Parallel Session: 2
2.00pm – 3.30pm Tuesday 23 April 2024

Strengthened Standards – what to expect and how to be ready
(Residential services)

Lisa Peterson PSM

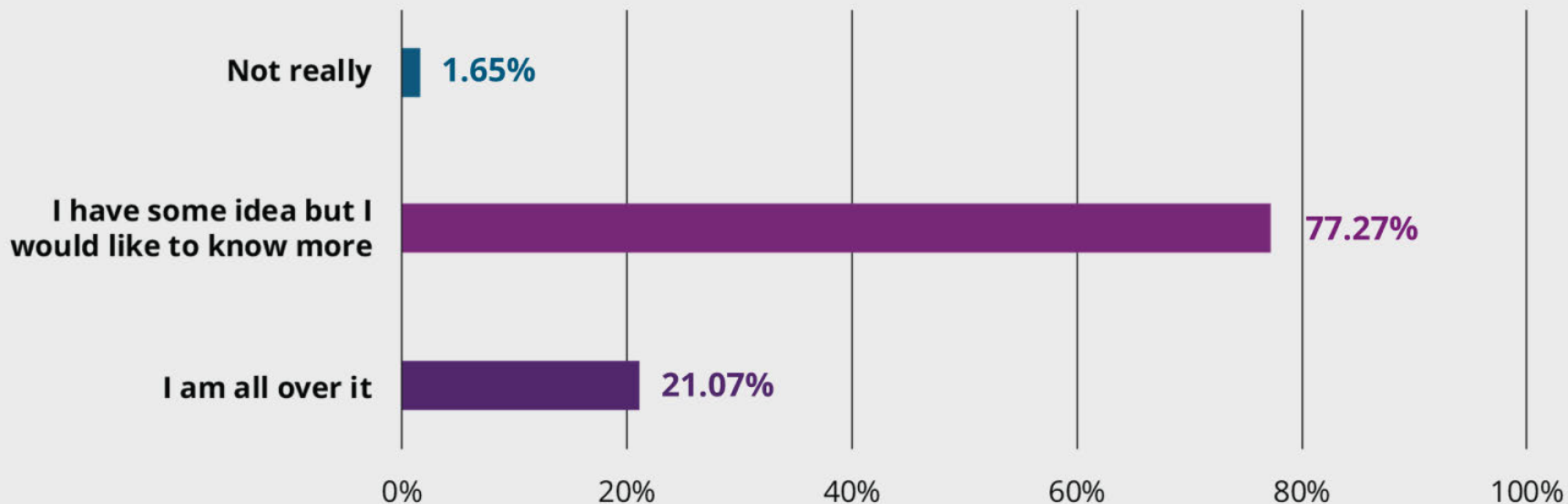Deputy Commissioner, Sector Capability
and Regulatory Strategy, ACQSC

