Quality Agency Response to Nous

The Quality Agency commissioned Nous to provide independent advice on the adequacy of our approach and processes at Makk and McLeay, and more generally. The findings and recommendations from Nous are accepted and fully endorsed by the Quality Agency. This response outlines our timelines to fully implement the recommendations.

	Recommendation 1. Embed risk-based practices to better direct compliance monitoring and approaches to high risk and complex services	*Agency Response to Actions*	Timing	
			2017-18	*2018-19*
A Risk based approach to quality compliance and improvement	**First actions to improve risk based practices** ⊙ Revise the risk framework to ensure the assessment of higher risk services and the more extensive capture of information from sources of key indicators of risk are used to inform case management, visit planning and resource allocation.	Accepted and Commenced	✅	
	⊙ Identify services that are inherently higher risk or have an ongoing history of issues to consider how these should be monitored under case management, including a watch list of high risk facilities.	Accepted and Commenced	✅	
	⊙ Expand the case management to monitor high risk services (identified under the first step).	Accepted and Commenced	✅	
	Other Actions to Address Recommendation 1 1. Revise the existing risk framework, and redesign policies and procedures to improve the identification and management of higher risk facilities and to address the specific risks in different types of services. Under the strengthened risk-based model, more frequent compliance monitoring and targeted approaches would be applied to higher risk facilities than those with low risk. The risk framework should provide the Quality Agency:	Accepted	✅	
	i. revised risk stratification model that identifies the characteristics of low, medium and high-risk facilities	Accepted	✅	
	ii. process for determining the causes behind any significant change in compliance status (e.g. from many 'not met' EOs to none in a short timeframe)	Accepted		✅
	iii. process for a compliance monitoring watch list for the highest risk facilities, whether or not they have non-compliances recorded	Accepted		✅
	iv. process for tailoring the audit plan to address specific risks relating to certain services and			

	applying to site visits for high-risk facilities, and ideally all services.	Accepted			✓
	2. Strengthen case management to include a balance of announced and unannounced visits and allow more time for assessment teams to reflect on findings, and structured feedback on risks identified at a service.	Accepted	✓		
	3. Regularly review the regulatory performance of the Quality Agency to ensure that the risk stratification of services, compliance outcomes of various types of audits, emerging sector risks and quality improvements in the sector are correlated. This would involve regular analysis of facilities that have regular or significant non-compliance with the Accreditation Standards or determination of 'Serious Risk' findings to identify trends or common characteristics.	Accepted			✓
	4. Based on the risk stratification ensure that Quality Agency resources are allocated for greatest impact. Including using a risk management process to smooth out the high peak workloads of assessments during the reaccreditation cycle by varying the intervals between visits.	Accepted and Commenced			✓
	5. Explore (with the Department of Health) options for differentiating performance under the aged care quality framework e.g. the Care Quality Commission arrangement of allowing decision makers to determine 'needs improvement' rather than only 'met' or 'not met', to recognise the occasions where improvement is required but does not necessitate an absolute finding.	Refer to Carnell & Patterson Review for consideration			
	6. Develop and resource a more established approach to external intelligence gathering on services including determining arrangements to support the better exchange of information in services where multiple parties are involved in regulation and quality monitoring to ensure pertinent information is shared and reduce unnecessary regulatory burden.	Refer to Carnell & Patterson Review for consideration			
	Recommendation 2. Pre-planning of audits to allow a service's characteristics, history and risks to inform conduct of the audit and ensure the allocation and composition of assessment teams				
Pre-planning audits	**First actions to improve pre-planning** • Strengthen preplanning for accreditation site audits by the decision maker with the assessment team to design accreditation, assessment contact visit or review audit approaches for high risk services jointly, to ensure the characteristics/risks of the service, and the history of improvement are identified and understood by the assessment teams including information from previous site visits, and any intelligence received about the home.	Accepted and Commenced	✓		
	• Review resource allocation for audits based on the assessed risk level of facilities.	Accepted and Commenced			✓
	Other Actions to Address Recommendation 2 8. Strengthen involvement of the delegate/ decision maker in pre-planning for accreditation site				

