



# Quality review guidelines

November 2015



Australian Government  
Australian Aged Care Quality Agency

[www.aacqa.gov.au](http://www.aacqa.gov.au)

HDB-ACC-0026 v14.0

ISSN 2205-6653 (Online)

Enquiries:

Director  
Australian Aged Care Quality Agency  
PO Box 773  
Parramatta NSW 2124  
AUSTRALIA

**Users of this handbook should refer to all relevant legislation, including the *Aged Care Act 1997*, *Quality of Care Principles 2014*, *Australian Aged Care Quality Agency Act 2013* and the *Quality Agency Principles 2013*.**



The Quality Agency is accredited by the International Society for Quality in Health Care (ISQua).

This guide informs our quality reviewer training program.

Copyright

Australian Aged Care Quality Agency (Quality Agency) encourages the dissemination and exchange of information. All material presented within this guide and on our website is provided under a Creative Commons Attribution 3.0 Australia, with the exception of:

- the Quality Agency's logo, and content supplied by third parties.



The details of the relevant licence conditions are available on the Creative Commons website, as is the full legal code for the CC BY 3.0 AU license.

#### **Attribution**

Material obtained from this guide is to be attributed to the Quality Agency as:

© Australian Aged Care Quality Agency 2015.

**CITE.** Australian Aged Care Quality Agency 2015, *Quality Review Guidelines*, Australian Aged Care Quality Agency, Parramatta.

[Australian Aged Care Quality Agency](http://www.aacqa.gov.au)<sup>1</sup>

---

<sup>1</sup> <http://www.aacqa.gov.au/>



**Australian Government**  
**Australian Aged Care Quality Agency**

---

# **QUALITY REVIEW GUIDELINES**

November 2015

## TABLE OF CONTENTS

<b>SECTION 1: QUALITY REVIEW FRAMEWORK .....</b>	<b>6</b>
1.1 PROVIDER RESPONSIBILITIES .....	6
1.2 HOME CARE PACKAGES PROGRAM AND CONSUMER DIRECTED CARE (CDC) ....	6
1.3 COMMONWEALTH HOME SUPPORT PROGRAM (CHSP).....	7
1.4 MEETING THE HOME CARE STANDARDS.....	8
1.5 COMPLAINTS .....	8
<b>SECTION 2: HOME CARE STANDARDS AND QUALITY REVIEWS .....</b>	<b>10</b>
2.1 QUALITY REVIEW .....	10
2.2 HOME CARE STANDARDS .....	10
<b>SECTION 3: THE QUALITY REVIEW PROCESS.....</b>	<b>13</b>
3.1 PLANNING FOR THE QUALITY REVIEW.....	13
3.1.1 Confirmation of service details .....	13
3.1.2 Confirming quality review dates .....	14
3.2 NOTIFICATION OF QUALITY REVIEW .....	14
3.3 QUALITY REVIEW PREPARATION.....	14
3.3.1 Site visit schedule.....	14
3.3.2 Self-assessment.....	16
3.3.3 Informing care recipients.....	16
3.3.4 Interpreters .....	17
3.4 CONDUCTING THE QUALITY REVIEW (SITE VISIT) .....	17
3.4.1 Entry meeting .....	17
3.4.2 Quick tour of the site.....	17
3.4.3 Collecting information .....	17
3.4.4 Regular meetings.....	18
3.4.5 Exit meeting.....	18
3.5 QUALITY REVIEW REPORTING .....	19
3.5.1 Interim quality review report and provider response.....	19
3.5.2 Final quality review report.....	19
3.6 PLAN FOR CONTINUOUS IMPROVEMENT (PCI Decision).....	19
3.7 TIMETABLE FOR IMPROVEMENT (TFI).....	20
3.7.1 End-of-TFI report .....	20
3.7.2 End-of-TFI decision .....	21
3.8 CONTINUING FAILURE TO MEET THE STANDARDS .....	21
3.8.1 Case management .....	21

3.9 DECISION MAKING PROCESS.....	22
<b>SECTION 4: ASSESSMENT CONTACTS .....</b>	<b>23</b>
4.1 ASSESSMENT CONTACT TIMEFRAMES.....	23
4.2 WHAT HAPPENS DURING AN ASSESSMENT CONTACT?.....	23
4.3 HOW ARE CARE RECIPIENTS INVOLVED IN AN ASSESSMENT CONTACT?.....	24
4.4 WHAT HAPPENS AFTER AN ASSESSMENT CONTACT? .....	24
<b>SECTION 5: FEEDBACK.....</b>	<b>26</b>
<b>SECTION 6: CONTINUOUS IMPROVEMENT .....</b>	<b>27</b>
6.1 WHAT IS CONTINUOUS IMPROVEMENT? .....	27
6.2 CONTINUOUS IMPROVEMENT CYCLE .....	28
6.3 KEEPING TRACK OF IMPROVEMENTS .....	29
6.3.1 Plan for continuous improvement (PCI) .....	29
6.3.2 Continuous improvement and self-assessment.....	29
6.3.3 Failure to demonstrate continuous improvement .....	30
<b>SECTION 7: GLOSSARY OF TERMS .....</b>	<b>31</b>

## SECTION 1: QUALITY REVIEW FRAMEWORK

A quality review is conducted to assess whether a provider delivers aged care services in the community in accordance with the Home Care Standards.

The Australian Aged Care Quality Agency (the Quality Agency) assumed responsibility for the undertaking of quality reviews from 1 July 2014.

