Special Edition

The results are in

Australia's residential aged care sector has lifted its performance significantly over time, and continues to improve against the Accreditation Standards.

In an industry comprising more than 2,800 homes nationally, 91.8 per cent of homes were assessed as being fully compliant with all 44 expected outcomes to the Accreditation Standards*.

That's an improvement from an already outstanding 87.9 per cent three years earlier, and a sharp improvement compared with 63.5 per cent in 2000.

When we examine the 2006 data showing 91.8 per cent of homes were assessed as fully compliant with all 44 expected outcomes to the Accreditation Standards, it shows that of the small number with any non-compliance, 5.2 per cent had only one or two non-compliant expected outcomes, and these were quickly addressed so that care for residents was restored.

Three per cent of homes had more than two non-compliant expected outcomes.

The Chief Executive Officer of the Aged Care Standards and Accreditation Agency Ltd, Mr Mark Brandon, welcomed the results.

Data is at 31 December 2006 and comprises 2,872 accreditation decisions from a home's last site audit or review audit. The same criteria were applied to data as at the end of 2003 and 2000 so that a 'like for like' comparison was possible.

"This is an exceptional performance by the residential aged care industry," Mr Brandon said. "In fact, it would be considered an exceptional performance by any industry.

"It confirms the high level of services being provided for residents.

"It also shows the industry has a demonstrable commitment to continuous improvement, as required by the Accreditation Standards."

Mr Brandon said the data confirmed that instances of poor care were very much the exception. The Agency actively worked with homes to improve their care for residents, and there were strong levers to bring about compliance with the standards where homes have failed to respond to findings by the Agency.

However there was rarely a need to resort to such measures. Around 97 per cent of homes addressed required improvements in care for residents within the Timetable for Improvement set by the Agency.

The analysis also reveals a remarkable level of consistency across Australia, with no significant variation in performance according to location, ownership, or the number of beds.

In this issue:

Quality System

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Just a word

In this edition we have reported the performance of homes against the Accreditation Standards in Round 3 of accreditation.

The improvements from 2000 are truly outstanding. In 2000 we saw 63.5% of homes fully compliant in the 44 expected outcomes. That figure has now risen to 91.8%.

The Agency continues to develop relationships with other accreditation bodies in Australia and overseas. We also have opportunities to talk with providers from other countries and consider their published performance reports. I might say that there is no routine reporting of industry performance in most other countries.

From my meetings with overseas accreditation bodies and overseas providers, I remain of the view that the residential aged care sector in Australia is leading the way and one that continues to seek better ways to provide services required by residents. The improvement over a relatively short time is testament to the quest for improvement that pervades the sector.

One can also see the achievements that are reflected in the range of awards that are given by various organisations such as industry bodies, the Agency and governments.

There is much to be positive about residential aged care in Australia and that is the message we try to convey in our many media contacts.

Unfortunately, from time to time there will be homes that do not achieve full compliance with the Accreditation Standards. That is not unexpected in a complex industry where people are working with people 24 hours a day, seven days a week. What is expected is that when a problem is identified by the home or by the Agency, it is corrected quickly. Quick correction has been our experience and where non-compliance is identified by the Agency virtually all is corrected within the timetable for improvement.

Mark Brandon,
Chief Executive Officer

Better **2007** Practice

Better Practice Melbourne moved to accommodate ACFI training

Our Better Practice Melbourne event has been postponed from 25–26 October 2007 due to a clash with Aged Care Funding Instrument (ACFI) training. We understand that homes may wish to attend both events and for this reason we have rescheduled Better Practice Melbourne to 6-7 December 2007 at The Sebel Albert Park.

The Melbourne event will also include the launch of the Agency's much-anticipated governance and accreditation package. There will be a special demonstration session facilitated by Michael Goldsworthy of Australian Strategic Services, who developed the package with the Agency.

Better Practice Perth is still scheduled for 8-9 November.

For further information, visit our website, www.accreditation.org.au, or contact our Better Practice events team on (02) 8831 1028 or email betterpractice@accreditation.org.au

Industry structure

Nationally, the number of nursing homes has reduced slightly over a six-year period. As at 31 December 2006, there were 2,872 accredited residential aged care facilities. This is 55 fewer than in 2000, and is despite an average 36 commencing services coming on stream each year.

Number of homes

- 2000 – 2,927
- 2003 – 2,893
- 2006 – 2,872
- 36 commencing services pa

The broad ownership structure of the industry has not changed significantly over the six-year period. Homes managed by not-for-profit organisations are still predominant, with the not-for-profit 'market share' standing at 62 per cent, compared with 64 per cent in 2000. This may be due to a combination of rationalisation and ownership transfers between sectors. The share of homes operated by state and local governments has remained stable at 12 per cent.