	audits with the assessment team so that risks are identified and understood by the assessment teams including information from previous site visits, and any intelligence received about the home.	Accepted	✅		
	9. Ensure the pre-planning process for an audit or compliance monitoring visit makes consistent use of information about a facility's characteristics, performance and risks such as a facility's history, past performance and other indicators of risk.	Accepted	✅		
	10. Where multiple parties are involved in regulation and quality monitoring, establish processes to ensure that the Quality Agency seeks pertinent information about the performance of higher risk services during the planning of the audit.	Refer to Carnell & Patterson Review for consideration			
	11. Seek legislative amendments to reinstate the requirement that the provider submit a self-assessment in a form approved by the CEO in advance of the reaccreditation visit. This information should be available prior to the audit in order to support planning and case management. Use the self-assessment provisions of the *Quality Agency Principles* more effectively to require the approved provider seeking accreditation/ reaccreditation to disclose key performance information (e.g. complaints, incidents etc.).	Refer to department of Health for consideration			
	12. Provide clear communication to the assessment teams under 2.14 of the *Quality Agency Principles* to focus the audit on areas of risk and ensure the conduct of the audit obtains sufficient performance evidence to support compliance decisions.	Accepted and Commenced	✅		
	13. Allocate Quality Agency teams for quality assessment based on the risk level and nature of the services. This includes review of the team assignment policy for site visits to allow selection of team leaders and quality surveyors based on a broader range of criteria.	Accepted			✅
	Recommendation 3. Strengthen capability in risk-based approaches and provide clinical or specialist support for quality surveyors and decision makers in the assessment of quality of care and services.				
Workforce Development and Culture	**First actions to improve workforce and culture** • Conduct a capability audit of quality surveyors (and external consultants) to enable allocation processes to be based on their demonstrated performance, skills, specialist knowledge, and experience.	Accepted and Commenced	✅		
	• Identify preferred options for appointment of specialist assessors and/ or introduction of a panel of clinical specialists on which the quality surveyors and decision makers can draw as required.	Accepted			✅

	Status		
Other Actions to Address Recommendation 3			
14. Promote a risk-based culture that is focused on quality improvement and safety through mechanisms to better support quality surveyors during assignments, such as:	Accepted	✅	
i. better engagement to identify non-compliance during site visits/ the accreditation process and provide sufficient time for exploration of potential issues or areas of deficiency	Accepted	✅	
ii. revising the approach of announcing assessment team recommendations at the completion of the onsite visit	Accepted	✅	
iii. culture and process of the audit should encourage quality surveyors and decision makers to question unclear evidence	Accepted	✅	
iv. ensuring continuity for compliance monitoring measures in services where previous non-compliance has been found especially where serious risk to care recipients has been a finding.	Accepted	✅	
15. Adopt the use of technology to reduce report writing and allow greater time on high value activity during the audit. Improve the standard and efficiency of report writing through continuing the implementation of the CAAT system, and through training, improved guidance and regular feedback.	Accepted and Commenced	✅	
16. Introduce structured mechanisms to report audit information based on the experience and discernment of the quality surveyors. This may include tacit knowledge or observations about the quality of care and services, the likelihood of improvement or failure and the compliance posture of a service.	Accepted		✅
17. Strengthen current initiatives around recruitment profiling and improved training, by implementing consistent and comprehensive feedback, performance management and review for quality surveyors.	Accepted	✅	
18. Build on training for quality surveyors, with a particular focus on the skills required for 'observation' methods, understanding specialist conditions associated with ageing (e.g. dementia, cultural implications of ageing), and risk-based approaches.	Accepted and Commenced		✅
19. Introduce mechanisms for the registration/ appointment of specialist assessors and/ or a panel of clinical specialists on which the quality surveyors and decision makers can draw as required.	Accepted		✅
20. Consider undertaking annual peer review audits of a sample of audits, particularly those with higher or specific risks, by experienced quality surveyors from peer review/ other States or offices to provide feedback and learnings to audit teams and decision maker.	Accepted and Commenced		✅
21. Modify the resourcing process to allow for a national pool of more experienced quality surveyors to periodically assess interstate facilities (particularly high-risk facilities) and play a mentoring role to new quality surveyors.	Accepted	✅	

	Recommendation 4. Support and recognise the significant role of decision makers in determining audit outcomes and in setting the expectations for quality surveyors.			
Decision Making	**First actions to improve decision making**			
	◉ Change the process of announcing outcomes at the completion of the site visit.	Accepted	✅	
	◉ Use National Case Management to triage decisions for high risk services to ensure that senior decision makers have the time to participate in making decisions regarding higher risk services and ensure audit decision makers have sufficient evidence relating performance given the identified risk characteristics of a service.	Accepted and Commenced	✅	
	Other Actions to Address Recommendation 3			
	22. Strengthen the support for decision making functions for accreditation of high-risk facilities. This includes:	Accepted	✅	
	a. considering what decision support through policy, processes, or expertise can be provided to assist with decisions about accreditation and case management of high-risk services	Accepted	✅	
	b. risk-based triaging of the decisions that decision-makers are required to make, to ensure that senior decision makers have the time to participate in making decisions regarding higher risk services.	Accepted		✅
	23. Recognise the specific role of decision makers by providing dedicated education and training for decision-makers including quality surveyors who may be promoted to this level	Accepted	✅	
	24. Ensure audit reports to decision makers contain sufficient evidence and specific commentary, evidence relating to the identified risk characteristics. This involves better guidance for quality surveyors on:	Accepted and Commenced	✅	
	i. the type of evidence to examine,	Accepted	✅	
	ii. how to better verify and triangulate data as well as in specific unusual and higher risk contexts	Accepted	✅	
	iii. stronger focus on observation and verifiable data to evaluate performance	Accepted	✅	