These guidelines describe how quality review of services under the Home Care Package Program (HCPP) and the Commonwealth Home Support Program (CHSP) is carried out.

The guidelines are consistent with the Quality Agency Principles 2013 that prescribe the process of quality review for services.

All services will receive a quality review. We take a case management and proportionate approach to our quality review work. This means that we take into account each provider's circumstance and service delivery characteristics in deciding the most appropriate arrangements for reviewing their performance. This will typically involve an on-site visit or could involve a desk review supported by written evidence.

### 1.1 PROVIDER RESPONSIBILITIES

The requirements for providers delivering aged care in the community are detailed under the *Aged Care Act 1997*, other legislation (refer to [Guide to Aged Care Law<sup>2</sup>](#)) and/or through funding agreements between the Australian Government and the provider.

### 1.2 HOME CARE PACKAGES PROGRAM AND CONSUMER DIRECTED CARE (CDC)

A home care package is a coordinated package of services tailored to meet the consumer's individual care needs. It provides older people who want to stay at home with access to a range of ongoing personal services, support services and clinical care that help them with their day to day-to-day activities.

There are four levels of home care packages:

- Home care level 1 – to support people with basic care needs
- Home care level 2 – to support people with low level care needs
- Home care level 3 – to support people with intermediate care needs
- Home care level 4 – to support people with high care needs.

---

<sup>2</sup> <http://guides.dss.gov.au/guide-aged-care-law>

From 1 July 2015 all Home care packages must be delivered on a CDC basis.

CDC is a way of delivering services that allows consumers to have greater flexibility and control over their own lives by allowing them to make choices about the types of care and services they access, and the delivery of those services, including who will deliver the services and when.

The guiding approaches that underpin the operation and delivery of home care packages on a CDC basis are:

- choice and flexibility
- care and services
- an individualised budget and monthly statement of available funds and expenditure

For more information about the Home Care Packages Program or CDC visit the [Department of Health website](#)<sup>3</sup>.

### 1.3 COMMONWEALTH HOME SUPPORT PROGRAM (CHSP)

The CHSP commenced on 1 July 2015, as a part of the Australian Government's continuing aged care reforms. It is a change designed to help frail, older people maximise their independence and stay in their homes and/or their communities for longer.

The CHSP brings together the following programmes:

- Commonwealth Home and Community Care (HACC) Program
- National Respite for Carers Program (NRCP)
- Day Therapy Centres (DTC) Program
- Assistance with Care and Housing for the Aged (ACHA) Program

The CHSP is one consolidated programme that provides entry-level home support for older people who need assistance with daily living to keep living independently at home and in their community for as long as they desire and are able to do so.

There are four sub-programmes that make up the CHSP:

- **Community and home support:** to provide entry-level support services to assist frail, older people to live independently at home and in the community
- **Care relationships and carer support:** to support and maintain care relationships between carers and clients, through providing good quality care for frail, older people so that their regular carer can take a break
- **Assisting with care and housing:** to support vulnerable clients to remain in the community through accessing appropriate, sustainable and affordable housing and linking them where appropriate, to community care and other support services

---

<sup>3</sup> <https://www.dss.gov.au/>

- **Service system development:** to support the development of the community aged care service system in a way that meets the aims of the programme and broader aged care system

Please note however only the Community and Home Support sub-programme and the Care Relationships and Carer Support sub-programme are required to undergo quality reviews.

For more information about the CHSP visit the [Department of Health website](#).

## 1.4 MEETING THE HOME CARE STANDARDS

Providers are required to demonstrate they meet the Home Care Standards and services offering home care packages have an obligation under the *Aged Care Act 1997*.

Where there are contractual requirements outlined in a funding agreement between the Australian Government and provider, the provider responsibilities are set out in that agreement. If the provider fails to meet its responsibilities outlined in the agreement the Department of Health (the department) may issue an event of default.

In deciding if the service meets or does not meet the Home Care Standards we will take into account any information given by a provider in relation to a report by a quality review team. Where a service does not meet the Home Care Standards we will fix a timetable for the service to make improvements to meet the Standards.

We will inform the department about the failure to meet the Home Care Standards.

## 1.5 COMPLAINTS

You can provide feedback or make a complaint about the quality review process at any time. For information please see Section 5.

We are not responsible for the handling or investigation of complaints regarding aged care matters. This responsibility is tasked with the Aged Care Complaints Scheme (the Scheme).

The Scheme provides a free service to anyone who wishes to raise concerns about the quality of care or services being delivered by aged care services subsidised by the Australian Government, including:

- Residential care
- Home Care Packages

- Commonwealth Home Support Programme
- Flexible care, including National Aboriginal and Torres Strait Islander Programme, Multipurpose Services and Innovative Care including Transition Care

For more information visit the [Aged Care Complaints Scheme website](#)<sup>4</sup>.

---

<sup>4</sup> <http://agedcarecomplaints.govspace.gov.au/>

## **SECTION 2: HOME CARE STANDARDS AND QUALITY REVIEWS**

Quality reviews are conducted to promote and monitor the quality of care and services provided by aged care providers and to encourage providers to improve their service delivery.

### **2.1 QUALITY REVIEW**

We are responsible for conducting quality reviews. During a quality review, a provider's systems and processes are assessed to determine how it meets the Home Care Standards to ensure:

- Safe, high-quality services are delivered
- Service provision meets the identified needs of care recipients.

Providers are expected to review, refine and continually improve service delivery by adopting continuous improvement activities to ensure high quality services for their care recipients.

