



THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE LTD

AUSTRALIAN AGED CARE QUALITY AGENCY

ISQua International Standards for External Evaluation Organisations, 4th Edition

Final Report

Executive Summary

Introduction

The International Society for Quality in Health Care (ISQua) accreditation survey of AACQA (The Quality Agency) was conducted from 12 June 2017 to 16 June 2017.

Survey Methodology

The survey team was Claudia Jorgenson, Team Leader (United States), Maria Grazia Centoni (Canada), and Jim DuRose (New Zealand). During the week, the ISQua surveyors had the opportunity to meet and have discussions with The Quality Agency's Executive Coordination Group (ECG), clients, staff, assessors/surveyors, and stakeholders. While on site, staff, client and surveyor/assessor files were reviewed and staff demonstrated information technology tools and applications. The actions arising from the previous ISQua survey of The Quality Agency were reviewed as part of the evidence and survey process. Extensive documented evidence of compliance was provided both before and during the survey. All the activities have been beneficial in supporting the findings in the evaluation of the organization's compliance to International Standards for External Evaluation Organisations, 4th Edition Version 1.1, 2014. The survey team would like to take this opportunity to thank all members of the organization for the completion of the self-assessment, for their hospitality, and for the efforts all individuals contributed to the survey process.

Summary

The Australian Aged Care Quality Agency (the Quality Agency) has followed the ISQua requirements in relation to following up recommendations from the previous report. The Quality Agency was successful in demonstrating their commitment to the external review process, by providing clear evidence of improvement. The Quality Agency is to be commended on the commitment to the accreditation process as evidenced by the success in meeting all of the recommendations from the survey in 2013. It is important to note that in January 2014, the Quality Agency, known at that time as Aged Care Standards and Accreditation Agency Ltd (ACSAA), experienced a change of responsibility and became a government agency by way of legislation.

The Quality Agency has met all of the standards very well. The organization has achieved a rating of 4 on standards 2, 4, 6, 7, 8 and a rating of 3 on standards 1, 3, and 5. There are 5 recommendations and 9 identified opportunities for improvement. No significant areas of risk were identified.

The operational management of the Quality Agency is provided by the CEO and the Executive Coordination Group (ECG) which was established by the CEO in 2014. An Advisory Council, appointed by the Minister, and the Audit Committee, comprised of external members, support the CEO and the ECG. The Quality Agency is to be commended for the excellent leadership and the hard work of staff towards the successful transition from a private company to a fully implemented governmental agency.

Financial management is a robust process with internal controls that involve an overall review of financial performance by the ECG monthly and oversight by the Audit Committee on a quarterly basis. The financial systems produce detailed costing analyses for budgets. The budget report is monthly with variances identified. Risk management is well integrated into the daily operations of the Quality Agency. The CEO and ECG ensure that risk is assessed against a range of performance indicators with a view towards improving services and quality programs. Quality is seen as routine in every aspect of the Quality Agency's business. The Quality Agency is encouraged to follow through on the intention to review and simplify the risk register.

The Quality Agency is to be commended for its workplace culture and highly supportive and professional workforce. Staff are committed and appreciative of the work environment. The values are embedded in the organization and issues of confidentiality, ethics and code of conduct are well managed. The Quality Agency has clear processes to support surveyor planning, selection, training, and management which ensures the delivery of a high-quality survey service to participating organizations. An area for further development includes organizing the HR processes to improve the structure and function of HR.

The Quality Agency is a highly-respected organization as identified through the establishment and maintenance of relationships and ongoing communications with key stakeholders and external organizations. The website and client satisfaction surveys are examples of the tools used in maintaining valuable communications between parties as well as allowing for inquiries and timely follow-up.

The Quality Agency has a range of information systems and IT applications to support their business processes. The business continuity plan is designed to minimize risks and is tested regularly. The Quality Agency's ICT operational plan could be more specific and aligned with the structure of the corporate operational plan.

The strengths of the organization are considerable and include: a well-managed transition process in becoming a government, legislative agency; well established and highly functioning governance arrangements between the CEO and ECG; collaborative planning, implementation, and monitoring of improvement projects; successful adoption of the Enterprise Agreement; a robust staff health and wellness program; a comprehensive and transparent process for assessor/surveyor selection contributing to a highly qualified and experienced assessor/surveyor workforce; strong structures and processes in place for risk management and quality improvement; a well-managed information management system; collaborative and supportive relationships with clients; and supporting consumer driven care by focusing more on the care recipient and the recipient's family during assessment.

Recommendations

- 4.10 The Agency should develop a uniform process for maintaining staff files that includes identifying what information is kept in an electronic file and what is maintained in a paper record.
- 4.10 The Agency should develop a process to ensure that access to personnel files is limited to authorized individuals.
- 4.11 The Quality Agency should enforce completion of mandatory training for all staff and consider implementing consequences for staff who do not complete training.
- 5.2 The ICT operational plan should be more specific and aligned with the structure of the operational plan.
- 5.3 The Quality Agency should formalise the exit arrangements for external contractor assessors to ensure security of information following the end of their contract.

Opportunities for improvement.

- 1.10 The draft IMT Strategic Plan 2016-2018, dated February / 2016, was not considered by the ECG until their last meeting. This provides an opportunity to review the timing for key plans / papers to be clearly identified for action so it is followed up by the ECG in a timely manner.
- 3.1 Further analyse and assess the relevancy of the strategies or actions linked to improving the maturity level in relation to understanding and managing shared risk and maintaining risk management capacity (benchmark against community of practice members)
- 3.2 Follow through on the stated intention to review and simplify the Risk/Internal Controls register.
- 3.6 The organization could better capture significant organisational achievements/improvements as for example, the Enterprise Agreement adoption, the CAAT implementation, and changed time on site for accreditation visits

- 4.2 The Agency could consider the impact of meeting a peak workload schedule and identifies possible strategies for efficiently managing and potentially flattening the peak.
- 4.10 The quality agency continues to pursue revisions to and implementation of a new, unified performance appraisal process.
- 5.2 Consider applying a consistent framework across all the Quality Agency's operational plans.
- 7.1 The Quality Agency considers prioritizing in 2017-2018, the identification of a specific criterion or method to evaluate the effectiveness of its actions in support of the engagement of 'vulnerable older persons who are frail, have dementia, a debilitating illness', or multiple disabilities (ref. the continuous improvement principle within the Stakeholder Engagement Framework)
- 8.4 The Review of Decisions form could be revisited to better reconcile its items with the decision-making policy logic and indicators, potentially making gains in the efficiency of the systematic reviews.

Survey: AACQA

Overall Score: 342/376 91%

Std 1 Governance			Std 2 Strat, Oper & Fin M't			Std 3 Risk M't & Perf Imp't			Std 4 Human R M't			Std 5 Information M't			Std 6 Surveyor M't			Std 7 Survey & Client M't			Std 8 Acc'n or Cert'n Awards		
Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey	
Maximum = 56 70% = 39.2			Maximum = 40 70% = 28			Maximum = 48 70% = 33.6			Maximum = 48 70% = 33.6			Maximum = 44 70% = 30.8			Maximum = 40 70% = 28			Maximum = 60 70% = 42			Maximum = 40 70% = 28		
1.1	3	3	2.1 Core	4	4	3.1 Core	4	4	4.1	3	3	5.1	3	3	6.1 Core	4	4	7.1	4	4	8.1 Core	4	4
1.2	3	3	2.2 Core	4	4	3.2 Core	4	4	4.2	4	4	5.2	3	3	6.2 Core	4	4	7.2	4	4	8.2	4	4
1.3 Core	4	4	2.3	4	4	3.3 Core	3	3	4.3	4	4	5.3	3	3	6.3	4	4	7.3 Core	4	4	8.3	4	4
1.4	4	4	2.4	4	4	3.4	3	3	4.4 Core	4	4	5.4 Core	3	3	6.4	4	4	7.4	4	4	8.4	3	3
1.5	4	3	2.5 Core	4	4	3.5	3	3	4.5 Core	4	4	5.5	3	3	6.5	4	4	7.5	4	4	8.5 Core	4	3
1.6	4	4	2.6 Core	4	4	3.6	3	3	4.6	4	4	5.6 Core	3	3	6.6	4	4	7.6 Core	4	4	8.6 Core	3	3
1.7	3	3	2.7 Core	4	4	3.7	3	3	4.7	4	4	5.7	3	3	6.7 Core	3	3	7.7	4	4	8.7	4	4
1.8	4	4	2.8	4	4	3.8	3	3	4.8	4	4	5.8	3	3	6.8 Core	3	3	7.8	3	3	8.8	4	4
1.9	3	3	2.9	4	4	3.9	4	4	4.9	4	4	5.9	3	3	6.9	4	4	7.9	4	4	8.9	4	4
1.10 Core	3	3	2.10	4	4	3.10	4	4	4.10	4	3	5.10	3	4	6.10	4	4	7.10	4	4	8.10	4	4
1.11 Core	4	4	Total	40	40	3.11	3	3	4.11	4	3	5.11	3	4	Total	38	38	7.11	4	4	Total	38	37
1.12	4	3	Total %	100%	100%	3.12 Core	4	4	4.12	4	4	Total	33	35	Total %	95%	95%	7.12	4	4	Total %	95%	93%
1.13	3	4				Total	41	41	Total	47	45	Total %	75%	80%				7.13	4	4			
1.14	4	3				Total %	85%	85%	Total %	98%	94%							7.14	3	3			

Std 1 Governance			Std 2 Strat, Oper & Fin M't			Std 3 Risk M't & Perf Imp't			Std 4 Human R M't			Std 5 Information M't			Std 6 Surveyor M't			Std 7 Survey & Client M't			Std 8 Acc'n or Cert'n Awards		
	Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey		Self	Survey			
Total	50	48																7.15	4	4			
Total %	89%	86%																Total	58	58			
																		Total %	97%	97%			

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
1.0	The external evaluation organisation is responsibly governed to meet its defined purposes and objectives	Overall Rating	3	Overall Rating	3
		<p>The Australian Aged Care Quality Agency (the Quality Agency) commenced as an Australian Public Service (APS) non-corporate statutory agency on 1 January 2014 in accordance with the <i>Australian Aged Care Quality Agency Act 2013</i>. This Act establishes the chief executive officer (CEO) as the authority for governance arrangements. The Act allows that the Minister for Aged Care and Indigenous Health may give directions to the CEO about performance of the CEO's functions. The Act also established the Aged Care Quality Advisory Council to provide advice to the CEO on the functions of the CEO and to the Minister on the operations of the Quality Agency and matters relating to the performance of the CEO's functions.</p> <p>The CEO has implemented governance arrangements for the Quality Agency by appointing the Executive Coordination Group (ECG) to support the discharge of the CEO's responsibilities. Therefore subsequent references in this document referring to the 'governing body' relate to the CEO and or the Executive Coordination Group.</p> <p>The Quality Agency is funded by the Australian Government as outlined via Portfolio Budget Statements and fees paid by aged care providers (for accreditation and education). The CEO approves the schedules of delegated authorities under the <i>Public Governance, Performance and Accountability Act 2013</i> (PGPA Act). The latter are subject to assessment against a set of Standards legislated in the <i>Aged Care Act (1997)</i> and the <i>Quality of Care Principles (2014)</i>.</p> <p>The Quality Agency aligns its values with those of the APS, as defined in the <i>Public Service Act 1999</i>. These values underpin all aspects of governance, operations, decision-making and staff performance management. Our vision and purpose are included in the Corporate Plan 2016-2020, Operational Plan 2016-17 and our website.</p> <p>The achievements of the Quality Agency are detailed in Annual Reports. A key measure of performance for the Quality Agency is the annual self-assessment against the Government's expectations in the Regulator Performance Framework.</p>		<p>In January 2014, the Australian Aged Care Quality Agency (the Quality Agency) experienced a change of responsibility and became a government agency by way of legislation.</p> <p>The CEO was appointed in April 2014 and established the Executive Coordination Group (ECG) for the governance of the organisation. This is supported by the Advisory Council that is appointed by the Minister and the Audit Committee that includes external members. The advisory council and audit committee are linked to the ECG which supports sound governance.</p> <p>The transition process and leadership for becoming a government, legislative agency was fully implemented and required a great deal of work by all staff. Vision and values are embedded throughout the Quality Agency and communicated to stakeholders.</p> <p>Work is under way to understand next challenge of a single quality framework across aged care services in Australia and the impact this could have on the Quality Agency.</p> <p>There is also a high-profile issue being investigated about regarding a particular Mental Health Service. The government has commissioned an independent review of the aged care quality regulatory processes to understand why the extent of failures of care were not identified. The Quality Agency has also requested independent external advice regarding the internal processes of accreditation for this matter and any lessons for improvement.</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
1.1	<p>A clear vision and purpose or mission provides the basis for the external evaluation organisation's planning and direction</p> <p>a) are communicated to stakeholders, and b) are regularly reviewed</p>	Self - Rating	3	Surveyor Rating	3
Guidance	<p>This could include:</p> <ol style="list-style-type: none"> the governing body being responsible for developing the vision and mission, with staff input; communication with stakeholders such as policy, professional, funding and service user groups and participating organisations; reviews taking place at defined intervals, e.g. three yearly, or when there is a significant change in the external evaluation organisation's mandate 	<p>The Australian Aged Care Quality Agency (the Quality Agency) has a clear vision and purpose that supports planning and operational targets. Our vision and purpose are included in various publications including the Corporate Plan 2016-2020, Operational Plan 2016-17 and our website.</p> <p><u>Vision:</u> The Australian Aged Care Quality Agency's vision is for a world-class aged care service driven by empowered consumers who enjoy the best possible quality of life. We will contribute to achieving this vision by placing consumers of aged care at the heart of our focus on safety, quality and industry performance.</p>		<p>The Australian Aged Care Quality Agency's (the Quality Agency) vision is deliberate in its intention to link the Quality Agency's role to consumers receiving world class aged care services.</p> <p>On their website, the vision is found under About Us / Values.</p> <p>Their purpose reflects the Quality Agency's key responsibilities for these providers to achieve the recognised standards and support performance through education and training and compliance assistance.</p> <p>The website home page outlines what the Quality Agency does and this reflects their purpose.</p> <p>In addition to the website stakeholders receive communication about the vision and purpose by way of the Corporate Plan, including at conferences and presentations.</p> <p>Staff and the Aged Care Quality Advisory Council (the Advisory Council) were involved in the development of the vision.</p> <p>The Annual Report 2015-16 states the vision as "Older Australians have quality care choices that enhance their lives". The current vision thus shows a change to the previous. Reviews of the vision and purpose occur via the annual update of the Corporate Plan.</p>	
Suggested Evidence	<ul style="list-style-type: none"> Written mission and vision or evidence to support existence (may be in plans, brochures) Evidence of how made available to stakeholders Evidence of how reviews are planned and take place 	<p>The process for developing the Quality Agency's vision was led by the Executive Coordination Group (ECG), consisting of the CEO as the accountable governance authority along with three Executive Directors (ED Corporate Services/ Deputy CEO, ED Programs and Education, and ED Operations) and a nominated State Director.</p> <p>The vision was developed in consultation with staff through face to face discussions (Conversation with the CEO in March 2016 and Agency Dialogue sessions in June 2016) and through the online information sharing system called Confluence.</p> <p><u>Purpose/mission:</u> 'We are responsible for holding aged care providers accountable against the Accreditation Standards for residential aged care, the Home Care Standards for home care services, Quality Review of National Aboriginal and Torres Strait Islander Flexible Care Services (NATSI Flex) and also supporting service provider performance through education and training and compliance assistance.'</p> <p>The purpose of the organisation was derived from the 'Statement of Expectation' as provided by the Minister for Aged Care and Indigenous Health. The CEO of the Quality Agency has responded to this as articulated in the 'Statement of Intent'. The purpose for which public money is appropriated to the Quality Agency by the Australian</p>			

