



Special edition

The Standard

Newsletter for aged care home staff, managers, residents and their families

Just a word

I have great pleasure in providing you with this special edition of *The Standard*.

The special edition of *The Standard* highlights the accreditation changes that now apply with the introduction of the Accreditation Grant Principles 2011.

We continue to provide you with information via our website www.accreditation.org.au. Bookmark our website to access free resources and links to helpful websites.

This issue brings you the important aspects that you should consider.



Mark Brandon
Chief Executive Officer

In this issue:

- 2** Accreditation Grant Principles 2011
- 4** Continuous improvement plans in practice
- 5** Accreditation: the key changes
Changes in terminology
- 7** Rights of appeal and AAT reviews
- 8** Greater flexibility in self-assessment
- 9** Conducting a self-assessment
- 10** FAQs for approved providers



Aged Care
Standards and Accreditation Agency Ltd



Accreditation Grant Principles 2011

The new Accreditation Grant Principles 2011 came into effect on 20 May 2011.

The new Principles use clearer and consistent language, simplify some processes and provide greater flexibility for providers.

As of 20 May 2011, the Accreditation Grant Principles 1999 no longer apply, although applications for accreditation submitted prior to 20 May will continue to be dealt with under the old processes.

The new accreditation arrangements include changed arrangements for notifying residents and their relatives of visits by assessment teams.

Some things haven't changed, under the new Principles:

- You will still need to carry out self-assessment, although you can use whatever report format suits you and you don't have to submit your self-assessment with your application for re-accreditation
- There are no changes to the Accreditation Standards or the expected outcomes
- Accreditation fees, and the fee structure have not changed.



The screenshot shows the Australian Government ComLaw website. At the top left is the Australian Government crest and the text 'Australian Government ComLaw'. At the top right is a red arrow pointing to the right with the text 'Register Now | Help | Feedback | Log in'. Below this is a navigation bar with links: Home, What's New, The Constitution, Acts, Legislative Instruments, Bills, Other, Search ID Or Current Titles, Search, and Advanced Search. The main content area is titled 'What's New on ComLaw incorporating the Federal Register of Legislative Instruments (FRLI)'. Below the title is a paragraph: 'This page lists everything published to ComLaw within the last 14 days. It is updated throughout each day, so you may need to refresh/reload this page to get the latest information.' Below this is another paragraph: 'To customise what you see here, go to the Find It Fast bar at the top of this page, choose the legislation type (eg. Acts) and then Recently published. This will initially display an A to Z list but you can choose to display it in other ways, for example, by portfolio or by registration date.' Below the paragraphs is a table with five rows, each with a right-pointing chevron and a text label:

>	Act Compilation
>	Legislative Instrument
>	Legislative Instrument Compilation
>	Act Applied Law
>	Bill

Changes at a glance

Self-assessments	You need no longer provide self-assessment results with the application for re-accreditation, but must make your self-assessment available at the re-accreditation audit. You can choose the format that suits you best – however a template is available on our website
Continuous improvement plans	You need to maintain a plan for continuous improvement (PCI). If you do not meet the Accreditation Standards, you need to submit a revised PCI to us
Appeals against decisions	You can ask us to reconsider a decision about the period of accreditation. If you are unhappy with the reconsidered decision, you can ask the Administrative Appeals Tribunal to review the reconsidered decision
Fee structure	No change
Sanctions	We will no longer recommend sanctions to the Department of Health and Ageing. Sanctions are entirely a matter for the Department
Residents' input	We must interview at least 10 per cent of residents at review audits as well as re-accreditation audits
Advising residents of planned visit	You must tell residents 21 days before a visit is to take place, using the wording provided by us. You must display the poster provided by us in a prominent place
Assessment team members	You can no longer nominate team members
Site audit	Follows an application for re-accreditation and involves an assessment of a home's performance against the Accreditation Standards. The desk audit has been discontinued
Review audit	Initiated by us, or at the request of the Department of Health and Ageing, and involves an assessment of a home's performance against the Accreditation Standards
Assessment contact	Support contacts are now called assessment contacts

Continuous improvement plans in practice

You will still need to maintain a plan for continuous improvement, but we will only ask you to provide it to us if you have not met the Accreditation Standards. This will help us monitor your progress and planned improvements.

The requirement for homes to pursue continuous improvement is explicit in the Accreditation Grant Principles 2011 and in the Accreditation Standards. According to the Principles, providers must:

- undertake a process of continuous improvement for the home, measured against the Accreditation Standards
- have a plan for continuous improvement for the home
- make the continuous improvement plan available to us and our assessment teams.

What makes up a plan for continuous improvement?

Your plan for continuous improvement should clearly set out the purpose of the improvement, how it will be or is being achieved, and the methods of validation and evaluation being used to verify the process and ensure it is on the right track, and whether you are achieving your intended outcomes.