### **2.2 HOME CARE STANDARDS**

The primary objectives of the Home Care Standards are to:

- assist providers in delivering high quality care for their care recipients
- inform care recipients of the standard of care they can expect to receive
- support providers in achieving quality in administering and managing their services
- provide a basis for promoting and monitoring service delivery as part of the broader regulatory framework for ensuring quality in the delivery of Australian Government-subsidised aged care services in the community.

There are three standards each supported by a principle and 18 expected outcomes.

Figure 2.1 Home Care Standards

<p><b>Standard 1 – Effective management</b> The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.</p>
<p><b>Expected outcome 1.1 Corporate governance</b> The service provider has implemented corporate governance processes that are accountable to stakeholders.</p>
<p><b>Expected outcome 1.2 Regulatory compliance</b> The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.</p>
<p><b>Expected outcome 1.3 Information management systems</b> The service provider has effective information management systems in place.</p>
<p><b>Expected outcome 1.4 Community understanding and engagement</b> The service provider understands and engages with the community in which it operates and reflects this in service planning and development.</p>
<p><b>Expected outcome 1.5 Continuous improvement</b> The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.</p>
<p><b>Expected outcome 1.6 Risk management</b> The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.</p>
<p><b>Expected outcome 1.7 Human resource management</b> The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.</p>
<p><b>Expected outcome 1.8 Physical resources</b> The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.</p>
<p><b>Standard 2 – Appropriate access and service delivery</b> Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.</p>
<p><b>Expected outcome 2.1 Service access</b> Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of their available resources and program eligibility.</p>
<p><b>Expected outcome 2.2 Assessment</b> Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.</p>
<p><b>Expected outcome 2.3 Care plan development and delivery</b> Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.</p>

## Standard 2 – Appropriate access and service delivery

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

### Expected outcome 2.4 Service user reassessment

Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user's needs. Each service users' care/service plans are reviewed in consultation with them.

### Expected outcome 2.5 Service user referral

The service provider refers service users (and/or their representative) to other providers as appropriate.

## Standard 3 – Service user rights and responsibilities

Each service user (and/or their representative) is provided with information to assist them to make service choice and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

### Expected outcome 3.1 Information provision

Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

### Expected outcome 3.2 Privacy and confidentiality

Each service user's rights to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.

### Expected outcome 3.3 Complaints and service user feedback

Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

### Expected outcome 3.4 Advocacy

Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

### Expected outcome 3.5 Independence

The independence of service users is supported, fostered and encouraged.

For more information about the requirements of each of the expected outcomes refer to our Home care Practices and processes guide, which can be found on [our website](#)<sup>5</sup>.

<sup>5</sup> <http://www.aacqa.gov.au/>

## **SECTION 3: THE QUALITY REVIEW PROCESS**

Services under the Home Care Packages Program undergo a quality review at least once every three years.

We may decide to undertake additional quality reviews in certain circumstances where a service has difficulty meeting the Standard.

The components of the quality review process include:

- planning for the quality review
- notification of the quality review
- quality review preparation
- conducting quality review (includes a site visit for all services under the Home Care Packages Program)
- quality review reporting
  - Interim quality review report and provider response
  - Final quality review report
- plan for continuous improvement (PCI) decision
- timetable for improvement (End of TFI) decision
- continuing failure to meet the Home Care Standards

### **3.1 PLANNING FOR THE QUALITY REVIEW**

#### **3.1.1 Confirmation of service details**

Planning for the quality review begins approximately six months before a service is due for their review. This step is to seek confirmation of details about the service. This information is required to assist in the planning and scheduling of the quality review.

Details to be confirmed include:

- details of the quality review contact person
- location(s) of the service including locations from which the services/programs are being delivered
- service/programs delivered from the service
- special needs groups
- significant planning days

### **3.1.3 Confirming quality review dates**

Approximately three months before a service is due for their review we will contact the provider via telephone to discuss and confirm a suitable date for the quality review. We will also confirm whether there have been any changes to their services, locations and/or contact details.

## **3.2 NOTIFICATION OF QUALITY REVIEW**

Providers receive written notification outlining the details of the quality review at least 28 days prior to the planned quality review.

The provider is advised of the following:

- quality review dates and times
- quality review team
- requirement to inform care recipients of the quality review

## **3.3 QUALITY REVIEW PREPARATION**

### **3.3.1 Site visit schedule**

Following the notification of a quality review the quality review team leader will contact the provider by telephone to discuss arrangements for the on-site visit, including site visit schedule. The site visit schedule outlines the quality review process on the day of the visit and planned interviews (refer to figure 3.1 for an example).

The conversation will also involve advice of documentation that is required to be made available during the visit and how the quality review team will be able to access the documents.

We will take a proportionate approach in arranging reviews and we may conduct quality reviews without a site visit for some small services.

If the service is located on a large site and documentation is located at various parts of the site, it may be useful and more time efficient if the documents are assembled in one location prior to the quality review team arriving. It is also important that, where documents are being stored electronically, the provider makes arrangements for a member of staff to sit with the quality review team and go through the documents – especially if there are passwords and security protections placed on accessing these files. Alternatively it may be useful or more time efficient to provide the password (or a temporary password) to the quality review team to access these files on their own while on-site.

Examples of documents that will be required to be made available are:

- the service’s organisational structure showing reporting links to the provider and decision-making processes
- information provided to care recipients at time of entry
- the service’s plan for continuous improvement
- the service’s self-assessment information

It is important for us to obtain feedback from your staff and some care recipients, either face to face or by telephone, regarding the services delivered. Appropriate staff must be made available for this purpose during the quality review.

