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Australian Aged Care Quality Agency

Quality Surveyor Handbook

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Users of this handbook should refer to the relevant legislation, including the *Aged Care Act 1997*, the *Australian Aged Care Quality Agency Act 2013*, the *Quality Agency Principles 2013* and the *Quality Agency Reporting Principles 2013*.



The Australian Aged Care Quality Agency is accredited by the International Society for Quality in Health Care (ISQua). This handbook supports our Quality Surveyor training program that is also accredited by ISQua.

¹ <http://www.aacqa.gov.au/>

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Introduction

The Australian Aged Care Quality Agency (the Quality Agency) is an independent statutory authority responsible for accrediting, reviewing and monitoring providers against quality standards. Quality reviews and accreditation processes are undertaken in accordance with the Quality Agency Principles 2013 (the Principles) established under the *Australian Aged Care Quality Agency Act 2013* (the Quality Agency Act) or through contractual arrangements.

The Quality Agency provides regulation of Australian Government funded aged care services through:

- the accreditation of residential aged care services against the Accreditation Standards
- quality review of home care services and Commonwealth Home Support Programme (CHSP) services against the Home Care Standards
- quality review of National Aboriginal and Torres Strait Islander Flexible Aged Care Program services against the Quality Program
- the accreditation or quality review of short-term restorative care programme (STRC) services against the Flexible Care Standards.

The Quality Agency monitors compliance of service providers against the relevant standards and applies a case management model to ensure targeted contact based on relevant information and compliance history. The Quality Agency is enhancing its regulatory intelligence and risk based approaches to monitoring compliance.

The Quality Agency also promotes high quality care, innovation in quality management and continuous improvement among approved providers, and provides information, education and training to approved providers.

Quality Surveyors are central to the Quality Agency's quality assurance program. Their assessment of aged care services against the applicable standards is the basis on which the Quality Agency makes its statutory decisions and determines the nature and extent of compliance monitoring activities.

This handbook provides guidance for Quality Surveyors working with the Quality Agency. It sets out the requirements, procedures and obligations for Quality Surveyors and outlines the best practice methods when carrying out assessments.

The information here is for use by Quality Surveyors as a reference before, during and after assessments take place. It outlines their role, the types of assessments they will be asked to undertake, the planning required, and the legislative and policy requirements when carrying them out.

For further information, go to the [Quality Agency website](http://www.aacqa.gov.au/)⁴.

⁴ <http://www.aacqa.gov.au/>

Part 1: Quality Surveyors

Quality Surveyors are central to the Quality Agency's quality assurance program. All Quality Surveyors must be registered as quality assessors and are required to comply with the Quality Assessor Obligations and Code of Conduct.

1 Role of the Quality Surveyor

Quality Surveyors are central to the Quality Agency's quality assurance program. Their assessment of the performance of aged care services against the applicable standards is the basis on which the Quality Agency makes statutory decisions and determines the nature and extent of compliance monitoring activities.

The role of Quality Surveyors

The primary role of Quality Surveyors is conducting assessments of Australian Government subsidised aged care services. Quality Surveyors also play an important part in educating providers about the assessment process and promoting continuous improvement.

Quality Surveyors collect information or evidence demonstrating a service's processes, practices and results in order to assess its performance against the relevant standards and expected outcomes. Information is gathered through observations, interviews and document review.

Quality Surveyors need to understand the applicable aged care quality standards and expected outcomes, and how these outcomes can be demonstrated in terms of the quality of care and services provided to care recipients.

Quality Assessor Registration

All Quality Surveyors must be registered as Quality Assessors under the Principles.

Quality Surveyors may be either employees of the Quality Agency or contractors. Only surveyors employed by the Quality Agency can carry out quality reviews for home care services.

Quality Assessor Code of Conduct

Given the high standards of performance and integrity that are required in all interactions with providers, carers, care recipients and their representatives, Quality Surveyors must observe the Quality Assessor Code of Conduct at all times.

Conflict of Interest

Quality Assessors have an obligation to identify, disclose and manage any conflicts of interest, real or perceived, that may influence or be perceived to influence the decisions they take or advice they give.

Refer to the Conflict of Interest section for guidance on disclosing and managing conflicts of interest.

1.1 Quality Agency guiding principles for assessment

There is no single prescribed way for services to operate

Providers have the flexibility under the relevant standards to determine how to operate the business of providing care and services for care recipients, so each service will do things differently.

It is the improvement and outcomes for care recipients that are relevant, not any particular means of achieving it.

The focus should be on care recipients

Providers create and maintain systems and processes for the benefit of care recipients, not for accreditation or quality review. The focus of Quality Surveyors should therefore be on those receiving care and identifying evidence of:

- the impact on care recipients of the care and services provided
- the commitment by the service to addressing the needs, preferences and rights of care recipients, as demonstrated in the way they plan and deliver care and services.

Standards address results, practices and processes

The expected outcomes of the standards against which a service is measured are concerned with results, practices and processes.

A provider's performance is based on the system of interrelated organisational factors that create the environment and enable services to be provided for care recipients.

The organisational factors are focused on the needs and preferences of those receiving care and include processes to get particular jobs done. Effective systems and processes generate the results for care recipients, the service and other stakeholders and ensure that quality care will be sustained.

Transparency

The credibility of assessments rests on a commitment to an open and transparent process.

For providers, this means making relevant information available to the assessment team during the assessment.

For Quality Surveyors, this means keeping providers informed throughout the assessment process, communicating effectively, being open to questions, highlighting any concerns promptly and ensuring there are no surprises at the end of the assessment.

Confidentiality and consent

The identities of interviewed care recipients and representatives and any notes taken during interviews are confidential and should not be given to providers during or after a site visit.

If the need arises to discuss interviewee feedback with providers, consent should be obtained and documented. Refer to the Interviewing care recipients' section for further guidance on obtaining consent.

Any request from interviewees for confidentiality should also be recorded.

Importance of effective note taking

Quality Surveyors have a responsibility to keep accurate and objective notes during assessment that reflect the sequence of events as they occurred during the assessment and support the findings included in the report.

Quality Surveyors should be mindful that any notes taken during an assessment may be subject to scrutiny should the assessment decision be subject to review or reconsideration.

Refer to the Guide for good practice in note taking for detailed guidance on note taking requirements.

1.2 Maintaining a professional approach

Quality Surveyors are the public face of the Quality Agency and their management of relationships with providers, care recipients and others is critical in building credibility and trust in the work of the Quality Agency.

Having a professional approach to managing relationships will help ensure an optimal outcome for assessments. This includes:

- providing clear direction about what expected outcome you are assessing and seeking to understand so that the provider can supply information to support this outcome
- providing clear feedback and seeking clarification where ambiguity exists
- understanding your role and authority whilst being aware that you are in a care setting that is also someone's home
- keeping management up to date with the assessment progress
- respecting care recipients' privacy and dignity
- remaining aware of personal feelings, biases and beliefs and not letting these cloud findings or affect any interaction with staff and care recipients.

1.3 Working in teams

All members of an assessment team are accountable for the assessment as a whole, including the findings in the report.

Within a team, each Quality Surveyor is responsible for the quality of their participation, including:

- contributing and maintaining adequate communication with other members of the team
- undertaking all tasks detailed on the assignment request
- being proactive in identifying issues or gaps in evidence
- corroborating information to ensure reliability
- adhering to timeframes
- keeping good notes and electronic records
- using the latest tools and templates provided
- proofreading all written work to ensure that it is factual, relevant, free of contradiction and repetition, succinct, and in the required format
- sending all notes to the Quality Agency after the assessment has been completed.

Assessment team leaders

The Quality Agency appoints a Quality Surveyor as team leader for each assessment.

Team leaders have the same responsibilities as their colleagues, but are also responsible for coordinating the planning and conduct of the assessment. This includes:

- ensuring that the plan for the assessment is understood by all team members and explained to the provider
- identifying areas of concern that might be outside the original scope of the visit and raising these with the Quality Agency regional office
- ensuring that the team is aware of any changes in responsibility if the plan is varied
- identifying gaps in evidence and how this can be addressed
- managing meetings with the provider and management
- ensuring the assessment team is on track with the assessment plan at all times
- promoting personal responsibility for the work
- ensuring the provider is kept aware of the progress of the assessment
- ensuring the provider and staff are promptly made aware of any concerns regarding the assessment, or any need for further information
- determining who will keep notes when the team meets jointly with management
- coordinating the production and endorsement of reports associated with the assessment
- ensuring timeframes are adhered to
- submitting reports and any other documents required by the Quality Agency.

2 Registrations

All Quality Surveyors must be registered as Quality Assessors under the Principles. As a Quality Assessor you must apply to be re-registered every 12 months. If approved, you will be re-registered for one year.

You must comply with the Quality Assessor Obligations and Code of Conduct during your registration. Failure to comply with the Quality Assessor Obligations or Code of Conduct may result in a refusal to register for a further period or cancellation of registration. For more information refer to the Quality Assessor Obligations and Code of Conduct sections.

The Principles set out the requirements for re-registration.

2.1 Re-registration applications

As a Quality Assessor you must apply to be re-registered every 12 months. If approved, you will be re-registered for one year.

The Principles set out the requirements for re-registration.

Application process

Complete and submit the Application for quality assessor re-registration form no later than one month before your registration expiry date.

You must include in your application (further information on each requirement is provided below):

- payment of the re-registration application fee
- information about the audits you've undertaken for the Quality Agency
- information about the professional development you've undertaken
- information for a police check to be obtained if one is required
- information about your conflicts of interest
- a new photo if you wish to update your ID badge.

Applications that do not meet the requirements outlined above may not be approved.

If you are planning on submitting your application early please note it will not be processed more than two months before your registration expiry.

If you do not apply for re-registration you will be removed from the Register of Quality Assessors published on the Quality Agency's website.

For more information about registering as a quality assessor refer to the Quality Assessor Registration Information Sheet available on the Quality Agency's [website](#)⁵.

Re-registration application fee

The re-registration application fee is published on the Quality Agency website. The fee is adjusted on 1 July each year in line with CPI.

The application fee is charged to cover the costs of processing a re-registration application. Once the re-registration process has commenced, the fee cannot be refunded.

If you are required to pay the fee please complete the Quality assessor registration payment form.

Relevant auditing experience

All quality assessors including staff assessors must provide a log of the audits undertaken as a quality assessor in the 12 months prior to their registration expiry.

Only site audits and reviews audit must be recorded. Please do not include assessment contacts or Quality Reviews.

Please complete the Quality assessor audit log or you can use your own log as long as the information in the Quality Agency's log is covered as a minimum.

Professional development

You are required to undertake a set amount of professional development to re-register.

Please refer to the Continuing Professional Development section for these requirements.

⁵ <http://www.aacqa.gov.au/assessors/registrar-for-assessors>

Police checks

You will be notified if a police check is required as part of your re-registration application. This is usually every 2 years.

If a police check is required, complete and return the following forms for your police check:

- NCHC application form
- 100 point identification check form
- Statutory Declaration.

Refer to page 1 of the 100 point identification check form for the identification submission requirements. All documents must be originals or certified true copies. A certified copy means a document that has been certified as a true copy of an original by a person listed in Schedule 2 of the Statutory Declarations Regulations 1993 (Cth).

Updated contact details

If any of your contact details have changed you must let the Quality Agency know within 14 days of the change. Contact details include:

- email address
- telephone/mobile number
- mailing address.

Failure to do so may prevent the Quality Agency from making offers of work and result in a refusal to re-register.

Please email contact detail updates to registrar@aacqa.gov.au.

Conflict of Interest Declaration

As per the Quality Agency's Quality Assessor Conflict of Interest Policy, a declaration of your conflicts of interests is required annually as part of your re-registration.

Please refer to the Conflict of interest section for more information.

Cancellation of registration

Your registration may be cancelled if:

- you are convicted of, and sentenced to imprisonment for, murder or any form of assault
- your performance in conducting site audits or review audits has not been satisfactory
- you have failed to comply with the Quality Assessor Obligations and Code of Conduct
- you have failed to fulfil any other registration requirement published by the CEO on the Quality Agency's website.

2.2 Quality Assessor Obligations and Code of Conduct

You must comply with the Quality Assessor Obligations and Code of Conduct during your registration. The Quality Assessor Code of Conduct is at **Attachment A**.

Failure to comply with the Quality Assessor Obligations or Code of Conduct may result in a refusal to register for a further period or cancellation of registration.

Quality Assessor Obligations

Quality assessors must:-

- adhere to the Quality Assessor Code of Conduct
- complete any mandatory training required by the CEO
- complete not less than 15 hours professional development approved by the CEO, including any mandatory training
- conduct a minimum of two audits as a quality assessor prior to the expiration of your registration
- inform the CEO if convicted of a serious offence
- take reasonable steps to avoid any conflict of interest, real or apparent, and disclose details of any material personal interests which could influence, or could reasonably be seen to influence, the decisions you take or the advice you give; refer to the Conflict of Interest Policy for details.

3 Continuing professional development

Continuing professional development (CPD) plays an important part in ensuring Quality Surveyors are up to date with current practices and processes.

You are required to undertake professional development as part of your quality assessor registration.

3.1 Professional development requirements for re-registration as a quality assessor

Quality Surveyors are required to undertake a set amount of professional development to re-register as a quality assessor.

Minimum hours required

You must undertake a minimum of 15 hours professional development (PD) approved by the CEO as relevant to quality assessing during your most recent period of registration i.e. the 12 months leading up to your registration expiry.

At least 10 of the 15 hours must be training developed and/or delivered by the Quality Agency. This can be through the Quality Agency's CPD program or other training as approved by the CEO.

Please refer to CPD program section for more information about the CPD program.

Up to two hours of reading time specifically relevant to the role of a quality assessor may be approved.

Mandatory training

You must also undertake any mandatory training required by the CEO. Mandatory training will count towards the minimum of 10 hours of training developed/delivered by the Quality Agency. You will be notified about any training that is made mandatory during your registration period.

Submission of PD

Complete the Quality assessor professional development log, or you can use your own log as long as the information in the Quality Agency's log is covered as a minimum.

Every item of PD listed in your PD log must be supported by evidence. This can include:

- a certificate
- printout of your Connx Learning and Development log – note, the registrations team does not have access to a person's Connx records
- if PD was delivered by the Quality Agency, an email from your Regional Office Assistant Director or State Education Coordinator confirming your completion/participation
- if PD was delivered by outside of the Quality Agency, an email or letter from the training provider confirming your completion/participation
- for reading time, include a summary of the material and an explanation of how it assisted in your development as a quality assessor.

Note: evidence does not include booking or registration confirmations.

3.2 Continuing Professional Development Program

The Quality Agency delivers a CPD program that includes:

- face to face workshops
- online modules.

Log in to CPD online [here](#)⁶ to access the following:

- CPD calendar
- CPD workshop registration forms/links
- CPD online modules.

4 Conflict of Interest

Quality Surveyors have an obligation to identify, disclose and manage any conflicts of interest, real or apparent, that may influence or be perceived to influence the decisions they take or advice they give.

⁶ <https://www.aacqa.gov.au/adpforum>

Quality Assessors must comply with the Quality Assessor Conflict of Interest Policy. The Policy:

- requires quality assessors to notify the Quality Agency on an annual basis of any conflicts of interest as well as at any other point in time that a real or apparent conflict of interest is identified
- provides clear guidelines on what is a conflict
- outlines how conflicts will be managed, including possible actions following a breach.