Homes by organisational type

	2000	2003	2006
NFP	64%	63%	62%
Govt	12%	12%	12%
Private	24%	25%	26%

Most aged care homes, not surprisingly, are located in the major cities. The distribution has remained relatively stable, although the overall decrease in the number of homes was most evident in the major cities – down from 1,763 in 2000 to 1,707 as at the end of 2006. The number of homes classified as 'very remote' is very small – just 21 homes or 0.7 per cent of total homes. This means care should be taken in interpreting data as the small sample size increases data volatility.

Homes by location

Major cities	59%
Inner regional	26%
Outer regional	13%
Remote	1.4%
Very remote	0.7%

Most homes range in size from 31 to 60 beds. There are very few small homes, but there is an increasing number of very large homes. At the end of 2000, there were 109 homes with 10 or fewer beds. By the end of 2006, this number had dropped to just 59 homes. Over the same period, the number of homes with more than 101 beds increased from 155 to 268. The percentage of homes with 31-60 beds remained relatively stable during the period, but there was a decrease in the proportion of homes with 31-60 beds, and a proportionate increase in the number of homes with 61-100 beds.

Homes by size

1-10 beds	2.1%
11-30 beds	18.1%
31-60 beds	46.0%
61-100 beds	24.5%
101+ beds	9.3%

Industry performance

Among the small minority of homes where non-compliance was assessed, weaknesses in continuous improvement in both Standard 1 – Management systems, staffing and organisational development, and Standard 2 – Health and personal care was frequently found.

Among the other expected outcomes to the Accreditation Standards, 1.8 Information systems, 2.4 Clinical care, 2.7 Medication management, 1.6 Human resource management, and 2.13 Behavioural management were other areas of non-compliance.

The *Results and processes guide* states that "the effectiveness of information management systems in all expected outcomes impacts on the performance of the home. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's information systems."

2006 outcomes

- CI – predominantly in Standards 1 and 2
- Information systems
- Clinical care
- Medication management
- Human resource management
- Behavioural management

While the number of homes with non-compliance has dropped substantially over the years, the analysis also reveals an even more significant decline in the extent of non-compliance.

As at the end of 2006, only 75 homes – out of a total of 2,872 – were assessed as being non-compliant in expected outcome 1.8 Information systems at their last site audit or review audit, while 73 homes were non-compliant in 2.4 Clinical care, and 52 homes were non-compliant in 2.7 Medication management. Some homes were non-compliant in more than one expected outcome.

Compare this with the 2003 outcome when 112 homes were assessed non-compliant in 2.7 medication management, 72 homes were assessed non-compliant in 2.4 Clinical care and 70 homes non-compliant in 1.8 Information systems.

In 2000, 245 homes were assessed non-compliant in 2.4 Clinical care, 240 homes were non-compliant in 4.4 Living environment, 222 in 4.7 Infection control, 208 in 2.7 Medication management, 154 were non-compliant in 4.5 Occupational health and safety, and 145 homes were non-compliant in 3.7 Leisure interests and activities.

Historical analysis

2000

- clinical care (245)
- living environment (240)
- Infection control (222)
- medication management (208)

2003

- medication management (112)
- clinical care (72)
- information systems (70)

2006

- information systems (75)
- clinical care (73)
- medication management (52)

While the level of overall compliance has improved significantly over the six-year period, and continued to trend upwards in 2006, the industry has made great strides in certain expected outcomes.

Industry practices in support of safe medication management have improved significantly at each interval. From 208 instances of non-compliance in 2000, this was halved to 112 in 2003, and halved again to 52 in 2006. Non-compliance in medication management nonetheless remains a feature of the statistics.

Regulatory compliance is one of the universal expected outcomes, being an expected outcome in each of the four Accreditation Standards. In the 2000 data, non-compliance was prevalent in Standard 1 Management systems, staffing and organisational development; Standard 2 Health and personal care, and Standard 4 Physical environment and safe systems. The 2006 data confirms that industry has substantially improved its regulatory compliance.

The living environment provided for residents, and the way that homes encourage and support residents to participate in a wide range of interests and activities of interest to them are another two areas of major improvement. In the 2000 data, there were 240 instances of non-compliance in expected outcome 4.4 Living environment. In the 2006 data, this had dropped to just 15. Similarly, non-compliance in expected outcome 3.7 Leisure interests and activities had dropped from 145 to 37 over the same period.