Standard 1: Governance	Self-assessment evidence	Surveyor findings
	<p>Government is also outlined in the Portfolio Budget Statements and the legislation.</p> <p><u>Communication of the vision, mission and purpose</u> The vision and purpose were communicated to stakeholders and staff through the corporate plan, presentations, website, interactive website 'Confluence' and the intranet.</p> <p>The Aged Care Quality Advisory Council (the Advisory Council), is appointed by the Australian Government to advise the CEO on the CEO's functions and the operations of the Quality Agency. The Advisory Council is not a governance body. The Advisory Council consists of service providers, consumer representative bodies, clinical and academic experts and Government representatives. Their feedback was incorporated into the Corporate Plan 2016-2020.</p> <p>The Corporate Plan is publicly available on our website and the content was distributed to all staff and is referenced in induction materials for new employees.</p> <p><u>Review of the vision, purpose/mission</u> As the Minister responsible for the aged care portfolio determines the organisational purpose and vision, these will be updated when the minister of the day makes changes. It is usual practice for the CEO to discuss this with incoming ministers.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Aged Care Quality Advisory Council Terms of Reference (available on site) • Confluence - feedback from staff on draft Corporate Plan and Operational Plan – SNIP sample • Corporate Plan 2016-2020 • Induction Guide PRO-HRS-0032 (available on site) • Operational Plan 2016-17 • PGPA Act 2013, Rule 2014 (16E) • Portfolio Budget Statement 2017 – Outcome 1 • PowerPoint presentations – 'A Conversation with the CEO' March 2016 and 'Agency Dialogue' June 2016 • http://www.aacqa.gov.au/ 	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
1.2	The external evaluation organisation is guided by a defined set of values that are evident in all services and activities.	Self - Rating	3	Surveyor Rating	3
Guidance	The organisational values are shared with staff and should be displayed; this could be on websites, promotional materials, and information materials. See also criterion 4.4.	<p>The Quality Agency is guided by the Australian Public Service (APS) values. The values are embedded and integrated into policies, procedures, systems, processes and practices:</p> <ul style="list-style-type: none"> • Impartial • Committed to Service • Accountable • Respectful • Ethical 		<p>The Quality Agency is a government entity and adopts the wider Australian Public Service (APS) values (ICARE).</p> <p>These values are reinforced on the web-site, in the Corporate Plan, staff induction annual report and other documents.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Written set of values (may be in plans, brochures, displayed on walls and on website)</i> • <i>How the values are implemented in all services and activities</i> 	<p>The values are shared and promoted in a range of ways:</p> <ul style="list-style-type: none"> • Published on the website and intranet • Corporate plan 2016-2020 • Operational Plan 2016-17 • Annual report 2015-2016 (on website) • All staff are provided with bookmarks outlining the APS values, APS Code of Conduct and APS Employment Principles • Induction programs • Performance processes • Learning and development • Code of conduct <p>Staff who commence with the Quality Agency undertake an induction program which includes information about our vision, purpose and values, the APS Code of conduct. They must sign the Code of Conduct form to state they have read and understood the APS Code of Conduct and agree to carefully observe and respect the code. They also complete an online learning Module in Learnhub titled 'APS Values and Principles'.</p> <p>The National Leadership Team (ECG members and management personnel at Director level) completed training with the Australian Public Service Commission (APSC) in relation to the APS Values in March 2016.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Annual report 2015-2016 (p. 60 'How we work') 		<p>The values are framed and displayed at the entrance to the national office and also inside the office.</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<ul style="list-style-type: none"> • APS Values, Code of conduct and Employment Principles • Australian Aged Care Quality Agency Act 2013 • Corporate plan 2016-2020 • Induction Guide PRO-HRS-0032 (available on site) • LearnHub completion report – individual • LearnHub module content - APS Values and Principles • Learnhub records - APS Induction: Code of Conduct and Values – names list • Operational Plan 2016-17 • Public Service Act 1999 • www.aacqa.gov.au 			
1.3 Core	<p>Policies are in place to ensure that accreditation or certification decisions are independent and objective, solely based on the relevant standards, the findings of the surveyors and other objective evidence related to the standards, and to ensure that conflicts of interest are avoided in all decision making.</p> <p>The arrangements ensure that external evaluation activities are strictly separated from consultancy or provision of internal audit.</p>	Self - Rating	4	Surveyor Rating	4
		<p>The Quality Agency has robust policies, procedures and practices to ensure that accreditation decisions and quality review processes are independent and objective, based on evidence gathered on site by quality surveyors.</p> <p>Quality Surveyors (external) Quality Assessors and authorised decision-makers undertake comprehensive training and ongoing development. There is a strong and ongoing focus on impartiality, objectivity and independence in the Quality Surveyor Handbook (section 1.1.3) and the Decision-making policy. The annual assessor registration process, application form and code of conduct each reinforce the principles of impartiality, objectivity and declaring conflicts of interest. Decision-makers must submit a declaration of interests form to the CEO each year.</p> <p>The CEO delegates the authority to make accreditation decisions to authorised officers who are independent of the assessment teams appointed to gather the evidence.</p> <p><u>Consultancy and training</u></p> <p>The Quality Agency does not provide consultancy services to the Aged Care sector.</p> <p>The Quality Agency offers general education services. The programs include courses on understanding accreditation,</p>		<p>The Decision Making Policy is implemented and this includes that the decision makers are trained, independent of the assessment / review team and act within the authorities of delegation as issued by the CEO.</p> <p>The decision maker reviews the information that includes but is not limited to the site audit report. Considerations are applied to the extent of compliance and for non-compliance the severity of risk.</p> <p>For the re-accreditation of residential aged care providers, a decision matrix is applied that results in a 3, 2, 1 year or 6-month period of accreditation. Accreditation can also be refused.</p> <p>Home care services have a quality review at least once every 3 years. Delegated decision-makers make decisions about the performance of a home care service against the Home Care Standards. The difference is that a period of accreditation certificate is not issued as it is with residential aged care.</p>	
Guidance	<p>Examples of consultancy include preparing or producing documentation or procedures, and giving specific advice, instructions or solutions towards achieving compliance with the standards.</p> <p>Advising on understanding of standards or the external evaluation process, arranging training and participating as a trainer is not considered consultancy, provided that, where the advice or course relates to standards or external evaluation, this is confined to the provision of generic information that is freely available in the public domain; i.e. the trainer or consultant should not provide client-specific solutions.</p>				
Suggested Evidence	<ul style="list-style-type: none"> • <i>Policy on how accreditation or certification decisions are made to ensure impartiality</i> • <i>Statement on consultancy</i> 				

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<p>workshops relevant to performance against standards in the aged care sector and compliance assistance training for services at risk of failing to meet standards. The materials are standardised training packages and education services are managed by the Programs and Education branch of the Quality Agency.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Quality Agency Principles 2013 (Section 2.58) • Quality Surveyor Handbook HDB-ACC-0016 (available on site) • Instrument of Delegations REG-ACC-0014 • Decision Making Policy POL-ACC-0017 • Declaration of Interests Policy POL-SGU-0040 • Declaration of Interest template FRM-SGU-0015 			
1.4	The external evaluation organisation is a legal entity, or a defined part of one, such that it can be held legally responsible for all its external evaluation activities.	Self – Rating	4	Surveyor Rating	4
Guidance	A governmental external evaluation body is deemed to be a legal entity on the basis of its governmental status.	<p>The Quality Agency is a government agency and is deemed to be a legal entity on the basis of this status.</p> <p>The <i>Australian Aged Care Quality Agency Act 2013</i> is the governing legislation that established the Quality Agency and the functions, authority and powers of the CEO as the accountable authority for the organisation. The <i>Quality Agency Principles 2013</i> define the operational and decision-making processes.</p>		<p>The Quality Agency is a legal government entity that is legally responsible for its operations in accordance with the <i>Australian Aged Care Quality Agency Act 2013</i>.</p> <p>In transitioning to being a government agency in 2014 a review of policies and expected requirements of the government regulatory framework was completed and established.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Deed, constitution or articles of association which define the structure, powers and authority of the organisation</i> • <i>Governing legislation (if appropriate)</i> 	<p>Evidence:</p> <ul style="list-style-type: none"> • Australian Aged Care Quality Agency Act 2013 • Quality Agency Principles 2013 			
1.5	<p>There is a documented policy for handling information obtained from, or about, clients in the course of the external evaluation process.</p> <p>The policy ensures that clients are fully informed about disclosed information.</p>	Self – Rating	4	Surveyor Rating	3
Guidance	<p>The public should have access to information about organisations which have been accredited or certified (criterion 8.9) by the external evaluation organisation.</p> <p>The policy may include how the information is made available to the public without breaking confidentiality; this may be achieved by limiting information made</p>	<p>The Quality Agency only collects, stores, accesses and utilises information about clients that is directly related to its legislated role. We handle information obtained from, or about, clients in a sensitive and careful manner.</p> <p><u>Publishing details of accredited organisations</u> The Quality Agency has a procedure (PRO-ACC-0012) outlining what information from audits of aged care services can be made public and how that information is to be reviewed and checked before being published.</p>		<p>There are policies and procedures in place for maintaining privacy and confidentiality. This includes that staff sign a confidentiality agreement upon joining the Quality Agency.</p> <p>The Surveyor Handbook includes the importance of maintaining confidentiality during site visits.</p> <p>There is not to be any identifying information in the audit report. A more detailed audit report goes to the provider as draft for comment. The finalised audit report is</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
	<p>publicly available from the survey report except when required by law.</p> <p>Therefore the policy explicitly states, what information is made public, including description of how and when. It explicitly identifies other information that can be disclosed, including how and to whom, and makes reference to possible legal requirements for disclosure.</p>	<p>The Quality Agency has processes in place to ensure that 'Protected Information' about client organisations and care recipients is only access to those authorised.</p> <p>Training for all Quality Surveyors and external Quality Assessors, decision-makers and other staff addresses the policy on privacy of information and processes for gathering and managing information during the assessment process.</p>		<p>prepared and published on the Quality Agency's web-site along with the decision.</p> <p>The Consumer Experienced Report has been implemented from May and this is an additional report that will accompany the audit report. These will also be published on the web-site with the first one due soon.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Relevant policy</i> • <i>How clients are made aware of any information which may be made publicly available</i> 	<p>As an entity of the Australian Public Service, we abide by the <i>Privacy Act 1988</i> and the <i>Freedom of Information Act 1982</i>. We have appointed two Freedom of Information (FOI) officers who manage requests for information. Any such information must be checked before being released by an authorised officer operating under the delegation of the CEO.</p> <p>During 2016, we initiated a project to improve consumer accessibility and the information we publish with our audit reports to better meet consumers' needs. This is referred to as the Consumer Experienced Report (CER) project.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Australian Aged Care Quality Agency Act 2013 (Section 48 – Use of protected Information) • Freedom of Information Act 1982 • Privacy Act 1988 • Privacy Policy POL-HRS-0010 • Publishing Decision and Reports Procedure PRO-ACC-0012 • Quality Surveyor Handbook HDB-ACC-0016 (available on site) (section 2.3.4) 			
1.6	There is an explicit set of ethical principles, endorsed by the governing body, which informs all decision making.	Self – Rating	4	Surveyor Rating	4
Guidance	<p>The principles could include:</p> <ol style="list-style-type: none"> Confidentiality Independence Objectivity Fairness 	<p>The Quality Agency is guided by the ethical principles and values of the Australian Public Service (APS), as defined in the <i>Public Service Act 1999</i>. These values underpin all aspects of governance, operations, surveying, decision-making and performance management. The APS Code of Conduct and APS Employment Principles are similarly established as the guiding ethical principles for all staff.</p>		<p>The values are the same as the Australian Public Service (APS) and include ethical principles. Employees operate to and sign the code of conduct. The surveyor / assessors also sign an additional surveyor/assessor code of conduct related to their role.</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
Suggested Evidence	<ul style="list-style-type: none"> Ethical principles which guide the behaviour of the organisation (may be in manuals, employment agreements) Evidence of governing body endorsement 	<p>The Ethics Advisory Service is provided through the Australian Public Service Commission for all Australian Public Service (APS) employees, including agency heads seeking advice on ethical issues. The APS employment principles contain a link to Ethics Advisory Service.</p> <p>The Charter for the Executive Coordination Group set out the principles underpinning decision making on behalf of the Quality Agency. The terms of reference have been reviewed and updated within the past 18 months.</p> <p>Evidence:</p> <ul style="list-style-type: none"> APS Code of Conduct and Values APS Employment Principles Executive Coordination Group Charter POL-GOV-0011 		<p>The governing body is the Executive Coordination Group who operate to the following governance principles as outlined in their charter: Leadership, Stewardship, Shared governance, Accountability, Transparency, Integrity, Preparation and Practical.</p>	
1.7	There is a code of conduct which guides the interaction of staff, surveyors, clients, stakeholders, and the public in general.	Self – Rating	3	Surveyor Rating	3
Guidance	<p>The code of conduct should enable ethical concerns to be raised and ensure a positive attitude towards complainants.</p> <p>A documented process may be required to ensure ethical concerns are recognised and addressed.</p>	<p>The Code of Conduct for the Australian Public Service (APS) applies to all AACQA employees. This Code of Conduct guides the interaction of staff with stakeholders including clients and the public. The Code of Conduct is outlined at Section 13 of the <i>Public Service Act 1999</i>, which is a public document and available via the internet.</p> <p>All new staff are required to read and sign a Code of Conduct form stating they have read it, understood it and agree to carefully observe and respect the code. This is reinforced through the letter of offer that must be signed by each new employee accepting the terms and conditions, including compliance with the APS Code of conduct. All staff also receive a hard copy bookmark outlining the APS values, code of conduct and employment principles.</p> <p>Quality Surveyors and external Quality Assessors are also required to comply with the Assessor Code of Conduct. This is available online for those seeking information about the role and is provided during their initial training for the purposes of registration as an Aged Care Quality Assessor. They are required to sign the code of conduct and return a copy to the Quality Agency with their application for registration each year.</p>		<p>A code of conduct is signed by employees when they commence and surveyors / assessors sign an additional surveyor/assessor code of conduct for their roles. These guide interactions internally and externally with stakeholders and clients.</p> <p>Procedures are in place should it be necessary to investigate a breach of the code of conduct.</p> <p>Staff can raise an ethical concern with an assistant director and also have quality forums and staff meetings to discuss issues.</p>	
Suggested Evidence	<ul style="list-style-type: none"> Code of Conduct Evidence of how this is made available to staff, surveyors, clients, stakeholders and the public Evidence of reported ethical concerns being addressed 				

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<p>The Quality Agency has defined a clear procedure for the addressing instances where staff may have breached the Public Service code of conduct. A Quality Assessor's registration may be cancelled if the person fails to comply with obligations as a quality assessor, as stated in the Assessor code of conduct.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Assessor Code of Conduct FRM-ACC-0140 • Bookmarks - APS Code of Conduct, Values and Employment Principles • Code of Conduct Agreement FRM-HRS-0057 • Letter of offer to employee FRM-HRS-0086 • Procedure for determining breaches of the Code of Conduct PRO-HRS-0026 • Public Service Act 1999 (section 13) • Registration of assessors POL-ACC-0004 			
1.8	<p>The external evaluation organisation has documented its governance arrangements in a deed or similar that defines powers, accountability and responsibilities.</p> <p>This includes but is not limited to the following:</p> <ol style="list-style-type: none"> the composition of the governing body and the appointment of the members of the governing body lines of accountability, including lines of accountability out of the legal entity the terms of reference of the governing body the terms of reference of any committees referring to the governing body decisions on accreditation or certification 	Self – Rating	4	Surveyor Rating	4
Guidance	<p>The documented governance arrangements could also include:</p> <ol style="list-style-type: none"> monitoring compliance with relevant laws and regulations; minutes being kept of all meetings 	<p>The governance arrangements for the Quality Agency are prescribed in the <i>Australian Aged Care Quality Agency Act 2013 (the Act)</i> are the responsibility of the Chief Executive Officer (CEO). As a statutory office holder, this structure means the CEO holds the dual roles of governance and management of the Quality Agency. There are numerous checks and balances in place to ensure accountability and transparency. The CEO has implemented a governance arrangement through the Executive Coordination Group (ECG) to support the discharge of the CEO's responsibilities (see criterion 1.1 for the composition of the ECG).</p>		<p>The CEO, by way of legislation, is responsible for the Governance and management of the quality agency. This involves the dual roles of governance and management. The CEO appointed the Executive Coordination Group (ECG) who function according to a charter of roles and responsibilities.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Constitution of the governing body</i> • <i>Governing body terms of reference, meeting agendas/papers</i> • <i>Documented lines of accountability</i> • <i>Supporting committees terms of references</i> 			<p>The ECG meet monthly and split their time between strategic oversight and governance with their senior management operational responsibilities. This was confirmed in interview discussion with the CEO and ECG members. The primary role of the ECG is to lead the</p>	

Standard 1: Governance	Self-assessment evidence	Surveyor findings
<ul style="list-style-type: none"> <i>Rules/guides for accreditation or certification decisions</i> 	<p>The ECG has a Charter that outlines its role and responsibilities to manage Quality Agency performance, oversight of finance, risk, quality, strategic direction and regulatory compliance. Minutes of the ECG are kept.</p> <p>The CEO is responsible for approving the schedules of delegations of authority under the <i>Australian Aged Care Quality Act 2013</i>. These delegated authorities provide guidance for authorised officers in making decisions in relation to the performance of aged care services, managing finances and being responsible for expenditures, and human resource management. These authorised officers report to the Executive Directors who are each members of the ECG.</p> <p>The Act establishes the Aged Care Quality Advisory Council (the Advisory Council) to provide advice to the CEO on the functions of the CEO. The Advisory Council may also provide advice to the Minister on the operations of the Quality Agency and matters relating to the performance of the CEO's functions. The Terms of Reference for the Advisory Council outline its role and responsibilities as being broader than the performance of the Quality Agency, with a focus being provision of advice to the Government in relation to matters affecting the quality of care and services to the aged in Australia.</p> <p>The Instrument of Delegations (REG-ACC-0014) defines decision-making powers for staff in specific positions. The authorities delegated by the CEO are described at pages 7 through 20 of the Instrument and allow specific personnel to make decisions about accreditation of new or commencing residential aged care services, to re-accredit or not to re-accredit a service, to vary or revoke accreditation following a review audit, determine performance from assessment contacts, and to reconsider decisions subject to appeal.</p> <p><u>Actions taken following 2013 survey</u></p> <p><u>Australian Aged Care Quality Agency governance arrangements</u></p> <p>The processes for accreditation of residential aged care services, and quality review of home care services, are as per the arrangements set out in the <i>Aged Care Quality Agency Act 2013 (the Quality Agency Act)</i>, and the</p>	<p>organization, secondary is to manage their area of responsibility</p> <p>The Advisory Council is appointed by the Ministry and has terms of reference. They fulfil a dual role of working with the Quality Agency by receiving reports and holding meetings; and providing advice to the government (Minister).</p> <p>There is also an Audit Committee with independent appointments. It has terms of reference and meets at least 4 times per year. Their role is to provide independent assurance to the CEO on the Quality Agency's financial and performance reporting responsibilities, risk management, and internal controls.</p>

