs frequently. • Gap has not been self-identified by the provider and/or there are no plans/actions in place to address it. • Gap has a significant negative impact on the design and implementation of the system. • Gap presents high consequences or high probability of failure. • Gap cannot be rectified quickly.





DRAFT

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



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