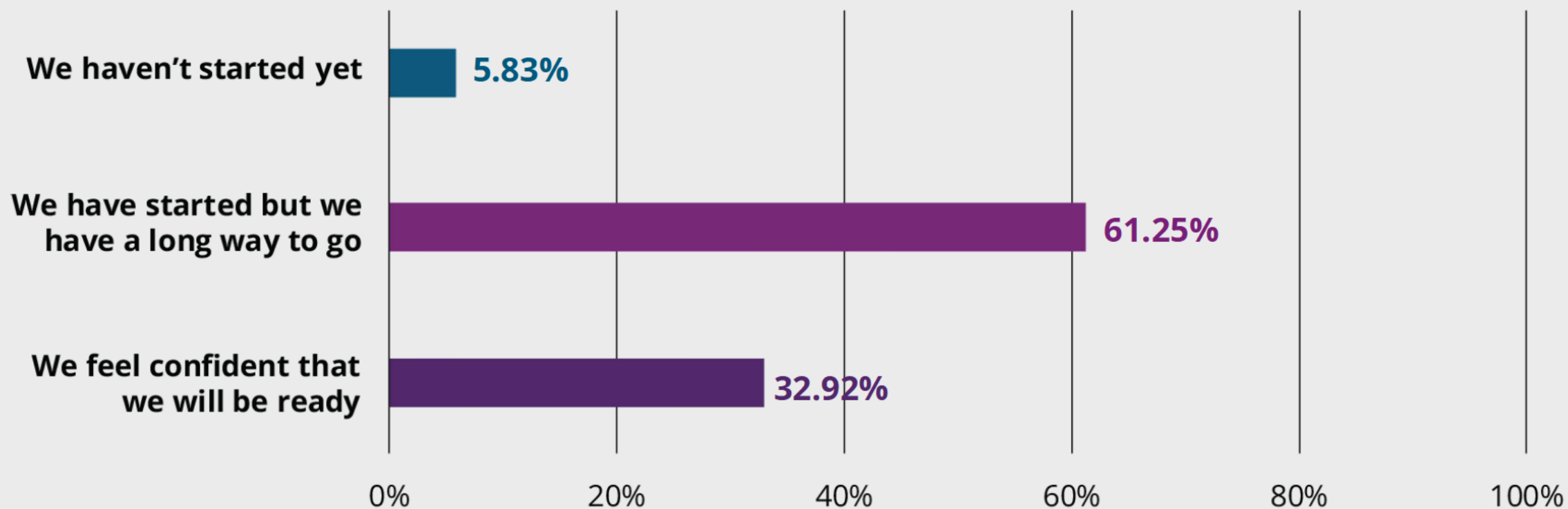Australian Government
Aged Care Quality and Safety Commission

I understand how the Aged Care Quality Standards are changing

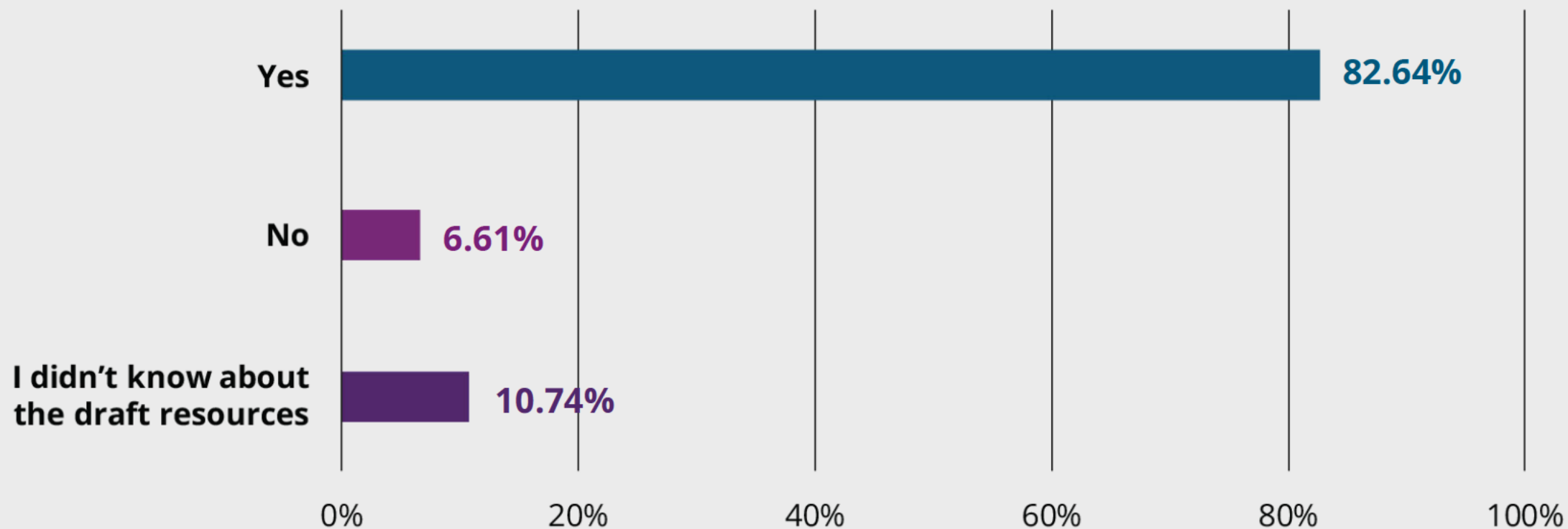| Response	Percentage
Not really	1.65%
I have some idea but I would like to know more	77.27%
I am all over it	21.07%