*Figure 3.1 Example site visit schedule*

<b>Approx. time</b>	<b>Day 1 Quality reviewer 1</b>	<b>Approx. time</b>	<b>Day 1 Quality reviewer 2</b>
<b>9:00 am</b>	Entry meeting	<b>9:00 am</b>	Entry meeting
<b>9:30 am</b>	Documentation review Discussion with management: Standard 1 and EO 3.3	<b>9:30 am</b>	Documentation review Discussion with care coordination personnel: Standard 2
<b>11:00 am</b>	Interviews with care recipients/representatives	<b>11:00 am</b>	Discussion with care coordination personnel: Standard 3 (except EO 3.3)
<b>12:00 pm</b>	Documentation review/notes	<b>12:00 pm</b>	Discussion with direct care staff and/or volunteers – Standard 3
<b>12:30 pm</b>	Quality reviewer break and meeting	<b>12:30 pm</b>	Quality reviewer break and meeting
<b>1:15 pm</b>	Discussion with care coordination personnel and client liaison officers – Standard 2 and 3	<b>1:15 pm</b>	Meeting with support staff group: care delivery and care recipient rights; and/or meeting with volunteers
<b>2:30 pm</b>	Discussion with personnel and follow-up any outstanding issues	<b>2:30 pm</b>	Documentation review– organisational documents and client files
<b>4:30 pm</b>	Exit meeting	<b>4:30 pm</b>	Exit meeting
<b>5:00 pm</b>	Leave the service	<b>5:00 pm</b>	Leave the service

The site visit schedule is sent to the provider no later than seven days prior to the quality review. It outlines the proposed timeframe for the visit and provides time to be set aside to speak with care recipients and staff. The site visit schedule is intended as a guide only; it may need to be adjusted on the day.

Providers should review the schedule and advise us as soon as possible of any concerns, such as availability of staff at specified times or other difficulties.

### 3.3.2 Self-assessment

The provider is required to make self-assessment information available during the quality review. Self-assessment information is written information from the provider of the service that demonstrates the provider's performance, in relation to the service, against the Home Care Standards. The self-assessment must demonstrate how the service's systems and processes meet each of the 18 expected outcomes.

We have a self-assessment tool on our website that providers may use if they wish. However, providers may carry out and provide self-assessment in any form so long as it covers the same areas covered in our tool as a minimum.

To download a copy of our self-assessment tool please go to [our website](#).

### 3.3.3 Informing care recipients

Care recipients must be informed about the quality review. Care recipient feedback is a key form of information we use when making assessments about a service's performance against the Home Care Standards. It provides us with information on how services meet the needs and preferences of care recipients. Care recipients and their representatives are invited to meet with quality reviewers during visits to conduct quality reviews or to contact our state office to provide their comments and input.

When the provider is notified of the quality review, the provider is also given the form of words to use to inform care recipients of the quality review visit. Providers must ensure care recipients are informed no later than 21 days prior to the quality review.

Providers must take all reasonable actions to:

- inform care recipients (and/or representatives) that a quality review is to be conducted,
- the date(s) of the quality review, and
- that care recipients (and/or their representatives) will be given the opportunity to talk to quality reviewers conducting the quality review.

The letters to inform care recipients and representatives are available on [our website](#) in 20 community languages as well as in English.

### **3.3.5 Interpreters**

We recognise there are services which will have specific cultural linguistic needs for the quality review, which is why we make provisions for the engagement of interpreting services where required. If a provider believes an interpreter may be required for staff or care recipients to better communicate to the quality review team during the site visit, please contact our local state office, or alternatively, when discussing the site visit schedule with the quality review team leader, advise them at this stage of the requirement for an interpreter.

## **3.4 CONDUCTING THE QUALITY REVIEW (SITE VISIT)**

The size, complexity and number of services being delivered from the service determine the length of the quality review and the number of quality reviewers assigned to conduct the visit.

The quality review team will assess the quality of care and services provided through the service against the Home Care Standards.

### **3.4.1 Entry meeting**

The purpose of the entry meeting is to explain the purpose of the visit and how the visit will be conducted. Additionally the quality review team will confirm the person who is in charge of for the day and the staff available to meet with the team. The team will also confirm the site visit schedule – if there are any changes that need to be made to the schedule it will be discussed at the entry meeting.

### **3.4.2 Quick tour of the site**

If required, a quick tour may be beneficial where the site is spread over a large area. The quality reviewers may benefit from knowing the layout of the site, e.g. location where all the care recipient records are kept.

### **3.4.3 Collecting information**

There are many ways in which the quality review team will collect information during the site visit. They include the following:

- Documentation review: such as care recipient information, policies, procedures, forms, records or reports.
- Observations: observations can assist in corroborating verbal and/or written evidence. Observations can include:
  - access to the centre/building
  - safety and/or security measures
  - the general maintenance and state of facilities and equipment

- staff interactions with stakeholders
- care recipient activities
- stakeholder privacy and confidentiality.
- Stakeholder interviews: Interviews may be conducted with management, staff, volunteers and care recipients (and/or their representative). Where a care recipient (and/or their representative) has asked to speak with a member of the quality review team, the provider must allow the quality review team to meet with them privately.

Any failure to meet the Home Care Standards identified by a quality review team is reported to the Quality Agency immediately, and we consider this information and decide what action is required. If a failure represents serious risk to the safety, health or wellbeing of care recipients, we will notify the provider of the service and the department immediately.