Glossary of terms

Conflict

A serious incompatibility between two or more opinions, principles, or interests.

Material personal interest

Is an interest of a type that may give rise to a real or apparent conflict of interest.

Real or actual conflict of interest

A real or actual conflict of interest occurs where there is a direct conflict between the public duty and personal interests of an employee that improperly influences the employee in the performance of his or her duties.

Apparent or perceived conflict of interest

An apparent or perceived conflict of interest occurs where it appears that an employee's personal interests could improperly influence the performance of his or her duties but this is not in fact the case.

The appearance of a conflict can be just as damaging to public confidence as an actual conflict.

Immediate family

Immediate family members include spouses, dependent children and any other relatives or close friends who live with the quality assessor, or with whom the quality assessor has a dependent relationship.

Key responsibilities

Quality assessors, have responsibilities in the identification, declaration and management of conflict of interest in accordance with this Conflict of Interest Policy.

As outlined in the Conflict of Interest Policy, Quality Surveyors are responsible for:

- ensuring awareness and compliance with the policy, and relevant legislation
- identifying and disclosing conflicts of interest
- only accepting assignments with no conflict of interests
- where a real or apparent conflict of interest is identified after scheduling, including during an assessment, immediately bringing the conflict to the attention of their Regional Director or Assistant Director
- complying with a direction regarding the management of a disclosed conflict.

Breach of the Conflict of Interest Policy

Regional Directors or Assistant Directors must report any breaches of the Quality Agency's Quality Assessor Conflict of Interest Policy to the Regulatory Policy area and Human Resources in National Office.

4.1 Disclosure of Conflict of Interests

Quality Surveyors are responsible for identifying and disclosing their conflicts of interest. There is no definitive list of matters that must be disclosed. Quality Surveyors should consider the Conflict of Interest Policy, their role and responsibilities, and the role and responsibilities of the Quality Agency, when determining what to disclose.

Disclosure requirements

Quality Surveyors must disclose:

- interests and relationships that could influence, or be seen to influence, their duties as a Quality Surveyor
- personal interests or relationships of an immediate family member which they consider may create a conflict of interest for them.

Quality Surveyors must:

- submit an annual, written declaration
- submit a revised declaration whenever there is a change in personal circumstances or work responsibilities that could involve a new real or apparent conflict of interest
- notify their Regional Director or Regional Office Assistant Director where a real or apparent conflict of interest is identified after scheduling, including during an assessment.

The Australian Public Service Commission lists monitoring standards as an activity which involves a heightened risk of conflict of interest for employees.

Requiring Quality Surveyors to complete an annual declaration ensures Regional Directors and Regional Office Assistant Directors are aware of and able to effectively manage real and apparent conflicts of interest.

Conflicts identified prior to or during an assessment

Quality Surveyors advise their Regional Director or Regional Office Assistant Director as early as possible, preferably before commencing the assessment, and follow up with an emailed submission of a Conflict of Interest Declaration of Interests Variation Form.

Regional Directors/ Regional Office Assistant Directors discuss the conflict with the Quality Surveyor and direct how it will be managed.

4.2 Declaration process

Quality Surveyors complete the Quality Assessor Conflict of interest declaration and management form at the commencement of their employment, as part of the Quality Assessor registration process. The form is then completed annually with every application for further registration as a Quality Assessor.

Quality Surveyors provide their completed Conflict of Interest Declaration and Management Form to their Assistant Director or Regional Director, for review and signature.

Assistant Directors/ Regional Directors consider the information, record agreed actions to manage any identified conflicts and save an electronic copy for record keeping with relevant details uploaded to BPP.

The same process applies for the disclosure of conflicts identified outside of the annual declaration process, using the Quality Assessor Declaration of Interests Variation Form.

4.3 Guidance for external Quality Assessors

Guidance material has been developed to assist External Quality Assessors to understand (refer to **Attachment B: Conflict of Interest Quality Assessor Policy**):

- why the Quality Agency considers particular examples included in the Promoting other business interests section of the Quality Assessor Conflict of Interest Policy represent a conflict of interest
- what actions the Quality Agency expects them to take in these circumstances.

Part 2: Assessment Process

Quality Surveyors carry out a broad range of assessment activities as part of the Quality Agency's regulation of Australian Government subsidised aged care services.

5 Service types and assessment cycles

The Quality Agency regulates approved providers of Australian Government subsidised aged care services.

Residential aged care services

Residential aged care services provide a range of care, accommodation, hospitality and other services for older people who are unable to continue living independently in their own homes.

Home care and Commonwealth Home Support Program services

Home care services offer packaged care for people with a range of care needs who want to continue living at home.

CHSP provides entry-level support services to frail, older people to assist them to live independently at home in the community. CHSP services covered by this program include meals, transport, personal care, home maintenance, nursing and allied health and therapy services.

Flexible aged care services

Services delivered under the National Aboriginal and Torres Strait Islander flexible aged care programme are designed to deliver a flexible mix of residential, day care, respite care and community based aged care.

Short-term restorative care (STRC) services may be delivered in a home care setting, a residential care setting, or a combination of both. The STRC program provides a range of care and services for up to eight weeks to help prevent or reduce difficulties older people are having with completing everyday tasks.

5.1 Assessment Cycles

There is a different assessment cycle for each of the aged care programs monitored by the Quality Agency. The assessment activities carried out within each cycle vary in scope and outcome.

Assessment cycle for residential aged care services

All residential aged care services must be accredited in order to receive government subsidies. Initial accreditation is for one year and subsequent re-accreditation periods are determined based on assessment of the service's performance against the Accreditation Standards.

All services undergo a comprehensive site audit against all expected outcomes of the Accreditation Standards before re-accreditation.

In addition to regular re-accreditation site audits, the Quality Agency monitors services on an ongoing basis to assess their continuing performance against the Accreditation Standards and their pursuit of continuous improvement. This is generally conducted through assessment contacts but may involve a review audit.

The length of time between assessment contacts depends on how well a service performs against the Accreditation Standards, any need for improvement, and the Quality Agency's risk assessment of the service. Every service has at least one unannounced assessment contact each financial year.

Assessment cycle for home care services

All home care services undergo a quality review at least once every three years to demonstrate their performance against the Home Care Standards. The quality review process involves a site visit.

If a service does not meet the standards, they are given a timetable for improvement during which the Quality Agency will conduct at least one assessment contact.

Between each quality review, the Quality Agency continues monitoring services through assessment contacts.

Assessment cycle for CHSP services

All CHSP providers undergo a quality review to demonstrate their performance against the Home Care Standards. The quality review process involves a site visit.

The quality review cycle for CHSP follows the same path as quality reviews for home care. Quality reviews are carried out in a way that is proportionate and relevant to the nature and scale of the care and services provided.

Assessment cycle for flexible care services

Flexible care includes services delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme and STRC.

National Aboriginal and Torres Strait Islander Flexible Aged Care Programme

Services delivered under National Aboriginal and Torres Strait Islander Flexible Aged Care Programme are designed to deliver a flexible mix of residential, day care, respite care and community based aged care.

The Quality Agency arranges quality reviews of these services against the [two standards](#) that are part of the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme quality framework.

The Quality Agency undertakes a quality review of each National Aboriginal and Torres Strait Islander Flexible Aged Care Programme service at least once every two years. All assessments are undertaken by the New South Wales office.

The form and frequency of assessment contacts between quality reviews is decided on a case-by-case basis, guided by the service's performance and all other relevant information.

Short-term Restorative Care Programme

STRC services are delivered in a home care setting, a residential care setting, or a combination of both.

The assessment cycle for STRC services delivered in a residential setting is the same as the assessment cycle for residential aged care.

The assessment cycle for STRC services delivered in a home care setting is the same as the assessment cycle for home care.

6 Types of Assessment Activities

Quality Surveyors undertake:

- Reviews of a commencing service application for accreditation, re-accreditation site audits, review audits and assessment contacts in residential aged care services.
- Quality reviews and assessment contacts in home care, CHSP and National Aboriginal and Torres Strait Islander Flexible Aged Care Programme services.

Residential aged care services

Accreditation of commencing services

Quality Surveyors conduct a desk based review of a new service's application for accreditation and submit a report of their findings to a Quality Agency decision-maker.

Refer to the Commencing home report section for more information.

Site audits

Re-accreditation site audits involve an assessment team carrying out a comprehensive assessment of a service's performance against all of the Accreditation Standards. This usually involves a team of at least two Quality Surveyors being on site for two days.

From 1 July 2018, residential aged care services applying for re-accreditation will no longer be notified of the date of their site audit. All applications lodged on or after this date will have an unannounced site audit.

Quality Surveyors receive an assignment request that sets out all relevant information about the service and the dates of the site audit.

The provider must inform care recipients that an audit is to be conducted; the period in which the site audit could occur; and that they or their representatives may meet with members of the assessment team in private. The Quality Agency provides the form of words that must be used and also supplies a poster to be displayed in the service before the site audit.

The form of words and poster for unannounced site audits informs care recipients and their representatives to contact the Quality Agency if they have any feedback about the quality of care and services provided to them prior to the site audit. This feedback is then considered and followed up by the assessment team during the site audit.

When the assessment team enters the service at the start of a site audit:

- the team leader contacts their Quality Agency regional office to send an email to the provider with notification of the names of each member of the team if the audit is **unannounced**
- the Letter of access is provided to the person in charge if the audit is **announced**.

The assessment team will also provide a poster for display during the site audit which informs care recipients and their representatives that the audit has commenced.

During the audit, the assessment team must interview at least 10 per cent of care recipients and/or their representatives as well as key staff management and volunteers.

On the final day of the site audit, the assessment team must meet with the person in charge of the service to:

- discuss the key issues that the team identified during the audit if **unannounced**
- provide a report of major findings if **announced**.

The team then prepares and submits relevant reports to a Quality Agency decision-maker.

For more information, refer to:

- the Site audit reports section of the handbook
- [Unannounced re-accreditation audits](#)⁷ fact sheet summarising key changes
- [Frequently Asked Questions](#)⁸ regarding the unannounced process for providers of residential care services.

⁷ <http://www.aacqa.gov.au/providers/news-and-resources/moving-to-unannounced-re-accreditation-audits/key-changes#fact-sheets>

Review audits

A review audit is a site visit by an assessment team to conduct a comprehensive assessment of a service against the Accreditation Standards. It is a process through which the service's accreditation status may be reviewed in addition to determining whether it meets the Accreditation Standards.

A review audit assessment team comprises of at least two Quality Surveyors who are on site for a minimum of two days.

Section 2.35 of the Principles sets out the circumstances under which a review audit may be conducted.

Following a review audit, the Quality Agency may revoke the service's accreditation, vary its period of accreditation or leave its accreditation unchanged.

Review audits may be announced or unannounced. An assessment team conducting an assessment contact may be instructed to cease the assessment contact and instead commence a review audit.

The team prepares and submits its report to the service at the conclusion of the audit. Refer to the Review audit reports section for more information.

Home care and CHSP services

Quality review

The Quality Agency contacts the provider to begin planning the quality review around three months ahead of the assessment.

Written notice is given to the provider at least 28 days before the review. The notice outlines the date, the members of the assessment team, and the requirement to inform care recipients of the review.

The provider must inform care recipients about the review at least 21 days before it takes place. The Quality Agency provides the words to be used to explain the review and to let care recipients know that they may meet with the assessment team or contact the Quality Agency by phone to provide comments about the care and services they receive.

The team leader contacts the provider to confirm that care recipients have been informed, find out whether translated letters are required (available on the [Quality Agency website](#)), and to prepare a detailed site visit schedule. The finalised schedule is sent to the provider no later than seven days before the quality review.

Following the visit, the assessment team prepares and submits relevant reports to a Quality Agency decision-maker.

Refer to Home care reports section for more information.

⁸ <http://www.aacqa.gov.au/providers/news-and-resources/moving-to-unannounced-re-accreditation-audits/Frequentlyaskedquestionsunannouncedreaccreditationaudits.pdf>

National Aboriginal and Torres Strait Islander Flexible Aged Care Programme services

Quality review

Quality reviews for National Aboriginal and Torres Strait Islander Flexible Aged Care Programme services take place at least once every two years.

Written notice of the quality review is given to the provider at least 12 weeks before the planned review date. This includes notification that the provider must complete a self-assessment and submit it to the Quality Agency six weeks before the review.

The assessment team completes a desk top review of the self-assessment within two weeks. The desk top review assists in prioritising areas for focus at the visit, and looks at previous review findings and other relevant information included in the self-assessment.

The team leader contacts the provider to prepare a detailed site visit schedule. The finalised schedule is sent to the provider no later than seven days before the quality review.

The onsite review is conducted by at least two Quality Surveyors and normally lasts between one and two days, depending on the services being delivered.

Following the visit, the assessment team prepares and submits relevant reports to a Quality Agency decision-maker.

Refer to the Home care reports section for more information.

Short-term Restorative Care Programme

The type of assessments conducted with STRC services delivered in a residential setting is the same as for residential aged care.

The type of assessments conducted with STRC services delivered in a home care setting is the same as for home care.

Assessment contacts

Assessment contacts are part of all assessment cycles and may be carried out for one or more of the following purposes:

- to assess the provider's performance in relation to the service
- to assist the provider's process of continuous improvement
- to identify whether there is a need for a review audit of the service
- to give the provider additional information or education about the assessment process and requirements.

The scope of an assessment contact is always narrower than the scope for audits and quality reviews, with a focus on assessing particular aspects of care.

Assessment contacts can be conducted in a number of ways, depending on the risk profile of the service and the reason or purpose of the assessment contact. They may be carried out by visiting the site (assessment contact visit) or by phone or email (desk assessment contact).

All visits to home care, CHSP, and National Aboriginal and Torres Strait Islander Flexible Aged Care Programme services occur with notice.

Assessment contacts to residential aged care services may occur with notice (announced) or without (unannounced).

For all announced visits, care recipients must be informed in advance and told of the opportunity to speak with representatives of the Quality Agency in person or by phone about their experience of the service. In the case of residential care, the Quality Agency provides a poster to inform care recipients about the assessment contact.

Quality Surveyors are advised of the scope and type of the assessment contact in their assignment request.

Quality surveyors prepare and submit an assessment contact report to a Quality Agency decision maker where the purpose of the contact was to assess performance with the standards, assist with continuous improvement, or identify the need for a review audit.

Refer to the Reporting findings section for more information.

Part 2: Assessment Process

Quality Surveyors carry out a broad range of assessment activities which can vary in scope and outcome. The assessment process, however, is generally the same.

6.1 Quality Surveyor Powers

Part 2 of the Accountability Principles 2014 (the Accountability Principles) sets out the provisions for access to:

- residential aged care services
- home care services
- flexible care services through which STRC is provided in a residential or home care setting.

Legislative basis for access to aged care services, their staff, care recipients and documentation

Where an approved provider consents to the CEO of the Quality Agency or Quality Surveyors accessing its premises, Section 21 of the Accountability Principles provides for Quality Surveyors to do any of the following for as long as the consent remains in place:

- inspect any part of the premises of the service
- take photographs (including a video recording), or make sketches, of the premises or any substance or thing at the premises
- inspect, examine and take samples of, any substance or thing on or in the premises
- inspect any document or record kept by the approved provider
- take extracts from, or copies of, any document or record kept by the approved provider
- operate any equipment on the premises to see whether the equipment, or a disk, tape or other storage device on the premises that is associated with the equipment, contains any information relevant to the performance of the their function
- take copies of any information that is relevant to the performance of their function.

