



**REVIEW OF ACCREDITATION PROCESSES FOR
RESIDENTIAL AGED CARE HOMES**

Response by Anglicare Australia

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Introduction

No one within Anglicare Australia (AA) disputes the need for an accreditation process for residential aged care. Over time, the existing process has become subjective, unreliable and at times punitive. Many outcomes depend on the attitude of the assessor and the rigour they do or do not apply on the day.

Poor performance is not clearly articulated and often the reasons provided for success or failure are often vague and generalised.

AA welcomes this review and is supportive of a systematic review of the accreditation process.

Specific responses

1. Self assessment

- a) The self assessment process encourages all organisations to undertake a systematic self review of all processes. This should remain as is to support CQI initiatives and to promote change as required.
- b) The current application process is cumbersome and if under taken seriously takes up to eight (8) weeks to complete. There is a lot of duplication within the kit and word limits should be introduced to encourage concise responses. Whilst information sessions have been made available the information provided is described as vague and general. A series of tick boxes and closed questions would also assist in this process.
- c) AA supports the need to provide preliminary data to assessors. This data should be concise and not an onerous impost on already stretched RAC homes. Review of the format to reduce duplication and enhance simplicity would be supported.

2. Use of electronic information

- a) The skill base of auditors in this environment is patchy. Some are proficient, some are not. To enable this approach enhanced training is needed at assessor level. This skill mismatch leads to assessors making false assumptions about care planned and delivered and is at odds with the Department of Health & Ageing's funding to improve IT platforms.
- b) Barriers include (but are not limited to):
 - Lack of assessors skills
 - Lack of IT infrastructure across RAC homes
 - Security of data if no password available for assessors at short notice
 - Skill base of employees.

3. Nomination of a member of an assessment team

This is an area that has drawn a lot of criticism from the industry. This practice can lead to bias and paternalistic decisions made on the basis of the 'network'. This further erodes the reliability and credibility of the system.

4. Skills of quality assessors

- a) *Should the accreditation body have the flexibility to contract 'expert members', who are not quality assessors, to participate on an assessment team? If not, why not?*
- a) No. If the Agency is unable to provide an assessor that can carry out an entire compliance based audit that person should not be an assessor.
- b) *Should it be a legislative requirement for assessment teams conducting visits to high care facilities, or to low care facilities with a significant number of high care residents, to include a quality assessor who is a registered nurse?*
- b) Yes. This is congruent with the requirements placed on RAC homes staffing profiles.

5. Unannounced site audits

- a) *Should accreditation site audits be unannounced.*
- a) Absolutely not.
- b) *If not, why not? How can the public perception that announced site audits provide the assessment team with an increase picture of a homes general performance be addressed?*
- b) The provision of the information required by assessors requires the time and attention of relevant staff. This is difficult under the best circumstances. To provide timely and accurate information to assessors it is necessary to collate sources and present this information in a meaningful manner. Unannounced visits do not allow this and further pressurise staff that are already stretched. No rational judgement can be made under these circumstances.
- c) *What strategies might the accreditation body use to encourage input to the accreditation site audit from residents and their representatives?*
- c) The current strategies are effective and representative.
- d) *Should a home be able to nominate some "black out" days during which the accreditation body will try to avoid scheduling a site audit?*
- d) Yes. Timing is important so RAC homes can present an accurate picture of their compliance status.

6. Consumer focus

- a) *Does the current accreditation process allow for appropriate levels of consumer input? If not, why not? How might this be improved?*
- a) Yes. There are ample opportunities for any person to speak to the assessment team. There is also a complaints process in place.
- b) *Should there be a minimum target set for consultations with residents and/or their representatives during visits to a home by the accreditation body? If so, what would be an appropriate number or percentage?*
- b) This is already in place (10%)
- c) *Should assessment teams seek to attend homes out of normal business hours? Would this increase opportunities for consultation with relatives/representatives?*
- c) No as this practice will not allow for accurate and full information to be available.
- d) *Are there other strategies that may increase engagement with residents and/or their representatives?*
- d) Yes. These include increasing the communication skill base of assessors; use of more CALD assessors; engendering a spirit of support rather than confrontation; and a more use friendly accreditation system.