### **3.4.4 Regular meetings**

The quality review team will meet with the provider delegate at least once daily during the quality review site visit to discuss the progress of the quality review (not including the entry/exit meeting). Regular meetings are held to ensure that:

- the quality review team can communicate their findings including any gaps found and seek further information where necessary
- the service is given the opportunity to provide further information regarding service delivery and performance
- the service is kept well-informed of findings.

The frequency and timing of these meetings will depend on the circumstances of the review as well as the needs of the quality review team and the information identified.

### **3.4.5 Exit meeting**

At the exit meeting, the quality review team will meet with management and the person in charge for the day to discuss the information collected and to provide a summary of their findings. You will also be informed of the next steps in the quality review process. If any issues or areas of concern were found during the visit, the team will have communicated this to the provider prior to the exit meeting. There should be no surprises or no new information brought up at the exit meeting.

## **3.5 QUALITY REVIEW REPORTING**

### **3.5.1 Interim quality review report and provider response**

Following the quality review, the quality review team writes a report – the Interim quality review report. This report contains information gathered from the quality review and the team’s recommendation of met or not met for each expected outcome.

The Interim quality review report is sent to the provider within seven calendar days of the end of the quality review. The provider is invited to submit a response to the report within 14 calendar days of the report being sent, and any information received within the 14 days will be considered in making the Final quality review report decision.

### **3.5.2 Final quality review report**

The information presented in the Interim quality review report, the provider’s response (if received) and any other relevant information is considered in making the final decision on performance against the Home Care Standards.

The Final quality review report includes:

- a summary of findings
- assessment of the service’s performance against the Home Care Standards
- whether each expected outcome is met or not met
- areas in which improvements must be made
- other relevant information

The Final quality review report decision is made and sent to the provider no later than 20 calendar days after the Interim quality review report was sent. Where areas for improvement have been identified these will be outlined against each expected outcome for the provider in the Final quality review report.

The department is sent a copy of the Final quality review report.

If the service meets all 18 expected outcomes the quality review is complete.

## **3.6 PLAN FOR CONTINUOUS IMPROVEMENT (PCI Decision)**

Following the Final quality review report decision, if one or more expected outcomes are found not met, the provider is required to submit a revised plan for continuous improvement (PCI). The PCI must describe how the service intends to address the areas for improvement identified in the Final quality review report. The provider has 14 calendar days from the date the Final quality review report was sent to submit a revised PCI.

If the PCI demonstrates the service meets all 18 expected outcomes, the quality review is complete. If however the PCI does not demonstrate the service meets all 18 expected outcomes, the service will be placed on a timetable for improvement (TFI).

A decision about the PCI (and if applicable a TFI) will be made and notified to the provider within 14 calendar days of the PCI being received. If no PCI is received within the 14 days given, a decision is made regardless and notified to the provider within the following 14 calendar days.

The department will be notified of the decision.

To download a copy of our plan for continuous improvement template, go to [our website](#).

### **3.7 TIMETABLE FOR IMPROVEMENT (TFI)**

If the service fails to meet the Home Care Standards following the PCI decision, the service will be placed on a TFI. A TFI is usually three months (90 days) and in that time the provider is expected to implement improvement activities to rectify the not met expected outcomes.

In order to monitor a service's progress in meeting the Home Care Standards, we may schedule assessment contacts during the TFI, which can take the form of site visits or telephone calls. Please note there is at least one site visit to a service which has been placed on a TFI. The provider will be notified accordingly if any assessment contacts are planned. Refer to Section 4 of these guidelines for more information about assessment contacts.

Where an assessment contact has been planned within the TFI, providers should consider it as another opportunity to demonstrate the improvements that have been made to the service and how it is meeting the Standards.

#### **3.7.1 End-of-TFI report**

At the end of the TFI, the provider is required to submit a report (end-of-TFI report) describing the improvements that have been made to the service. This report is due one day following the expiry date of the TFI.

There is no specific form for the end-of-TFI report. As a minimum, the end-of-TFI report should provide:

- a description of all the improvement activities planned and implemented during the TFI
- the results of these improvement activities and how they link back to meeting the Standards.

For example a provider can submit a revised PCI as their end-of-TFI report as their PCI should already document all the information required for an end-of-TFI report.

### **3.7.2 End-of-TFI decision**

The decision maker will consider the information presented in the end-of-TFI report and any other relevant information in making their decision on the service's performance against the Home Care Standards.

If the end-of-TFI report demonstrates the service meets all 18 expected outcomes, the quality review is complete; otherwise there will be a continuing failure to meet the Standards.

The end-of-TFI decision is made and notified to the provider within 14 calendar days of the TFI expiry date.

The department will be notified of the decision.

## **3.8 CONTINUING FAILURE TO MEET THE STANDARDS**

Where a service has continuing not met outcomes following the end of their TFI, the department is notified of the failure to meet the Standards and the reasons for the failure. In addition to this, follow-up action may be taken with the service such as arrangements for another quality review, assessment contacts or imposing a further TFI. Any follow-up actions will be notified to the provider in the end-of-TFI decision.

### **3.8.1 Case management**

Our tailored approach to managing the assessment and monitoring of services is referred to as 'case management'. The purpose of case management is to protect the safety, health and wellbeing of care recipients by initiating timely action to address risks arising from poor care and services and to support improvements.