In certain circumstances, the provider may refuse to allow the activities listed above if they are considered to be irrelevant to the operation or administration of the service (see s.21 of the Accountability Principles).

Similarly, a provider may also refuse to allow Quality Surveyors to photograph a care recipient, staff member or the property of a care recipient or staff member if consent has not been obtained.

Refer to the document and record review section for guidance on removing documents from a service.

Obtaining consent to access to a service providers premises

Quality Surveyors must not access a service unless the approved provider has consented to the access (see s.10(1) of the Accountability Principles).

Before obtaining consent to access a service, Quality Surveyors must inform the provider that:

- they may refuse or withdraw consent at any time
- in the event of refusal or withdrawal of consent to access the service, the provider may not be complying with its responsibilities under the *Aged Care Act 1997* (the Act)
- failure to comply with their legislative responsibilities may result in a sanction being imposed by the Department of Health.

Approved providers cannot unreasonably withhold consent if access to the premises is required in circumstances where the Quality Agency reasonably believes there is or may be a serious risk to the safety, health or wellbeing of care recipients.

Letter of authority and identification

In order to be granted access to a site, each team member must show the person in charge:

- his or her Quality Agency letter of authority
- photo identification card.

Once the letter(s) of authority and identification have been presented and the person in charge has granted access, the assessment can begin.

For **unannounced site audits**, the assessment team is no longer provided with the letter of authority. When the assessment team enters the service at the start of the audit, the team leader contacts their Quality Agency regional office to send an email to the provider with notification of the names of each member of the team. This email replaces the Letter of authority and will be sent to the provider delegate as notified to the Quality Agency. The assessment team will continue to show their photo identification card.

Situations where access is not immediately granted

Assessment teams are unable to enter a provider's premises without consent. If the person in charge does not immediately provide consent, or asks the assessment team to wait, the regional office is to be notified.

If access is not granted, the Regional Director or another senior manager will contact the provider to discuss the situation. If access continues to be denied, the team will be advised by the senior manager to leave the site.

For unannounced site audits, consent is given when the provider submits their application for re-accreditation.

Refusal or withdrawal of consent to access premises or stored documents

If the approved provider refuses to give consent, or withdraws consent to access its premises or documents, this may amount to a failure to comply with the provider's responsibilities under the Act. In such cases, the Quality Agency can inform the Secretary of the Department of Health of the non-compliance who may decide to impose sanctions pursuant to the Act.

Section 23 of the Accountability Principles sets out the circumstances under which refusal of access by a provider does not constitute non-compliance.

If consent is withdrawn during a visit Quality Surveyors must immediately leave the premises.

The team leader must contact the regional office of the Quality Agency and advise that consent has been withdrawn.

The Regional Director or another senior manager may contact the provider to discuss the situation. The Regional Director or senior manager will then provide further instruction to the assessment team.

Access to staff members and other persons

Providers must not obstruct Quality Surveyors from accessing or questioning any person (including staff members, care recipients and visitors) on the premises of the service so long as:

- the access or questioning is relevant to the official's functions; and
- the official considers that the access or questioning:
 - is relevant to the operation or administration by the approved provider of the service
 - is necessary to obtain information about whether the approved provider is meeting its obligations under the Act.

6.2 Preparing for an assessment

Quality Surveyors carry out a broad range of assessment activities that can vary in scope and outcome. The assessment process, however, is generally the same.

Assignment request

Before an assessment, the Quality Agency will email an assignment request to each potential assessment team member. The assignment request includes:

- information about the service being assessed
- assessment team member names, roles (leader or member) and contact details
- the date and time of the assessment
- the timetable for submission of reports
- the scope of the assessment and additional information or instructions relevant to the conduct of the assessment, such as if there are particular issues or risks to follow up from previous assessments
- travel arrangements, where applicable.

Quality Surveyors must reply to the assignment request, indicating their acceptance and eligibility, within 48 hours of receipt. To be eligible to take part, a Quality Surveyor must:

- be available to complete the assignment according to the schedule provided
- not have been employed by or have provided services to the provider in the three years before the assessment team was formed
- not have a pecuniary or other interest that could conflict with the assessment.

Surveyors must also agree to immediately advise their Regional Office of any potential conflict identified after accepting an assignment request, and comply with any direction regarding how the conflict will be managed. Refer to the Conflict of Interest section for guidance on disclosing and managing conflicts of interest.

Team preparation

All team members receive a work pack email after accepting an assignment request. The email includes:

- details of the service
- letters of authority to access the service (excluding unannounced audits)
- the most recent assessment report and other relevant reports
- the application for re-accreditation where the activity is a site audit
- the service's most recent self-assessment, where the activity is a quality review or unannounced site audit
- the site map of the service where the activity is an unannounced site audit
- information related to the history of the service's performance against the relevant standards
- information from the Department of Health or the Aged Care Complaints Commission
- any other relevant information.

The team leader consults with team members to prepare an outline of how the assessment will occur, based on the information provided. The team:

- identifies the information required for assessment of the provider's performance
- groups the assessment issues and information needs, paying attention to what will be occurring on site and the standards that apply
- determines the interview samples required for care recipients, staff, management and, if required, volunteers
- maps the observations to be made and documents to be reviewed
- assigns responsibilities among team members
- agrees on the timeframe for writing reports.

If self-assessment information has been provided, the team can use it to help plan the assessment, including identifying issues for follow-up and/or corroboration while on site.

Note: For residential site audits the team leader will use a random selection methodology to identify a minimum sample of care recipients for interview, based on the number of care recipients at the service. These interviews contain core questions which inform the Consumer Experience Report (CER). Refer to **Attachment C: Consumer Experience Report Sampling Factsheet** for more information.

Pre audit planning (unannounced site audit)

Pre audit planning is scheduled for assessment teams to assist Quality Surveyors to identify the important matters that need to be addressed during the site audit.

An assessment team workpack includes key documents to assist with pre audit planning. This includes:

- the application form and self-assessment information
- home details report
- relevant case source information such as referrals and information from the public
- any pre audit feedback from care recipients and representatives
- site audit planning template.

Completion of a site audit plan

The team leader prepares a site audit plan in collaboration with the assessment team. The audit planning tool requires a review of information and evidence provided in the workpack and allows the assessment team to identify other important issues to consider and review for the site audit.

The completed site audit plan must be submitted to the Quality Agency by the team leader within the timeframe specified in the assignment request.

Endorsement of the site audit plan

The site audit plan must be endorsed by the Assistant Director in your Regional Office if during the last three years, the service has had:

- failure against the Accreditation Standards (example, a not met expected outcome)
- information from the public raising concerns about the way that care is delivered
- referral from the Aged Care Complaints Commissioner
- referral from the Department of Health.

If a site audit plan requires endorsement by the Assistant Director, this will be identified in the workpack covering email. Once endorsed, the site audit plan is sent back to the assessment team.

The assessment team must check any changes or comments made by the Assistant Director, and direct any questions about the changes/comments to the Assistant Director before the commencement of the site audit.

Assigning responsibilities

All Quality Surveyors are able to assess all expected outcomes but it is beneficial to take into consideration the individual skills and experience of each surveyor when allocating roles and responsibilities.

Responsibilities can be assigned in a variety of ways, including with reference to related systems, particular staff groups or care recipients, the expected outcomes being reviewed or physical locations within the service.

Quality Surveyors should not assign roles on the basis of information sources i.e. care recipient interviews, document reviews. This approach may lead to poor corroboration and less coherent assessments.

Each Quality Surveyor should have the opportunity to make observations, undertake interviews with care recipients and staff and review documents.

Scope

Home care and CHSP reviews, and residential re-accreditation and review audits require the service to be assessed against all expected outcomes of the relevant standards.

Assessment contacts generally focus on particular expected outcomes and other case-specific matters that can indicate if a full assessment is warranted.

6.3 Assessment schedule and contacting the provider

Preparing the schedule

For announced re-accreditation and quality review visits, the team leader consults with the team and the provider and prepares the schedule in the lead up to the assessment.

It is important that the schedule is consistent with the scope outlined in the assignment request and covers all aspects of the assessment in an efficient and timely manner. The schedule should:

- allow time for all interviews, document reviews and observations that may be required to make a competent assessment
- account for the provider's size and organisational approach
- work around the availability of staff, care recipients and other service users
- support the effective and efficient use and time management of any contracted interpreter
- include meetings with management and regular team meetings.

Schedules enable a shared approach so the assessment team can cover all relevant expected outcomes between them rather than duplicating effort.

There should also be some flexibility to enable the team to change its approach, if required, to accommodate the needs of the service, the availability of staff or to minimise disruption to care recipients.

The Quality Agency then forwards the completed document to the provider at least seven days before the visit and the final schedule is confirmed during the onsite entry meeting.

A formal schedule is not required for assessment contacts but assessment teams should discuss with each other and Quality Agency management how the visit will proceed and any special arrangements.

Unannounced site audits

The assessment team may decide to prepare a schedule to actively manage the team's time effectively on site during the audit including care recipient, representative, management and staff interviews and team meetings. This may form part of pre audit planning or be prepared once the team is on site. There is no set format for the schedule.

The person in charge of the service or other staff may request a copy of the schedule. The schedule is a working document for the assessment team that is subject to change and is not part of the information that must be provided to the person in charge or other staff.

Interpreters

Interpreters may be needed during assessment visits. If an interpreter is required and one has not already been arranged, the team leader should contact the Quality Agency Operations Manager to arrange an interpreter beforehand. Where an interpreter has been arranged, the team leader must contact them before the visit. Refer to the Using an Interpreter section for more information.

Contacting the provider (announced only)

The Quality Agency notifies the provider of the upcoming assessment for all assessments except unannounced assessment contacts and unannounced site audits.

Where assessments are announced, the team leader contacts the provider one to two weeks ahead of the assessment to discuss the arrangements, including the site schedule where the assessment involves a site visit

The assessment team leader uses the contact with provider to:

- confirm the date, time and duration of the assessment
- confirm the key contact person at the service for the assessment
- check whether an interpreter is needed, or if there are other cultural requirements
- check if any permits are required for entry to Aboriginal land
- confirm the schedule, including the availability of key staff for interviews
- check that staff, care recipients and their representatives have been told about the assessment, using the poster and the letter the Quality Agency has provided
- check, where required, that a list of care recipients will be available at the commencement of the assessment
- check the availability of documents and electronic records
- check the availability of a quiet and secure working space where the assessment team can meet privately during the site visit
- check the logistics of travel, accommodation and parking, when required.

In addition, before all announced visits the team leader find out whether any care recipients or representatives have contacted the provider or the Quality Agency to indicate that they wish to speak to the assessment team.

6.4 The entry meeting

Every assessment begins with an entry meeting between the service's management and the assessment team. These meetings follow a set agenda and are brief, lasting around 10-15 minutes.

Preparing for the entry meeting

Prior to conducting an entry meeting a team leader:

- develops an outline for the meeting
- where there is more than one person on the team, identifies a team member to take notes on anything discussed in the meeting.

Arrival on site for an unannounced site audit

An application for re-accreditation contains provider consent for an assessment team to access the service's premises to conduct a site audit.

The team leader is to contact their Quality Agency regional office when the assessment team enters the service at the start of a site audit. The team leader is to advise the Regional Office administration staff:

- that the assessment team is on the premises and the audit is proceeding
- of the full names of the assessment team
- to send an email to the provider with notification of the names of each member of the team; this email replaces the Letter of access and will be sent to the provider delegate as notified to the Quality Agency.

Person in charge

The team leader asks to meet with the person in charge of the service; this is the person who is responsible for managing the service on the day. The person in charge may change daily through the site audit or with different shifts. The person in charge must be able to facilitate access to service information, key personnel and care recipients/representatives who have requested interviews.

Entry meeting agenda

1. Introductions and complete attendance sheet
2. Observers
3. Work health and safety
4. Plan for the visit
5. Number of personnel in the home (unannounced site audit)
6. Care recipient and representative notifications (unannounced site audits)
7. Interviews
8. Open and transparent approach
9. Suggestions for improvement
10. Availability of work area
11. Exit meeting
12. Questions

For announced site audits and quality reviews, the entry meeting is also an opportunity to follow up any requests made during the planning stage, such as lists of care recipients and documents such as self-assessment reports.

<p>1. Introductions and complete attendance sheet</p>	<p>The team leader requests all meeting participants complete the attendance sheet (included in the work pack) and introduces the team.</p> <p>The team leader:</p> <ul style="list-style-type: none"> • explains the purpose of the visit and how it will be conducted • state that they are the point of contact for management and that any questions are to be directed to them • confirms who is in charge, and that they will be available for consultation throughout the day • for residential care, asks how many places the service has been
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	<p>allocated</p> <ul style="list-style-type: none"> • asks relevant questions about the service’s care recipients, including how many care recipients are being looked after, if any care recipients have special requirements, such as cultural and language needs, and whether there are any care recipients who prefer not to be disturbed • answers any questions regarding the visit.
<p>2. Observers</p>	<p>If there is an observer present, the team leader introduces the person and explains their role.</p> <ul style="list-style-type: none"> • If the observer is not a member of the assessment team, state the observer will not play an active role in the conduct of the assessment. • If the observer is a member of the assessment team, explain that the observer will spend part of the time on site observing a team member’s conduct and that this is a part of the Quality Agency’s overall quality assurance framework and that further information is on the Quality Agency website.
<p>3. Work health and safety</p>	<p>The team leader asks the person in charge if there are any work health and safety issues that the assessment team should be aware of, for example, building work or anyone with an infectious condition.</p>
<p>4. The plan for the visit</p>	<p>The team leader:</p> <ul style="list-style-type: none"> • Explains how the assessment will be carried out. For quality reviews and announced site audits, this includes going through the schedule sent prior to the visit to find out if there are any changes required. • Asks if there is anything happening at the service that the team should take into account when determining the way the assessment is managed. • Outline the assessment responsibilities within the team and determine any arrangements for information gathering, including: <ul style="list-style-type: none"> ○ the availability of staff and care recipients for interviews ○ whether care recipients and their representatives have been given the required notice regarding the assessment ○ whether any care recipients have asked to speak with the assessment team in person or by phone ○ the availability of documents and records, and how to access them (including access to electronic records). • Explain the scope of the visit: <ul style="list-style-type: none"> ○ for site audits and quality reviews, state that the assessment is against all expected outcomes of the relevant standards. ○ for assessment contacts, state the scope and explain how the team plans to proceed. • Determine the timing of any services that the team plans to observe. For example, meal services in residential care.