The analysis also reveals a remarkable level of consistency across Australia, with no significant variation in performance according to location, ownership, or the number of beds.

Performance by state jurisdiction among homes assessed as complying with all 44 outcomes to the Accreditation Standards (44/44)

■ NSW/ACT	92.2%
■ Victoria	90.9%
■ Queensland	89.0%
■ Tasmania	87.6%
■ SA/NT	89.4%
■ WA	95.3%

Performance by location (44/44)

■ Major cities	93.0%
■ Inner regional	91.8%
■ Outer regional	87.9%
■ Remote	87.2%
■ Very remote	71.4%

Performance by size (44/44)

■ 1-10 beds	89.8%
■ 11-30 beds	92.5%
■ 31-60 beds	91.8%
■ 61-100 beds	91.6%
■ 101+ beds	91.0%

Performance by market share and share of 44/44

Ownership	Market share	Share of 44/44
Charitable	14.9%	15.1%
Community	17.6%	16.7%
Religious	29.2%	30.0%
Government	11.9%	11.7%
Private	26.3%	26.5%

Performance by market share and share of 44/44

Location	Market share	Share of 44/44
Inner regional	25.8%	25.8%
Outer regional	12.7%	12.1%
Major cities	59.4%	60.2%
Remote	1.4%	1.3%
Very remote	0.7%	0.6%

Performance by market share and share of 44/44

Size	Market share	Share of 44/44
1-10 beds	2.1%	2.0%
11-30 beds	18.1%	18.2%
31-60 beds	46.0%	46.1%
61-100 beds	24.5%	24.5%
101+ beds	9.3%	9.3%

Managing risk

The Aged Care Standards and Accreditation Agency Ltd is the appointed accreditation body under the *Aged Care Act 1997*. Since our appointment as the accreditation body in 1998, we have made more than 10,000 accreditation decisions.

Whenever there is a significant change in a home's compliance with the Accreditation Standards, we conduct a review to try and ascertain why such a change in compliance occurred in such a relatively short period of time. We review previous and current audit reports and other available information to identify factors that may have contributed to the change in compliance status of the home concerned. We also consider the accuracy of the audits.

We have now a substantial bank of data and our research and analysis has identified a number of risk indicators that homes should be alert to. The actual presence of a risk indicator does not precipitate non-compliance, however our analysis has found that failure to properly manage the risk is often a causal factor in subsequent non-compliance. The presence of more than one risk indicator heightens the risk, and hence the level of risk management required.

■ Change of approved provider

A new approved provider might bring in new management and new management systems. This can sometimes be resisted by existing care staff or training is inadequate. Sometimes, the existing management will stay with the old approved provider and move to homes elsewhere in the group. Sometimes, the existing managers simply 'move on'.

■ Loss of key personnel

Some homes' management systems have been developed by an individual manager, or management team. They work well while ever that manager or management team remains in place. However when those key personnel leave, the management systems can quickly break down.

■ Changes in management systems

Changes in management systems need to be supported by strong change management programs, including communications and staff training. When new systems are introduced, but staff are not provided with appropriate training, systems can quickly break down.

■ Rapid growth in resident numbers

Growth in resident numbers needs to be properly planned for. Extra staff may be needed, and if so, are the additional staff brought on line in a timely manner and with the required skill mix?

■ Rapid change in mix (resident needs)

Staff may be well trained to care for residents with moderate needs, but how well prepared is the home when the care mix graduates to predominantly high care, or when some residents begin to exhibit complex and challenging behaviours? Failure to properly manage a resident with complex and challenging behaviours can quickly impact on the quality of life of other residents, and can contribute to a breakdown in the home's overall management systems.

■ Building programs and/or relocation

Renovations are disruptive. When not properly planned or managed, they can become a major distraction for management. Ensure that the person overseeing the building program or relocation has strong project management skills. The skills required to be a good care manager are not necessarily the same as those required to manage a building program or relocation.

■ Changes in processes and procedures not supported by appropriate staff training

As with changes in management systems, changes in processes and procedures must be supported by timely and adequate staff training.

■ Change in business strategy/restructuring

If you decide that your core business is no longer residential aged care, will it still get the necessary attention from management to ensure that high quality care continues for residents?

■ Industrial disputation

When industrial disruption occurs in the workplace, who is ensuring that the residents still come first?

Your assessment of our performance

Homes are invited to provide confidential feedback on our visits and our reports. Homes can also identify themselves if they want certain issues to be followed up.