Case management decisions may take into account a range of information, including information from the public or the media, or awareness of administrative changes or governance issues that have the potential to affect a service's performance.

We adopt a case management approach when deciding upon actions and through our visit program in relation to each service and provider. There is a case management committee in each state office through which appropriate actions are planned. A national case management committee meets weekly to review case progress and actions.

Our case management approach means that new information received about a service or a provider is considered along with other information we receive to determine if any action is warranted and what this action should be. In this way, our visit program to services is based on an assessment of all information that we have about each service.

### **3.9 DECISION MAKING PROCESS**

Decisions made take into account the Interim quality review report prepared by the quality review team, provider responses to the team's report, a service's PCI or any other information received from the provider, and other information known about the service.

Decisions regarding the performance of a service are made by an authorised decision-maker. Quality review decision-makers are senior staff appointed by the Chief Executive Officer and trained to make decisions. Quality review teams do not make quality review decisions.

The decision-maker not only determines whether a service meets the Home Care Standards, but also applies all of our information about a service to determine the timing and focus of future quality review activities.

## **SECTION 4: ASSESSMENT CONTACTS**

An assessment contact is any form of contact between us, the Quality Agency, and the provider other than a quality review. The purpose of an assessment contact can be for one or more of the following reasons:

- to assess the provider's performance, in relation to the service, against the Home Care Standards
- to assist the provider's process of continuous improvement in relation to the service
- to monitor the provider's progress against a TFI
- to identify whether there is a need for a quality review of the service
- to give the provider additional information or education about the quality review process and requirements.

The form and frequency of assessment contacts is decided on a case-by-case basis. We consider the particular circumstances of the service and the level and frequency of monitoring required.

An assessment contact can be in the form of a site visit or a telephone call (assessment contact – desk). In most cases an assessment contact will take the form of a site visit. However there will be times where the nature of the information being followed-up does not require a site visit and a telephone call to the service will be appropriate (assessment contact – desk).

### **4.1 ASSESSMENT CONTACT TIMEFRAMES**

The time spent on site or over the phone is dependent on the size of the service, the number and types of services being delivered and the scope of the assessment contact.

Where an assessment contact has been arranged in the form of a site visit, the provider will be notified at least 14 days prior to the proposed date of the visit. This notice includes the form of words that must be used to inform care recipients about the visit.

### **4.2 WHAT HAPPENS DURING AN ASSESSMENT CONTACT?**

The scope of an assessment contact includes case-specific matters, or evaluation of progress in addressing failure to meet the Home Care Standards, or information we have received from the department.

Although we assess services against the Home Care Standards, including information received from the all sources, we do not investigate specific complaints.

The assessment contact is an opportunity for a service to demonstrate performance against the Home Care Standards, so it is essential that management and staff are involved.

As issues are identified, quality reviewers may speak with key personnel and seek clarification or ask for more information. It is important all information which shows how well the service performs is made available to the team.

Any failure to meet the Home Care standards identified by a quality review team is reported to the Quality Agency immediately, and we consider this information and decide what action is required. If a failure represents serious risk to the safety, health or wellbeing of care recipients, we will notify the provider of the service and the department immediately.

### **4.3 HOW ARE CARE RECIPIENTS INVOLVED IN AN ASSESSMENT CONTACT?**

Providers are required to tell care recipients and their representatives they have an opportunity to speak with the quality reviewer(s) during the assessment contact if they wish.

Providers are also encouraged to tell care recipients and representatives about the outcomes of an assessment contact, including information on failure to meet the Home Care Standards and serious risk.

### **4.4 WHAT HAPPENS AFTER AN ASSESSMENT CONTACT?**

The quality review team writes a report following the assessment contact. This report includes information about the service's performance against the Home Care Standards and progress in undertaking continuous improvement. The provider may be invited to submit a response to the assessment contact report before the decision about the service's performance against the Standards is made.

It is possible for the decision-maker to come to a different view than that of the quality review team's recommendation. Generally, the decision-maker has other information about the performance of the service. The decision-maker may be aware of changes that have been made at the service after the quality review team completed the assessment contact.

If the decision-maker finds the service does not meet the Home Care Standards, the service may be put on a TFI, or a quality review may be arranged.

If the service was previously on a TFI, and has not succeeded in meeting the Home Care Standards by the end of the set time, we inform the department.

A decision regarding the assessment contact is made within 21 days of the completion of the assessment contact. Once the decision is made, a copy of the assessment contact report, as well as the decision regarding the assessment contact and any future activity arrangements is sent to the provider.

The department is advised of the decision.

## SECTION 5: FEEDBACK

We encourage providers to give feedback about the quality review process at any time, whether this is in writing, by calling through to our offices or speaking to the quality review team during a site visit. The feedback you provide us about the quality review process enables review and continuous improvement of the way we conduct quality reviews.

A provider may make a complaint about any aspect of the quality review process or the conduct of a quality reviewer at any time. In the first instance, providers are encouraged to discuss their complaint with the quality review team leader who may be able to resolve the issue. Alternatively, the provider may prefer to put their complaint in writing via email or letter to the applicable Quality Agency state office. Contact details of our state offices can be found on [our website](#).

To help us address your complaint the following is required from the provider:

- specific detail about the nature of the complaint
- evidence the provider has to back up the complaint
- confirmation about the provider's nominated representative (and contact details) with whom the Quality Agency should liaise during the management of the complaint.

Someone from our management team will be responsible for investigating any complaint and we will respond as soon as practicable.