The goal is to quickly identify and address issues that affect the quality of care and services to residents. Your plan can also be used to track how good outcomes are made even better.

A sound continuous improvement program can demonstrate:

- baseline – the current situation you are trying to change
- planned improvements and the expected benefit to residents – this includes assigning priorities among improvement activities
- monitoring – systems to monitor a new process or activity during its implementation including through key milestones or interim indicators
- evaluation – systems to monitor a new process or activity once it has been implemented, which should help ensure its sustainability and capture the actual improvements.

Our website has information about continuous improvement to use as part of your training.

What is continuous improvement?

Continuous improvement is a systematic, ongoing effort to raise a home's performance as measured against the Accreditation Standards.

Continuous improvement:

- takes into account the needs of residents, and may involve them in improvement activities
- is managed according to the needs of the home
- involves a focus on lifting performance against the standards
- is part of an overall quality system, focusing on systematic and integrated improvements with clearly defined objectives
- is a results-focused activity which can be demonstrated through outputs and outcomes
- ranges in scale from smaller programs to significant strategic initiatives.

Accreditation: the key changes

Q&A with General
Manager Accreditation,
Victoria Crawford



Q. What are the most important changes approved providers should know about?

Every home is expected to continue to undertake self-assessment as a matter of good business practice. But the main change is that approved providers will no longer have to include a self-assessment with their application for re-accreditation.

In the past, when the home's application came to us – about six months before their accreditation expired and three months before the audit – it could be out of date by the time of the audit. Under the Accreditation Grant Principles 2011, approved providers may continue to work on their self-assessment and have something a bit more up to date by the time of the audit.

The other main change is in the process we are using. We no longer insist that the self-assessment be in the format we developed, although approved providers may continue to use that tool if they wish.

Q. What will this mean in practice?

When a provider applies for re-accreditation, they will have one of three choices:

- Download the application from our website and attach a self-assessment using the template we provide
- Use the form from our website to provide administrative information and attach a self-assessment of your own design
- Use the application form to provide administrative information and present your self-assessment at the time of the audit.

If you include your self-assessment documentation with your application, then the assessment team will have the opportunity to read it beforehand and gain a better understanding of how your home provides quality care and services for your residents. If the self-assessment is not provided until the team arrives onsite, then the team may take some time to read and understand the self-assessment and they may need more time with the managers to help in interpreting the self-assessment information.

The self-assessment does not necessarily need to be a single document. If your information systems can demonstrate how you are performing against the Accreditation Standards, you can direct the assessors to the results on your IT system.

The essential point is that you must make sure you have the information available to demonstrate that the care and services to residents meets the Accreditation Standards.

Significantly, there will be no formal 'desk audit' before a re-accreditation audit.

Q. Are there any changes in requirements for continuous improvement plans?

Previously, homes have had to submit a plan for continuous improvement within six weeks of being accredited. Under the new arrangements, we will only ask a home to submit a plan for continuous

improvement if they haven't met all the Accreditation Standards.

Q. Will the Accreditation Agency still recommend sanctions to the Department of Health and Ageing?

No, we will no longer recommend sanctions to the Department of Health and Ageing. We will still report to the Department if a home doesn't meet the Standards, but the Department will make its own decision about any action it takes. We have never made the decision about sanctions, only recommendations. Now we won't be making recommendations.

Q. What will the new Principles mean for residents?

In keeping with the focus on residents' wellbeing and health, there have been some changes to make sure that residents are the focus of accreditation.

The new accreditation arrangements enshrine the requirement that at least 10 per cent of residents must be interviewed on all re-accreditation and review audits, and that assessment teams must meet with any resident who wants to meet the assessors. Previously, this was only a requirement during re-accreditation audits.

Q. Do approved providers have to tell residents when a visit is planned?

Yes, approved providers have to ensure that residents and their representatives know when we are going to visit, and that they can meet with the assessors if they wish. We will provide the information and the home must inform residents using that information. We will also provide a poster which must be displayed in a prominent place well before the visit. If it's an announced visit, the home must tell residents and display the poster at least 21 days before the visit so that everyone can know about it and will have the opportunity to participate fully. In the past, notice to residents was only given for re-accreditation audits; now residents will be told in advance about all announced visits. If the visit is unannounced, we will provide a poster which must be displayed in a prominent place soon after the visit commences.

Q. Is a timetable to make improvements still required if a home does not meet the Accreditation Standards?

Yes. If a home does not meet the Accreditation Standards, we will set a timetable for improvement and set out the improvements required.

Q. Will approved providers nominate members of the assessment team for re-accreditation audits?

No. Providers will no longer be able to nominate members of the team. This will preserve the independence of the assessment team.

Q. Is there any change to accreditation fees?

No, the fee structure remains the same.