Standard 1: Governance	Self-assessment evidence	Surveyor findings
	<p>associated legislative principles, with decision-making undertaken by senior managers trained in statutory decision-making relevant to the accreditation/quality review arrangements.</p> <p>The CEO, is ultimately responsible for the organisation, and the functions of the CEO are set out in the <i>Quality Agency Act</i>. The CEO is appointed by the Minister for Health, but the CEO has statutory independence and the CEO acts independently and objectively in performing the functions and powers under the <i>Quality Agency Act</i>.</p> <p>The internal governance arrangements for management and strategic direction of the organisation comprise the CEO, and three Senior Executive Officers with day-to-day management responsibility for their respective branches of Corporate Services and Strategy, Operations, and Programs and Education.</p> <p>The Executive Coordination Group reviews progress against plan, strategic direction and operational performance.</p> <p>The legislation creates an Australian Aged Care Advisory Council which can provide advice to the CEO, and which is consulted on the development of the three-year strategic plan, and the annual operating plan.</p> <p>As an Australian Government statutory agency, the Quality Agency's corporate governance arrangements are set out in the <i>Public Governance, Performance and Accountability Act 2013</i>. The <i>PGPA Act</i> sets out a broad framework for the governance, performance and accountability of, and the use and management of public resources by the Australian Government and its various corporate and non-corporate entities.</p> <p>The <i>PGPA Act</i> provides for an Audit Committee, comprising a majority of independent members, whose role is to provide independent assurance to the CEO as to the Quality Agency's financial and performance reporting responsibilities, risk oversight and management, and system of internal control.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Australian Aged Care Quality Agency Act 2013 	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<ul style="list-style-type: none"> • Executive Coordination Group Charter POL-GOV-0011 • ECG standing agenda items • ECG meeting minutes (available on site) • Aged Care Quality Advisory Council Terms of Reference (available on site) • Instrument of Delegations REG-ACC-0014 • Financial Delegations POL-FIN-0066 • Delegations, Human Resources POL-HRS-0019 			
1.9	The governing body supports a culture of safety, quality improvement and excellence and is accountable for creating a sustainable organisation.	Self - Rating	3	Surveyor Rating	3
Guidance	<p>The governing body should work with the organisation to identify and manage risks and identify strategic opportunities for improvement. See standard 3.</p> <p>The governing body may also have a role in supporting the external accreditation organisation; this may be in an advisory capacity from individual members who have particular skills.</p>	<p>The governing body CEO/ECG promotes a culture of safety and quality as reflected in our first strategic objective and related measures:</p> <p>Strategic objective 1 - Our regulatory practices drive safety and quality.</p> <p>Quality Agency performance measures:</p> <ul style="list-style-type: none"> • Risk-based resource allocation model which prioritises safety and quality. • Our education and training programs focused on safety and quality priorities. • We perform successfully against the Regulatory Performance Framework indicators. • Incorporate world's best practice accreditation approaches, work with and learn from the International Society for Quality in Healthcare (ISQua). <p>The ECG Charter reflects the role the governing body regarding governance, leadership and strategy of the Quality Agency. The priority of the ECG is ensuring sound governance, informed decision making, management of risk and sustainable programs to ensure and promote high quality care amongst providers of aged care services.</p>		<p>As a government agency, the Quality Agency is required to meet regulatory practices and its legislation. The culture of safety and quality is linked into the Corporate Plan, risk management and operations for assessment and education of providers.</p> <p>The Quality Agency has a number of processes in place for being a sustainable organization and continuity of business. This includes a policy and risk framework, financial forecasting, capability to look ahead at the surveyor / assessor resource requirements to meet the workload expectations for audit, assessments and quality reviews with aged care providers.</p> <p>Currently, there is a high profile public issue regarding a particular Mental Health Service. The government has commissioned an independent review of the aged care quality regulatory processes to understand why the extent of failures of care were not identified. The Quality Agency is part of the regulatory responsibilities and is interested in any improvements that can be applied to the aged care regulatory system.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Governing body terms of reference, meeting agendas/papers</i> • <i>Minutes of meetings and decision making</i> 	<p>The Quality Agency has an internal auditing program to support mitigation of financial risks, which is overseen by the Audit Committee who consider performance and material risks for the Quality Agency. The risk management framework is reviewed each year during the development of the Corporate and Operational Plans. Strategies to manage the principle risks identified by the Quality Agency are outlined in the Corporate Plan 2016-2020.</p>		<p>The Quality Agency has also requested for independent external advice regarding the internal processes of accreditation regarding this matter and the lessons for improvement.</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<p>The Quality Agency is subject to public scrutiny by the Australian Parliament through the Community Affairs Senate Committee and the Commonwealth Ombudsman. A key measure of quality performance for the Quality Agency is the annual self-assessment against the Regulator Performance Framework.</p> <p>The Annual Report 2015-16 describes the Quality Agency's achievements in quality improvement initiatives, ecological sustainability and recognition of indigenous people (see part 4 - Other Accountabilities Reporting).</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Audit Committee Charter POL-GOV-0003 • Audit Committee meeting minutes (available on site) • Better Business Improvement Review Group meeting minutes • Corporate Plan 2016 to 2020 • ECG meeting minutes (available onsite) • Executive Coordination Group Charter POL-GOV-0011 • Improvements & Corrective Actions POL-IST-0005 • Regulator Performance Self-assessment Report 2015-16 • Work Health and Safety Act 2011 • Work Health and Safety Policy POL-HRS-0029 			
1.10 Core	<p>The governing body defines and documents overall authority and responsibility for:</p> <ol style="list-style-type: none"> overseeing the strategic planning process, developing and approving accreditation/certification standards used by the organisation, ensuring the organisation meets legal and regulatory requirements as well as reporting, monitoring, and accountability obligations, approving the organisation's corporate policies and ensuring the policies are followed, ensuring appropriate communications plans and strategies are in place, monitoring the organisation's performance including the achievement of the strategic goals and objectives 	Self - Rating	3	Surveyor Rating	3
		<p>The CEO and governing body clearly defines authority and responsibility for the Quality Agency functions.</p> <p><u>Strategic planning</u></p> <ol style="list-style-type: none"> The CEO established the Executive Coordination Group (ECG) to manage the discharge of the CEO's responsibilities. The CEO approved the Charter and terms of reference for the ECG, and they are authorised to oversee the strategic planning process through which the Corporate Plan 2016-2020 and Operational Plan 2015-16 were developed. 		<p>The CEO and ECG oversee the development of the Corporate Plan and this is implemented by way of the Operational Plan. Responsibilities also include monitoring and oversight of regulatory compliance.</p> <p>The Quality Agency is a key stakeholder involved in the government's development of a Single Aged Care Quality Framework.</p> <p>The CEO approves the schedules of delegated authorities to enable the Quality Agency to fulfil its legal obligations for accountability of determining and monitoring the</p>	

Standard 1: Governance		Self-assessment evidence	Surveyor findings
Guidance	<p>These may be included in the annual plan, strategic documents or operational documents. Other areas may include:</p> <ol style="list-style-type: none"> i. overseeing the business development and marketing process; ii. ensuring research plans and strategies are in place as appropriate in view of the overall mission and vision of the external evaluation organisation 	<p>In developing our four-year strategic objectives we were keen to ensure that we had considered the risks and challenges that exist for us within our operating environment. The Corporate Plan 2016-2020 includes a summary of the key factors in our operating environment relevant to the delivery of aged care services which have shaped the development of our strategic objectives.</p>	<p>performance of aged care services. Delegations include responsibilities for the development and review of Agency policies.</p> <p>The Annual Report summarises the performance of the Quality Agency with respect to the Corporate Plan for that financial year.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Annual plan</i> • <i>Strategic documents</i> • <i>Job descriptions</i> 	<p><u>Standards development</u></p> <p>b) The Department of Health has the legislated responsibility for the development and endorsement of accreditation standards. The Quality Agency actively participated in the Department of Health's Technical Review Group in regards to developing a set of consolidated standards for the aged care sector. A public consultation on the Single Aged Care Quality Framework commenced in March 2017 under the leadership of the Department of Health.</p> <p><u>Oversight of regulatory compliance</u></p> <p>c) The ECG charter outlines its responsibility for monitoring and oversight of regulatory compliance. The CEO approves the schedules of delegated authorities to ensure the Quality Agency meets the legal requirements and reporting, monitoring and accountability obligations in relation to determining the performance of aged care services.</p> <p><u>Approval and monitoring of corporate policies</u></p> <p>d) The CEO authorises the ECG to oversee and approve corporate policies and ensure the policies are followed. Executive Directors of each branch delegate the tasks of development and review of policies to a responsible officer.</p> <p><u>Communication strategies</u></p> <p>e) The CEO and the ECG oversee the communication strategies and plans for the Quality Agency. A position is established within the Office of the CEO to manage communications with staff and external stakeholders.</p> <p><u>Monitoring performance</u></p> <p>f) A key responsibility of the ECG is performance management across the organisation. Reporting systems are established to provide the information</p>	<p>Opportunity for Improvement</p> <p>The draft IMT Strategic Plan 2016-2018, dated February / 2016, was not considered by the ECG until their last meeting. This provides an opportunity to review the timing for key plans / papers to be clearly identified for action so it is followed up by the ECG in a timely manner.</p>

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<p>required by the CEO and the ECG to monitor the Quality Agency's performance. Achievements against the strategic objectives in the Corporate Plan and Operational Plan are addressed in the Annual Report for which the CEO is accountable.</p> <p>The Audit Committee also has a role in reviewing performance.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Annual Report 2015-16 • Audit Committee Charter POL-GOV-0003 • Communication & Media Plan POL-CAH-0033 • Delegations, Human Resources POL-HRS-0019 • ECG meeting minutes (available onsite) • Executive Coordination Group Charter POL-GOV-0011 • External Financial Reporting POL-FIN-0060 • Financial Delegations POL-FIN-0066 • Instrument of Delegations REG-ACC-0014 • Internal Reporting – Section 10.2 POL-FIN-0061 • Senior Advisor position description • Stakeholder Engagement Strategy POL-CAH-0031 			
1.11 Core	<p>The governing body defines and documents overall authority and responsibility for financial activities including:</p> <ol style="list-style-type: none"> approving the organisation's capital and operating budgets and providing overall financial oversight; ensuring the organisation is adequately resourced to meet its objectives; approving major transactions such as capital investments or major equipment purchases 	Self – Rating	4	Surveyor Rating	4
Guidance	Responsibility may be delegated to the chief executive or equivalent or to a chief financial officer. See also criteria 2.6 -2.9.	<p>The governing body clearly defines and documents responsibilities for financial activities. The Quality Agency's financial activities are closely scrutinised by the Department of Health, Department of Finance and the Parliament through the Senate Estimates process.</p>		<p>The Director of Finance prepares the budget for review by the ECG and ultimately is approved by the CEO.</p> <p>The Quality Agency meets government requirements for setting budgets and the final budget is submitted to the Department of Finance.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Terms of reference</i> • <i>Budget approval</i> • <i>Financial reports</i> • <i>Job description</i> 	<p><u>Budget development and approval</u></p> <ol style="list-style-type: none"> These delegated authorities enable the Director of Finance to prepare budget estimates. These are reviewed by the ECG, which oversees the budget allocation process before the final budget is approved by the CEO. It is then submitted to the Department of 		<p>The Audit Committee provides oversight of financial management including internal audits.</p> <p>The Australian National Audit Office audits the Quality Agency annually.</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<p>Health as the lead agency in the Health portfolio. The budget is also submitted to the Department of Finance for scrutiny. The Audit Committee (consisting of three independent people and a member of the ECG) provides oversight of financial management in accordance with their terms of reference. The Quality Agency is also audited by the Australian National Audit Office in relation to financial management systems.</p> <p><u>Adequate financial resources</u></p> <p>b) The required financial resources are based on the government policy regarding accreditation. The ECG will advise the CEO if they require additional resources, which will be sought from the Australian Parliament through Appropriation Bills if required. The Financial Delegations document defines limits for approval of capital investment and significant financial transactions.</p> <p><u>Financial delegations</u></p> <p>c) The CEO approves the schedules of delegated authorities under the <i>Public Governance, Performance and Accountability Act 2013</i> (PGPA Act) for specified financial governance powers and functions (Financial Delegations POL-FIN-0066). The Financial Delegations document defines limits for approval of capital investment and significant financial transactions.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • ANAO audit report 2016 • Audit Committee Charter POL-GOV-0003 • Audit Committee meeting minutes (available on site) • Corporate Budget Policy POL-FIN-0018 • ECG meeting minutes (available on site) • Financial Delegations POL-FIN-0066 		<p>The Quality Agency completes budget forecasting based on detailed costs analysis of its expected assessment activities and surveyor/assessor resources and travel to complete this work with aged care services</p>	
1.12	<p>Members of the governing body are supported through:</p> <p>a) a planned orientation programme to ensure they understand their responsibilities and duties, confidentiality and the external evaluation organisation's standards and services, and</p> <p>b) provision or facilitation of on-going information and/or education to assist them in fulfilling their role</p>	<p>Self - Rating</p> <p>4</p> <p>The CEO and ECG are supported to carry out their functions when they first join the organisation and on an on-going basis:</p> <p><u>Induction and orientation</u></p>		<p>Surveyor Rating</p> <p>3</p> <p>There is a comprehensive SES induction package for an Executive Director joining the ECG. The Quality Agency advised how this package is updated each time a person joins the ECG as it is used to fully reflect the current situation at the Quality Agency.</p>	

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
Guidance		a) Members of the ECG complete the staff induction program and are briefed by the CEO on the responsibilities and duties of the ECG, as detailed in the Charter. Executive Directors participate in an orientation designed for officers appointed to the Senior Executive Service within the Australian Public Service.		ECG planning workshops occur with an external facilitator (most recent Feb / 2017). CEO completes performance plans with ECG members.	
Suggested Evidence	<ul style="list-style-type: none"> • Documented and completed orientation programme • On-going education programme 	Ongoing development b) The ECG are also supported with feedback through the development of an Executive Performance Plan with the CEO. The ECG undertakes ongoing development in the form of two-day 'retreats' that involve presentations and discussions with external parties that assist with development in their role. Evidence: <ul style="list-style-type: none"> • ECG (Senior Executive Service Officer) orientation package • Executive Coordination Group Charter POL-GOV-0011 • Executive Performance Agreement • Induction Guide PRO-HRS-0032 (available on site) 			
1.13	The governing body defines stakeholders and establishes responsibility for maintaining communication.	Self - Rating	3	Surveyor Rating	4
Guidance	Stakeholders may include but not be limited to clients. Activities may include the external evaluation organisation: <ol style="list-style-type: none"> actively seeking the opinions of clients, professional bodies, policy and funding authorities, and other stakeholders on the development, evaluation and improvement of services; developing plans for communication and for making strategic alliances to support and strengthen its programmes and key communities; contributing to projects, committees and networks aligned with its strategic direction; ensuring impartiality 	The Quality Agency has a strong focus on defining, engaging, communicating and listening to the views of stakeholders. A Stakeholders Engagement Strategy was endorsed by the ECG for the period 2015-2019, which enables capture of contacts made with key stakeholders and sharing of that information within the Quality Agency. It also established tools and processes to formalise the multitude of stakeholder engagement opportunities undertaken by the Quality Agency. <u>Consultation with stakeholders</u> <ol style="list-style-type: none"> The Quality Agency facilitated a large-scale consultative process with key stakeholders across the aged care sector between August and October 2015. This dialogue was all about the concept of quality in relation 		The Quality Agency has a range of processes for effective engagement with stakeholders and maintains communication. This includes consultation of key initiatives around quality, active engagement with the Quality Agency Liaison Group and State Agency Liaison Groups who have provider representation, and the CEO's participation on a wide range of external and advisory forums. The Quality Agency Liaison Group has terms of reference and minutes of meetings are kept. A key initiative that resulted from the consultation and engagement with stakeholder has been the Consumer Experience Reports (CER) that were implemented from May 2017 in reaccreditation audits of aged care residential providers.	