## SECTION 6: CONTINUOUS IMPROVEMENT

### 6.1 WHAT IS CONTINUOUS IMPROVEMENT?

Continuous improvement is a systematic, ongoing effort and commitment by providers to improve the quality of services and care delivered to their care recipients. Continuous improvement activities should:

- take into account the needs of care recipients and may involve them in the improvement activities
- be part of an overall quality system to assess how well a service's systems are working and the standard of care and services achieved, and
- be a results-focused activity demonstrated through outputs and outcomes

To be effective, continuous improvement must be a central focus of your organisation, be understood at all levels and accepted by all management and staff.

Continuous improvement is a requirement in the Home Care Standards. Expected outcome 1.5 of the Home Care Standards requires that “the service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery”.

The key elements of continuous improvement are:

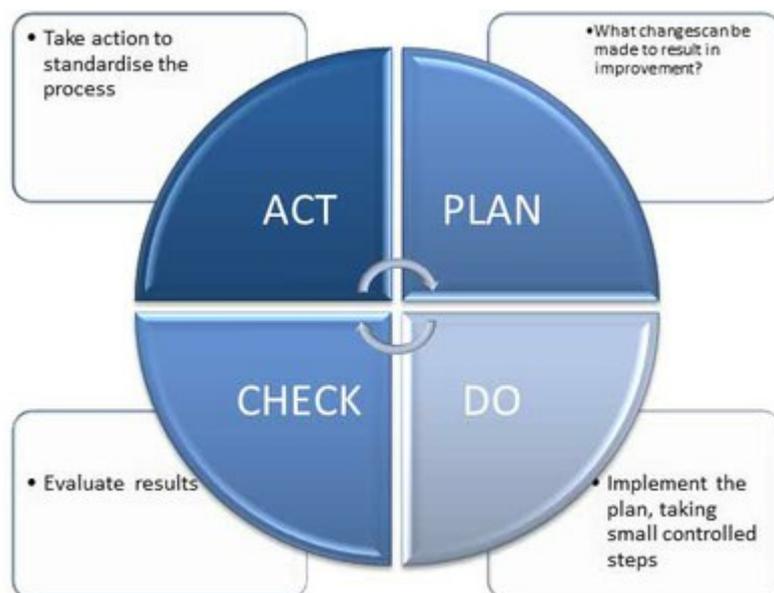
- care recipient-focused
- innovation
- achievement of improvement through planned steps
- driven by involvement and accountability of key stakeholders:
  - care recipients, representatives, service users, carers and others
  - staff and volunteers
  - committee and board members
  - advocates
- involves regular monitoring and evaluation of progress; linking evaluation to strategic planning

Benefits of continuous improvement include:

- improve care and services to care recipients
- improve stakeholder input and ownership
- identify changes in care and service needs
- enhance systems to monitor and track change
- demonstrate sustainable results

## 6.2 CONTINUOUS IMPROVEMENT CYCLE

The model shown below is the four phase *Plan-Do-Check-Act* cycle



### **PLAN: Plan the improvement**

- analyse the current situation of your organisation
- gather information
- research different ways to make improvements
- seek input and feedback from stakeholders
- establish goals and identify actions to implement the plan.

### **DO: Implement the improvement**

- test the suggested alternatives to identify the preferred improvement
- allocate resources to ensure the improvement is a success
- keep your stakeholders informed and involve those with a direct benefit from the outcome
- document the decisions made during the implementation phase.

### **CHECK: Evaluate the improvement activity**

- evaluate if the improvement is delivering what you intended; are changes required or should an alternative improvement be used
- measure the improvements for example, audits, assessments and surveys
- document the evaluation methods and results
- take your time; incremental steps may deliver better results.

## **ACT: Take action to standardise the process**

There are two possible situations in this step:

- If the improvement isn't successful, analyse what can be done differently next time and go through the cycle again with a different plan.
- If successful, ensure all stakeholders are informed of the new process, all necessary staff are trained and educated, policies and procedures are implemented and change within the organisation is managed.

## **6.3 KEEPING TRACK OF IMPROVEMENTS**

Meeting the Home Care Standards requires continuous improvement to be a central focus for a provider. This focus should be documented in a plan for continuous improvement.

### **6.3.1 Plan for continuous improvement (PCI)**

A PCI is a written plan which explains how a provider will comply with its obligations of continuous improvement in relation to their service.

Keeping a PCI is a very useful way to track the progress of improvement activities. The PCI should be reviewed and updated regularly to keep it current so it can show achievements of today, tomorrow and in the future.

The PCI does not require improvements to be shown against each expected outcome of the Home Care Standards. However, it should demonstrate how performance of the improvement activity is linked to expected outcomes and how it is monitored, measured and evaluated.

A good PCI will be able to demonstrate the four phases of the continuous improvement cycle.

A sample template of our PCI is available for use. If however you prefer to use a template of your own choosing, it should cover the information in our template as a minimum.

To download our PCI template go to [our website](#).

### **6.3.2 Continuous improvement and self-assessment**

Self-assessment is a useful tool in demonstrating and facilitating ongoing commitment to continuous improvement, and is not just for the purpose of a quality review.

The strengths, weaknesses and opportunities for improvement are identified in the self-assessment process. Regular self-assessments can drive continuous improvement by identifying the following:

- the way care is being delivered and what results are being achieved for the benefit of care recipients
- the things that are being done well
- areas where you can perform exceptionally
- areas where you are not performing well enough
- the activities to be incorporated into your plan for continuous improvement

For more information about self-assessments refer to [our website](#).