Changes in terminology

'Support contacts' are now referred to as 'assessment contacts'. This more clearly defines the purpose of the visit, which is to assess whether the home meets the Standards, to assist with continuous improvement and to give extra information and education if required.

Accredited homes will now be applying for 're-accreditation', a term that did not appear in the Accreditation Grant Principles 1999.

Instead of using the terms 'does comply' or 'does not comply' in relation to an expected outcome, we have moved to 'met' or 'not met'. This is the terminology used internationally by many accreditation bodies.

Rights of appeal and AAT reviews

The new accreditation arrangements provide for the reconsideration and review of certain decisions. You can ask us to reconsider a decision to:

- refuse to accredit a new home, or to re-accredit an accredited home
- revoke the accreditation of an accredited home, or
- vary the accreditation period for an accredited home.

We may reconsider a decision on our own motion if we decide it is appropriate to do so, even if there has not been a request for reconsideration of the decision.

Once we have sent you the original accreditation decision, you will have 14 days to tell us you want the decision reconsidered.

You can post us a letter, send us a fax, or email us setting out the grounds on which reconsideration is sought. If we receive a request for reconsideration, we must confirm the original decision, vary it, or set it aside and substitute a new decision. We must tell both the person requesting the reconsideration, and the Secretary of the Department of Health and Ageing, in writing, of the decision within a prescribed timeframe after receiving the request. The timeframe is 56 days in the case of a decision to refuse to accredit or re-accredit, or to revoke a home's accreditation; and 14 days in the case of a request relating to a decision on the period of accreditation.

You can apply to the Administrative Appeals Tribunal (AAT) for review of a reconsidered decision. There is no avenue of appeal to the AAT until after we have reconsidered the original decision.

Under the previous rules, if a home sought reconsideration of a decision to grant an accreditation period of less than three years, and the reconsidered decision confirmed the period, the approved provider could not apply to the AAT for review – they can now.

Greater flexibility in self-assessment

Greater flexibility will be a feature of the new approach to self-assessment under the new accreditation arrangements.

Self-assessment will continue to play a vital role in promoting and maintaining high quality care, but you will have more flexibility about how you can do your own self-assessment.

A written self-assessment was previously a requirement as part of your application for re-accreditation.

This is no such requirement under the Accreditation Grant Principles 2011.

You are still required to carry out a self-assessment, but this can be in any form, and does not have to be submitted with your application for re-accreditation – although providing the self-assessment before the on-site audit will help the assessment team in their planning and the audit itself.

We are still providing a reporting template on our website for you to use if you wish; however your self-assessment can be in whatever form suits you best. The self-assessment prompts on our website are only a guide.

What is self-assessment?

Self-assessment is a comprehensive, systematic and regular internal review of how you provide care to your residents, measured against the Accreditation Standards. Self-assessment can help you identify process strengths, weaknesses and opportunities for improvement. These lead to planned improvement actions, which are then monitored for progress. This helps to ensure that resident care and services are always provided at the highest possible standard.

Importantly, self-assessment is also an opportunity to check whether your policies and procedures are followed, whether they are delivering the results that you expect, whether past improvements have had their intended effect and whether planned improvements can be properly managed.

What does self-assessment involve?

Self-assessment can be carried out in many ways. You will know what works best for you. Involving staff and residents is important. Residents, their representatives or relatives, visiting health professionals and other stakeholders can also contribute to the self-assessment process, and learn more about how your home is run.

Before you start, identify the level of resident, staff and other stakeholder involvement, and clarify the roles of any working groups or teams.

Make sure everyone has a common understanding of the process and what you are trying to achieve. There is a helpful self-directed learning package on our website www.accreditation.org.au to get you started, (Select Education, resources and training, then Self-directed learning packages.) This introductory package defines self-assessment and outlines the links between self-assessment, continuous improvement and accreditation. It details the three step model for self-assessment, and provides case studies and practical exercises. It also deals with planning an ongoing self-assessment program.

Preparation for a self-assessment should involve reviewing any previous assessments, deciding how to gather and use residents' input and feedback, identifying the resources needed, and gaining support and approval from management. The process and plan should be discussed with residents and with staff as appropriate.

Responsibility should be assigned to someone to lead and co-ordinate the self-assessment, and to ensure relevant documents and tools are assembled.

Conducting a self-assessment

The three-step approach illustrated in the diagram provides a basic plan.

Step 1

Look at your systems and processes for delivering quality care and services to your residents. Then look at the Accreditation Standards. Ask yourself: 'What do we do to achieve good results for this standard?' and then write down pointers to where the relevant systems, policies or processes can be found.