	<ul style="list-style-type: none"> • Describe how the team will observe and take note of staff practices, interactions among care recipients and between care recipients and staff, and the internal and external environment. • Explain that the progress of the assessment will be reviewed regularly with the provider’s representative during the visit.
<p>5. Numbers of personnel in the home (unannounced site audits)</p>	<p>The ‘Numbers of personnel in the home form’ is included in the assessment team’s workpack and captures numbers of personnel for expected outcome 1.6 Human resource management during the site audit. The form is also available on the Quality Agency website.</p> <p>The assessment team leader must take a copy of the form to the site audit and ensure a member of the assessment team works with the provider to collect this information during the site audit.</p> <p>The information is then included in the Site audit report evidence document under expected outcome 1.6.</p>
<p>6. Care recipient and representative notifications (unannounced site audits)</p>	<p>Check whether care recipients or their representatives, including formally appointed representatives, were informed in writing about the site audit and the period in which it could occur, including through display of a poster with contact details for the Quality Agency.</p> <p>Provide a poster for display during the site audit (the poster is included in the workpack to be printed off by the assessment team).</p> <p>Ask the person in charge how the service will notify care recipients and representatives that the site audit has commenced; note that the provider must take ‘reasonable steps’ to do this as soon as practicable after the audit starts with steps taken being relative to the capacity of the service, for example through use of group emails or text messages, staff being encouraged to inform care recipients during care.</p> <p>Note: Where the provider has not complied with their requirement to notify care recipients/representatives that the site audit has commenced, this should be considered in the assessment of expected outcome 1.2 Regulatory compliance.</p>
<p>7. Interviews</p>	<p>The team leader explains to the person in charge that:</p> <ul style="list-style-type: none"> • The assessment will include interviews with management, staff and care recipients or their representatives. • Consideration will be given to care recipients’ needs during interviews and that the identities of those who are interviewed will not be disclosed unless non-disclosure puts a care recipient at risk. • The team will meet with any care recipients or their representatives who wish to meet them. • In the case of residential care audits, the team intends to interview at least 10 per cent of care recipients using the CER questions to produce a Consumer Experience Report. <p>The team leader clarifies the key managers and staff to interview in relation to the range of care and services, and to assist the</p>

	<p>assessment team with access to information.</p> <p>Team members also explain to care recipients that CER interviews are randomly selected using a standard methodology.</p>
8. An open and transparent approach	<p>The team leader explains that the Quality Agency’s open and transparent approach means that there should be no surprises at the exit meeting.</p> <p>The team will ask the service for more information during the assessment if any potential problems are identified and will speak to management if problems are not resolved. Management will have an opportunity to provide further information in relation to any matters that may adversely affect the findings of the assessment.</p> <p>The team leader explains that if anyone at the service does not understand a question, or why the assessment team is seeking or reviewing something, they should ask the Quality Surveyors for clarification.</p>
9. Suggestions for improvement	<p>The team leader explains that team members may make suggest opportunities for improvement as the assessment progresses, and make it clear that any suggestions are for consideration only – they are not required actions because the Quality Agency does not specify how services go about meeting the standards.</p>
10. Availability of work area	<p>The team leader asks management for a quiet and private area for the assessment team to work and to meet, and identifies which facilities (such as toilets) the team may use while on site.</p>
11. Exit meeting	<p>The team leader arranges the time and place for an exit meeting. Once a time is made, the assessment team work to it and ensure that maximum notice is given to management if any change is necessary.</p>
12. Questions	<p>The team leader asks if there are any questions and tries to deal with them before ending the entry meeting.</p> <p>If there are questions about the Quality Agency and its processes that the assessment team is unable to answer, the team leader is to contact the regional office immediately after the meeting to obtain advice that can be passed on to service management during the assessment.</p>

6.5 Conducting the assessment

Hours of access

Assessments generally take place during business hours (Monday to Friday, 9.00am to 5.00pm) but there are some circumstances in which they may occur outside standard operating hours.

This may occur if the assessment team:

- is acting on a serious complaint where care recipients’ safety, health or wellbeing may be at risk

- needs to examine a process or practice that does not occur during business hours.

The Quality Agency will instruct Quality Surveyors if they are required to conduct an assessment outside of normal business hours.

If, during the planning or conduct of an assessment, an assessment team considers that there is a need to be on the service's premises outside business hours, the team leader must contact the regional office to discuss this.

What to take

The assessment team takes the following material when conducting a site visit, as is relevant to the assessment:

- For residential assessments:
 - your laptop with the assessment activity activated on CAAT (Computer assisted audit tool)
 - if the visits is unannounced, copies of the Quality Agency poster explaining the assessment for care recipients and staff
 - the Consumer Interview Responses excel spreadsheet (saved to your desktop) for site audits
 - copies of the CER interview sheets and the visual analogue to support CER interviews
 - a copy of the recording sheet for the short group observation see Short Observation Framework for Inspection tool
 - the site visit feedback questionnaire.
- For all assessments:
 - letters of authority to access the service (excluding unannounced audits)
 - photographic identification
 - any required stationary
 - supporting guidelines and tools
 - entry and exit meeting agenda where required
 - information handouts.

Conducting the assessment

During the assessment Quality Surveyors collect information or evidence demonstrating a service's processes, practices and results in order to assess the service's performance against the standards.

Information is drawn from three potential sources of evidence:

- Interviews
- Observation
- Document and record review

Quality Surveyors must sample sufficient relevant information from all three sources.

For further guidance, refer to

- Audit methodology
- Interviewing care recipients and representatives;

- Interviewing management and staff

6.6 Analysis and reporting

Analysing the evidence

Quality Surveyors must analyse the evidence collected during the assessment to ensure it is reasonable and objective and apply the evidence in a way that supports the team's findings about the service.

All analysis is guided by the Quality Agency's nationally consistent methodology:

- consider the results first – that is, the tangible outcomes for care recipients
- consider the services' systems and processes
- determine the quality and quantity of available evidence
- weigh up all evidence that has been gathered.

Refer to the Evidence section for further guidance.

Reporting the findings

After corroborating and analysing the information gathered during an assessment and determining the findings, the team begins the reporting process. Each member of the assessment team must agree on the findings and the content of each report.

The report from the assessment team provides an important record of the information gathered during the assessment and is intended to inform the Quality Agency's decision-makers in their final judgment of the service's performance against the relevant standards.

Any adverse information relied upon by the team in making its findings must be included in the team's report. This is to properly inform the decisions that the Quality Agency must make subsequently and also to enable the provider of the service opportunity to make a response. However, no information is to be included in a report that would identify a care recipient or care recipient representative that supplied the information.

Reports and information must be prepared using the appropriate templates provided by the Quality Agency and within the timeframes stated in the assignment request. The team leader contacts the relevant regional office if it becomes evident that there may be a delay in preparing a report.

Refer to Reporting findings for further guidance on drafting reports.

6.7 The exit meeting

Every assessment begins ends with an exit meeting between the same parties. These meetings follow a set agenda and are brief, lasting around 10-15 minutes.

Preparing for an exit meeting

Prior to conducting an exit meeting a team leader:

- develops an outline for the meeting, covering key issues to be discussed
- where there is more than one person on the team, identifies a team member to take notes on anything discussed in the meeting.

Exit meeting agenda

1. Thank the service
2. Complete the attendance sheet
3. Outcomes of visits
4. What happens next
5. Resources
6. Feedback questionnaires
7. Questions
8. Thank you

<p>1. Thank the service</p>	<p>The team leader thanks management and staff for their participation and asks management to thank care recipients and their representatives on the team's behalf.</p>
<p>2. Complete the attendance sheet</p>	<p>The team leader requests all meeting participants complete the attendance sheet.</p>
<p>3. Outcomes of the visit</p>	<ul style="list-style-type: none"> • Unannounced site audits: Recommendations about compliance (met/not met) are not made during the audit or exit meeting and no written 'major findings' document is provided at the exit meeting. • Announced site audits and all review audits: The team leader states their findings against the relevant standards and provides the service with a hard or electronic copy of the statement of major findings. • Quality reviews: The team leader states their findings against the relevant standards. • Assessment contacts: The team leader provides brief feedback covering the key issues identified during the assessment. <p>In all cases, the team should avoid engaging in lengthy discussion – this should have occurred already in the course of the visit.</p>
<p>4. Advise of the next steps</p>	<p>The team leader explains:</p> <ul style="list-style-type: none"> • the team will prepare their report detailing the findings of the assessment • the provider will be given the opportunity to make a submission to the Quality Agency about any negative information or findings in the team's report • a delegate of the Quality Agency will consider the report and any submission from the provider and make a decision about the service's performance against the standards. <p>For announced site audits, an Audit assessment information report will be prepared and sent to the provider by the Quality Agency within seven days. The provider may make a submission to the Quality Agency about anything in that report within 14 days. The Consumer Experience Report will accompany the Audit assessment information where the criteria to produce the report have been achieved.</p>

	<p>For unannounced site audits, the team leader explains that the assessment team will provide the site audit report to the Quality Agency within seven days of the audit and this report will include the assessment team’s recommendations. A copy of the site audit report and evidence document will then be given to the provider as soon as practicable.</p> <p>For a review audit, the assessment team will finalise a Review audit report and the Quality Agency will send it to the provider within seven days.</p> <p>For a quality review, the assessment team will prepare an Interim quality review report and the Quality Agency will send it to the provider within seven days.</p> <p>For an assessment contact, the assessment team may complete an Assessment contact report and the Quality Agency will send it to the provider within 14 days.</p>
<p>5. Resources</p>	<p>The team leader directs service management to the Quality Agency website for further information including fact sheets, information on education, links to useful websites, copies of the Results and processes guide and Practices and processes guide.</p> <p>The team may also leave relevant material with the person in charge.</p>
<p>6. Feedback questionnaire</p>	<p>The team leader:</p> <ul style="list-style-type: none"> • provides the feedback questionnaire and a reply paid envelope to the person in charge (residential care services), or advise that the questionnaire will be forwarded electronically (home and community care services) • advises that the service can complete the questionnaire anonymously • explains that an external body collates the raw data from the questionnaire to assist the Quality Agency to improve our processes • advises the person in charge that to contact the Quality Agency’s Regional Director immediately if they have a concern.
<p>7. Removing documents</p>	<p>If copies of documents are being removed from the service, a list of these is to be given to the person in charge.</p> <p>All documents must be provided, along with the team’s notes, to the regional office of the Quality Agency as soon as the team has completed their report.</p> <p>Refer to the Document and record review section for further guidance on removing documents.</p>
<p>8. Questions</p>	<p>The team leader asks if there are any questions and, where possible, responds to them before leaving the service.</p>

6.8 Right of response

Approved providers are provided with a copy of the following reports before the Quality Agency delegate makes a final decision about the outcome of the assessment:

- for quality reviews, the interim quality review report and assessment contact report
- for residential aged care, the audit assessment information report (announced re-accreditation), audit report with evidence attached (unannounced re-accreditation) and assessment contact report.

The approved provider may provide a written response to the report.

7 Audit methodology (gathering information)

Quality Surveyors must collect sufficient information to enable them to make a robust assessment, within the scope of the assessment.

Information is drawn from three potential sources of evidence:

- Interviews: surveyors interview care recipients, representatives, staff, management, allied health personnel, volunteers, suppliers and contractors.
- Observation: surveyors observe staff practices and interactions with care recipients, as well as the general living or physical environment.
- Documentation: surveyors review documents to assess what the services says they do, what the service actually does and the results it achieves. Documentation can be paper based or electronic.

Quality Surveyors must sample sufficient relevant information from all three sources to support their assessment.

Quality Surveyors do not make judgments on the basis of one information source alone. Instead, they take notes, critically assess the situation, and corroborate using other sources of information.

This is referred to as our audit methodology.

Corroborating information

Corroboration ensures the reliability of information collected.

Quality Surveyors must always try to corroborate any information of note that they come across during an assessment. By confirming, cross-checking and verifying several sources of information, the likelihood of being misled by a single interview, document or one-off observation is greatly reduced.

How to corroborate information

The best corroboration involves substantiation from at least two of the three types of information commonly used during an assessment.

It may involve:

- interview information corroborated by documents
- findings from the document review corroborated by observation and/or interview

- managers' statements corroborated by interviews and/or documents
- observation of recipient care corroborated by interviews and/or documentation
- several interviewees giving the same or similar information.

For example, if one care recipient in a residential service stated they like the meals, corroboration could be sought by:

- interviewing other care recipients about their meals, their requests and preferences, and how well they are met
- interviewing catering staff about the processes they follow to ensure care recipients' needs and preferences are met
- looking for any recent, documented complaints regarding meals and preferences.

The outcome could be evidence of a regular and systemic failing in the service's catering process or it may be that the incident was a one-off.

Judgment is required to determine when and how much corroboration is necessary to be confident about the facts that the assessment team will rely on to make its findings.

Sampling

When planning an assessment, Quality Surveyors think about:

- How many and which care recipients or their representatives to interview.
- How many and which staff and management to interview.
- How many and which care recipient files to review.
- How many and what other documents to review.
- Where, what and when to make observations.

Quality Surveyors ensure they:

- Speak to a representative sample of people using, managing, and working at the service.
- Review the records of a cross-section of care recipients.
- Review a cross-section of other available documentation.

Sampling methodologies

There are a number of sampling methodologies Quality Surveyors can use. The most common methodologies are:

Simple random sampling - Any individual is just as likely to be chosen as the next. It minimises bias and provides a sound basis for generalising the results found in the whole population. Using a full list of the service's care recipients, select individuals on the basis of a set of random numbers.

Systematic random sampling - Regarded as the next best thing to simple random sampling, but easier to carry out. Select individuals on a regular basis from a list of the whole population, such as every third or fifth care recipient.

The Consumers' Experience Report uses a systematic random sampling methodology. Refer to the **Attachment C: Consumer Experience Report Sampling Factsheet**.

7.1 Observation

Observation is an essential part of assessment in all service settings. It is most significant in residential services or other settings where care recipients are present.

The importance of observation

Observation is an important component of the assessment process. It enables Quality Surveyors to gather information about:

- The provision of care and services.
- Aspects of the service's internal and external environment. For example, safety, respect for privacy, cleanliness, security, access, equipment and stock.
- Practices at the service, including staff practices and how the service's policies, procedures and methods are carried out. For example, practices related to care recipient involvement, lifestyle, cleaning, catering and administration.
- Interactions between staff and care recipients.

Different types of observation

Observations can be planned or incidental. For example, Quality Surveyors may observe:

- Poor staffing practices or an unsafe living environment during a tour of the home. This is an incidental observation.
- Safe medication administration and positive interactions between staff and care recipients while observing a meal service. This is a planned observation.
- Surveyors must be aware of all observation opportunities as they provide important inputs, including aspects that may require follow-up.

Planning observations

Quality Surveyors should include opportunities for observation which are relevant to the scope of the assessment when planning the assessment. This will assist the assessment team to identify indicators of performance. For example:

- Where the scope includes outcomes associated with catering, nutrition and hydration, surveyors should observe the meal service.
- Where the scope includes outcomes associated with leisure interests and activities, surveyors can observe one on one and group activities taking place in the service.

In both instances, Quality Surveyors can observe how care recipients interact with each other and staff.

Use of senses

We rely on our hearing, sight, touch and smell to assist us in our observations. For example:

Hearing	What is the type and level of noise? How calm is the environment?
Sight	What is the interaction among and between care recipients and staff? What activities and care is taking place? What is the state of the personal spaces and common areas?
Touch	Is the environment wet, warm or cold?
Smell	Does the environment smell fresh, damp, or malodourous? Are bad odours the result of a recent accident, a prolonged period of rain, or indicative of a longer-term problem?

Privacy

Quality Surveyors must always respect the privacy of care recipients when observing their care and lifestyle.

Corroborating observations

Quality Surveyors do not make judgments on the basis of observations alone. Instead, take notes, critically assess the situation, and corroborate what is observed through interviews and document reviews, as relevant to the situation. Refer to the interviews and document and record review sections for further guidance.

Short observational framework for inspection (SOFI)

Many people in residential aged care are living with dementia or have communication difficulties. While some may not want or be able to comment directly about their experience or the quality of the care they receive, Quality Surveyors can gain insights into the care recipient's experience through a SOFI.