My organisation is getting ready for the changes to the Quality Standards
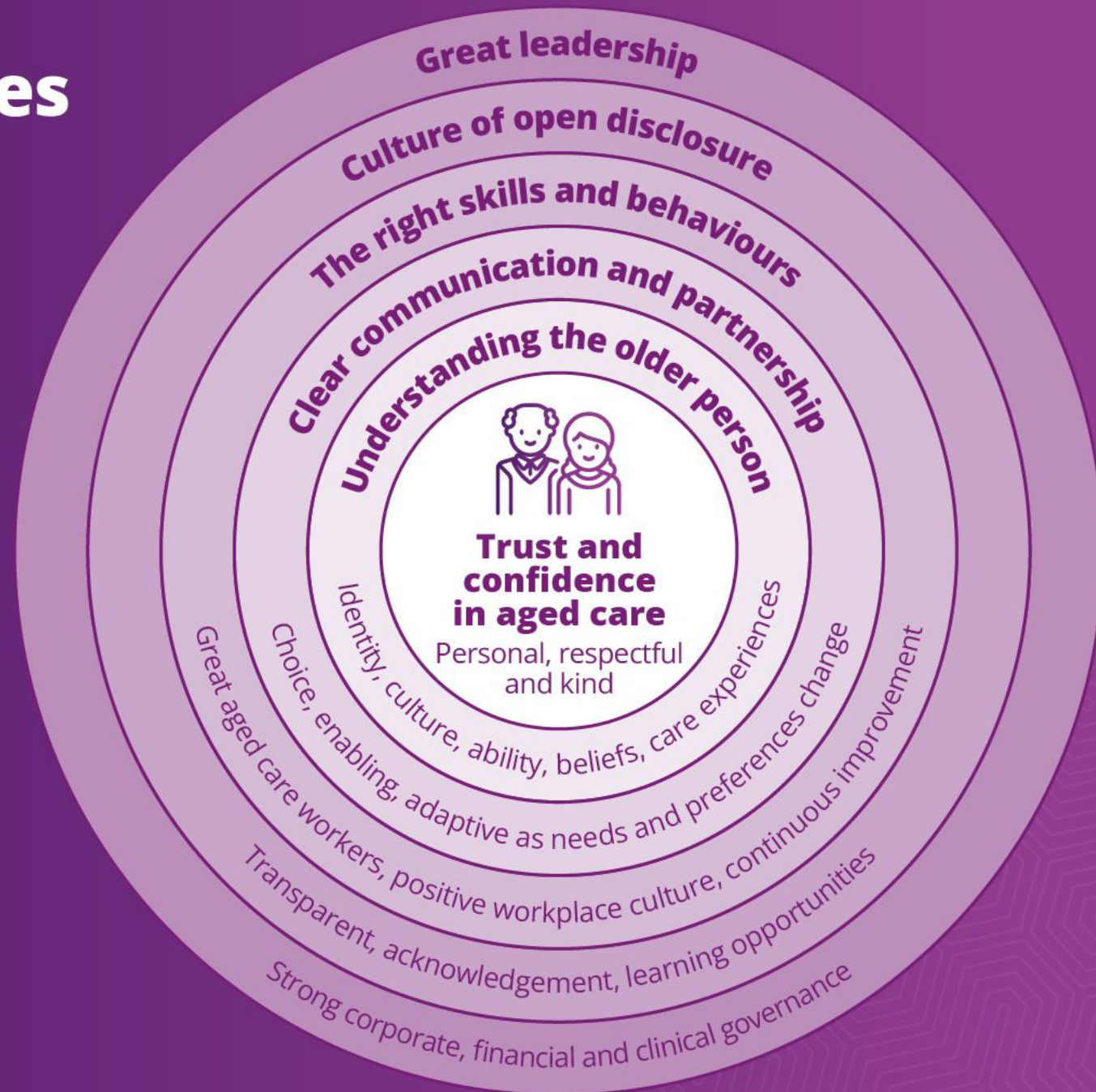
I am using the Commission's draft Standards guidance resources, currently out for public consultation, to get ready for the strengthened Quality Standards