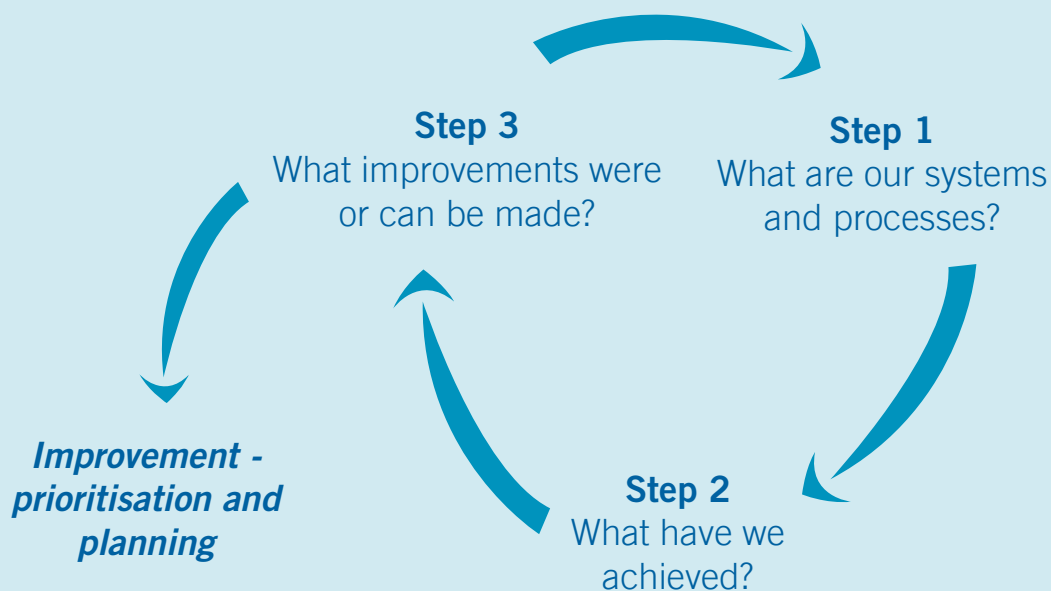
Step 2

Ask yourself: 'What results can be demonstrated for residents, staff, others? And what is the evidence for these results?'

Step 3

Review the improvements that have been made and what improvements are planned in relation to each standard.

A simple model for self-assessment



Once your self-assessment has been completed, you can prioritise and plan any improvements that are needed. These planned improvements should form part of your plan for continuous improvement or even your home's strategic plan if appropriate.

In time, your planned improvements will ideally become achievements and improved results for residents which you can demonstrate during your next audit or assessment contact.

FAQs for approved providers

- **Has the application for re-accreditation changed?**

We will still provide an application which you must complete, but you are no longer required to submit a self-assessment when applying for re-accreditation.

- **Can we use our own self-assessment tools?**

Yes you can. There is also a template on our website if you want to use that one.

- **What happens to the application I submitted before the legislation changed?**

The new Accreditation Grant Principles came into effect from 20 May 2011. Applications submitted before 20 May will be processed under the previous Principles (the Accreditation Grant Principles 1999).

- **Will fees change?**

No. Our website has further information about fees.

- **Can approved providers nominate assessors to be members of the assessment team?**

No.

- **Can approved providers object to members of the assessment team?**

Yes. You will need to tell us why and there is a conflict of interest test in the new accreditation arrangements.

- **Do assessors recommend whether to re-accredit or not, the accreditation period, or the form and frequency of future assessment contacts?**

No, assessors recommend whether the home meets or does not meet the expected outcomes.

- **Should approved providers advise residents of a pending site audit?**

Yes. At least 21 days before the site audit, you must take all reasonable steps to ensure that each resident, or his or her representative, knows when the site audit will occur.

You must tell residents that they and their representatives will have an opportunity to talk to members of the assessment team. The 'reasonable steps' must include, but are not limited to, giving information in writing to each resident and the resident's representative (if any), and you must include the form of words given to you by us (the information will be included when we notify you of the date of the site audit). We will also give you a poster which you must display in a prominent place or places.

If we do not give you 21 days' notice of the audit, you must display the poster and write to the residents as soon as we give you the date of the audit.

Need more information?

For more information, please go to our website www.accreditation.org.au, call your local Accreditation Agency office or go to the Department of Health and Ageing website <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-quality-accreditation-grant-principles.htm>



Aged Care
Standards and Accreditation Agency Ltd

Contact information

The Editor, Aged Care Standards and Accreditation Agency Ltd
PO Box 773, Parramatta, NSW, 2124
email: editor@accreditation.org.au

© Aged Care Standards and Accreditation Agency Ltd. *The Standard* may be copied in whole. *The Standard* is intended to provide general information only and should not be taken as constituting professional advice. Readers should obtain further advice in relation to issues raised in *The Standard*. Mention of a person, home, company or product does not mean endorsement by the Agency.

To be added to *The Standard* mailing list or to receive extra copies, email your address/mailling details to the editor: editor@accreditation.org.au or download your copy from www.accreditation.org.au