Using SOFI helps better understand the care recipient's experience. It provides an insight into their wellbeing and the quality of care that is provided to them.

Undertaking a SOFI

Quality Surveyors observe a small group of care recipients in a communal setting for up to half an hour. They note the general mood of each care recipient, their level of engagement with staff and how staff interact with them.

7.2 Interviews

Interviews are a key source of assessment material as they provide insights from those receiving and delivering care and services.

Conducting interviews

Quality Surveyors interview staff, management, care recipients and their representatives during almost all assessments. Depending on the service being assessed and the focus of the assessment, they may also interview volunteers, contractors and, in residential services, visiting specialists.

Confidentiality

Quality Surveyors must maintain the confidentiality of care recipients and their representatives. Surveyors should not do anything that identifies care recipients or representatives who provide information during an assessment.

If any other person being interviewed requests that their identity not be revealed, Quality Surveyors must also keep that person's identity confidential.

The team leader must explain the Quality Agency's approach to confidentiality to service staff during the entry meeting.

Breach of confidentiality

Quality Surveyors may disclose identifying information if they consider maintaining confidentiality could place the safety, health or wellbeing of a care recipient at risk.

Surveyors must contact the regional office of the Quality Agency for further instruction before disclosing information if they believe this is the case.

Good interviewing techniques

Good interviewing technique makes it easier to gather information and ensure everyone is as much at ease as possible. Good interviewers:

- Engage the interviewee in a conversation that covers all areas of inquiry, rather than asking a series of rapid-fire questions.
- Are mindful of their tone of voice, facial expressions, body language and the way questions are worded.
- Remove, to the degree possible, any physical and emotional barriers which may affect the interview.

Managing physical and emotional barriers

Physical barriers may include background noise, commotion, or too much or too little distance between the interviewer and the interviewee.

Emotional barriers include mistrust, perceived arrogance and feeling out of control.

Barriers can be reduced by:

- Choosing an appropriate environment. For example, a room familiar to the interviewee that is discreet and without obvious distractions.
- Being on time – it is a sign of respect.
- Asking permission to begin the interview and take notes.
- Explaining the Quality Agency's approach to confidentiality.
- Putting the interviewee at ease with an introduction, explanation of what the interview will cover and how long it will take
- Beginning the interview with some general questions.
- Avoiding jargon.
- Using a mix of open and closed questions.
- Waiting for responses and confirming your understanding.
- Closing the interview properly by explaining any steps that will follow and thanking the interviewee for their time and cooperation.

Open and closed questions

Closed questions are questions that can be answered from a list of options such as 'yes' or 'no'. For example, 'Do you prepare care plans as part of your job?' They are useful in getting a direct answer to a specific question, particularly when an interviewee may be reluctant to give details or their mind has wandered.

Open questions ask for a description or comment and allow the interviewee more scope to answer. For example, 'Please tell me how you go about care planning?' Open questions often provide more information than closed questions.

7.3 Interviewing care recipients

Quality Surveyors interview care recipients and/ or their representatives during most assessments.

If a care recipient or their representative has asked to speak with a Quality Surveyor, the provider must allow the surveyor to meet with them privately.

Providers cannot specify who should be interviewed.

How to conduct interviews

Quality Surveyors may interview care recipients and/or their representatives in person or over the phone.

Interviews are generally conducted individually. Group interviews may be considered in some circumstances however, they are not ideal as some care recipients may be discouraged from frankly expressing their views.

Quality Surveyors should document all information given during an interview, and corroborate the information through document review and/or observation.

Consent and use of protected information

Quality Surveyors obtain informed consent before interviewing care recipients. This includes explaining that:

- The information gathered during the interview is protected information under the Quality Agency Act and will be kept and used in accordance with the *Privacy Act 1988*.
- Protected information can only be used for the purposes of a power or function under the Quality Agency Act and not beyond what is necessary to fulfil the Quality Agency's functions under the Quality Agency Act.
- If the information indicates there is a serious risk to the care recipient's safety, health or well-being, the information may be included in a report, which is sent to the Approved Provider and the Department of Health for the limited purpose of rectifying the serious risk.

The interview format

Quality Surveyors should:

- introduce themselves and explain they have been appointed by the Quality Agency to visit the service and check the quality of care and services being provided
- explain they will speak to care recipients to get their opinions
- ask if the care recipient or their representative would like to talk about the care they receive
- explain that comments given by care recipients or their representatives are confidential
- if relevant, explain the purpose of the Consumer Experience Report and advise that their feedback will form part of the report but that their responses are not identified in the report
- explain they will use the information to assist them in their assessment of the service but are not be able to provide feedback about any matters mentioned to the them.

Phone interviews

When a quality review or announced site audit is arranged, care recipients are invited to phone the Quality Agency before the assessment if they wish to provide information to assist the assessment. Phone interviews may also be conducted on the day.

Care recipients and their representatives that have been advised of an upcoming unannounced site audit at a residential service and also able to call the Quality Agency and tell us about the quality of their care and services.

Phone interviews are a key aspect of the information gathering process in quality reviews because care recipients are generally not present at the services' premises.

Minimum number of interviews

Unless otherwise specified, Quality Surveyors must interview a minimum of 10 per cent of care recipients or their representatives during onsite assessments for residential aged care. In small services, more than 10 per cent should be interviewed to achieve a representative sample.

There is no minimum number of interviews in non-residential services, as care recipient numbers can vary from a few persons to over a thousand. For these services, Quality Surveyors can interview care recipients and their representatives who have contacted the Quality Agency or service prior to the assessment, as well as directly interviewing or telephoning care recipients and their representatives when onsite. Quality Surveyors must endeavour to obtain a representative sample of care recipients and their representatives to ensure sufficiency of evidence.

Interpreters

An interpreter may be used to make sure communication between a Quality Surveyor and a care recipient is clear during interviews. When required, an accredited interpreter will be arranged by the Quality Agency.

Refer to the Using an Interpreter section for further guidance.

Interviewing care recipients with cognitive impairment

People with cognitive impairment often have a reduced ability to receive, process and respond to stimuli, a lower threshold for environmental stresses and a reduced ability to process information.

Quality Surveyors can assist care recipients with cognitive impairment to contribute to assessments through interviews by:

- setting the right environment by removing any competing noise such as radio or television, nearby conversation or activity
- interviewing them in the morning rather than the afternoon before fatigue sets in
- using simple vocabulary and sentence form
- speaking slowly and in a gentle manner, allowing time for responses
- not asking for specific information that relies on a good memory (this can be threatening)
- using open questions, for example, 'how are you feeling today?'

7.4 Interviewing management and staff

Interviews with the management and staff of a service enable Quality Surveyors to:

- develop a perspective on how work is carried out at the service
- confirm that staff understand the service's approach and processes
- corroborate other information gathered during the assessment.

Staff interviews can also provide insight into which processes work well and where improvement may be warranted.

Minimum interview numbers

There is no required sample size for staff and management interviews. The number and variety of staff interviewed is dependent on the type or scope of assessment and the way work and responsibilities are organised in the service.

Purpose of staff interviews

Interviews with management and staff are usually about verifying information about how the service conducts its range of services and care.

Generally, staff are selected for interview because they are the relevant people in the service to provide information on a particular aspect of care or services. For example, the person in charge of the laundry, or maintenance, or clinical care.

For unannounced site audits, the assessment team leader is to ensure a member of the assessment team works with key personnel to capture numbers of personnel for expected outcome 1.6 Human resource management to include in the 'Numbers of personnel in the home form'.

Staff confidentiality

Staff and management have the right to request that their interviews are kept confidential. In these cases, Quality Surveyors record names and job titles when taking notes but revert to broad position descriptions to describe the interviewees in the report.

Individual staff members may also contact the Quality Agency separately from the formal assessment process to protect their identity. The Quality Agency will take steps to verify any information received this way.

Breach of confidentiality

Quality Surveyors may disclose identifying information if they believe there is a risk to care recipients at the service and it is important to refer to a particular staff member in reporting that risk.

Quality Surveyors must contact the regional office of the Quality Agency for further instruction before disclosing information where they believe this to be the case.

7.5 Using an Interpreter

When required, an accredited interpreter is arranged by the Quality Agency to assist Quality Surveyors to conduct care recipient interviews.

An accredited interpreter will produce a more reliable translation and preserve the confidentiality of the care recipient's responses.

When to contact an interpreter

Quality Surveyors contact the interpreter prior to the assessment to:

- Brief them on the purpose of the assessment, the purpose of the interviews, and the role they are expected to play.
- If necessary, provide any known background information about the care recipient/s.
- Check if the interpreter will take notes. If so, this needs to be explained to the interviewee along with the difference between the Quality Surveyor's and interpreter's notes.
- Explain that details around the assessment and care recipient and representative interviewees are confidential. If the service is in a small town or regional centre, the Surveyor should also find out whether the interpreter knows anyone using or working in the service, and remind them of the need for confidentiality.

Quality Surveyors also check that the interpreter has been given a copy of the relevant information sheet. If not, they email them a copy.

Use of interpreters during Consumer Experience Report Interviews

Where an interpreter is required to conduct CER interviews, the team leader briefs the interpreter on the CER questions, acceptable rephrasing options and the purpose of the CER.

Conducting an interview using an interpreter

When the interview is in person, the Quality Surveyor and interpreter approach the care recipient together.

The interpreter asks the care recipient if they mind the interpreter helping you to communicate.

If the care recipient speaks some English, the Quality Surveyor provides them with the option to respond in English, and explains that the interpreter will be used as a backup if either of you are not certain you have understood each other.

The Quality Surveyor explains the confidentiality of the interview and that it is very important that all conversation during the interview needs to be translated into English.

Where possible, be seated in a triangle to encourage face-to-face communication. The interpreter should sit between the Quality Surveyor and the care recipient, but slightly aside. This is to reflect that the interview is between the Quality Surveyor and the care recipient.

Tips to facilitate a good interview

Quality Surveyors should:

- allow time for a formal introduction between the interpreter and the care recipient and for the interpreter to help build rapport between all three parties
- try to maintain eye contact with the care recipient (during face-to-face interviews).
- use short, simple sentences
- adjust the speed of conversation to suit the interpreter – it may or may not be necessary to speak slowly
- use a normal volume
- pause after every two to three sentences to allow the interpreter to translate
- don't use jargon, slang or jokes (they will not translate effectively)
- allow time for questions and clarifications
- regularly check and paraphrase to ensure the questions and responses are being understood
- ask the care recipient if they have any questions
- thank the care recipient and the interpreter.

Following the interview

When the interview is finished and the care recipient is no longer present, Quality Surveyors ask the interpreter if they would like to debrief or have any comments.

Interpreting by a Quality Surveyor, service staff or family member

Being bilingual doesn't mean that someone is able to interpret, and a Quality Surveyor who speaks the care recipient's language should not interview them in that language unless fluent. Similarly, it is not appropriate to use a member of the service's staff as an interpreter due to the importance of maintaining confidentiality.

Where an accredited interpreter has not been arranged prior, Quality Surveyors must use their judgment as to whether a family member or other representative is able to interpret. It is not appropriate for a child to fill this role.

7.6 Document and record review

Document and record review can further an assessment team's understanding of what a service does and provides essential information to corroborate the findings from observations and interviews.

Accessing documents and records at a services

Section 21 of the Accountability Principles provides that Quality Surveyors may:

- inspect any document or record kept by the approved provider
- take extracts from, or copies of, any document or record kept by the approved provider.

If the approved provider refuses the assessment team access to documents during a site visit, this may amount to a failure to comply with the provider’s responsibilities under the Act. The Quality Agency can then inform the Secretary of the Department of Health of the non-compliance. The Secretary may decide to impose sanctions pursuant to the Act.

Refer to the Quality Surveyor powers section for further guidance on access to premises and documentation.

Types of documentation and records to review

Material that is valuable for review falls into five main categories:

Documents which assist staff in their jobs	Policies, procedures, work instructions, manuals, care plans, medication management
Information for care recipients and their representatives	Brochures, handbooks, leaflets, emails
Forms	Assessment forms, data collection forms, comments and complaints forms, satisfaction surveys, training needs analyses
Records	Care recipient files, medical records, progress notes, meeting agendas and minutes, staff training records, personnel files, police checks
Reports	Internal audit and quality assurance reports, key performance indicator reports, incident reports, trend and data analysis, self-assessment information

Format of provider documentation

The format in which providers present their documents is their choice.

The service may:

- provide hard copy documents
- provide access for the team to review electronic documents and records on screen i.e. a read-only log-in
- delegate a staff member to access and navigate an electronic system on behalf of the team
- print hard copies of electronic documents to be reviewed.

Review starting point

Self-assessment and other sources of information about a service, such as previous assessment reports, provide a starting point for the assessment and document review in particular.

These sources contain information and evidence about the service and the results it has achieved previously, which may help the assessment team to direct their enquiries.

Information regarding continuous improvement in the service's self-assessment identifies information held by the service that demonstrates its performance and improvements.

Removing documents from the service

The Accountability Principles require approved providers to allow Quality Surveyors 'to take extracts from, or copies of, any document or record kept by the approved provider'.

However, a provider may refuse to release copies of documents relating to a care recipient, staff member or contractor if the person has not consented. Refusal of access in such cases does not constitute non-compliance with the provider's responsibilities under the Act (see section 23 of the Accountability Principles).

In practice, it is rare for material (original or copied) to be removed from a service to support the findings of an assessment.

Before deciding to take material from a service, the assessment team must:

- consider other options to demonstrate the service's performance
- be convinced that the removal of the material from the service is essential to demonstrate the service's performance
- have obtained the consent of the provider's delegate for the removal to take place.

Process for removing documents from the service

A list of any material being removed must be given to the person in charge at the exit meeting.

The material must:

- be handled carefully and securely
- be appended to the Quality Surveyors' notes (workbook)
- not be used for any purposes other than the assessment.

All materials removed, along with the Quality Surveyor's workbooks and report(s), must be posted in a poly-tough bag provided for the purpose or hand-delivered to the regional offices of the Quality Agency as soon as the Quality Surveyor has completed his or her report.

8 Evidence

Quality Surveyors collect information or evidence demonstrating a service's processes, practices and results in order to assess its performance against the relevant standards and expected outcomes. Information is gathered through observations, interviews and document review.

Surveyors analyse evidence to ensure it is reasonable and objective and apply the evidence in a way that supports the team's findings about the service.

Definition

Analysis is the process of validation and scrutiny of available evidence to come to a view that is reasonable and objective.

Reasonable refers to the ability of a decision-maker to understand the underlying logic of the surveyor in arriving at a particular finding.

Objective refers to conclusions that are fair, balanced and free from assumptions or opinions.

8.1 Analysing evidence

Methodology

All analysis is guided by the Quality Agency's nationally consistent methodology:

- consider the results first – that is, the tangible outcomes for care recipients
- consider the services' systems and processes
- determine the quality and quantity of available evidence
- weigh up all evidence that has been gathered.

Individual pieces of evidence are used to construct an overall picture of the service's compliance against the standards.

Quality Surveyors always consider a service's performance against a particular expected outcome in the context of the principle for the relevant standard.

Starting point

Start the analysis by looking at the implications for the welfare of the service's care recipients:

- What is not being delivered or not meeting the care recipients' needs and preferences?
- To which standards or outcomes does the deficiency relate?

Each piece of evidence should be considered for both its possible and actual impact. Gauging the impact allows Quality Surveyors to consider the extent of the problem.