Standard 1: Governance	Self-assessment evidence	Surveyor findings
<p data-bbox="107 209 136 435" style="writing-mode: vertical-rl; transform: rotate(180deg);">Suggested Evidence</p> <ul data-bbox="215 204 815 339" style="list-style-type: none"> • <i>Communication plan</i> • <i>Stakeholder surveys and results (not post-assessment evaluations)</i> • <i>List of memberships of outside committees, projects, etc</i> 	<p data-bbox="884 204 1473 448">to aged care and people were invited to share with us their thinking and questions, and to explore and debate the best possible ways to describe, encourage, measure and monitor quality in aged care services. The results were used in a report provided to the Government to assist in framing ongoing reforms to the aged care sector. The report was also published on our website and promoted through the Quality Standard newsletter.</p> <p data-bbox="853 488 1196 512"><u>Strategic alliances and protocols</u></p> <p data-bbox="853 523 1473 799">ii. Memoranda of understanding have been established to continue building strong relationships with the key regulatory bodies in the aged care sector in Australia: the Department of Health and the Aged Care Complaints Commissioner. These protocols establish the roles and responsibilities of each party and help define the end-to-end regulatory systems and reporting obligations, data exchange, and communication schedules for the regular exchange of information and to enhance cooperation.</p> <p data-bbox="853 839 1218 863"><u>Stakeholder engagement activities</u></p> <p data-bbox="853 874 1480 1062">iii. The CEO convenes the Quality Agency Liaison Group, which is mirrored by State Agency Liaison Groups, all of which provide channels for direct communication with key representatives of peak bodies for service providers, consumer representatives, staff unions and professional bodies. These meetings are conducted at least three times per annum.</p> <p data-bbox="884 1094 1458 1398">In 2016 and 2017, the Quality Agency has undertaken extensive consultation with consumers and potential consumers of aged care services in relation to their definitions of quality and what they would seek in a report about residential aged care services. This included discussing a focused series of questions channelled through the State Agency Liaison Groups. The results of the various consultation processes lead to the formulation of a style and layout for the Consumer Focused Reports (CFR) that will be published from July 2017.</p>	<p data-bbox="1509 229 2123 309">There is a Stakeholder engagement strategy and a Communication and media plan that are monitored by the CEO's office.</p> <p data-bbox="1509 341 2092 421">The discussion session with invited external providers identified key strengths of the Quality Agency for being approachable and engaging more with the sector.</p>

Standard 1: Governance		Self-assessment evidence		Surveyor findings	
		<p>The Quality Agency's CEO participates in a number of external forums and advisory bodies including:</p> <ul style="list-style-type: none"> • Aged Care Technical Reference Group • Ageing and Aged Care Group Governance • Australian Institute of Company Directors • Independent Agencies for Older Australians • National Aged Care Alliance - Quality Advisory Group • National Guidelines for Spiritual Care in Aged Care Project Advisory Group meeting • Project to trial improved process for accreditation for high performing homes - HUB (available on site) • Single Quality Framework reference group <p>Evidence:</p> <ul style="list-style-type: none"> • CFR Engagement questions for State Agency Liaison Groups • CFR Project Status Report for Feb 2017 • Let's Talk About Quality: Shaping the future, National consultation report December 2015 • Memorandum of Understanding with the Aged Care Complaints Commissioner • Memorandum of Understanding with the Department of Health • Quality Agency Liaison Group – Terms of reference (available on site) • Quality Standard February 2016 • Relationship management for aged care providers with multiple services POL-OPS-0001 • Stakeholder Engagement Operational Plan POL-CAH-0032 • Stakeholder Engagement Strategy 2015-2019 POL-CAH-0031 • State Agency Liaison Group Terms of Reference POL-OPS-0008 			
1.14	The effectiveness of the governance of the external evaluation organisation is evaluated using indicators and other measures of performance.	Self - Rating	4	Surveyor Rating	3
		The Quality Agency governing body has a number of processes in place to measure and evaluate its			

Standard 1: Governance		Self-assessment evidence	Surveyor findings
Guidance	Performance measures and goals should be set and the evaluation should include these as a starting point. Parts of governance delegated to the chief executive should also be included in the evaluation. If appropriate, the principles for appointing and dismissing members of the governing body, evaluation of individual performance of members may also be included.	<p>performance. The outcomes expected of the Quality Agency are described in the Budget Portfolio Statements each financial year.</p> <p><u>CEO Performance measurement and evaluation</u> The CEO's performance is monitored by the Minister, who sets out expectations each year. The CEO responds with a statement of intent to meet those expectations. The Minister may terminate the appointment for any of the reasons described in section 25 of the <i>Australian Aged Care Quality Agency Act 2013</i> (the Act). These outcomes and expectations, the Portfolio Budget Statements are incorporated into the Corporate Plan and Operational Plan. The performance measures and achievements against the Corporate Plan and annual Operational Plan are detailed in Annual Reports submitted to the portfolio Minister, tabled in the Parliament of Australia and made public. The CEO and ECG members may be required to appear before a Senate Estimates Committee appointed by the Australian Parliament. These hearings are conducted for the purpose of monitoring performance against the indicators and measures defined in the Portfolio Budget Statements.</p> <p>The Quality Agency is also required to report annually on its performance against the Government's Regulator Performance Framework, which is intended to reduce 'red tape' or unnecessary bureaucratic burden.</p> <p><u>ECG Performance measurement and evaluation</u> Each member of the ECG participates in an Executive Performance Plan with the CEO, which is based on the objectives of the Corporate Plan and achievement of outcomes described in the Operational Plan.</p> <p>The Minister may terminate the CEO's appointment for any of the reasons described in section 25 of the <i>Australian Aged Care Quality Agency Act 2013</i> (the Act).</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Annual report 2015-2016 • Corporate Plan 2016-2020 • Executive Director Performance Agreement – example • Operational Plan 2016-17 	<p>The Quality Agency measures and monitors the achievement of performance that starts with meeting the annual Budget Portfolio Statements that is translated into the Corporate Plan and Operational Plan.</p> <p>The Annual Report assists in evaluation performance of achievement with the Corporate Plan.</p> <p>The ECG undertakes an annual self-assessment of performance as a governing body. The last one was completed in January 2017. This is then included as part of the ECG planning workshops that occur with an external facilitator (most recent Feb / 2017).</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Set performance measures</i> • <i>Results of annual evaluation of governing body performance</i> • <i>Results of performance of defined governance indicators</i> 		

Standard 1: Governance		Self-assessment evidence	Surveyor findings
		<ul style="list-style-type: none">• Portfolio Budget Statement 2016-17 AACQA• Regulator Performance - Quality Agency self-assessment report 2015-16• Senate Estimates hearing – Community Affairs Legislation Committee (Hansard pages 87-102)• Statement of Expectation from the Minister• Statement of Intent 2015-16	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
2.0	The external evaluation organisation is effectively managed to meet its strategic operational and financial objectives.	Overall Rating	4	Overall Rating	4
		<p>The Quality Agency has robust systems and processes in place to effectively lead and manage the organisation in terms of strategic and financial objectives.</p> <p>The organisation is governed and managed according its founding legislation, the <i>Australian Aged Care Quality Agency Act 2013</i> (the Act). The CEO is the accountable authority for the purposes of finance law within the meaning of the <i>Public Governance, Performance and Accountability Act 2013</i> (the PGPA Act).</p> <p>Lines of responsibility are clearly defined through the organisational chart, position descriptions, policies and procedures and delegations.</p> <p>The Quality Agency has effective policies, processes and practices in place to effectively manage outsourced, contracted services and suppliers.</p> <p>Strategic and operational planning is undertaken through the Executive Coordination Group (ECG) and a rolling four year corporate plan guides the strategic directions, while an annual operational plan describes specific actions to achieve desired outcomes.</p> <p>There are effective processes in place to ensure effective financial management and accountability. The Quality Agency's financial activities are subject to external scrutiny and requirements.</p>		<p>An annual planning cycle is well established. This includes the Minister's letter of expectations, the CEO's response of statement of intent, yearly portfolio budget statement is provided to government, Corporate Plan 2016-2020 (updated annually), Operational Plan to implement the Corporate Plan and an Annual report that identifies the achievements of the Corporate Plan for that year.</p> <p>The operational plan is well aligned with the corporate plan and is monitored by the ECG.</p> <p>Financial management is robust with internal controls. The financial systems capability produces detailed costing analysis for budgets. Budget reports are monthly with variances identified.</p> <p>The ECG review overall financial performance monthly and there is quarterly oversight by the Audit Committee including internal financial audits.</p>	
2.1	The governing body delegates responsibility for the operational management of the external evaluation organisation, including survey functions, to a chief executive or equivalent.	Self - Rating	4	Surveyor Rating	4
Core		<p>Under the legislation, the role of the CEO is appointed to the role by the Minister for a period of up to five years to govern and manage the Quality Agency.</p>		<p>The CEO was appointed in April 2014 to lead the Quality Agency in accordance with its legislation as a government entity.</p>	
Guidance	<p>Examples could include the governing body:</p> <ol style="list-style-type: none"> defining the chief executive's role and authority in a position description; setting annual performance objectives for the chief executive and evaluates their achievement; requiring management to develop appropriate plans and strategies to achieve the goals and objectives of the external evaluation organisation; 	<p><u>i) CEO role</u> The <i>Australian Aged Care Quality Agency Act 2013</i> defines the CEO role and authorities.</p> <p><u>ii) CEO performance objectives</u> The performance objectives of the CEO are determined through the Corporate Plan 2016-2020 and Statement of</p>		<p>The portfolio budget statement outlines the purpose and resourcing of the Quality Agency. The Minister produces a letter of expectations from which the CEO delivers the Quality Agency's statement of intent.</p> <p>The Operational Plan translate the Corporate Plan into action and is the responsibility of the ECG to deliver</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
	iv. receiving regular and accurate reports from management on the strategic, operational and financial performance of the external evaluation organisation	<p>Intent with input from the Advisory Council.</p> <p><u>iii) Operating plans and strategies</u> An operational plan was developed by the ECG to meet the strategic objectives. As required under the legislation, the CEO consulted the Advisory Council regarding the annual operating plans.</p> <p><u>iv) Monitoring and reporting of performance</u> The CEO and the ECG monitors the strategic, operational and financial performance of the organisation in regular reports. The results are reported in the Annual report and Portfolio Budget Statements.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Aged Care Quality Advisory Council terms of reference (available on site) • Annual Report 2015-16 • Australian Aged Care Quality Agency Act 2013 (sections 7, and12) • Corporate Plan 2016-2020 • Executive Coordination Group Charter POL-GOV-0011 • Operational Plan 2016-17 • Portfolio Budget Statement 2016-17 AACQA • Public Governance, Performance and Accountability Act 2013 (the PGPA Act) • Statement of Expectation from the Minister • Statement of Intent 2015-16 		<p>and monitor. The Advisory Council is involved and kept informed.</p> <p>The Annual Report identifies the results achieved by the Quality Agency.</p> <p>This annual cycle is well established.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Chief Executive's job description, current performance objectives</i> • <i>Strategies and planning processes</i> • <i>Examples of management reports to governing body</i> 				
2.2 Core	The lines of responsibility within the external evaluation organisation are: <ul style="list-style-type: none"> a) clearly defined b) made known to staff and, c) ensure staff and surveyors are free from influence by those who have a direct interest in the services and accreditation/certification decisions 	Self - Rating	4	Surveyor Rating	4
Guidance	Examples should include: <ul style="list-style-type: none"> a) the organisational chart showing the lines of authority, responsibility and allocation of functions; b) lines of responsibility being made known to staff at orientation and whenever there is a change of responsibilities 	<p>Lines of responsibility for the day-to-day operations and assessment processes are defined by the Chief Executive Officer. The CEO delegates authority to specific officers for the various purposes as defined in the relevant legislation. This includes for decision-making about the performance of aged care services and other matters defined in the Act (Instrument of Delegations), for financial management (Financial Delegations) and for management of human resources (Delegations, Human Resources).</p> <p><u>Organisational chart</u></p>		<p>An organisational chart is in place and available to staff via the intranet. Instrument of delegation's policy provides for the delegated authority of the CEO.</p> <p>The induction for new staff includes the organisational chart and how their role fits in the Quality Agency.</p> <p>Impartiality and independence is well established. Decision makers for accreditation award are distinct and independent of the assessment team. Surveyor / assessors are required to declare any conflict of interests. This is recorded in the Better Business</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
Suggested Evidence	<ul style="list-style-type: none"> Organisational chart Orientation programme 	<p>a) The organisational chart is available on the intranet and outlines the lines of authority from the CEO through Executive Directors to Directors and their staff.</p> <p><u>Communicating lines of responsibility</u></p> <p>b) All new employees are aware of lines of authority and responsibility as outlined in the Induction Guide. This describes the structure and operation of the Quality Agency and the responsibilities of the various branches in the organisation. Completion of the induction process is verified by the employee's manager through an Induction Checklist.</p> <p><u>Impartiality and independence</u></p> <p>c) AACQA has a number of policies and processes in place to ensure staff and surveyors are impartial and independent. The legislation requires surveyors to declare they do not have a pecuniary or other interest before accepting an assignment. Staff are aware of the importance of impartiality through the APS values and Assessor Code of Conduct.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Assessor code of conduct FRM-ACC-0140 BBP Module 03 - Teaming and scheduling HDB-OPS-0003 (part 13) Code of Conduct Agreement FRM-HRS-0057 Delegations, Human Resources POL-HRS-0019 Email to registered Assessor re Conflicts of interest and re-registration Financial Delegations POL-FIN-0066 Induction Guide PRO-HRS-0032 (available on site) Induction Plan and Checklist FRM-HRS-0021 Instrument of Delegations REG-ACC-0014 Organisational chart - Corporate Services Organisational chart – Operations ALL Organisational chart - Programs & Education Organisational Chart - Top Levels Public Service Act 1999 Quality Agency Principles 2013 Registration of Assessors POL-ACC-0004 		<p>programme so is known for future assessment activities with that provider.</p>	
	2.3	<p>The external evaluation organisation:</p> <p>a) takes responsibility for all activities outsourced to another organisation</p>	Self - Rating	4	Surveyor Rating

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
	<p>b) defines its requirements for any outsourced work in documented agreements</p> <p>c) makes decisions to award contract based on the outsourced organisation's competency, ability to meet quality and health and safety requirements, cost effectiveness, and</p> <p>d) monitors outsourced work</p>	<p>The Quality Agency effectively manages does not outsource any of the external survey activities. Although it does have contracts with individual surveyors and this is addressed in criterion 6.3.</p> <p><u>a) Outsourced activities</u> The Quality Agency outsources some services such as engagement of interpreters to assist with interviewing care recipients from culturally and linguistically diverse backgrounds. When externally sourced products or technical services are required, specifications are developed to detail what is required and quotations are sought, which are evaluated against a set of criteria and a recommendation is made to the authorised officer identified in the Financial Delegations.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Use of interpreters – Meeting the customer service needs for the culturally and linguistically diverse POL-ACC-0020 • Use of Interpreters Procedure PRO-ACC-0003 • Interpreter evaluation form FRM-ACC-0222 		<p>The Quality Agency does not outsource its assessment activities that are undertaken with aged care services.</p> <p>They can bring in interpreters where this is required. Often this can be arranged via telephone while on-site for a specific care recipient who has the need. Other times the interpreter could accompany the audit team for the visit. The interpreter is provided with an overview of how the visit, their role within it and key aspects such as confidentiality.</p>	
Guidance	<p>This criterion is relevant in cases, where parts of the external survey activities are outsourced. All outsourced activities which impact on the organisation have been approved by the governing body.</p> <p>This criterion is not relevant to contracts with individual surveyors as this is included in criterion 6.3. It applies to, for example, technical experts, evaluators, education and where evaluation methods are carried out on behalf of the organisation by another body.</p> <p>That the external organisation takes responsibility for outsourced activities implies that any outsourced activities will be included in the ISQua survey, as if they were performed by the external evaluation organisation itself.</p>				
Suggested	<ul style="list-style-type: none"> • <i>Examples of contract/tenders for services outsourced</i> • <i>Contractual decision making process</i> • <i>Monitoring of outsourced work</i> 				
2.4	<p>The external evaluation organisation:</p> <p>a) defines what types of supplies are considered major supplies;</p> <p>b) defines its major supplies requirements in documented agreements;</p> <p>c) makes contractual decisions on the basis of competency, ability to meet quality and health and safety requirements and cost effectiveness, and</p> <p>d) monitors the contracted work</p>	<p>Self - Rating</p>	4	Surveyor Rating	4
		<p>The Quality Agency has policies and processes in place to effectively manage supplier relationships and contracts.</p> <p><u>a) Major suppliers</u> The Quality Agency's Procurement policy outlines the minimum requirements for seeking quotes or tenders before placing an order based on the anticipated value. It is</p>		<p>As a government agency, the Quality Agency is required to use approved suppliers under Whole Of Australian Government (WOAG) arrangements. This includes the Quality Agency's most significant cost which is for travel. Pre-approval processes are in place for all travel that is booked. The travel is allocated against each assessment activity.</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence	Surveyor Findings
Guidance	<p>Major supplies are deliveries of goods or services that are critical for the external evaluation organisation's ability to perform its external survey activities at the required performance level.</p> <p>Examples may be</p> <ol style="list-style-type: none"> i. IT services, equipment and programs; ii. bookkeeping and accountancy services; iii. human resource administration <p>Contracts may include key performance indicators to enable detailed monitoring.</p>	<p>mandatory for PGPA Act agencies to use any Whole Of Australian Government (WOAG) arrangements which have been established. The Department of Finance provides advice where this applies. For procurements over \$80,000 where there is no WOAG arrangement, and having satisfied the tests in the Supporting Indigenous Procurement Policy, the Agency may use a common use multi list or panel arrangement that has already been established by another agency.</p> <p>b) <u>Documented requirements</u> The company has clear guidelines in relation to the acquisition or purchase of major supplies or contracted work requirements. Purchases are made in line with the Procurement policy, which provides the key requirements in relation to the Quality Agency's purchasing of goods and services.</p>	<p>The Procurement policy provides guidelines on purchasing suppliers where the WOAG arrangement is not in place.</p> <p>Decisions for contracted work follow the Quality Agency's requirements. Contracted work is generally used for key projects and the projects are monitored individually and overall by a project steering committee (sub-committee of ECG).</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Examples of contracts</i> • <i>Decision making process</i> • <i>Monitoring of contracts</i> 	<p>c) <u>Contractual decisions</u> The Procurement Policy defines whether additional quotations or a tender process should be considered, having regard to five criterion. All purchases must provide value for money in the promotion of the objects of the Quality Agency. The justification should take into account the costs and benefits or cost savings flowing from the purchase. The responsible staff member prepares an evaluation of quotations and a recommendation that a senior manager approves in accordance with the delegation instrument.</p> <p>For large projects, the process follows the Commonwealth Procurement Rules as mandatory requirements, which involves a written business case.</p> <p>The policy titled <i>Entering into a Contract, Agreement or Arrangement</i> defines the need for authorised persons approving a contract to ensure the contract details comprehensively and accurately reflect the obligations of the parties.</p> <p>d) <u>Monitoring contractual performance</u> The progress of major projects is regularly monitored by a project steering committee through progress reports raised by the project director against planned timelines. Periodic</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
		<p>reports are also issued to the Executive Coordination Group.</p> <p>For lesser purchases, the performance of suppliers must be evaluated and recorded in a Supplier Assessment Form. The performance of regular suppliers is monitored by the responsible manager.</p> <p><u>Example of a major contract</u> The Quality Agency has entered into a contract for the provision of tablet devices for use by Quality Surveyors. The contract is for the development of the 'Computer Assisted Assessment Tool' (CAAT). The development of the CAAT was undertaken through another contract with a software engineering firm. The CAAT contract is closely monitored by the ECG. This includes regular progress reports to the project steering committee and periodic reports to the Executive Coordination Group.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • CAAT project brief • CAAT Project Status Report - February 2017 • Commonwealth Procurement Rules 1 March 2017 • Consultants and Contractors Policy POL-FIN-0046 • Contracts with Lenovo and Envision IT (available onsite) • Entering into a Contract, Agreement or Arrangement POL-FIN-0044 • Financial Delegations POL-FIN-0066 • Procurement Policy POL-FIN-0045 • Request For Tender CAAT v3 Final • Supplier Assessment Form FRM-FIN-0006 • Supporting Indigenous Procurement Policy POL-SGU-0048 			
<p>2.5 Core</p>	<p>A strategic plan, developed through a defined process, contains achievable and measurable goals (or directions) and objectives.</p>	<p>Self - Rating</p>	<p>4</p>	<p>Surveyor Rating</p>	<p>4</p>
		<p>Strategic planning for the Quality Agency is based on the legislative functions and the annual Portfolio Budget</p>		<p>The Corporate Plan represents the Quality Agency's strategy to ensure their readiness for government</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence	Surveyor Findings
Guidance	<p>The aim of a strategic plan is to direct the external evaluation organisation's services, programmes and activities and guides decision-making and resource allocation. The strategic plan could include:</p> <ol style="list-style-type: none"> being based on an analysis of the external evaluation organisation's strengths, weaknesses, opportunities and threats; using information from research, performance measurement and risk analysis; providing direction for a specified number of years, e.g. four years 	<p>Statements, the Minister's Statement of expectations and the Government's Regulator Performance Framework.</p> <p>Under the leadership of the CEO, the Executive Coordination Group developed the Quality Agency's corporate plan in consultation with the National Leadership Team. This occurred through face to face discussions with staff (Conversation with the CEO in March 2016 and Agency Dialogue sessions in June 2016). This was supported through the online information sharing system called Confluence. The Aged Care Quality Advisory Council were invited to provide input regarding the draft Corporate Plan. Feedback was considered by the governing body CEO/ECG. Once the document was finalised, it was submitted by the CEO to the Minister for Aged Care and Indigenous Health for approval.</p>	<p>reform and the continuity of delivering their accreditation and educational requirements.</p> <p>An external facilitator is used for the SWOT session. The Corporate Plan 2016-2020 is reviewed annually with the next plan dated 2017 - 2021. The next SWOT analysis will include the ECG and the National Leadership Team (NLT) and the IT Confluence conversations. The external Quality Agency Liaison Group and the Advisory Council are both consulted on the development of the Corporate Plan.</p> <p>The risk pillars in the Corporate Plan help shape the objectives.</p>
Suggested Evidence	<ul style="list-style-type: none"> <i>Strategic plan</i> <i>Evidence of stakeholder involvement</i> 	<p>i) <u>Environmental analysis</u></p> <p>The Corporate Plan 2016-2020 was developed through analysis of strengths, weaknesses, opportunities and threats in relation to the environment in which the Quality Agency operates. This included political and legislative issues, economic, social and demographic backgrounds of the aged care sector. Added to this was consideration of legislative and regulatory reforms and technological factors influencing change. The Corporate Plan outlines the approaches of Quality Agency to respond to challenges and opportunities.</p> <p>ii) <u>Risk analysis</u></p> <p>The Corporate Plan describes four key sources of risk to the organisation and the services it provides, and strategies for managing those risks.</p> <p>iii) <u>Strategic direction</u></p> <p>A set of four strategic objectives have been developed for the period 2016-2020, along with measures for the Quality Agency to achieve. These measures are described in section 7 of the Corporate Plan, in relation to the requirements of the Australian Government's Portfolio Budget Statements and the Regulatory Performance Framework within which the Quality Agency is required to operate.</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
		<p>Evidence:</p> <ul style="list-style-type: none"> • Executive Coordination Group Charter POL-GOV-0011 • Confluence - feedback from staff on draft Corporate Plan • Aged Care Quality Advisory Council Terms of Reference (available on site) • Corporate Plan 2016-2020 • Portfolio Budget Statement 2016-17 AACQA • Regulator Performance Framework • Regulator Performance Self-assessment Report 2015-16 • NLT Agenda 7 June 2016 • PowerPoint presentations – ‘A Conversation with the CEO’ March 2016 and ‘Agency Dialogue’ June 2016 			
2.6 Core	An annual operating plan defines the external evaluation organisation’s objectives, and the resources required to achieve them. The plan is developed in accordance with the strategic plan.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The annual operating plan could be:</p> <ul style="list-style-type: none"> i. based on the strategic plan goals and objectives, and ii. include timelines and responsibilities <p>The operating plan may be integrated with the financial plan and/or the budget into one document.</p>	<p>The Quality Agency’s Operational Plan 2016-17 provides specific details of actions to be taken to achieve the four strategic objectives defined in the Corporate Plan 2016-2020.</p> <p>i) <u>Link to the strategic plan</u></p> <p>The Quality Agency’s Operational Plan 2016-17 provides specific details of actions to be taken to achieve the four strategic objectives defined in the Corporate Plan 2016-2020. This is supported by the budget allocated in the Government’s Portfolio Budget Statement that ensures the financial, human, information and other resources required to implement those actions</p>		<p>The Annual Operational Plan 2016-17 is directly linked to the completion of the Corporate Plan. It includes actions, measures / targets, responsibilities and timing. State directors translate corporate commitments into performance expectations of staff. The plan is reviewed by the ECG and is monitored. The 6 monthly update was completed.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Annual operating plan</i> 	<p>ii) <u>Timelines and responsibilities</u></p> <p>The Operational Plan describes the measures and targets to be achieved, the person(s) responsible and the timeframe for completion. The financial plan for the Quality Agency is integral to Strategic Objective 4 from the Corporate Plan: ‘We meet Government expectations’ and the Portfolio Budget Statement measure 2016-17 that “we achieve a break-even position against allocated budget.”</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Corporate Plan 2016-2020 			