Response	Percentage
Yes	82.64%
No	6.61%
I didn't know about the draft resources	10.74%

What makes great care

Great leadership

Culture of open disclosure

The right skills and behaviours

Clear communication and partnership

Understanding the older person

Trust and confidence in aged care

Personal, respectful and kind

Identity, culture, ability, beliefs, care experiences

Choice, enabling, adaptive as needs and preferences change

Great aged care workers, positive workplace culture, continuous improvement

Transparent, acknowledgement, learning opportunities

Strong corporate, financial and clinical governance

Strengthened Quality Standards Framework Analysis

Draft strengthened Quality Standards	Number of actions associated with this Standard	Element 1 Number of actions which **align with** existing Quality Standard requirements	Element 2 Number of actions which align with other **existing provider responsibilities** within the legislation	Element 3 Number of actions which **clarify existing requirements** within the current Quality Standards	Element 4 Number of actions that **introduce new concepts or enhanced expectations** in comparison to the current Quality Standards
Standard 1: The Person	21	5	7	9	
Standard 2: The Organisation	43	7	8	22	6
Standard 3: The Care and Services	22	3		17	2
Standard 4: The Environment	6	2		4	
Standard 5: Clinical Care	35	3		27	5
Standard 6: Food and Nutrition	10			4	6
Standard 7: The Residential Community	9			9	
	146	**20**	**15**	**92**	**19**
		14%	10%	63%	13%

Standard 1
The person

"I am valued and have choice over the life I lead."

"I understand the people I care for and support them in choices that impact their lives."

Standard 3
Care and services

"My care is based around who I am and what's important to me."

"I understand who I'm caring for and what is important to them."

Standard 6
Food and nutrition

"I enjoy tasty and nutritious food every day."

"I make sure our residents enjoy appetising and nutritious food every day."

Standard 7

The residential community

"I contribute to the community I live in."

"We work together to build a connected residential community."

Aged Care Act and Standards

Standards Guidance
Information to understand provider obligations and how to achieve outcomes under the Standards.

Evidence mapping framework
Evidence we will look for when assessing performance against the Standards

Audit methodology
The processes we will use to assess provider performance

Request for information
Information that providers will need to send to the Commission as a first step in the audit process

Audit preparation tool
Information to enable providers to assess their own performance and achieve continuous improvement

Framework analysis
Comparison of current Standards and strengthened Standards (not for feedback)

National Conference

Fact sheets

Webinars & videos

Online modules

Train the trainer

Facilitated Workshops

Training slides

Checklists & Tools

Registration categories

Provider Types	Audit arrangements	Which Aged Care Quality Standards apply?
Type A - Category 1-3 (home or community based)	No audit	No standards
Type B – Category 1, 2, 3 and 4 (home and community based)	One provider level audit for service types in Category 4	Standards 1-4 (Category 4 only)
Type C - Category 1, 2, 3, 4 and 5 (home or community based)	One provider level audit across service types in Categories 4 and 5	Standards 1-5 (Categories 4 and 5 only)
Type D - Category 1, 2, 3, 4, 5 and 6 (home or community based and residential care)	One provider level audit across service types in Categories 4 and 5 and one audit for each Residential Care Home	All Standards (Categories 4, 5 and 6 only)
Type E - Category 6 (residential care)	One audit for each Residential Care Home	All Standards

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Audit methodology – outcomes from the pilot

A streamlined format for audit reports.

We need to further consider the context and challenges for remote and NATSIFACP services.

Auditors felt that the evidence gathering process supported an accurate assessment.