Weighing up the evidence

Determining whether a service meets the standards requires informed judgment to identify the significance of individual pieces of information in leading to credible and logical conclusions.

The evidence must be:

- **competent:** accurate and consistent with the actual events and practices and corroborated from a variety of sources
- **sufficient:** in terms of both quality and quantity to enable an accurate conclusion to be drawn (i.e. derived from adequate sampling). This is particularly important where assessment teams identify that the service has failed to meet the expected outcome/s. In each of these cases, decision-makers must consider the evidence to determine whether there is serious risk
- **relevant:** bearing a strong and logical relationship to the relevant standard and expected outcome or outcomes.

Where there is conflicting information regarding a particular outcome, surveyors compare and consider the relative weight of the information. For example, polarised care recipient feedback where there is equal representation of satisfied and unsatisfied in relation to staff skills and knowledge.

Surveyors also seek contrary evidence, to test and validate the integrity of their evidence.

Factors to consider when weighing up the evidence

The main factors to consider when weighing up evidence are:

- Care recipient mix and individual care recipient needs – The higher the care needs of the care recipients, the more likely it is that adverse events may occur and the greater the extent of negative consequences if they take place.
- Management and staff skills and knowledge – Skilled and knowledgeable staff reduce the likelihood that adverse events will happen and their consequences will be fewer.
- Systems to identify risks and problems, then to monitor, assess and address them – The better these systems, the less likely it is that adverse events will happen and their consequences will be fewer.
- Governance – The stronger the leadership and strategic planning, the more adept the service will be at managing change.

8.2 Corroborating evidence

Quality Surveyors must always try to corroborate any information of note that they identify during an assessment.

Cross-checking and verifying several sources of information confirms the reliability of information collected and greatly reduces the likelihood of being misled by a single interview, document or one-off observation.

The best corroboration involves substantiation from at least two of the three types of information commonly used during an assessment: observation, interviews and document review.

It may involve:

- interview information corroborated by documents
- findings from the document review corroborated by observation and/or interview
- managers' statements corroborated by interviews and/or documents
- observation of recipient care corroborated by interviews and/or documentation
- several interviewees giving the same or similar information.

Judgement is required to determine when and how much corroboration is necessary to be confident about the facts that the assessment team will rely on to make its findings.

8.3 Serious risk

The following information provides a brief overview of what Quality Surveyors should do if possible serious risk is identified during an assessment.

Definition

The following definition of the term serious risk is adopted by the Quality Agency and is based on the ordinary meaning of the words when used individually and when used together.

Serious: Important, significant

Risk: Exposure to danger, injury or loss

Identification and management of serious risk – initial action

As soon as it becomes apparent that a service may not meet an expected outcome:

- The team leader must immediately contact the regional office of the Quality Agency by phone.
- If evidence indicates the possible failure has placed, or may place the safety, health or wellbeing of a care recipient(s) of the service at serious risk, the Regional Director or another delegate will determine what further action is required by the assessment team. This may include:
 - prioritising consideration of those expected outcomes related to the circumstances of serious risk
 - gathering further evidence about if and how a failure has placed or may place the safety, health or wellbeing of a care recipient(s) of the service at serious risk
 - seeking clarification from the approved provider of the service about any matters that require more information
 - advising the provider that in dealing with non-compliance the delegate is required to consider the impact of any failure in terms of the current, present or future risk to a care recipient(s).

The assessment team's priority upon notifying the Quality Agency is to gather and corroborate any further evidence and draft written information detailing:

- the evidence of a possible finding of serious risk
- the impact on individual care recipient(s).

The Regional Director or delegate will consider the need to suspend the assessment activity on site or change the scope to allow for the review of information and evidence relating to a possible finding of serious risk.

Requirement to consider serious risk

Whenever there is a failure to meet an expected outcome of the applicable standards, Sections 2.63 and 3.18 of the Principles require that the decision maker **MUST** consider whether this failure has placed or may place the safety, health or wellbeing of a care recipient at serious risk.

A serious risk decision can be made at any time the Quality Agency finds that there is a failure to meet an expected outcome of the applicable standards.

Maintaining contact and keeping parties informed

Once a possible serious risk has been identified it is important that the Regional Director or other delegate and assessment team maintain regular contact so that all parties are fully informed of any actions that may be taken.

The Regional Director will provide the assessment team with further instructions for the conduct of the assessment.

If the Regional Director considers that there is serious risk to a care recipient, they will contact the provider and request a response to the matters that are the reason for the risk within a very short timeframe.

At the conclusion of this timeframe, if the Regional Director decides that there is a serious risk, a serious risk report is provided to the Department of Health.

Decision making on serious risk

The assessment team do not make decisions about serious risk to care recipients.

When an assessment team identifies that an approved provider of a service may not meet one of the standards, they provide evidence in written form to the relevant Regional Office of the Quality Agency.

Further guidance

The Serious Risk Regulatory Bulletin should be referred to for further information around serious risk.

Part 3: Reporting findings

Assessment teams write reports after most assessments. Your responsibility as a Quality Surveyor is to document the evidence and findings of each assessment, in accordance with this guidance.

9 General report writing

Assessment teams write reports after most assessments. Your responsibility as a Quality Surveyor is to document the evidence and findings of each assessment, in accordance with the guidance provided here.

Reports are the primary record of an assessment and the major source of information for Quality Agency decision-makers when:

- evaluating performance and making compliance decisions against the legislated standards
- making decisions about a period of accreditation or outcomes of a quality review
- identifying individual case management needs.

Reports also inform future assessment teams of previous assessment findings.

Approved providers and their managers may also use our reports to assist them in determining actions that they may take to make improvements.

Audit reports from residential aged care services are also published on our website, where they may be accessed by the general public, members of the media, members of parliament and the legal profession.

9.1 Writing style

This section details the general writing style for all Quality Agency assessment reports.

Reports must include relevant and sufficient corroborated evidence to support the assessment team's findings and recommendations.

They should be written in plain English and state what is meant. A reader should not have to read between the lines or draw inferences.

Reports are written from the first person; 'we' is used when there is more than one surveyor and 'I' is used when there is only one. The phrase 'the assessment team' should not be used in a report.

Findings about performance must be reported accurately, clearly and concisely. Quality Surveyors present their findings effectively if they:

- write in a factual, clear and direct way
- use semiformal language
- avoid professional phrases and tradenames
- use facts, rather than opinions
- include professional opinions and analyses

- identify the source for the information
- use Australian conventions and standards to express dates, times numbers and temperatures
- use Quality Agency conventions when recording information about care recipients
- present information in an organised way, in accordance with the reporting templates.

Factual, clear and direct style

Facts provide a platform for clear and direct language. Present the facts in your report and avoid 'so what' statements.

'So what' statement

It is suggested that the Department of Health policy on and procedure of weight loss be adopted.

This statement does not provide sufficient information as to why this suggestion might be included in the report - "so what?"

Presenting the facts

Procedures do not provide adequate guidance to staff in the management of consumers' nutrition. For example, procedures have not been developed to instruct and guide staff on the appropriate action to take when consumers' weight loss is identified and how to address the situation.

This statement includes the reference to the evidence gathered on site and is presented as facts.

Semiformal language

Semiformal language is concise, direct and free of unnecessary jargon and padding. Informal, formal, colloquial, or abandoning language conventions are to be avoided.

Informal

Six consumers said they know what they are and aren't allowed to do and have in or at the service.

Semiformal

Six consumers indicated they understand their rights and responsibilities at the service.

Formal

Six consumers indicated understanding of their prudential, financial and contractual entitlements and obligations while they are living at the service.

Professional phrases and tradenames

Use plain English and avoid tradenames and words that may not be easily understood by the public, such as terms used in certain professions.

<i>Jargon</i>	<i>Plain English</i>
Non-compliance	Does not comply
Analgesia	Pain relief
Sun downing	Becoming restless at sunset
Imprest system	Medication stock
Montessori	Person-centred care
I -Pads	Electronic tablets
I-Care	Electronic care planning system
Webster pack	Blister pack medication

Opinion

It is difficult for decision-makers to make decisions if reports contain opinions that are presented as facts.

Opinion

The implementation of the new menu has been successful and the expected outcomes, therefore, now complies.

It is an opinion presented as a fact. It may be true but what evidence did the team gather to support this.

Factual

Feedback in the consumer satisfaction survey regarding catering services was poor. In response, the service implemented a new menu. Six consumers interviewed said the new menu was an improvement. Eight weight charts showed that consumers susceptible to weight loss have gained weight over the past three weeks.

This information is corroborated and presents the evidence gathered onsite. This example provides a number of pieces of evidence to counter the negative consumer feedback.

Professional opinion and analysis

Present your professional opinion as an analytical conclusion based on evidence and facts. Decision-makers require your analysis as well as facts.

Opinion

Consumer's mobility is being managed.

While this claim is likely to be true, readers cannot use unsupported opinions for making decisions. Ensure you present the evidence.

Factual

The service has a system in place to ensure consumers' mobility is being managed which includes:

- The regular assessment, evaluation and communication of consumers mobility needs and abilities.
- Regular staff training related to consumer mobility and transfer requirements.
- Referral to doctors and physiotherapists as necessary.
- Regular consumer group and individual exercise programs.
- Consumer access to transfer and mobility aids and equipment.

When you provide evidence to support your conclusion you give the reader confidence in your claim that there is a system in place.

Information source

Identify the source of information included in a report. Did the information come from an interview, observation or document?

No source	Source
Leisure activities occur at the service.	We observed leisure activities in progress and an activities program advertised on the notice board. Five out of six consumers interviewed indicate they participate in the activities program and are able to provide input and feedback on what they like to do to the leisure and lifestyle co-ordinator.
Lock-up procedures are followed each night.	The security check list files shows staff ensure the lock-up procedures are followed and checked off each night.
Staff sign a confidentiality agreement on the commencement of employment.	Five staff stated they signed a confidentiality agreement when they commenced working at the service. All seven staff files sampled included signed and dated confidentiality agreements.

Date

Use:	Instead of:
11 June 2010	11th June 2010
11-22 June 2010	11th to 22nd June 2010
2010-2020	11/06/2010 (this may be read this as 11 June 2010 or 6 November 2010)

Time

Use:	Instead of:
4.30pm (note there is no space between the pm and the number)	16.30
12 noon	12am
12 midnight	12pm

Numbers

Use the following convention for expressing numbers:

Number	Rules	Example
0 to 9	Write in words	zero, one, two, three
10 to 999	Express in digits	10, 11, 12, 314
Larger than 999	Bundle the digits in groups of three, separated by commas	10,321 or 250,516 or 2,324,365
Number is at the beginning of a sentence	Write in words, except if it is in a table or a list of dot points	Twenty care recipients completed a survey on food preferences.
Referencing the number of staff or care recipients/representatives in a report	Refer to the rules above	Three of 12 staff interviewed
When the number is a percentage	Use the % symbol, in conjunction with the above conventions	three % OR 30% OR Thirty % of care recipients

Temperatures

Use:	Instead of:
34.7 C	Thirty seven point four degrees Celsius
102 F	One hundred and two degrees Fahrenheit

Care recipients

When the assessment identifies an impact on the care and services received by a care recipient, include the care recipient's first initial, last name, date of birth, date of admission and relevant diagnoses.

For example, S. Edwards (date of birth 19 January 1943) entered the home on 10 February 2018, aged 75 years. The care recipient had a recorded diagnosis of hypertension, transient ischaemic attack, decreased mobility and dementia.

Where the care recipient is deceased, also include the date of death.

For example, S. Edwards (date of birth 19 January 1943) entered the home on 10 February 2018, aged 75 years, and passed away on 19 March 2018. The care recipient had a recorded diagnosis of hypertension, transient ischaemic attack, decreased mobility and dementia.

Templates

Report templates are attached to the work pack email sent to assessment teams for each assignment. Most residential aged care reports can also be generated in CAAT.

All report templates are pre-populated with details of the service, the approved provider and the assessment team.

Always use the report template generated from CAAT or provided in the work pack. Do not use old templates or reports as there may have been changes to content or formatting.

IMPORTANT: Reports are formatted to comply with accessibility requirements. Formatting should not be changed as this can make reports inaccessible to the public.

9.2 Service details

All report types contain basic details for the service and the approved provider.

For home care and NATSI flexible aged care reports, the service details are pre-populated in the report template attached to work pack emails.

For residential reports, the majority of fields in the home details and assessment contact details section are pre-populated when the activity is loaded to CAAT. The report template attached to work pack emails is also pre-populated with this information.

Work pack email

When using a template attached to the work pack email, input information or data where there is blue text and then change the colour of the text to black. This is generally done by the assessment team leader and includes:

- Number of care recipients during the assessment activity
- Number of care recipients classified as requiring high level care during the activity
- Special needs catered for (if applicable)
- Person in charge on the day.

CAAT

Where the report has been generated from CAAT, the assessment team leader should review the accuracy of the following fields, which are generated by CAAT based on entry and exit meeting start times:

- Time visit commenced
- Time visit finished
- Total surveyor hours worked on site

Total surveyor hours are calculated as total hours on site, less the time taken for a meal break, to the nearest half hour. For example, if there are two surveyors on site:

- Total hours per surveyor on site = 7
- Less half hour taken for lunch = 6.5
- Total surveyor hours worked on site = 6.5 hours x 2 = 13 hours

9.3 Referrals

The Quality Agency receives case source information about services from a number of sources, including the Department of Health, the Aged Care Complaints Commissioner, media, members of the public and staff.

Referral requirements

The assignment request will state whether there is information that must be followed up during an assessment.

When a referral is attached to an assessment, surveyors must, where possible, interview the individual/s that is the subject of the referral, and their family or representatives if they are present, about the matters raised in the referral. Information obtained is to be included in the report.

If the family or representatives are not present during a site visit, surveyors should ask the service for the person's phone number, ring them, ask them about the matters in the referral and include this information in the report.

Regional Directors and Regional Office Assistant Directors may also provide additional guidance about the approach to be taken when gathering evidence in response to a referral.

Department of Health

Referral type	Action
1	Information only
2	Follow up during the next scheduled visit
3	Schedule an assessment contact within 28 days
4	Schedule a review audit within seven days

Aged Care Complaints Commissioner

Referral type	Action
1	Consider in case management, risk assessment, planning and /or prioritising next visit
2	Consider outside routine schedule, including a possible visit to the service within two weeks
3	Schedule a review audit or quality review

9.4 Submitting reports

The timeframes for submission of a report are stated on assignment requests. These are internal timeframes which enable timely decision making.

Residential report	Timeframe
New (commencing) home report	Same day
Audit assessment information (announced site audits)	Within five business days of the exit meeting of the home meets all expected outcomes.

Residential report	Timeframe
	If the home meets less than 44 expected outcomes, the report is to be submitted as a matter of urgency, preferably within 24 hours of the exit meeting. The team leader should discuss the timeframe with their Manager.
Consumer experience report (site audits)	Within five business days of the exit meeting of the home meets all expected outcomes.
Audit report (announced site audit)	Within 14 days of the exit meeting.
Site audit report - including evidence (unannounced site report)	Within 7 days of the exit meeting.
Assessment contact report	Within five days of the exit meeting if the home meets all expected outcomes. Within 24 hours of the exit meeting if any expected outcomes are not met.