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Operational Plan 2016-17 Portfolio Budget Statement 2016-17 AACQA 			
2.7 Core	The external evaluation organisation has processes for financial planning and budgeting.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Financial planning is delegated by the governing body (see 1.11) and could include:</p> <ol style="list-style-type: none"> a financial and resource plan developed and used to prioritise the strategic and operational objectives, strategies and activities; budgets based on the financial plan that are developed with the participation of staff and incorporate performance measures; budgets used to monitor and report regularly on financial performance <p>Financial plans may form part of the annual operating plan.</p> <p>Financial planning processes may be supported by policies and procedures.</p>	<p>The Quality Agency has robust accounting and financial management structures in place. As an entity with accountabilities to the Australian Government, the Quality Agency is required to meet the financial management requirements of:</p> <ul style="list-style-type: none"> Department of Finance Department of Health Australian National Audit Office PGPA Act <p>i) <u>Financial planning</u></p> <p>Under the rules of a Parliamentary appropriation, AACQA must only spend funds for which they were appropriated through the Portfolio Budget Statements. The CEO approves delegated authorities for financial management and that enables the Director Finance to prepare budget estimates. The Quality Agency submits an annual budget detailing the financial resources required to enable the Quality Agency to fulfil its functions. Through the Portfolio Budget Statements AACQA receives its funding via Parliamentary appropriation. The Quality Agency is obliged to work within the funding allocated to it each financial year.</p>		<p>The Quality Agency follows and meets the requirements expected of government agencies for financial management.</p> <p>The key document for overall financial planning is the annual Portfolio Budget Statement which links directly to funding via parliamentary appropriation.</p> <p>The Director of Finance prepares the budget estimates and outlined sophisticated spreadsheets that enables capture of detailed financial information across all areas of the Quality Agency's work.</p> <p>The budget is a combination of centralised and state branch specifics. All branches forecast their expenditure monthly for the annual budget.</p> <p>Monthly reports of actual revenue and expenditure are provided compared to budget. Variances are explained by branches and Directors. ECG review the overall financial performance for governance monthly and there is quarterly oversight by the Audit Committee.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Finance plans</i> <i>Financial policies and procedures</i> <i>Budgets</i> 	<p>ii) <u>Budgeting</u></p> <p>The annual budgeting process involves all branches within the Quality Agency projecting the income and expenditure for planned activities on a monthly basis over the financial year (1 July to 30 June). The final budget is reviewed by the ECG and approved by the CEO.</p> <p>iii) <u>Monitoring and performance</u></p> <p>Monthly reports of actual revenue and expenditure are produced for each branch and Directors are required to explain major variances. The overall performance of the</p>			

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
		Quality agency against the annual budget is reviewed monthly by the Executive Coordination Group and are scrutinised by the Audit Committee on a quarterly basis. Evidence: <ul style="list-style-type: none"> Financial Delegations POL-FIN-0066 Portfolio Budget Statement 2016-17 AACQA Corporate Budget Policy POL-FIN-0018 Budget 2016-2017 and 2017-2018 (available on site) Reporting requirements for State Directors PRO-OPS-0001 Executive Coordination Group Charter POL-GOV-0011 Audit Committee Charter POL-GOV-0003 			
2.8	An effective financial system is used to record and track income and expenditure and past, current and projected financial positions.	Self - Rating	4	Surveyor Rating	4
Guidance	The financial system could include financial reports that: <ol style="list-style-type: none"> are timely and accurate; used by managers to manage their budgets; produce results in a useful form to enable the governing body to monitor the external evaluation organisation's performance against budget and overall financial viability 	The Quality Agency has robust accounting and financial management structures in place. As an entity with accountabilities to the Australian Government, the Quality Agency is required to meet the financial management requirements of: <ul style="list-style-type: none"> Department of Finance Department of Health Australian National Audit Office PGPA Act 		Financial systems are fully established to meet internal needs and external accountabilities and requirements as a government agency. The budget is monitored monthly by the ECG and the Audit Committee oversight is quarterly. Financial forecasting occurs that enables the Quality Agency to plan resources for future assessment activities that are cyclic due to the 3-year accreditation timeframe. They are able to plan accordingly for the 3-yearly peak period and this is due next year. An ability to flatten the peak cycle for more consistent use of resources is something the ECG and CEO are aware.	
Suggested Evidence	<ul style="list-style-type: none"> Financial reports 	i) <u>Accurate and timely financial planning</u> Under the rules of a Parliamentary appropriation, AACQA must only spend funds for which they were appropriated through the Portfolio Budget Statements. The CEO approves delegated authorities for financial management and that enables the Director Finance to prepare budget estimates. The Quality Agency submits an annual budget to the Department of Health detailing the financial resources required to enable the Quality Agency to fulfil its functions.			
		ii) <u>Budgeting</u> The annual budgeting process involves all branches within the Quality Agency projecting the income and expenditure for planned activities on a monthly basis over the financial year (1 July to 30 June). The final budget is reviewed by the ECG and approved by the CEO.			
		iii) <u>Monitoring and performance</u>			

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
		<p>Monthly reports of actual revenue and expenditure are produced for each branch and Directors are required to explain major variances.</p> <p>The overall performance of the Quality agency against the annual budget is reviewed monthly by the Executive Coordination Group and are scrutinised by the Audit Committee on a quarterly basis.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Minutes of ECG meeting (available on site) • Report to Dept. of Finance - Monthly Actual Balance Sheet (available on site) • Reporting Requirements for State Directors PRO-OPS-0001 • Sage MicroPay Accounts System specifications 			
2.9	Appropriate internal and independent systems of financial and asset control protects the external evaluation organisation's assets.	Self - Rating	4	Surveyor Rating	4
Guidance	Systems should be in place which could include: <ol style="list-style-type: none"> documentation of delegated authority and accountability for purchasing and incurring expenses; an effective system of asset control with controls for cash, debtors, inventory and equipment; a comprehensive insurance programme that protects financial assets, buildings, contents, physical assets and staff and surveyors when travelling; an independent and comprehensive annual financial audit undertaken by appropriately qualified persons with results reported to the governing body 	<p>The Quality Agency has robust systems in place to protect its finances and assets.</p> <p>i) <u>Financial delegations and purchasing</u> The CEO has approved financial delegations as the accountable authority for the purposes of finance law under the <i>Australian Aged Care Quality Act 2013</i>. Those delegations specify the employees who may commit the Quality Agency to the purchase of goods and services within budgetary limits, including office spaces, motor vehicle leases, fixed assets, and contractors and consultants.</p> <p><u>Purchasing</u> The Quality Agency has an electronic purchase order system (PW-Web) in which Delegations of Authority are programmed into the software. The purchasing system is linked to the Sage Accounts System and the majority of the Quality Agency's purchases require a valid receipted electronic purchase order prior to the payment of an account.</p>		<p>Financial delegation is approved by the CEO and financial systems are implemented according to procedures.</p> <p>This includes administration and authorisation of payroll and cheque signing authority.</p> <p>There is an asset register that allocates a unique number and location for the asset. Capitalisation is set at \$500 and above. The CEO authorises the disposal of assets. Assets are reviewed annually.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Policies and procedures</i> • <i>Asset register</i> • <i>Details of insurance policies held</i> • <i>External financial audit</i> 	<p>ii) <u>Financial controls</u></p>			

Standard 2: Strategic, Operational and Financial Management.	Self-assessment evidence	Surveyor Findings
	<p>The policy for the acquisition and disposal of assets is documented in the Assets (Acquisition, Depreciation, and disposal) policy and assets are identified by a unique asset number, which is supplied by the Finance branch following lodgement in the asset register.</p> <p>Two cheque signatories are required for Electronic Funds Transfer (EFT), which is controlled by segregation of duties within the bank software. That is, only nominated staff may place a payment in the Accounts Payable system, whilst a different nominated staff may approve the final electronic payment through the software used by the Quality Agency's bank.</p> <p>Established routines are in place for the administration of payroll records, and the initiation of the fortnightly payroll payments by payroll staff. Authorisation of payroll run is the responsibility of the Director Human Resources, with the Director Finance responsible for the authorisation for lodgement of payment with the bank.</p> <p>iii) <u>Insurance</u> The Quality Agency's assets are insured through 'Comcover', the internal mutual fund for the Australian Public Service. This insurance coverage includes</p> <ul style="list-style-type: none"> • General liability • Professional indemnity • Director & officers cover • Property loss, destruction or damage • Business interruption / Consequential loss • Personal accident • Official travel outside home country or country of assignment • Personal effects. <p>iv) <u>Auditing</u> The Audit and Risk Committee's annual work plan includes the responsibility to review insurances in March each year. In addition, the company's internal auditor conducts regular audits of the financial processes. Audit reports are provided to the Audit Committee for review and comment.</p> <p>Independent and comprehensive audits are conducted annually by the Australian National Audit Office (ANAO),</p>	

Standard 2: Strategic, Operational and Financial Management.		Self-assessment evidence		Surveyor Findings	
		<p>who audit all aspects of the Quality Agency's financial and asset control processes.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • ANAO audit report 2016 • Annual Report for 2015-16 • Approving the expenditure of public money POL-FIN-0043 • Assets (Acquisition, Depreciation, and disposal) policy POL-FIN-0002 • Assets Disposal Form FRM-FIN -0010 • Audit Committee Charter POL-GOV-0003 • Audit Committee meeting minutes (available on site) • Audit Committee work plan 2016-17 • Comcover Certificate of currency – General Liability • Financial Delegations POL-FIN-0066 • Internal audit plan AACQA 2016-17 • Internal audit report (example – Payroll processing) • Payroll Checklist – Meridian PAY-CL-00312 • Receiving Invoice Processing and Payment PRO-FIN-0004 			
2.10	Progress in achieving strategic and annual objectives, including financial and, if appropriate, research objectives, is measured regularly and achievement is evaluated.	Self – Rating	4	Surveyor Rating	4
Guidance	<p>Progress is monitored and could include:</p> <ol style="list-style-type: none"> i. the strategic and annual plan being reviewed and revised in accordance with a planned schedule and progress results; ii. chief executive/senior management performance being evaluated against set annual performance objectives; iii. organisational achievement being evaluated against defined indicators and targets; iv. financial effectiveness being measured by achievement of budget and other defined targets, e.g. financial ratios; v. if the organisation's mission includes research there may be a research plan to define the external evaluation organisation's annual research objectives, strategies and activities and the resources required to achieve them 	<p>The Quality Agency regularly measures, monitors and evaluates progress towards achievement of the strategic objectives.</p> <ol style="list-style-type: none"> i) <u>Review and development of the strategic plan</u> The CEO and ECG develops a strategic plan (Corporate Plan 2017-2020) based on a four year cycle or as determined by the Minister. ii) <u>Performance management</u> The CEO and the executive directors responsible for each branch (the ECG) are primarily accountable for the achievement of the Corporate Plan. The CEO receives feedback regarding performance from the Minister. The CEO meets regularly with Executive Directors to monitor progress, provide feedback on performance and development and to work through issues. 		<p>The review of the Operational Plan is 6 monthly and progress is identified with further actions where progress is not on time. Steps are in place now to complete this year's Annual Report and the next annual update of the Corporate Plan.</p> <p>The Audit Committee's work plan is up to date. This includes one internal audit per quarter mostly focuses of financial management. The Audit Committee also has a role in understanding the overall performance of the Quality Agency.</p>	