Audit findings will be made for each outcome and Standard.

Providers agreed that the audit process provided an accurate assessment.

Smaller and newer providers were challenging to audit.

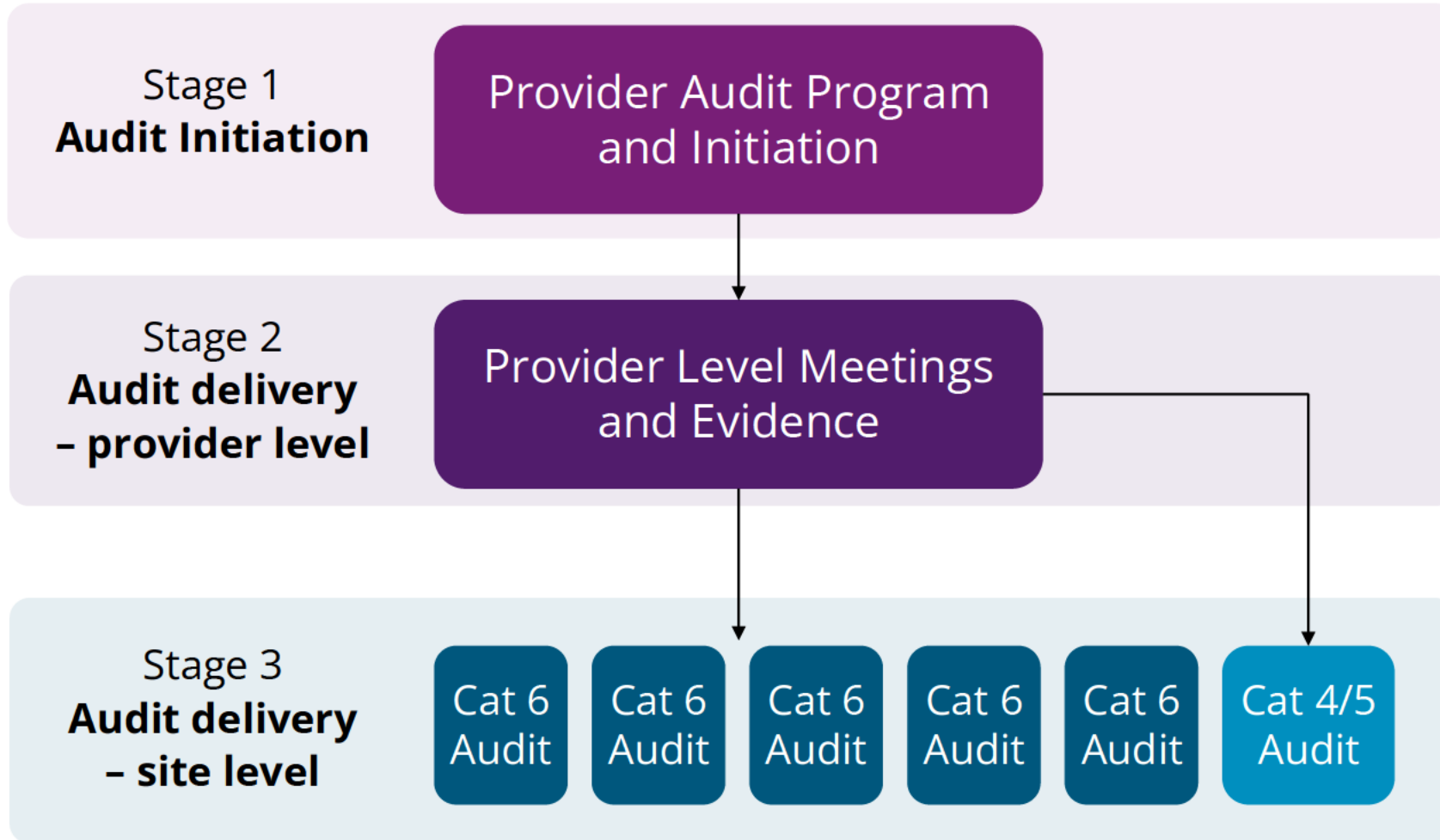Audits provided consistent and accurate outcomes.