7. Communication with residents about serious complaints

- a) *Should approved providers be required to organise a meeting with residents and their representatives to discuss incidences of non-compliance?*
- a) This is already a compliance policy provision in all accredited homes.
- b) *If so, should this be a general requirement for any non-compliance, or should it only apply where there is major non-compliance, for example, non-compliance with four or more expected outcomes or non-compliance against specified outcomes?*
- b) This is already a compliance policy provision in all accredited homes.

8. Confidentiality of sources

- a) *Does the lack of staff act as a barrier to them providing frank information to the accreditation body?*
- a) All AA homes have a Code of Conduct that requires all staff to exercise confidentiality in their dealings with all stakeholders.
- b) *Should the confidentiality protections provided in the Aged Care Principles for residents or their representatives be extended to all persons who provide information to the accreditation body?*

- b) There is a tacit assumption that this is in place.

9. Monitoring failures

- a) *Is the current accreditation and monitoring regime for residential aged care homes effective in identifying deficiencies in care, safety and quality? If not, why not?*
- a) Yes.
- b) *If the accreditation and monitoring regime was to be enhanced, what approaches should be adopted?*
- b) Clarification and streamlining of the process; a clear statement of outcomes that avoids subjectivity; and a clear timeline and visit schedule.
- c) *Should homes be required to collect and report against a minimum data set?*
- c) A minimum data set already exists by default through the self assessment process. It does not need replication.

10. Reconsideration, review rights and offences

- a) *Should decisions only be appealable to the administrative appeals tribunal if they have already been subject to reconsideration by the accreditation body?*
- a) We believe that AAT is appropriate.
- b) *Should the accreditation body be able to undertake 'own motion' reconsideration of decisions in certain circumstances?*
- b) This is currently in place isn't it?

11. Reporting of accreditation decisions

- a) *Is the current way in which audit reports and decisions are published adequate? If not, why not?*
Should audit reports and decisions of the accreditation body that are subject to reconsideration or review be made publicly available prior to the finalisation of the review process? If not, why not?
- a) The reports are long winded and mean little to anyone other than the relevant home. They can be repetitive and provide unnecessary and meaningless levels of details to the public. This can lead to confusion and misinterpretation of results. AA supports the publication of a precise with a full report available on request.
- b) *Should approved providers be required to provide restraints and carers with access to reports and decisions of the accreditation body?*
- b) No. This is available on the website.

Distinction between various types of visits.

- a) *Are the current distinctions between different types of visits conducted by the accreditation body appropriate? If so, why? If not, why not?*
- a) A clear delineation must exist between the purposes for any visit. There must not be an avenue to change the nature of any visit at the time of the visit.

12. Provision of industry education by the accreditation body

- a) *It is problematic for the accreditation body to provide education to industry?*
- a) This becomes problematic when the agency steps out of its mandate to ensure compliance and assumes a broader mantle. This causes confusion and can lead a RAC home to spend unnecessary funds on additional and unneeded education as a result.
- b) *If not, why not? What are the benefits of the current approach?*
- b) There is a general distrust of the agency and its role. Education could be an effective tool to break this down and add value to the accreditation process.
- c) *If yes, what are some alternate models for providing education to industry? Does the need to be another source of advice for industry, besides the accreditation body, about issues in respect of accreditation and improving performance? If so, what would be an appropriate source for such advice?*
- c) The peak bodies provide this service to members.

13. Period of accreditation

- a) *Should there be a maximum period of accreditation specified in the legislation?*
- a) AA supports a review of the time provisions. An excellent compliance record should be rewarded with an extended period to four (4) or five (5) years.
- b) *Should homes that have sustained compliance with the accreditation standards over a number of years be rewarded with a longer period of accreditation?*
- b) Yes. Reduce the number of support visits and reduce the cost of the accreditation process.