Standard 2: Strategic, Operational and Financial Management.	Self-assessment evidence	Surveyor Findings
<p>Suggested Evidence</p> <ul style="list-style-type: none"> • Evidence of monitoring of all planned objectives • Chief executive/senior management performance evaluations • Financial indicators 	<p>iii) <u>Corporate performance measures</u> Quality Agency is required to prepare an annual report showing performance against the Corporate Plan. This is presented to the Australian Parliament, distributed to key stakeholders and made available to the public on the Quality Agency website. There is accountability at all levels of the organisation for achievement of corporate, branch, group and individual objectives. Progress is regularly monitored throughout the organisation and reported to the ECG, Department of Health and the Minister for Aged Care and Indigenous Health.</p> <p>iv) <u>Financial effectiveness</u> The ECG monitors financial performance and the Quality Agency's progress in achieving its corporate strategic objectives on a monthly basis. Directors within each branch provide explanations of activities, financial performance and variances against plan, which is compiled in the monthly Financial performance report to the ECG. Effectiveness is assessed on the results shown in the monthly financial results, i.e. Actual compared to budget and analysis of explanations in conjunction with achievement of operational activity targets, income and expenditure.</p> <p>Monthly financial performance results are reviewed by Executive Directors, the Director Finance and CEO for accuracy and to monitor achievement against plan.</p> <p>The Audit Committee performs the important function of independent review of financial statements and provide advice to the CEO.</p> <p>v) <u>Research</u> The Quality Agency does not have a statutory research role. However, the CEO (or delegate) often contribute to research projects as outlined in criterion 1.13.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Annual report 2015-2016 • Executive Director Performance Agreement – example • Coaching for Performance Everyday POL-HRS-0023 • ECG Financial performance report - February 2017 (available on site) • Audit Committee Charter POL-GOV-0003 • Audit Committee meeting minutes (available on site) 	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
3.0	Risks and opportunities to improve are identified and managed to deliver safe quality services.	Overall rating	3	Overall Rating	3
		<p>The Quality Agency is committed to the identification and management of risk in all aspects of its operations and at a strategic level.</p> <p>The Quality Agency's risk management framework and periodic reviews of the risk register are supported by a comprehensive set of Business Continuity Plans that guide management of unexpected events.</p> <p>In the face of significant reforms to the aged care sector in Australia the Quality Agency's Corporate Plan 2016-2020, describes a set of priority risk management strategies focused on internal risks and those associated with being a regulatory body for the aged care sector.</p> <p>The Australian Government's Regulator Performance Framework was introduced in 2014 to measure the performance of regulators including the Quality Agency and hold them accountable against six identified key performance indicators. We have reported the outcomes achieved against the Regulatory Performance Framework, and found it presented a new framework for identifying and managing quality improvement opportunities across the organisation. This work is being further refined in 2017.</p> <p>Improvement opportunities of organisational significance are identified and responsive actions are planned and managed through the Quality Agency's project management system. Suggestions from staff are collated through an on-line system (Q-Pulse) that enables the lodgement, analysis and feedback processes for addressing and managing improvement requests that arise.</p>		<p>In alignment with government expectations for Commonwealth entities and regulators, the Quality Agency integrates risk management and performance improvement within its strategic, corporate, and operational plans.</p> <p>The interviews and evidence attest to the Quality Agency's:</p> <ul style="list-style-type: none"> • lucid investment in reframing the challenges linked to the on-going substantial/fundamental reforms to the aged care sector into opportunities to demonstrate evidence-based initiatives, influence policy, and strengthen collaborations and stakeholder engagement • approaching self-assessment with maturity and using findings against a range of performance indicators or measures with a view to improving its regulatory tools/services and quality assurance programmes • guiding the development and refinement of its risk management and performance improvement systems and processes through the implementation of the ISO Risk Management and Quality Management Principles/Guidelines and the ISQua Standards for External Evaluation Organizations. <p>Staff and stakeholder buy-in and contributions are reportedly addressed in meaningful ways day-to-day and mindful change management is geared toward supporting the organization's consolidation as a resilient statutory agency aligned with Australian public service practices and its transition to a cross-skilled workforce.</p>	
3.1		Self - Rating	4	Surveyor Rating	4

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence	Surveyor Findings
Core	<p>A risk management framework is used to identify and manage all reactive and proactive risks to the external evaluation organisation, including (but not limited to):</p> <ul style="list-style-type: none"> i. business, ii. financial, iii. human resources, iv. environmental, v. information management, and vi. service provision 	<p>The Quality Agency has a comprehensive and robust risk management framework to identify, manage and minimise risks. The risk management framework addresses risks to the organisation, accreditation activities, finances, human resources, environmental, information management and technology and reputation.</p> <p>i) <u>Endorsement by the governing body and overall risk management structure</u></p>	<p>In keeping with the Public Governance, Performance and Accountability Act, the Commonwealth Risk Management Policy and its own, the Quality Agency has implemented systems and internal controls for the oversight and reinforcement of its capacity to identify, circumscribe, analyse/assess, transparently deal with, and learn from risks, challenges/threats, and opportunities.</p>
Guidance	<p>The policy should be endorsed by the governing body and include roles and responsibilities. The governing body is ultimately accountable for risk.</p> <p>The risk management framework (overall structure) is designed to integrate risk management with other activities in the external evaluation organisation. The framework includes:</p> <ul style="list-style-type: none"> i. establishing an overall risk management structure adhering to the organisation's strategic plan, ii. proactive risk management; iii. the risk management framework details how risk management is embedded and maintained throughout the organisation 	<p>The ECG has adopted the Commonwealth Risk Management Policy, which prescribes the establishment and maintenance of systems and appropriate internal controls for the oversight and management of risk. The Quality Agency's Risk Management Manual HDB-SGU-0002 is approved by the CEO.</p> <p>ii) <u>Proactive risk management</u></p> <p>The goal of the Commonwealth Risk Management Policy is to embed risk management as part of the culture where the shared understanding of risk leads to well informed decision making and reduces unnecessary red tape. The Quality Agency complies with nine elements that reflect the fundamentals of effective risk management:</p> <ol style="list-style-type: none"> 1. Establishing a risk management policy; 2. Establishing a risk management framework; 3. Defining responsibility for managing risk; 4. Embedding systematic risk management into business processes; 5. Developing a positive risk culture; 6. Communicating and consulting about risk; 7. Understanding and managing shared risk; 8. Maintaining risk management capability; and 9. Reviewing and continuously improving the management of risk. <p>iii) <u>Embedding risk management</u></p> <p>The ECG regularly discusses risk with managers and staff at meetings. Awareness of risk is also raised through training, policies and processes that reflect a risk approach. Evidence that risk management is embedded is reflected in The ComCover 2016 Risk Benchmarking Survey that rates the Quality Agency with an overall level of risk maturity rating of 'integrated'. This indicates that the risk management framework is embedded into the operations of the Quality Agency and is an ongoing part of the overarching governance and management practices.</p>	<p>The executive coordination group oversees risk management and quality improvement in relation to regulatory intelligence and its transformation, strategic planning, core business practices and the efficacy of project management, finances, service delivery (including education programs and compliance assistance), document/records and information management and community/aged care sector liaison.</p> <p>The Quality Agency's 2015-2016 self-assessment against the Regulator Performance Framework that came into force in July 2015 "to give businesses and the community confidence that Commonwealth regulators manage risk with the minimum of impact necessary to achieve regulatory objectives" reveals a 'Very Good' overall result for the 6 key performance indicators (KPI) that pertain to it. The interviews and evidence concur that there is, overall, "strong performance against a majority of the measures under the KPI and no evidence of negative/poor performance against any measure". Furthermore, the improvement opportunities documented for each KPI have all since been actioned. Documentation of progress is ongoing, notably via status reports.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Risk framework endorsed by the governing body</i> 		<p>The Comcover 2016 Risk Benchmarking Survey presents the Quality Agency's self-assessment findings in relation to its target level of maturity for each of the 9 elements making up the Commonwealth Risk Management Policy and in comparison to a self-selected community of practice consisting of regulatory entities. Overall, organisational strengths and opportunities for improvement have remained stable. Appropriate improvement actions are under way or planned with regards to self-reported gaps in meeting</p>

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<p>Evidence</p> <ul style="list-style-type: none"> • Comcover 2016 Risk Benchmarking Survey • Commonwealth Risk Management Policy • Risk Assessment Template FRM-IST-0012 • Risk Identification Report FRM-SGU-0014 • Risk Management Policy HDB-SGU-0002 • Risk Management Presentation for Induction HDB-SGU-0003 (available on site) 		<p>the target set the prior year (e.g. filling the vacancy in risk management or formalizing a change in the organizational structure and ensuring that each member of the executive coordinating group benefit from a training workshop on the Commonwealth risk management framework recently made available).</p> <p>Opportunity for Improvement</p> <p>Further analyse and assess the relevancy of the strategies or actions linked to improving the maturity level in relation to understanding and managing shared risk and maintaining risk management capacity (benchmark against community of practice members)</p>	
3.2 Core	The risk management framework is supported by a risk management plan, policies, procedures and a risk register.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The risk management plan includes reporting, reviewing and monitoring of risks.</p> <p>The procedure should detail how risks are managed, identified, reported and acted upon together with the process used to record them.</p> <p>A risk register should be kept of all identified risks. The risk register is a live document which is updated on a regular basis. The identified risks may be rated in accordance with their severity or risk to the organisation.</p>	<p>The Quality Agency's Risk Management Manual provides a comprehensive risk framework for managing risks across all aspects of the business.</p> <p>The Quality Agency's Risk and Internal Controls Register (the Register) is used to identify and record risks that may affect the achievements of the Quality Agency's objectives. It provides key stakeholders such as the CEO, Audit Committee and the Australian National Audit Office with an assurance that the Quality Agency has a systematic approach to risk identification and risk mitigation to an acceptable level.</p> <p>The Register records details of all risks, their grading in terms of likelihood of occurrence and seriousness if the event should occur, together with plans for mitigating risks. The Register is reviewed periodically to ensure any new or emerging risks are addressed and risk treatments are followed up and proportional to the level of risk.</p>		<p>The Quality Agency's commitments and expectations in relation to a participatory early identification and assessment of risks, informed and timely decision-making in managing risks, and regular reassessments of the possibility that an event, action or activity adversely impact its capacity to achieve its outcomes are formalized in complementary documents (notably, its comprehensive Risk Management Policy updated in April 2017 to further align its content to the Commonwealth's policy and in status reports pertaining to on-going projects). Its "overall low tolerance to risk" is explicit. Its induction processes, at all levels, integrate risk management.</p> <p>The Risk/Internal Controls Register documents all identified risks and is clearly a live document, last updated in April 2017. Its 18 columns notably endeavour to associate each entry with a risk category, source, and rating, a risk owner, and an evaluation of the suitability of the internal controls relied on to mitigate it. The organizational commitment to review and simplify the register could enhance its added value for all stakeholders.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented risk management plans, policies and procedures</i> • <i>Risk register</i> 	<p>Evidence</p> <ul style="list-style-type: none"> • Risk Management Policy HDB-SGU-0002 • Risk and Internal Controls Register REG-SGU-0007 • Risk Identification Report FRM-SGU-0014 • Risk Assessment Template FRM-IST-0012 • Executive Coordination Group Charter POL-GOV-0011 		<p>Opportunity for Improvement</p>	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Audit Committee Charter POL-GOV-0003 <p>Evidence:</p> <ul style="list-style-type: none"> Business Continuity Policy HDB-SGU-0017 Business Continuity Plan Director HDB-SGU-0005 Business Continuity Plan – National and State Offices HDB-SGU-0006 Information System Business Continuity Plan PRO-IST-0054 ANAO 'Business Continuity Management—Building Resilience in Public Sector Entities' 		Follow through on the stated intention to review and simplify the Risk/Internal Controls register	
3.3 Core	Risks are identified, analysed, reported, reviewed and acted upon.	Self - Rating	3	Surveyor Rating	3
Guidance	<p>This may include:</p> <ul style="list-style-type: none"> i. analyses of information from a variety of sources; ii. identification of potential consequences; iii. assessment of the significance of the risks in terms of likelihood, consequences and outcomes; iv. identification and implementation of risks management strategies e.g. how risks can be avoided, reduced, transferred, shared, retained and planned for, and v. how staff are kept apprised of identified risks 	<p>The Quality Agency undertakes regular process of risk identification and analysis to assess the likelihood, impact and suitability of internal controls and consequent level of risk to the organisation. Each Executive Director and branch has responsibility for identifying, analysing and managing risks.</p> <p>i-ii) <u>Analysis of risk</u></p> <p>The Corporate Plan defines risks and management strategies to address both internal and external factors. The latter includes community perceptions about the Quality Agency's work in accrediting and undertaking quality reviews of aged care services, the need to work cooperatively with other entities in the regulatory environment, and how to enhance the contribution of compliance with the aged care standards towards the quality of life of care recipients.</p>		<p>The 2016-2017 Operational Plan provided on site confirms that the “foundational mapping of known areas of risk in sector performance affecting safety and quality” was prioritized and completed on time for in residential aged care and is underway for home care services. In full coherence with the Quality Agency's 2016-2020 Corporate Plan, these activities clearly fit within the periodic review and improvement of the organization's risk profile/salient vulnerabilities.</p> <p>Memoranda of understanding with the Aged Care Complaints Commissioner and the Department of Health, respectively established in January 2016 and March 2017, attest to joint commitments in information exchange and coordinated action in support of each other's complementary statutory functions. The increase in information exchange with the Complaints Commissioner documented in the 2016-2017 Operational Plan provided on site was substantiated in the interviews and deemed helpful in addressing issues, as well as shared risk, reactively and proactively. The 5 % increase in proactive briefings to the Minister's office reported for 2016-2017 contributes to strategic information sharing on trends and emerging issues.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Risk reports</i> <i>Closure of identified risks</i> <i>Minutes of meetings</i> 	<p>iii) <u>Identification, assessment and rating of risks</u></p> <p>Risks are managed across all levels of the organisation through a continued focus on strengthening rigour and consistency in our auditing processes, effective governance to ensure transparency of decision making, and continuous improvement in financial management to ensure efficient use of resources. Risks are identified and categorised based on likelihood, consequences and impacts. As such, risks that are identified and analysed are entered into the risk register, along with the associated controls and mitigations.</p>		<p>The interviews and evidence attest to the Quality Agency's investments toward fostering and strengthening a positive risk culture that considers both</p>	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<p>iv) <u>Risk management</u></p> <p>The 'Better Practice Guide: Risk Management' published by Comcover outlines how to handle specialist risk categories such as information security. As such, the Information Communications and Technology (ICT) Security Risk Management Plan has been developed under the auspices of the wider Quality Agency approach to risk management. Where possible, processes, risk definitions and other information in the ICT Security Risk Management Plan are taken from the Quality Agency's Risk Management Manual to enable exchange of information between the frameworks. In developing the Corporate Plan 2016-2020, focus was placed on the significant reforms occurring across the aged care industry. As such, the Corporate Plan identified four key risks and control strategies that should be pursued in association with those reforms to mitigate potential impacts on the work of the Quality Agency.</p> <p>v) <u>Staff awareness of risk</u></p> <p>Staff are educated about risk management as it is embedded in a range of policies and procedures, training and it is a key aspect of the Corporate Plan.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Comcover's Better Practice Guide: Risk Management • Corporate Plan 2016-2020 • ECG meeting minutes (available on site) • Risk and Internal Controls Register REG-SGU-0007 • Security Risk Management Plan PRO-IST-0055 		<p>threat and opportunity and looks to appropriately and rigorously assess, communicate, and treat all identified risks.</p>	
3.4	<p>The governing body receives reports at least twice per year and more frequently if necessary:</p> <ul style="list-style-type: none"> • on the monitoring of risks, • the effectiveness of the risk management plan, strategies and, • systems for minimising risk, the assessment of new risks, and revision of the plan 	Self - Rating	3	Surveyor Rating	3
		<p>The CEO and the Executive Coordination Group (ECG) receive reports from the Audit Committee, which meets four times a year. These reports address and confirm to the CEO that all functions outlined in the Committee's charter have been satisfactorily addressed.</p>		<p>As stated in standard 1, the links between the ECG, the Advisory Council and the Audit Committee support sound governance.</p>	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
Guidance	Reports to the governing body could include: <ul style="list-style-type: none"> • review of the frequency and severity of damages and losses incurred; • analysing incident and adverse event trends; • reviewing policies and procedures that might prevent or minimise risk; • assessing new or increased risk; • assessing the effectiveness of risk management education and communication strategies 	The Audit Committee's functions include independent review of financial and performance reporting, systems of risk oversight and management, business continuity management, internal audit, and regulatory compliance.		The evidence meets the intent of this criterion and the rapport established and cultivated by the CEO and ECG with the Audit Committee (notably, in terms of protecting its independence and impartiality), as well as the latter's annual planning of its scope of work and focus allow for the responsiveness required and a full alignment with the Corporate Plan. Risk management and effective performance measurement and reporting are treated as focal points. The plans to address the Audit Committee members' request for a workshop on performance measurement reporting and the consideration being given to implementing a structured self-assessment every other year are pertinent.	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Reports to the governing body</i> 	a) <u>Monitoring risk</u> The ECG monitor risk through regular reports from senior managers oversee state and corporate functions.			
		b) <u>Effectiveness of risk management</u> The CEO and ECG oversee the work of the Audit Committee that has a role in oversight of risk. The Audit committee's work plan outlines the activities to be undertaken through the Internal Audit Plan. This focuses on inquiries into the major financial areas of the Quality Agency including risks of significant new systems, processes and regulatory compliance areas.			
		c) <u>Review of risk</u> The Audit Committee has an important role providing advice regarding risk, but has no responsibility for management of these functions. That responsibility lies with the ECG and the Director Finance. The ECG regularly reviews systems for minimising risk, the assessment of new risks, and revision of the plan.			
		Evidence: <ul style="list-style-type: none"> • ECG meeting minutes (available on site) • Audit Committee Charter POL-GOV-0003 • Audit Committee minutes (available on site) • Audit Committee work plan 2016-17 • Internal Audit Plan 2016-17 			
3.5	A framework, developed in consultation with stakeholders, is used to manage and identify opportunities for quality improvement.	Self - Rating	3	Surveyor Rating	3
		The Quality Agency has a corporate commitment to quality improvement and a long-established framework to ensure it is managed. The Quality Manual outlines the general		The Quality Manual in force was last updated in July 2014. It makes clear that quality planning is to be undertaken in all projects and/or triggered by relevant	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence	Surveyor Findings
Guidance	<p>The framework could include:</p> <ul style="list-style-type: none"> • evidence of a designated person with responsibility for promoting and coordinating quality improvement; • how stakeholders are involved; • links to other frameworks and strategies; • setting of quality indicators; • how evidence based decision making, innovation and research being promoted 	<p>structure and principles for the operation of the quality management system, which is organised in three tiers: Tier 1 is The Quality manual; Tier 2 includes functional policies and procedures; and Tier 3 consists of forms, checklist, handbooks and guidelines.</p> <p>i. <u>Responsibility for quality</u> Responsibility for the quality framework lies with the Executive Director Corporate Services, including ensuring that all staff are aware of the quality management system and to identify the need for quality planning and that plans are established when required.</p>	<p>internal considerations. It fits with the overarching legislated targets/timelines and regulator frameworks and supports stakeholder engagement and contributions, evidence-based decision-making, research linkages and innovation where appropriate.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Quality improvement framework</i> 	<p>ii. <u>Stakeholder engagement in quality improvement</u> The Quality Agency actively encourages staff to make suggestions for improvement through the Q-Pulse system. Internally focused quality indicators include staff surveys and exit interview results. The results were used to re-frame the approach to the Agreement and negotiation process, and lead to a vote of acceptance in late 2016.</p> <p>Aged Care providers are invited to make suggestions for improvement after every visit through a feedback form.</p> <p>The Quality Agency also consults key stakeholders on major issues. The 'Let's Talk About Quality' document was released for consultation. Feedback was gathered through written submissions, surveys and face-to-face meetings. A key outcome of this consultation report was the establishment of the Consumer Focused Report (CFR) project where an additional report would be produced to directly address the interests of consumers.</p> <p>iii. <u>Links to other frameworks</u> The Quality Agency undertakes an annual self-assessment against the KPIs in the Regulator Performance Framework. Quantitative and qualitative measures for assessing performance against the Regulator Performance Framework KPIs were developed through consultation with the Aged Care Sector Committee and the Aged Care Advisory Council. The results of the review in 2015-16 are published on the Quality Agency's website.</p>	<p>The Quality Manual systematically refers the reader to the Q-Pulse Document Management System for "Details of Who, What, How and When" (from page 12 onwards). A demonstration of the Q-Pulse functionalities allowed for an appreciation of staff access to the functional quality improvement policies and procedures, guidelines, templates/forms involved that correspond to and enable concrete action in conformity with the authority, responsibilities, and legitimacy of action of each person (on the basis of their job description/function and performance agreement). The next update of the Quality Manual could potentially simplify the numerous interconnections (linked to criterion 3.6).</p> <p>In relation to identified opportunities for quality improvement, comprehensive and thoughtful consideration of the documentation, resources, controls, and interdependencies required to initiate and sustain a project are expected, as is on-going monitoring and assessment against performance indicators or measures. There is evidence of application in relation to the Consumer Experience Reports (CER), for which a privacy impact analysis and report are foreseen for October 2017. The Computer Assisted Audit Tool (CAAT) implementation is linked to achieving outcomes in the Quality Agency's regulatory work and progress toward the measures and target are reviewed collaboratively and regularly.</p> <p>Linking of risks to the Agency's Corporate Plan, understanding, budgeting for, and actively managing project risk appear to be in consolidation across teams and directorates.</p>