Home care report	Timeframe
Interim quality review report	Within five days of the exit meeting if the service meets all expected outcomes.
Final quality review report	Generated from interim quality review report.
Assessment contact report	Within five days of the exit meeting if the service meets all expected outcomes. Within 24 hours of the exit meeting if any expected outcomes are not met.

Final check

Before submitting a report, the assessment team must complete a final review to ensure:

- the audit trail is complete, in alphabetical order and reflects the scope of the audit
- the audit trail does not identify care recipients, representatives or any others interviewed who requested their identity be kept confidential
- for audit assessment information, every expected outcome has a finding, a rationale and supporting evidence
- no issues have been included that you did not mention to service during the assessment
- the report has been checked for spelling and compliance with the report writing guidelines and no changes have been made to template formatting.

Team endorsement

Each team member must review the report and email the team leader confirming that they accept the report as the record of the assessment activity.

Recommendation templates

Recommendation templates are attached to work pack emails for assessment contacts.

The majority of fields in the first section of the template are pre-populated. Team leaders must complete the fields in the second section of the template and email the completed template the Quality Agency decision-maker with the assessment contact report.

Administrative and logistical information

The following administrative and logistical details are to be communicated by email to the Regional Office Operations Manager/ Administration Team if identified during a site visit:

For residential services

- key personnel changes
- additional beds approved and date of effect
- progress in implementing additional beds
- imminent sale of the home
- planned building upgrades
- changes in the home or approved provider details.

For home care and flexible care services:

- key personnel changes
- new program types changes in the home or approved provider details.

These details should also be recorded in the Assessment contact recommendation at the end of each visit.

Electronic and hard copy documents

- The team leader's covering email to the Quality Agency should:
- include the service's name, RACS ID and type of visit in the subject heading
- state that all team members have endorsed the report
- notify any findings of failure to meet the Standards.

For final audit reports, if the team has made changes to any of the rationales so that the report is different to the assessment information, this must be stated in the covering email. The email is stored in the Quality Agency's IT system as a permanent record.

Hardcopy documents are to be either hand-delivered or posted, using the 'poly tough' bag provided by the Quality Agency.

Submit reports to:

Adelaide: sa_nt@aacqa.gov.au

Brisbane: qld.statemanager@aacqa.gov.au

Melbourne: vicqareports@aacqa.gov.au

Perth: wa@aacqa.gov.au

Sydney: decisionandcompliance@aacqa.gov.au

10 Analysing and reporting evidence

Gathering and analysing evidence about a service's performance against the standards is central to all assessments. It is the fundamental role of Quality Surveyors.

10.1 Audit trails

Reports include an audit trail which records the sources of information accessed by the team during the course of its assessment.

For residential reports, the audit trail is automatically populated when the report is generated in CAAT.

For home care and NATSI flexible aged care reports, the audit trail is included in the report template attached to the work pack and populated by the assessment team at the conclusion of the activity.

There are four principal sections in an audit trail:

- Interviews
- Sampled documents
- Other documents
- Observations.

Quality Surveyors must populate and check each section of the audit trail before finalising the report to ensure it accurately reflects the assessment information collected by the team.

Interviews

Record the job titles and numbers of people interviewed during the assessment, noting the following:

- names of care recipients and representatives interviewed are not recorded
- if there were sufficient interviews to ensure individuals cannot be identified, count care recipients and representatives separately; if not, combine them
- if asked to keep identifying information confidential group titles. For example, if there is only one person working in maintenance and they request not to be identified, list them with other staff such as leisure and lifestyle staff under 'ancillary staff'.

Sampled documents

Sampled documents are multiple documents of the same type relevant to the content of the report. Commonly sampled documents include care recipient files, medication charts and meeting minutes.

Quality Surveyors should:

- include items relevant to the content of the report. For example, if the team was assessing medication management, relevant items may include medication charts, incident reports and medication advisory committee minutes
- not include the dates of sampled documents, like minutes
- list documents in alphabetical order.

Other documents

Other documents are all other documents reviewed by the team during the assessment. Quality Surveyors should list these documents in alphabetical order.

Observations

Quality Surveyors should observe the physical environment, staffing practices and staff interaction with care recipients, and include relevant observations. For example, if the team was assessing medication management, relevant items may include storage of medication and medication round. It is not necessary to include micro items such as eye drops opened and labelled, disposable cups for medications and keys to medication trolley.

Quality Surveyors should avoid needless repetition. For example, record living environment rather than separate listings of care recipient rooms, dining room and activities area.

10.2 Rationales

A rationale statement sets out the assessment team's findings about whether a service meets an expected outcome. It is based on an analysis of the evidence gathered during the assessment.

Overview

The primary readers of rationales are decision-makers and approved providers or their managers.

Each expected outcome of the Accreditation Standards has a standard rationale statement, which is generated when a surveyor selects met or not met against the expected outcome in CAAT. Some expected outcomes also have optional statements, which surveyors may add or use to replace the default text.

There are no standard rationale statements for the Home Care Standards or Flexible Care Standards.

Requirements

It should be obvious to the reader that the rationale describes the service's performance in relation to the specific expected outcome, in the context of the defining principle for its standard.

The rationale should take into account information from interviews with care recipients and their representatives, particularly when the focus of the expected outcome has been identified as 'results for care recipients'. Individuals interviewed must not be identified.

When drafting rationales:

- Use clear and concise language and write in plain English. A rationale needs to be succinct, while adequately describing the reasons for the team's finding.
- Use correct tense, spelling, grammar and terminology.
- Structure sentences in a logical order.
- Present conclusions that are the reasons for the assessment team's findings about each of the expected outcomes.

- Be precise and succinct when describing any gaps or deficits. For example, don't say "the home/service does not have a system" if your supporting information shows that there is a system but it is not effective, or processes are not being followed, or it is not being maintained through monitoring and evaluation.
- Be direct in addressing key aspects of each of the expected outcomes.
- Demonstrate corroboration from a variety of sources.
- Use four to eight sentences. Don't write long, complex sentences – clarity will be lost. Rationales for home care expected outcomes may be longer, between eight and 12 sentences, to cater for the broader aspect of some of these expected outcomes.

Guiding approach

One approach to writing a rationale statement is to present conclusions in the following way:

- The conclusion about the service expressed in terms of the outcome. How does the finding relate to the expected outcome?
- The service's systems or processes, or lack of an effective system.
- How the service monitors the effectiveness of its systems or processes. What are the results?
- Staff practices. What are they?
- The consumer or representative view. What did care recipients and representatives say about the care and/or services they receive? In residential aged care, surveyors must also incorporate feedback from the Consumer Experience Report in the rationale.

10.3 Gathering and analysing evidence

Quality Surveyors must:

- gather sufficient, relevant evidence to assess a service's performance against the relevant standards and expected outcomes
- analyse the evidence to ensure it is reasonable and objective
- apply the evidence in a way that supports the team's findings about the service.

10.4 Reporting evidence

Reports must include sufficient, relevant evidence to support the assessment team's findings.

Evidence or facts must be included where there is an identified gap or a finding that an expected outcome is not met. Information may be included where the assessment team identifies good programs or projects.

Referring to a care recipient

If you are referring to evidence or facts you have obtained through observation of a care recipient or from a care plan, progress notes or other care documentation you should include the care recipients name, date of birth, date of entry to the home and diagnoses. This is necessary for two reasons:

It allows the approved provider to follow up and resolve any issues, to ensure the care recipients receive better care and services. This information is already known to the approved provider so there is no confidentiality issue, and it is not published.

It provides the decision-maker with sufficient information to determine whether there is a serious risk to the care recipient.

Surveyors should not link information to particular care recipients, representatives or staff if they have requested confidentiality.

Care recipients and representatives may provide feedback about systems and processes, which forms part of the information detailed in a report. Care must be taken if the information relates to one particular care recipient or representative. Surveyors should focus on corroborating the information from other sources, and reduce the likelihood the individual will be identified.

A care recipient may request or provide consent for their feedback to be raised with management. Their feedback together with the response from management may form part of the assessment team's evidence detailed in the report.

Guiding approach for making a finding of not met

Quality Surveyors should describe

- 1 **What you saw:** A care recipient, M.Baker, was observed shaking the grill doors at the rear of the unit, calling out 'let me out, I need to go home'. This occurred four times throughout a one hour period. We observed three care staff in the vicinity and none took any action. All three care staff stated this is normal for her. Review of the care plan and progress notes for this care recipient indicated strategies to help her settle were not documented and the tendency to call out was not noted.

Note: You can include the care recipient's name because you observed this person because you are not breaching confidentiality of information provided to you via interviews.

- 2 **What you were told:** Nine of ten care recipients/representatives interviewed stated they were not consulted about the lifestyle program. Two staff said there is no time to consult with individual care recipients.

Note: You cannot include the care recipient's name in your report in order to ensure confidentiality of information you were told during interviews.

- 3 **What you read:** Seven of eight care plans did not contain information about individual lifestyle assessments. These care plans were for the following care recipients: [list the care recipients].

Note: You can provide in the report the name of the consumer's care recipient's care plans you reviewed as you are not breaching confidentiality of information you have read.

- 4 **What the home's managers said in response:** Management said the care conference did not always include lifestyle programs.

Including information where the finding is met

Quality Surveyors may also include evidence and information where the finding is met. For example:

- to give recognition to good programs or projects the service provider has undertaken
- to record improvements which the team believes has resolved a previous failure to meet the expected outcome
- to record an aspect of the service provider's practices that is working well in spite of the deficiencies found
- to outline contradictory information; where this occurs, the assessment team must explain the degree of weight placed on the information and how the team concluded that the home or service meets the expected outcome
- to identify concerns or areas for improvement which may at present only have a low or indirect impact on care recipients
- where a care recipient or representative has requested and provided consent, information of their experience and results demonstrated by management in response to the care recipient or representative
- helpful information to support continuous improvement
- suggestions for possible improvements to systems.

Reporting negative evidence where the finding is met

Where the evidence and information detailed in a report is negative, it must be clear why the negative points have not caused the team to consider that the service does not meet the expected outcome. When presenting negative evidence and information, surveyors must include the response from management.

Suggestions for improvement

It is important that any suggestions for improvement are not represented as required actions. Do not use the words 'must' or 'should' when providing suggestions. More appropriate wording includes 'we suggested to management that they could review ...' or 'we discussed with management that advice on alternative activities may be sourced from ...' Suggestions must have been discussed during the assessment before being included in the report.

Organising evidence

Evidence to support the team's findings should be set out under headings that clearly relate to the conclusions presented in the rationale rather than listed by the source of the information.

Use bullet points to separate the distinct evidence and facts you have gathered that lead you to conclude there is a deficiency or gap in the systems, processes and/or practices. This will provide a clear connection to the rationale and will demonstrate that your conclusions are based on evidence and facts corroborated by more than one source.

11 Home care reports

Home care reports cover home care services, CHSP services, National Aboriginal and Torres Strait Islander flexible aged care program services and flexible care services where STRC is being delivered in a home care setting.

There are three types of reports for home and community care services: interim:

- interim quality review report
- final quality review report
- assessment contact report.

Home care reports are not currently published on the Quality Agency's website.

11.1 Interim quality review report

The interim quality review report is the first report produced following a quality review. The report contains the assessment team's rationales for its findings about the home care service's performance against all expected outcomes of the Home Care Standards and/ or Flexible Care Standards. It includes specific information that supports any gaps or finding that the service does not meet an expected outcome. It may also include suggestions for improvement.

Provision is made to provide separate information for different program types if the service receives both home care and CHSP funding.

The interim quality review report is sent to the approved provider, who has an opportunity to respond before a decision is made.

11.2 Final quality review report

The final quality review report is an abridged version of the interim quality review report. The report contains the assessment team's findings about the service's performance against all expected outcomes of the Home Care Standards and/ or Flexible Care Standards and the rationales.

Administration staff may assist assessment teams by compiling this report from the interim quality report, and providing it to the team for editing and endorsement.

11.3 Assessment contact report

Assessment contacts are targeted assessments of the service's performance against a number of expected outcomes of the Home Care Standards and/ or Flexible Care Standards.

The assignment request specifies the type of assessment contact (visit or desk) and what is to be assessed during the assessment contact.

The work pack includes the assessment contact template, which includes headings for each service type. The information is written in the same manner as for the interim quality review report, with consideration of evidence where applicable.

Surveyors must also complete the assessment contact recommendation included in the work pack email.

The assessment contact report is sent to the approved provider, who has an opportunity to respond before a decision is made.

12 Residential reports

Residential reports cover residential aged care services and flexible care services where STRC is being delivered in a residential care setting.

There are a number of reports for residential aged care, based on the assessment activity being conducted by Quality Surveyors.

This section provides information on:

- commencing home report for commencing services
- assessment contact report
- re-accreditation site audit reports, covering both the announced and unannounced process and the CER
- rationale statements including how to incorporate care recipient feedback
- SOFI
- review audit reports.

Audit reports and Consumer Experience Reports are published on the Quality Agency website

12.1 Commencing home report

In an accreditation application for a commencing home, the approved provider must show how the service will meet the applicable Standards once it is operating and give the Quality Agency an undertaking that it will undertake a program of continuous improvement.

Surveyors review the accreditation application and produce a commencing home report which details their findings regarding whether the application has addressed all of the expected outcomes of the standards.

Surveyors complete the activity at their desk, using the template attached to their work pack email. Surveyors must input where there is blue text, and convert the blue text to black once data has been entered.

Desk audits are a solo activity. The surveyor submits the report to a decision-maker, who decides whether or not the home will be granted initial accreditation for 12 months.

12.2 Assessment contact report

Assessment contacts are targeted, on-site assessments of the service's performance against a small number of expected outcomes of the Accreditation Standards. The assignment request specifies the expected outcomes to be assessed or may specify an assessment of one or more expected outcomes from known areas of risk. This may include assessing the expected outcomes of the relevant standards which had the highest incidence of non-compliance and serious risk across the sector in the previous financial year.

During an assessment contact surveyors must interview care recipients/representatives using the CER questions. Surveyors are not required to use a random sample approach or complete the excel spreadsheet, as a Consumer Experience Report is not produced. Rather, surveyors must include the views gathered through the interviews in the assessment contact report.

The assessment contact report contains:

- the assessment team's rationales for its findings about the service's performance against the expected outcomes
- recent examples of continuous improvement
- evidence, if the team has identified any gaps or if the team found the service does not meet the expected outcome
- care recipients/representatives responses to consumer experience interview questions.

The report may also include suggestions for improvement.

The team leader exports the assessment contact report from CAAT once the team has finalised their entries in CAAT. The report is exported in a word document, so the team can edit and finalise content before emailing the report to the operations team or a decision-maker. The team leader must also complete the assessment contact recommendation and ensure this is provided with the report.

The assessment contact report is sent to the approved provider, who has an opportunity to respond before a decision is made.

12.3 Re-accreditation site audit reports

The reporting process for site audits varies depending on whether the site audit is conducted announced or unannounced. Information on the two reporting processes is outlined below.

Announced site audit: Assessment information report and site audit report

Assessment information report

The assessment information report is produced following an announced site audit. The report contains:

- the assessment team's rationales for its findings about the service's performance against all expected outcomes of the relevant standards
- additional information, if the team has identified any gaps
- supporting information, if the team found the service does not meet the expected outcome.

The assessment team leader exports the audit assessment information report from CAAT once the assessment team has finalised their entries in CAAT. The report is exported in a word document, so the team can edit and finalise content before emailing the report to a decision-maker.