### **6.3.3 Failure to demonstrate continuous improvement**

Failure to demonstrate continuous improvement may result in a failure to meet the Home Care Standards.

Where failure to meet the Home Care Standards has been identified, the provider is required to submit a revised PCI. The plan is to detail the current actions and strategies to address the failure(s) identified. We may also impose a TFI which sets out the improvements required and the maximum time allowed to address the failure(s).

For more information about what happens when your home or service fails to meet the Standards refer to [our website](#).

## SECTION 7: GLOSSARY OF TERMS

<b>Care assessment</b>	A process of holistically identifying individualised care or service needs. This can include determining eligibility and priority of access. The comprehensiveness of the assessment must reflect the program or service type being delivered.
<b>Care recipient</b>	An individual in receipt of care and/or services from a provider. Also, CHSP 'client', Home Care Packages 'consumer' or 'care recipient' under the Act or 'carer' receiving respite services or may not be receiving a direct care/support service themselves.
<b>Carer</b>	A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit.
<b>CHSP</b>	Commonwealth Home Support Program.
<b>Complaint</b>	An expression of dissatisfaction or concern about something. May be expressed orally or in writing through a formal process or as part of other feedback.
<b>Continuous improvement</b>	A documented system used by providers to continuously review their processes and activities and implement changes to improve the way they provide services to care recipients.
<b>Corroborate</b>	To substantiate or confirm.
<b>Department</b>	The Australian Government Department of Health.
<b>EO</b>	Expected outcome.
<b>Evidence</b>	Something that provides proof or an example.
<b>Expected outcome</b>	Requirement of the Home Care Standards; Result to be achieved.
<b>Home Care Packages Program</b>	An Australian Government funded co-ordinated package of services tailored to meet the person's specific care needs, with eligibility determined by an Aged Care Assessment Team. There are four levels of packages.

<b>Home care service (service)</b>	The base from which services are coordinated, and where hard copies of care recipients' files are located. A provider may have one or several services.
<b>Home Care Standards (the Standards)</b>	<p>The Home Common Care Standards as set out in the <i>Aged Care Act 1997</i> (The Act) and the Quality of Care Principles 2014. Also, 'the Standards' in this document.</p> <p>The Standards are used to review the quality of services delivered in the community for programs under quality review; including the, Home Care Packages Program and Commonwealth Home Support Program (only subprograms of Community and Home Support and Care Relationships and Carer Support are required to undergo a quality review).</p>
<b>PCI</b>	Plan for continuous improvement.
<b>Plan for continuous improvement</b>	A document that lists the actions a provider will undertake to address any corrective action (including unmet requirements) and opportunities for improvement. The plan for continuous improvement sets out the processes for implementing and evaluating necessary actions.
<b>Policies</b>	Statements of intent, providing guidance related to expected standards to be achieved, based on regulatory and contemporary practice. Policies should describe what is done and why it is done a specific way.
<b>Process</b>	The steps, people and materials required to complete an activity or task.
<b>Procedures</b>	Guiding steps for the action to be taken to implement a policy. Procedures explain how to perform activities or tasks, specifying who does what and when and with what equipment or tools.
<b>Prospective service user</b>	A person who has made an enquiry regarding receiving services and/or is considering receiving services or care from a provider.
<b>Provider</b>	An organisation funded or approved to provide services under one or more of the Australian Government programs; The. Also, 'Approved Provider' (as defined in the <i>Aged Care Act 1997</i> ).

<b>Quality review</b>	The process of reviewing the quality of services delivered against the Home Care Standards. The process includes notification of a quality review, Self-assessment, a site visit, a Quality Review Report, a Plan for Continuous Improvement and if applicable a timetable for improvement and/or monitoring/follow-up activities.
<b>Quality review decision maker</b>	Quality review decision-makers are senior staff appointed by the Chief Executive Officer and trained to make decisions. Quality review teams do not make quality review decisions.
<b>Quality review team leader</b>	The quality review team member responsible for the coordination of the quality review and contact person for the provider.
<b>Quality reviewer</b>	A member of the staff of the Australian Aged Care Quality Agency to whom powers or functions of the CEO of the Australian Aged Care Quality Agency in relation to the quality review of services have been delegated under 54 (1) of the <i>Australian Aged Care Quality Agency Act 2013</i> .
<b>Interim quality review report</b>	A document provided to the provider following a quality review which includes an assessment of the service's performance against the Home Care Standards, the outcome of met or not met against each expected outcome of the Standards and any other matters the quality reviewer(s) considers relevant.
<b>Final quality review report</b>	A document given to the provider following the Interim quality review report (and the response time given). The report will outline the decision made about the service's performance against the Home Care Standards. It will specify whether each of the expected outcomes are met or not met and where applicable the area(s) for improvement to ensure the service meets the Standards.
<b>Representative</b>	An individual acting on a care recipient's behalf at the request of the care recipient and with the care recipient's permission.
<b>Review</b>	The process of ensuring that service provision is responsive to the care recipient's current and emerging needs.
<b>Self-assessment information</b>	Written information from the provider of the service that demonstrates the provider's performance, in relation to the service, against the Home Care Standards.

<b>Stakeholder</b>	Any person or organisation that the provider is involved with, including other providers; care recipients, their carer's and/or families; government departments; suppliers; the local community.
<b>TFI</b>	Timetable for improvement.
<b>Timeframe</b>	A period of time during which something occurs or is expected to occur.