Increased detail impacted the efficiency of the pilot audit.

Provider Audit Program Example

Stage 1 **Audit Initiation**	Provider Audit Program and Initiation
Stage 2 **Audit delivery – provider level**	Provider Level Meetings and Evidence
Stage 3 **Audit delivery – site level**	Cat 6 Audit · Cat 6 Audit · Cat 6 Audit · Cat 6 Audit · Cat 6 Audit · Cat 4/5 Audit

Desired Outcomes and Benefits:

- Provider audit program **planned and prepared** with provider, supports transparency.

- Provider level evidence **collected once** to inform audits and supports efficiency and consistency.

- Provider level evidence – **systems and processes.**

- Service level evidence – **validates systems, targeted sampling and interviews.**

Evidence mapping framework
Key themes

1. Person-centred care

2. Dignity, respect, and privacy

3. Choice, independence and quality of life

4. Agreements, fees, pricing, invoicing and statements

5. Corporate and clinical governance

6. Accountability and quality system

7. Risk Management System

8. Incident Management System

9. Feedback and Complaints Management System

10. Information Management System

11. Workforce and human resources management

12. Emergency and disaster management

13. Assessment and planning

14. Delivering comprehensive care and services

15. Clinical safety

16. Care coordination and transitions

17. Environment

18. Infection Prevention and Control

19. Medication management

20. Food and nutrition

21. Palliative and end of life care

Evidence Mapping Framework

Evidence categories

- Documents and records

- Governing body feedback

- Management feedback

- Worker feedback

- Third party feedback

- **Experience of older people**

- Observations and

- Care outcomes

Examples of evidence		
Evidence category	**Provider-level**	**Service-level**

Documents and records	**Category 4, 5 & 6**
	
	• Policies or processes for risk management that detail processes for:
	
	  – Identifying, assessing, documenting, managing, regularly reviewing risks to older people, workers, and the organisation
	
	  – Developing strategies or actions to prevent, control, minimise or eliminate risks.
	
	  – Collecting and analysing data to inform risk assessments and risk management.
	
	  – Reviewing and improving the effectiveness of risk management.
	
	  – Roles and responsibilities for management and workers.
	
	• Enterprise (i.e. organisation wide) risk register detailing risks and controls for organisational risks.
	
	• Sample of provider-level risk assessments that identify risks and controls/mitigations.
	
	• Records of risk assessment and risk register reviews.
	
	• Plans for continuous improvement.
	
	• Meeting minutes from governing body or management meetings demonstrating discussion of critical risks.
	
	• Evidence that the risk management system has been reviewed and updated to improve effectiveness.
		Category 4 & 5
		
		• Sample of service-level risk register and risk assessments.
		
		• Service-level clinical risk register or similar.
		
		• Plans for continuous improvement.
		
		• Evidence of use of risk assessment processes to support workers undertake risk assessments of an older person's home environment.
		
		Category 6
		
		• Sample of service-level risk register and risk assessments.
		
		• Service-level clinical risk register or similar.
		
		• Plans for continuous improvement.
		
		• Strategies developed to protect physical and psychological safety of older people.

Governing body feedback	**Category 4, 5 & 6** • Please describe the top five risks for the provider? – How does the governing body gain visibility of these risks?	Not applicable

Where to from here

Digital tool

Learning modules

Posters

Videos

Infographics

Toolbox talk kits

Presentations

Further information

Consultation page

https://www.agedcarequality.gov.au/get-involved/consultation-and-engagement-hub/standards-guidance-consultation

Questions and targeted consultation

engagement@agedcarequality.gov.au

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Q & A

David Moran
Chief Executive Officer, Southern Cross Care

Anthony Speed
Executive Director, Quality Assessment and Monitoring, ACQSC

Sharayne Given
Senior Director, Accreditation and Performance, ACQSC

Monique Versace
Director, Quality Standards, Choice and Transparency, Department of Health and Aged Care

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Thank you

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