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<p>iv. <u>Quality indicators</u></p> <p>The Quality Agency utilises a range of quality indicators to monitor performance and improve the quality of its services. The National Data Set (see criterion 8.1) includes a number of indicators such as percentage of accredited homes and profile and frequency of non-compliance. Homes with non-compliance are offered education.</p> <p>Quality is also monitored through indicators such as report writing time and decision-making timeframes. Other areas also have specific quality indicators such as IT in terms of help-desk support (see criterion 5.4) and HRM in terms of turnover (see criterion 4.12).</p> <p>v. <u>Evidence-based decision-making</u></p> <p>The Quality Agency also seeks expert opinion in regards to risk and quality in specialist areas. For example, the ECG commissioned reviews and recommendations into ICT systems (see EDRM scoping study criterion 5.3) and document handling (see Records Authority document criterion 5.1).</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Quality Manual QM-GEN-0001 • Let's Talk About Quality: Shaping the future, National consultation report December 2015 • Consumer Focused Reports project - Criteria for success • CFR Project Status Report for Feb 2017 • Consumer focused interview questions (available on site) • Regulator Performance Framework • Regulator Performance Self-assessment Report 2015-16 • ECG minutes (available on site) • Staff survey results 2016 (available on site) 			
3.6	Systems are in place to support the quality improvement framework.	Self - Rating	3	Surveyor Rating	3
		The Quality Agency has robust systems and a culture in place to support the quality improvement framework. The		The positive impacts of the leadership exercised toward becoming a government body, changes in the	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence	Surveyor Findings
Guidance	<p>Systems could include:</p> <ul style="list-style-type: none"> • a quality improvement policy; • staff awareness of the quality improvement process; • review of key quality indicators; • audits and reviews 	<p>Quality Manual and the Q-Pulse document management system are central aspects to the quality improvement framework that are widely utilised across the organisation. However, we also recognise that quality improvement requires specific, tailored approaches. For this reason, all areas of the organisation have quality improvement plans, but it would be too complex to capture these into a single document.</p>	<p>organizational structure/staffing, and the buy-in in regards to co-development and shared responsibility for the Quality Agency's outcomes appear to underlie a re-distribution of staff input and awareness of some quality improvement mechanisms, processes, and results (e.g. as documented in the 2015-2016 Annual Report, both the number of improvement requests and number/proportion closed have declined). The effective relationship building with the CEO and the ECG has fostered dialogue and circulation of significant staff feedback that may escape capture, celebration, and a strengthening of the individual, team, and organizational enthusiasm and resilience required to sustain performance and transformation.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Quality improvement policy</i> • <i>Audit schedule</i> • <i>Minutes of review of quality related activities</i> 	<p>i. <u>Quality improvement policy</u></p> <p>The Quality Manual provides the policy underpinning our well established quality management system. Quality improvement initiatives that reflect substantial change require development of an organisation-wide strategy. An example was the need to update the training program for surveyors following substantial changes in the Quality Agency and reforms across the aged care sector. A project scope was submitted to and approved by ECG for the development of our Quality Surveyor Training Program (QSTP) to be delivered from May 2017. The Better Business Program (BBP) is used for managing assessment and decision-making processes concerning the performance of aged care services. Requests for improvements to BBP are reviewed by the Better Business Improvement Review Group (BBIRG) and the results are published in minutes distributed via State Directors.</p> <p>ii. <u>Staff awareness</u></p> <p>Staff joining the Quality Agency complete an induction program that includes familiarisation with the Q-Pulse system, which is the main vehicle for capturing suggestions and managing quality improvement initiatives. This is reinforced at staff meetings, where suggestions and feedback are sought as standing agenda items. Any staff member can lodge a request via the Q-Pulse system for an improvement or corrective actions. These may relate to non-conformances, areas of concern, or opportunities for improvement.</p> <p>iii. <u>Review of indicators</u></p> <p>Some quality indicators are specified in legislation such as decision-making timeframes, therefore these are not within the Quality Agency's control to change. Other indicators</p>	<p>Opportunity for Improvement</p> <p>The organization could better capture significant organizational achievements/improvements as for example, the Enterprise Agreement adoption, the CAAT implementation, and changed time on site for accreditation visits</p>

Standard 3: Risk Management and Performance Improvement	Self-assessment evidence	Surveyor Findings
	<p>such as report-writing time for surveyors flow from the legislation and hence are also relatively fixed. Other indicators such as ICT Help-Desk support are reviewed in terms of considering workload, staffing and a risk approach to ensure critical functions are prioritised.</p> <p>iv. <u>Auditing</u></p> <p>The Quality Agency has an internal auditing program for financial management, which is overseen by the Audit Committee. Independent audits are conducted annually by the Australian National Audit Office (ANAO) to assess performance against the Quality Agency's overarching legislation and the annual Portfolio Budget Statements.</p> <p>The core work of the Quality Agency in accreditation, quality review and education services is examined through a sampling of internal processes to evaluate conformance with Quality Agency policies, procedures and legislative requirements. Regular audits of policies and procedures are undertaken, while the integrity of data within the BBP system is monitored and reported to State offices for addressing gaps.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Scoping Draft Quality Surveyor course v3.2 • 161215 Quality Surveyor Course project plan 1.1 • Quality Manual QM-GEN-0001 • Quality Surveyor Training Program – Project Scope • Document Control Training Presentation HDB-HRS-0036 (available on site) • Improvements & Corrective Actions POL-IST-0005 • Better Business Improvement Review Group meeting minutes • Staff meeting agenda - 2017 04 10 TMP-GEN-0012 • Internal audit plan – 2016-17 • ANAO audit report 2016 • Quality assurance review FRM-ACC-0195 - Interpreters required audit • Audit Management List - Q-Pulse • BBP Module 22 - BBP Data integrity check reports HDB-OPS-0017 	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Data integrity reports - Email to State offices 			
3.7	<p>A quality improvement plan is implemented which includes processes for</p> <ul style="list-style-type: none"> identifying, recording and analysing improvement opportunities implementing improvements monitoring and evaluating of improvement 	Self - Rating	3	Surveyor Rating	3
Guidance	<p>There may be more than one plan for different activities but each plan includes :</p> <ul style="list-style-type: none"> timelines, responsibilities, monitoring processes 	<p>The Quality Agency pursues a wide range of improvement initiatives. The Executive Coordination Group is responsible for overseeing these in accordance with its charter and the responsibility to provide strategic direction.</p> <p>a) <u>Identifying, recording and analysing improvements</u> Improvement opportunities are reflected in the strategic priorities for the Quality Agency as defined in the Corporate Plan. The actions required to achieve the objectives are recorded in the annual Operational Plan and analysis is monitored through the ECG.</p>		<p>The fidelity to its purpose and the Australian Public Service values and code of conduct, the multi-pronged approach adopted, the formal consultation/information exchange processes/mechanisms* in consolidation strengthen the Quality Agency's capacity to identify, record, analyze and prioritize improvement opportunities and the timelines within which they endeavour to achieve the targeted outcomes. (*amongst others, via its Liaison Group at a national level and its state based Liaison Groups, and the memoranda of understanding with the Aged Care Complaints Commissioner and the Department of Health).</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>The quality improvement plan</i> <i>Minutes/notes of meetings that show quality improvement process in action</i> <i>Evidence of demonstrable improvement</i> 	<p>b) <u>Implementation</u> The implementation of each improvement is subsequently undertaken as a project to ensure appropriate resourcing, timely development and regular reporting to the ECG. The Quality Agency has adopted PRINCE2 (Projects IN Controlled Environments) as its preferred framework for project management. The methodology ensures timelines, responsibilities and monitoring processes to ensure improvement projects remain on-track and within budget.</p> <p>c) <u>Monitoring and evaluation</u> Quality improvement initiatives are monitored by Directors in relation to lower risk and lower budget and minor improvements. The ECG monitors major improvements through project reports. For example, the Computer Assisted Assessment Tool (CAAT) and Consumer facing Reports (CFR). The initiatives appear in the Operational Plan under Strategic Priority 1. Each of the status reports reflect a review of lessons learned.</p> <p>Evidence:</p>		<p>The evidence and interviews attest to collaborative planning, implementation, and monitoring of improvement initiatives/activities/projects and their impacts and results (e.g. the 2016-2017 Operational Plan provided on site and the Audit Management List). On-going investments in relation to tools that should further enhance/support its project management methodology have generated staff enthusiasm that is of service to the Agency, its clients and stakeholders (e.g. the Better Business Program [BBP] upgrade).</p>	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Executive Coordination Group Charter POL-GOV-0011 Corporate Plan 2016 to 2020 Operational Plan 2016-17 Project Management Methodology POL-IST-0075 ECG meeting minutes (available on site) CAAT Project Status Report - February 2017 CFR Project Status Report for Feb 2017 			
3.8	The governing body receives reports at least twice per year, or more frequently if necessary, on the outcome of quality improvement activities and the revision of the quality improvement plan.	Self – Rating	3	Surveyor Rating	3
Guidance	<p>Reports may include:</p> <ul style="list-style-type: none"> quality improvement projects planned and completed; processes or practices changed as a result of risk or improvement activities; complaints received and resolved within the timeframes 	<p>The ECG has responsibility for ensuring the objectives in the Corporate Plan are achieved and performance is managed to meet the targets outlined in the Operational Plan. Reports are provided to the ECG at each monthly meeting to ensure governance oversight on all significant quality improvement projects.</p> <p>v. <u>Improvement projects</u></p> <p>In 2014, the ECG commissioned research into computer – based auditing tools and tablet devices that could improve the quality and consistency of data. This lead to development of the Computer Assisted Assessment Tool (CAAT). This project is due for completion later this year. Following feedback from consumers, an improvement project was established to develop to develop a Consumer Focused Reports (CFR) and this will also be completed mid-year.</p> <p>vi. <u>Processes and practices changed</u></p> <p>The ECG signed off on a project scope to review and update the Quality Surveyor Training Program (QSTP). The areas for improvement were identified through participant and facilitator feedback, analysis of changed needs and structural changes to the role (see criterion 6.4).</p> <p>vii. <u>Complaints resolution</u></p> <p>We have recently reviewed our approach to complaints handling including timeframes (see criterion 3.12).</p> <p>Evidence:</p> <ul style="list-style-type: none"> Executive Coordination Group Charter POL-GOV-0011 		<p>The Quality Manual formalizes the organization's commitment to continuously improve its systems for quality management and lists minimal requirements in terms of information subject to regular management review (notably, results and recommendations of projects, findings from analyses of corrective and preventive actions, audits, and customer feedback).</p> <p>The interviews and evidence attest to monthly ECG follow-ups and planned project/status reports as well as timely adaptation of review timelines to emergent issues. The 2016-2017 Operational Plan received on site provides succinct 6-month and 12-month reviews for each action/activity, its measures and targets: the use of red, orange or green to indicate whether actions/activities are on track or not, as well as qualitative and quantitative data, may allow for further documenting changes in quality improvement/risk management practices.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Quality improvement reports</i> <i>Updated quality improvement plans</i> 				

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> • SOFI2 Evaluation Report – July 2015 • CAAT Project Status Report – February 2017 • CFR Project Status Report for Feb 2017 • ECG and EMT meeting minutes (available on site) 			
3.9	The external evaluation organisation identifies key performance criteria and monitors its performance against them.	Self – Rating	4	Surveyor Rating	4
Guidance	Key performance criteria may include performance against accepted standards; performance against defined indicators and other relevant measures; compliance with policies, procedures and guidelines progress against the quality improvement plan, and results are reported and communicated to staff	<p>The Quality Agency has developed key performance indicators. These cover all aspects meeting statutory requirements to financial management, stakeholder and relationship management, and addressing complaints and feedback. These are described as ‘measures and targets’ in the Operational Plan 2016-17.</p> <p>i. <u>Standards of performance</u></p> <p>The Quality Agency is required to meet frameworks, guidelines and requirements that outline expected standards of performance of a government agency. These include, Commonwealth procurement guidelines, the Government’s Portfolio Budget Statements, Regulator Performance Framework and Commonwealth Risk Management Framework.</p> <p>ii <u>Performance against defined indicators</u></p> <p>The Quality Agency also has defined indicators for each area of the organisation including Human Resource Management, ICT, Surveyor management and Accreditation processes. These are detailed in various criteria across the relevant ISQua Standards:</p> <ul style="list-style-type: none"> • HR – see criteria 4. 2 (resource planning and recruitment) and 4.12 (induction and course feedback, mentor reviews, staff satisfaction, performance reviews, exit surveys) • ICT – criteria 5.4 (maintenance, security and business continuity, staff feedback) and 5.8 (audits of critical business systems) • Surveyor management – criteria 6.8 (feedback from service providers and observers) and 6.10 (selection and performance review outcomes) • Accreditation processes – criteria 7.8 (feedback from service providers and education course participants) 		<p>The interviews allowed for participants to be invited to name achievements specific to each standard: in all cases, relevant examples linked back to strategic objectives, on-going projects, or how the Quality Agency works within its context (“the bigger picture”).</p> <p>Plans to improve organizational performance such as in building its data analytic capacity to further target risk as well as support higher performance in the aged care service sector mobilize staff across all sectors.</p> <p>The regular review of projects and performance against indicators is notably demonstrated within the Executive Coordination Group’s standing agenda items and minutes.</p> <p>The cyclical self-assessments, notably against the Regulator Performance Framework (the Quality Agency’s second such measure, given its implementation in July 2015 –as mentioned in criterion 3.1) and the Commonwealth Risk Management Framework contribute to the full achievement of this criterion.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Management reporting against business and strategic plans</i> • <i>Internal audit activities</i> 				