During the year, 94 per cent of respondents said that their site audit was a satisfying and useful experience. Similar results were achieved for review audits and support contacts.

New feedback forms were trialled in June with some approved providers. A new feedback system has been implemented from 1 July, and the feedback questionnaires will be collected, collated, aggregated and analysed by an independent company to assure homes of confidentiality.

In the first two months of the new feedback system, 82 per cent of respondents rated the assessment team's performance as 'excellent' or 'very good'.

Industry feedback on Agency Education was also highly positive.

Around 96% of QUEST participants said they were satisfied with the quality of the sessions. They rated the style of delivery as being the main reason for their satisfaction.

Of the 2,100 participants who attended the national seminar series on strategic continuous improvement, 92% said they were satisfied with the overall quality of the program, and 93% indicated they will be able to develop a continuous improvement program with a more strategic approach.

An independent telephone survey of more than 1,700 delegates who attended Better Practice 2006 found that 97% of delegates surveyed said that the Better Practice events were a 'valuable or very valuable' learning experience and 94% reported that they would recommend the event to others.

The Agency monitors complaints as well as feedback for trends and to feed into internal continuous improvement. In 2006-07 we actively promoted our complaints system and 111 complaints were received.

Most formal complaints related to either conduct or attitudes of assessors, and this was used as input to the development of the program for a two-day conference for assessors on improving aspects of on-site relationship management and contemporary assessment practice.

Homes can also use the feedback form to comment on assessors' skills and attitudes. Of the 3900 feedback forms received following site audits and support contacts in 2006/07, 569 contained positive comments in relation to assessors, while only 78 contained negative comments.

Quality improvement projects

The Agency will continue to identify trends and developments in the delivery of quality care, and to disseminate information that promotes better practice. We will continue to identify best practice in accreditation through research and ongoing relationships with other Australian and international accreditation bodies and research groups. Best practice will continue to be promoted through education activities and publications.

Our priority projects for 2007/08 include a review of site audit reports held on our database to better understand the reasons why facilities fail certain expected outcomes. The outcome of this analysis will then be communicated to industry to help improve compliance and to support industry in their task of continuous improvement.

A longer-term project will also seek to understand whether there is a trend as to why some facilities succeed and others do not. This will also be communicated to industry.

The Agency will continue to implement quality assurance measures aimed at promoting accuracy of assessments and consistency in the assessment process.

The Agency has applied for accreditation of the aged care quality assessment course by the International Society for Quality in Health Care (ISQua). If achieved, this international recognition would confirm that the Agency's training of assessors is at world's best practice.

We will ensure that our assessor workforce – both staff and contractors – is adequately guided, equipped and resourced to be responsive to industry needs. Assessors will continue to be trained and up-skilled to undertake their role of assessing the performance of homes against the Accreditation Standards. We will encourage assessors to increase their focus on developing productive working relationships with homes in a manner that will promote continuous improvement within the industry.

Adelaide is on the move

Our Adelaide office is on the move to more centrally-located offices. As of 10 September, we will be located at Level 5, 26 Flinders Street, Adelaide. The Adelaide office is responsible for both South Australia and the Northern Territory.

The new postal address is GPO Box 620, Adelaide SA 5001.

The new telephone number is (08) 8217 6000 and fax (08) 8212 8544.

Email addresses remain unchanged. The general office email is sa_nt@accreditation.org.au

ACFI training

A number of homes are attending training for the new Aged Care Funding Instrument (ACFI) over the next several months.

Homes can let their local Agency office know if they would prefer we did not visit on days when management is not available and we will do our best to work around that so that the national program of unannounced visits has due regard to the operations of individual homes.

Of course, homes should also give consideration to ensuring that appropriate staffing is maintained when those attending ACFI training are off-site.

Communicating electronically

Many approved providers and aged care homes benefit from receiving their communications electronically. The Agency is implementing a Better Business program to streamline its business processes and update its information technology platforms. This should make it easier and more efficient for homes to communicate and receive important accreditation information. In order to take best advantage, system requirements for the application for accreditation software are Windows NT, Windows XP, Windows 2000 or a Linux environment.

Approved providers and homes should also nominate a 'corporate' email address to act as a centralised or electronic post box. This way the email address on our database will remain current, whereas personal email addresses become out of date once the person concerned either moves to another part of the organisation, moves to another employer, or just simply goes on leave.

If you want to update your email address, simply email your local Agency office, or send an email with your details to national@accreditation.org.au and we will forward it to the relevant state office and log it onto our system for future reference.

The **Aged Care**
Standards and Accreditation Agency Ltd

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