The audit assessment information report is sent to the approved provider, with the Consumer Experience Report. The provider has an opportunity to respond before a decision is made.

Site audit report

The site audit report is an abridged version of the audit assessment information report. The report contains the rationales for the assessment team's findings about the service's performance against all expected outcomes. Additional and supporting information are not included in this report.

Administration staff may assist assessment teams by compiling this report from the audit assessment information report, and providing it to the team for editing and endorsement. Surveyors must ensure the audit report reflects the feedback in the CER and other interviews (see Rationales and care recipient feedback) and the two documents are aligned. Team leaders should check this prior to submission.

The site audit report is published with the Consumer Experience Report on the Quality Agency website, along with our decision.

Unannounced site audit: Site audit report and evidence document

The assessment team will produce the following reports and submit them to the Quality Agency within seven days:

- Site audit report
- Site audit report evidence document
- Consumer Experience Report.

The site audit report, site audit report evidence and Consumer Experience Report are sent to the provider. The provider has an opportunity to respond before a decision is made.

Site audit report

This site audit report provides the team's assessment of the approved provider's performance, in relation to the service, against the Accreditation Standards, and any other matters the assessment team considers relevant.

Information that the assessment team considered prior to the site audit, such as the pre-audit interviews, self-assessment information and application are to be detailed in the Audit trail section of the report under 'Other evidence reviewed by the team'. Pre-audit interviews are not to be included in the 'Interviews' section as this reflects interviews conducted during the site audit.

The site audit report is published to the Quality Agency's website.

Site audit report evidence

The site audit report evidence must include sufficient and relevant evidence that the assessment team considered in the assessment of performance against the Accreditation Standards including information about the care of individual care recipients. The evidence provides information and further explanation to support the relevant rationale statements in the site audit report and allows the Quality Agency to make informed and considered decisions.

Evidence with analysis must be included where there is an identified gap, areas for improvement or an assessment that an expected outcome is not met. Avoid including a list of information or data and instead outline what information was reviewed, observed or provided through interviews; information obtained from the provider regarding the information (provider response); and the results of the team's analysis of the information.

Information may also be included where the team identifies actions or initiatives that demonstrate 'better practice'.

Where the assessment team is recommending that an expected outcome is met and no issues have been identified, the 'Evidence considered in assessment of performance against the standards' should indicate that the team did not find any evidence of non-compliance against the expected outcome.

Note that there is a new 'evidence' heading and this has replaced previous 'supporting information' and 'additional information' headings.

The evidence document that is supplementary to the site audit report contains protected information and is therefore not published on the Quality Agency website with the site audit report.

12.4 Consumer Experience Report

The Consumer Experience Report is produced following a site audit where the assessment team has interviewed the required number (at least 10 per cent) of care recipients living in the home.

Randomly sampled care recipients are asked a core set of 12 consumer experience interview questions. Questions one to ten have standardised response options and are included in the Consumer Experience Report. Questions 11 and 12 are free text questions and are not included in the Consumer Experience Report.

Currently, the assessment team leader combines the interview responses team members have received on a CER excel spreadsheet to produce the report prior to leaving site, and provides an overview of the findings to service staff during the exit meeting. Before doing so, the team leader should check the report to ensure no duplications have occurred and the required number of interviews has been achieved.

The team leader also includes feedback from the CER in relevant rationales in the assessment information report.

In future, the CER will be integrated into CAAT. Team members will be able to record interview responses in CAAT and the team leader will export the CER report from CAAT, together with the audit assessment information report.

The CER is sent to the approved provider with the audit assessment information report and published with the audit report on the Quality Agency website.

12.5 Review audit reports

Audit assessment information

The assessment information report is produced following a review audit. The report contains:

- the assessment team's rationales for its findings about the service's performance against all expected outcomes of the relevant standards
- additional information, if the team has identified any gaps
- supporting information, if the team found the service does not meet the expected outcome.

The assessment team leader exports the audit assessment information report from CAAT once the assessment team has finalised their entries in CAAT. The report is exported in a word document, so the team can edit and finalise content before emailing the report to a decision-maker.

The audit assessment information report is given to the approved provider and they have an opportunity to respond before a decision is made.

Review audit report

The review audit report is an abridged version of the audit assessment information report. The report contains the rationales for the assessment team's findings about the service's performance against all expected outcomes. Additional and supporting information are not included in this report.

Administration staff may assist assessment teams by compiling this report from the audit assessment information report, and providing it to the team for editing and endorsement. Surveyors must ensure the audit report reflects the feedback from interviews.

The review audit report is published on the Quality Agency website, along with our decision.

12.6 Rationales and care recipient feedback

A rationale statement sets out the assessment team's findings about whether a service meets an expected outcome. This section provides information on rationale statements in residential assessment reports, including how to incorporate care recipient feedback.

Standard rationales

Standard met rationale statements are generated when a surveyor selects met or not met against the expected outcome in CAAT. Surveyors may generate the met rationale as a starting point, and turn it into a negative if the team finds the service has failed to meet the expected outcome.

Rationales for universal outcomes

There are three universal outcomes in the Accreditation Standards - 1.1 Continuous improvement, 1.2 Regulatory compliance and 1.3 Education and staff development.

For each universal outcome, CAAT generates a description of the home’s overall process in Standard 1, and refers to that under Standards 2, 3 and 4. That is:

- Standard 1 has a complete rationale (plus any information specific to Standard 1)
- Standards 2, 3 and 4 refer back to the rationale in Standard 1, along with a description of any processes that are specific to the standard.

Rationales for the continuous improvement outcomes also include examples of one or more improvements for each standard. The examples are included in the published audit report and should cover:

- How the need for improvement was identified. For example, from care recipient or staff feedback, or through the home’s monitoring and review processes.
- What was done and how it addresses the problem.
- What are the results.

Incorporating care recipient and representative feedback

Surveyors must reflect care recipient and representative feedback in the rationale statements. This includes feedback from consumer experience interviews and other interviews.

Including care recipient and representative feedback in the rationale statements ensures:

- the feedback is visible in the audit report published on the Quality Agency website
- the audit report is consistent with the CER report, which is also published on the Quality Agency website.

When incorporating the CER results and other feedback in a rationale, surveyors should:

- identify which rationale the feedback relates to, and include the finding as the final sentence or sentences in the rationale
- reflect all the evidence, both positive and negative
- analyse and summarise the responses rather than quoting care recipients or representatives directly, or conveying every response; the person reading the audit report will go to the CER report if they want more detailed data
- consider whether to also reflect the approved provider’s comments when the care recipients’ comments are not particularly positive
- use words, rather than percentages or numbers (see table below).

Percentage	Suggested words
0-25%	A small proportion of care recipients interviewed.
40-60%	Approximately half of care recipients interviewed.
50-60%	Over half of care recipients interviewed.
60-80%	The majority of care recipients interviewed.
Over 80%	A high proportion of care recipients interviewed.

EXAMPLE STATEMENTS

Expected outcome 1.6

Without management feedback

A high proportion of care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles. A small number of respondents to a consumer experience interview said new and agency staff do not always have appropriate knowledge levels and for one respondent, this impacted on how well they perceived the home was run.

With management feedback

A high proportion of respondents to a consumer experience interview said they are satisfied staff have the knowledge and skills to perform their roles. A small number said some staff do not always have appropriate skill levels and one respondent said staff were rushed at times. Management advised they have recently increased staffing numbers, are monitoring staff performance, have reminded staff of organisational expectations and will be providing additional training to ensure care recipients are treated with dignity and respect at all times.

Expected outcome 3.4

Without management feedback

Care recipients and representatives interviewed are satisfied care recipients are supported on entry to the home and on an ongoing basis, including during times of personal crisis. The majority of care recipients who participated in a consumer experience interview agreed or strongly agreed that there are staff they can talk to if they are feeling sad or worried. A small proportion disagreed or provided a neutral response, stating they preferred to deal with emotional matters themselves or talk to family and friends.

Expected outcome 3.5

Without management feedback

Care recipients and representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home. A high proportion of care recipients who participated in a consumer experience interview stated they are encouraged to do as much as possible for themselves. A small number gave a neutral response as they can do things for themselves.

With management feedback

A high proportion of care recipients and representatives interviewed, including those who participated in the Consumer Experience Report, agreed or strongly agreed they are satisfied with the assistance provided to care recipients to achieve independence. One respondent said while they are encouraged to be independent, they would like to be more independent. Management said staff are currently completing 'Positive Well Being Model of Care' training.

Expected outcome 3.6

Without management feedback

A high proportion of care recipients and representatives interviewed said staff treat them with respect always or most of the time. Some care recipients said they are treated with respect some of the time but did not give any further information.

Expected outcome 4.4

Without management feedback

Care recipients and representatives interviewed, including those who participated in the Consumer Experience Report, said they feel safe at the home and the living environment is clean and comfortable.

Expected outcome 4.8

Without management feedback

Care recipients and representatives interviewed are satisfied the hospitality services meet their needs and help them to feel at home. A high proportion of care recipients who responded to the consumer experience interview reported they liked the food at the home, while a small number of care recipients said they like the food some of the time, without providing further details.

With management feedback

Care recipients and representatives interviewed are satisfied with the hospitality services provided by the home. A high proportion of care recipients interviewed as part of the Consumer Experience Report stated they like the food most of the time or always, while a small proportion said they never like the food. Management said catering feedback is sort at monthly care recipient meetings, care recipient preferences are identified and alternative meals are provided.

12.7 Short observational framework for inspection

Many people in residential aged care are living with dementia or have communication difficulties. While some may not want or be able to comment directly about their experience or the quality of the care they receive, Quality Surveyors can gain insights into the care recipient's experience through a short observational framework for inspection.

Surveyors conduct a SOFI in re-accreditation and review audits and assessment contacts, and record it in the audit trail as a short group observation. Using SOFI helps us to better understand the care recipient's experience. It provides an insight into their wellbeing and the quality of care that is provided to them.

Attachments

Attachment A: Quality Assessor Code of Conduct

Quality Assessor Code of Conduct

A quality assessor must observe the Quality Assessor's code of conduct as follows:

1. Act professionally and accurately report findings in a consistent and an unbiased manner.
2. Undertake audits only in accordance with Quality Agency procedures and policies.
3. Maintain professional standards of dress and behaviour and wear my registration badge when on Quality Agency assignments.
4. Respect the in-house rules of any organisation I am visiting and keep my mobile phone turned off or silent during all visits.
5. Maintain my competence and knowledge of contemporary practice.
6. Not misrepresent my own or any other individual's qualifications, competence or experience, nor undertake auditing work beyond my expertise.
7. Disclose to the Quality Agency any current or prior working or personal relationships that may be seen as a conflict of interest or that may influence my judgment.
8. Not enter into any activity which may be in conflict with the best interests of the Quality Agency or that would prevent the performance of my duties in an objective manner.
9. Adhere to the requirements of the Quality Agency Act and the *Privacy Act 1988* and not discuss or disclose any information relating to an audit unless required to by law.
10. While conducting assignments for the Quality Agency not represent any other business interests.
11. Not use my registration as an assessor to promote any business in which I may have an interest.
12. Not accept any inducement, commission, gift or any other benefit from any interested party.
13. Not communicate false, erroneous or misleading information that may compromise the integrity of any audit.
14. Not act in any way that would prejudice the reputation of the Quality Agency, assessors or the accreditation process.
15. Cooperate fully with any enquiry in the event of any complaint about my performance as an assessor or any alleged breach of this code.

Attachment B: Conflict of Interest Quality Assessor Policy

Guidance - Promoting other business interests

The Quality Assessor Conflict of Interest Policy states a quality assessor must not improperly use Quality Agency information or their duties, status, power or authority to gain, or seek to gain, a benefit or an advantage for the quality assessor or any other person (section 7.14).

The Policy provides the following example of this type of conflict:

An external, contracted quality assessor who is employed with an approved provider of aged care acting as the person in charge during a Quality Agency visit to one of the approved provider's residential aged care services (section 17.16.2).

Quality assessors have requested guidance as to why this is a conflict.

The role of Assessors

Quality assessors are employees of the Quality Agency appointed to perform statutory functions under the Quality Agency Act and Principles. The role of quality assessors is conducting assessments. These assessments are the basis on which the Quality Agency makes its statutory decisions and determines the nature and extent of compliance monitoring activities with aged care services. It is therefore integral to public confidence in the Quality Agency that a quality assessor's findings are perceived to be impartial.

Why does the Quality Agency consider this a conflict?

It is the Quality Agency's view that an external, contracted quality assessor who acts as the person in charge during a Quality Agency visit to one of the approved provider's services may be perceived to be using Quality Agency information to gain, or seek to gain, a benefit or advantage for the approved provider of the service. This perception threatens public confidence in the integrity of the quality assessor's findings, and the impartiality of the Quality Agency's decision.

Quality assessors have also reported circumstances where, during the course of an assessment, external contracted assessors who are working at the service have:

- embraced members of the assessment team at the commencement of an assessment
- spoken in a familiar manner of having undertaken Quality Agency assessments with members of the assessment team during meetings with staff
- attempted to restrict who the assessment team interviews
- followed the assessment team while they are attempting to conduct confidential interviews
- attempted to influence the assessment team's findings by stating they will contact the decision maker, whom they know, to discuss a matter directly.

It is the Quality Agency's view that in each of these circumstances, the external contracted quality assessor is improperly using Quality Agency information and their status, power and

authority as a contracted assessor to gain, or seek to gain, a benefit or an advantage for the approved provider of the service.

To mitigate this occurring, the Quality Agency expects external contracted assessors to remove themselves, to the extent possible, from an assessment when they are working as an employee of a service when the Agency is undertaking an assessment.

Attachment C: Consumer Experience Report Sampling Factsheet

The Consumer Experience Report is produced following a re-accreditation audit where the assessment team has interviewed the required number (at least 10 per cent) of care recipients living in the home.

Randomly sampled care recipients are asked a core set of 12 consumer experience interview questions. Questions one to ten have standardised response options and are included in the Consumer Experience Report. Questions 11 and 12 are free text questions and are not included in the Consumer Experience Report.

Currently, the assessment team leader combines the interview responses team members have received on a CER excel spreadsheet to produce the report prior to leaving site, and provides an overview of the findings to service staff during the exit meeting. Before doing so, the team leader should check the report to ensure no duplications have occurred and the required number of interviews has been achieved.

The team leader also includes feedback from the CER in relevant rationales in the assessment information report.

In future, the CER will be integrated into CAAT. Team members will be able to record interview responses in CAAT and the team leader will export the CER report from CAAT, together with the audit assessment information report.

The CER is sent to the approved provider with the audit assessment information report for **announced site audits** and published with the audit report on the Quality Agency website.

For **unannounced site audits**, the CER is sent to the approved provider with the site audit report and the site audit report evidence document.

Glossary

CAAT	Computer assisted audit tool
CER	Consumer Experience Report
CHSP	Commonwealth Home Support Programme
CPD	Continuing professional development program
ISQua	International Society for Quality in Health Care
PD	Professional development
SOFI	Short observational framework for inspection
STRC	Short-term restorative care
The Accountability Principles	Accountability Principles 2014
The Act	<i>Aged Care Act 1997</i>
The Principles	Quality Agency Principles 2013
The Quality Agency	Australian Aged Care Quality Agency
The Quality Agency Act	<i>Australian Aged Care Quality Agency Act 2013</i>
The Reporting Principles	Quality Agency Reporting Principles 2013