Standard 3: Risk Management and Performance Improvement	Self-assessment evidence	Surveyor Findings
	<p>and 8.10 (compliance rates/ national data set and case management of accredited services).</p> <p><u>iii. Compliance</u></p> <p>The performance of the Quality Agency is regularly monitored throughout the organisation and the results are reported to the ECG at each meeting. The Audit Committee has a role as an independent party to review the performance of the Quality Agency and reports on a quarterly basis to the ECG.</p> <p><u>viii. Progress against plans</u></p> <p>The Quality Agency's annual report provides a comprehensive description of performance against the measures in the Corporate Plan and annual Operational Plan. The ECG receives regular reports regarding projects and performance against indicators and reviews the results to provide governance and ensure strategic intent is being achieved.</p> <p><u>ix. Communication of results</u></p> <p>The results and achievements of the Quality Agency are shared with staff via emails from the CEO and discussed at monthly staff meetings. In 2016, sessions commenced to encourage open discussion between the CEO, ECG and staff. The latest of these in March 2017 involved staff presenting the local achievements of their State office or functional area to the CEO.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Operational Plan 2016-17 • ECG standing agenda items • Reports to ECG (available on site) • ECG meeting minutes (available on site) • Annual Report 2015-16 • Report against Portfolio Outcome Budget Statement 2015-16: http://www.aacqa.gov.au/about-us/annual-reports/annual-report-2015-2016/2.-performance-reporting-against-the-portfolio-budget-statement-2015-16/portfolio-outcome-budget-statement-2015-16 	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Regulator Performance Self-assessment Report 2015-16 Email message from CEO 20 December 2016 Staff meeting agenda - 2017 04 10 TMP-GEN-0012 Staff meeting minutes (available on site) PowerPoint presentation – ‘Conversations that Matter’ March 2017 			
3.10	Policies and procedures (electronic or paper based) are in place for all aspects of the external evaluation organisations’ operations and are developed, implemented and cyclically reviewed in consultation with stakeholders.	Self - Rating	4	Surveyor Rating	4
		<p>Policies and procedures have been developed across all aspects of the Quality Agency’s operations. The Records Management policy describes the range of records management systems.</p> <p>x. <u>Contemporary practice and cyclical review</u> The Quality Agency uses the Q-Pulse Document Management System for creating, disseminating and updating policies and procedures. The Document and Data Control Procedure defines how policies and procedures are developed and maintained. Initial document development includes consultation with key stakeholders to produce a draft document. Document records are then created in Q-Pulse and a report listing all draft policies and procedures is presented to the ECG for consideration.</p> <p>xi. <u>Clear, concise and logical</u> The policies and procedures follow a structured approach to ensure the document is clear, logical and understood by relevant staff. All policies and procedures are authorised by a senior manager after quality review.</p> <p>xii. <u>Accessibility</u> All relevant policies and procedures are available to staff via Q-Pulse, with responsibility for review and re-distribution with the Document Approver. They will determine if all staff or only specific personnel need to be aware of a document. The recipients will receive an email notification that a document has been distributed and they are required to read and acknowledge receipt.</p> <p>Any member of staff may propose changes to policies and procedures, forms, and processes via Q-Pulse. A document</p>		<p>The Quality Agency’s policies and procedures all had to be reviewed subsequent to it becoming a Commonwealth entity. Six to 8 months were reportedly required to achieve this.</p> <p>The policies and procedures address all aspects of its operations and there is evidence of ‘triggered’/responsive and cyclical review (e.g. respectively, Risk Management Policy updated in April 2017 to further align its content to the Commonwealth’s policy [as stated in criterion 3.2] and the Improvements and corrective actions policy last updated in January 2014).</p> <p>Consultation with stakeholders appears to be an integral part of the updating process (e.g. in relation to the on-going review of the Complaints management procedure that was last updated prior to the signing of the Memorandum of Understanding between the Quality Agency and the Aged Care Quality Commissioner). Accessibility via the Q-Pulse Document Management System was demonstrated.</p> <p>The organization’s expressed intent to maintain its level of compliance to this criterion involves reflection and decision making in relation to the dedicated staff model it will adopt.</p>	
Guidance	<p>Policies and procedures:</p> <ul style="list-style-type: none"> reflect contemporary practice and standards; are clear, concise and logical; are readily accessible 				
Suggested Evidence	<ul style="list-style-type: none"> <i>Samples of policies and procedures</i> 				

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		change request will be issued to the Document Owner or responsible line manager (in the case of proposed new policy or procedure) for consideration and a response generated to the staff member who proposed changes. Evidence: <ul style="list-style-type: none"> • Records Management Policy POL-IST-0010 • Document and Data Control PRO-SGU-0018 • Policy Template TMP-GEN-0033 • Procedure Template TMP-GEN-0034 • How to Distribute a Q-Pulse Document HDB-HRS-0062 • Getting to Know Q-Pulse - Training Outline HDB-HRS-0055 			
3.11	An effective system of document control is in place for both electronic and paper based documents/records that ensures the appropriate versions are accessed, used and available to staff, clients, and other stakeholders.	Self - Rating	3	Surveyor Rating	3
Guidance	The document control system could include: <ul style="list-style-type: none"> • a document control policy and/or procedure; • a register (electronic or paper based) being maintained of all documents with the respective issue or amendment status, the authorising person and the distribution list/procedure identified; • the distribution of all accreditation or certification related documents being controlled to ensure that only current, appropriate documentation is used; • new or revised documents being reviewed and approved for adequacy by appropriately authorised and competent personnel prior to them being issued and implemented; • systems to prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose, • identification of key records, such as, survey reports 	The Quality Agency has developed a comprehensive system for document control across the various systems for information management. xiii. <u>Document control policy</u> The Records Management Policy describes the systems in place and aligns with the National Archives of Australia guidelines. This ensures accurate and reliable records that meet the specifications of the <i>Quality Agency Reporting Act 2013</i> , the <i>Archives Act 1983</i> and our National Archives Record Authority 2015/00446482. xiv. <u>Register of documents</u> Relevant policies, procedures and guides to maintain the effectiveness of the document records are located in the Q-Pulse document management system. The Q-Pulse numbering sequence is based on a combination of : <ul style="list-style-type: none"> • Document Type • Department • Number sequence 		The suitability of all processes and the achievement of key outcomes specific to this criterion, as well as the demonstration of the Q-Pulse Document Management System functionalities, attest to the Quality Agency's meeting its intent. Plans to upgrade the BBP system, to generalize the CAAT use and ensure stewardship of its interfaces are mapped out and relevant.	

Standard 3: Risk Management and Performance Improvement	Self-assessment evidence	Surveyor Findings
<p>Suggested Evidence</p> <ul style="list-style-type: none"> Evidence of document control 	<p>xv. <u>Document distribution and control</u> Each document in Q-Pulse has a 'Document Profile' that contains details of the document name, document number, version, release date. This ensures one source exists for all documents uploaded into the Q-Pulse and BBP systems. Staff receive an email requesting them to read the document and acknowledge their comprehension of the content by entering their name and password.</p> <p>xvi. <u>Document approval</u> Responsible staff members are kept advised of upcoming reviews via the Q-Pulse Workload Tab, in addition to an 'Overdue Document Review' email automatically notifying the relevant document owner that a review is overdue. This feature of Q-Pulse has improved the timeliness of document reviews, due to automatic notification of upcoming and overdue reviews.</p> <p>xvii. <u>Obsolete documents</u> The current version of the document is always loaded into Q-Pulse and BBP systems. Staff are made aware of approved document changes by an email from Q-Pulse (where their name is included in the 'Distribution List'). Staff can also review all recent updates to policies, procedures and other documents in the Q-Pulse systems through the 'Active Documents this month' view.</p> <p>xviii. <u>Key records</u> In relation to records such as survey reports, these are managed in the BBP system. This is a highly automated process where it is logistically difficult for staff to use the 'wrong' document as there is only provision for one version. Evidence is best provided through and onsite demonstration.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Records Management Policy POL-IST-0010 Quality Agency Reporting Act 2013 National Archives Record Authority 2015/00446482 	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> • How to search Q-Pulse records HDB-HRS-0057 • How to action Q-Pulse emails that require your action!! HDB-HRS-0076 • Q-Pulse email - A document has been distributed to you. You are required to read and acknowledge receipt • Active Documents This Month - Document Control List - Q-Pulse 			
3.12 Core	A complaints management framework is in place which is communicated to client organisations, surveyors and stakeholders, provides for confidentiality, impartiality, timeliness and feedback to the complainant.	Self – Rating	4	Surveyor Rating	4
Guidance	<p>The complaints management framework could include:</p> <ul style="list-style-type: none"> • a policy and/or procedure; • a complaint register; • advice on how to make a complaint or express a concern; • complaints being encouraged and accepted in writing or verbally <p>The complaints process should include:</p> <ul style="list-style-type: none"> • complaints being acknowledged within a reasonable timeframe e.g. within five working days of receipt; • responses within a set timescale, and if this timescale is not met complainants are kept informed of any delays; • staff, surveyors or other personnel of the external evaluation organisation who are complained about being given an opportunity to respond; • complainants and those complained about being advised of progress in the investigation and the outcome; • findings from complaints being linked to the continuous improvement process; • complaints about accredited or certified organisations being referred back to those organisations and followed up to ensure they are addressed 	<p>The Quality Agency welcomes complaints and feedback from all service users as an opportunity to inform service provision, to continually improve the quality of services provided, and to reflect on individual performance. This is promoted via our website, which reports data about trends in complaints and feedback provided by aged care homes after every visit.</p> <p>ix. Policy and procedure The complaints process is documented in policy and complaints are managed and archived in the electronic document management system (Q-Pulse). The Quality Agency's complaints policy and procedure is currently under review and is expected to be updated during 2017.</p> <p>cx. Complaints register All complaints are logged in the Q-Pulse system. In 2015-16 we received 30 complaints, compared with 57 the previous financial year. A small number of complaints were complex and required more thorough investigation. We closed 30 complaints during 2015-16 which included three complaints received in 2014-15.</p> <p>xi. Advice on providing feedback Advice on the process to complain is set out on the website. Complaints about the Quality Agency, or the conduct of assessors can be made online, via an email link on the "Contact us" page of the website. The page directs those who wish to make a verbal complaint to their state office.</p> <p>xii. Accessibility of lodging complaints</p>		<p>The Quality Agency's plans to improve in this area provide further evidence of its full achievement in relation to establishing and promoting a complaints management framework that provides for impartiality, confidentiality, timeliness, and feedback to the complainant or their representative (also see Surveyor Findings for criteria 3.3, 3.7, and 3.10).</p>	

Standard 3: Risk Management and Performance Improvement		Self-assessment evidence	Surveyor Findings
Suggested Evidence	<ul style="list-style-type: none"> Complaints documentation 	<p>Verbal complaints may be received by telephone and must be recorded on a form that is stored on the Q-Pulse system.</p> <p>iii. <u>Acknowledgment of complaints</u> All complaints are reviewed and followed through by the relevant Director or State Director, with acknowledgement provided to the complainant within 24 hours of receipt. Each response is reviewed by the Executive Director Operations who has overall responsibility for complaints management.</p> <p>iv. <u>Responses to complaints</u> As part of our complaint processes, we provide a finalised written response to the complainant within 28 days or, where this is not possible, we keep the complainant informed about progress.</p> <p>xv. <u>Opportunity for response</u> When a complaint is received, the complaint is referred directly to the person who is the subject of the complaint, and a written response is sought. The process of responding to and dealing with complaints is also a part of the corporate induction process for new employees.</p> <p>xxvi. <u>Advising on progress of complaints</u> The letter of acknowledgement outlines the expected timeframes so the complainant is informed at the outset. However, if this cannot be met in instances where the surveyor may be sick or on leave, the complainant will be contacted by telephone or in writing of the delay and expected response timeframe.</p> <p>xxvii. <u>Findings of complaints linked to continuous improvement</u> Complaints are collated and analysed to identify improvement opportunities and to inform learning and development programs, including assessor training sessions dealing with effective onsite relationship management during the conduct of audits and assessment contacts, including unannounced visits. Complaints data is reported in the Annual Report and website.</p>	

Standard 3: Risk Management and Performance Improvement	Self-assessment evidence	Surveyor Findings
	<p>Feedback questionnaires are completed by aged care providers after the completion of visits. Comments that identify the assessment/ survey team may lead to a Quality Agency-initiated complaint, which is managed in accordance with the Complaints policy. Substantiated complaints against staff may lead to performance management or disciplinary action.</p> <p>iii. <u>Complaints about aged care services</u> Complaints about aged care services that may be lodged with the Quality Agency by consumers of aged care services or other stakeholders are referred to the Aged Care Complaints Commissioner, who have the legislated authority to investigate such matters.</p> <p>Evidence</p> <ul style="list-style-type: none"> • http://www.aacqa.gov.au/about-us/annual-reports/annual-report-2015-2016/4.-other-accountability-reporting/complaints-and-feedback • Complaints Procedure PRO-CAH-0004 • Complaint - Telephone/verbal complaint form FRM-SGU-0004 	

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
4.0	Staff planning and management support the external evaluation organisation’s objectives and staff are supported to deliver quality services.	Overall rating	4	Overall Rating	4
		<p>The Quality Agency has effective management structures and staff planning processes in place to support the achievement of strategic objectives and ensure the quality of accreditation processes.</p> <p>We have focused on aligning our HR policies, procedures and practices to those of the Australian Public Service (APS) since commencing as a non-corporate APS entity on 1 January 2014. This allowed us to make improvements in our systems by adopting the wide range of strategies, tools and frameworks that have been developed across the APS.</p> <p>The Human Resources function works closely with the other branches in planning to meet staffing needs and ensure we employ sufficient people with the knowledge and skills to address the strategic objectives outlined in the Quality Agency’s Corporate Plan 2016-2020.</p> <p>The Quality Agency negotiated an Enterprise Agreement with staff during 2015 and 2016 that defines the terms and conditions of employment. This came into effect on 13 March 2017 and established new positions of Quality Surveyor and Senior Quality Surveyor. It also enabled recruitment to be undertaken for Quality Surveyors to meet the cyclical increase in audit workloads in 2017-2018. The Enterprise Agreement also put into effect clear pay scales and ensures staff understand the competency requirements for each work level and have clear pathways for career advancement.</p> <p>Along with the terms and conditions defined in the Enterprise Agreement, the Quality Agency has an array of policies, procedures and practices for human resource management that support staff delivering accreditation, quality assessment and education services.</p>		<p>There is a high standard of human resources management in the Quality Agency. Staff are enthusiastic and committed, and are well supported in all aspect of work and professional development as well as health and safety. Staff and surveyor/auditor skills match the needs of the organization’s management and survey/audit functions.</p> <p>An electronic HR system, ConnX, supports a portion of the HR processes and provides staff with access to HR information (such as records of attendance). Documentation of all required HR information is somewhat fragmented. There are plans to add modules to the system to allow all HR information to be kept in ConnX. This supports the recommendations to organize HR processes and identifies the Quality Agency’s commitment to improving the structure and function of HR and in promoting their mission and values.</p>	
4.1	There is a human resources strategy which is reflected in a set of written policies and procedures that support the human resources management, work environment and staff wellbeing.	Self – Rating	3	Surveyor Rating	3
		The Quality Agency’s approach to human resource management aligns with the strategic objectives of the Corporate Plan 2016-2020. In developing the HR		As referenced in Standard 1, the Australian Aged Care Quality Agency (the Quality Agency) commenced as an Australian Public Service (APS)	

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
Guidance	<p>The human resources strategy reflects the requirements of the strategic and operational plans. Policies and procedures are developed in accordance with local law and legislation and cover all aspects from recruitment to end of service. Where appropriate documents take into account staff rights.</p> <p>Documents should be in place to address, as a minimum:</p> <ol style="list-style-type: none"> i. conditions of service, ii. disciplinary procedures, iii. grievances, iv. appeals, v. end of service and retirement 	<p>Operational Plan, all policies and procedures were reviewed to pursue improvement in processes and alignment with the <i>Public Service Act 1999</i> governing end-to-end human resource practices in the Australian Public Service (APS).</p> <p>i) <u>Conditions of service</u></p> <p>In 2015 and 2016, the Quality Agency negotiated with staff and union representatives to establish an Enterprise Agreement that outlines employment terms, conditions and clauses to support staff wellbeing. This came into effect from 13 March 2017 and covers all employees (excluding the CEO and Executive Directors).</p> <p>ii) <u>Disciplinary procedures, iii) Grievances and iv) appeals</u></p> <p>Disciplinary procedures, grievances and appeals are clearly outlined in the APS policy. These are overseen by the Australian Public Service Commission and the Merit Protection Commission.</p> <p>v) <u>Other documents in place</u></p> <p>A range of policies and procedures provide details on how staff rights and responsibilities are to be addressed. These cover all aspects of employment including recruitment, induction, formal and on-the-job training, continuing professional development, safe work practices, healthy lifestyle support, rehabilitation for work and non-work related injuries, disability support, harassment and bullying, breaches of the Code of Conduct, retirement, voluntary redundancy and termination of employment. All policies, procedures and forms that staff may require are available through the Q-Pulse document management system.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Human Resources Operational Plan • Corporate Plan 2016-2020 • Public Service Act 1999 • Enterprise Agreement 2016-2019 • Delegations, Human Resources POL-HRS-0019 • Procedure for determining breaches of the Code of Conduct PRO-HRS-0026 • Separation Procedure PRO-HRS-0012 		<p>non-corporate statutory agency on 1 January 2014 in accordance with the Australian Aged Care Quality Agency Act 2013. As such, policies and procedures have been reviewed to ensure that they align with the <i>Public Service Act 1999</i>, which governs the human resource practices in the Australian Public Service (APS). <i>The Public Service Act 1999</i> addresses disciplinary procedures, grievances, and appeals (ii, iii, and iv), among other topics. The Enterprise Agreement covers the conditions of service (i), and the document: "Separation Procedure" PRO-HRS-0012 covers end of service and retirement.</p> <p>The 2016-2017 Human Resources Operational Plan includes the following 4 strategic objectives:</p> <ol style="list-style-type: none"> 1. "Our regulatory practices drive safety and quality." This is evidenced by recruitment and training goals to meet activity requirements. 2. "We work with our co-regulators, to ensure a seamless regulator model with consistent, and coherent outcomes for care recipients." 3. "We inform consumer choice." 4. "We meet Government expectations." <p>Staff have access to all policies and procedures through Q-Pulse – a document management system.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Human resources strategy</i> • <i>Human resources policies and procedures</i> 				
4.2		Self - Rating	4	Surveyor Rating	4

Standard 4: Human Resource Management		Self-assessment evidence	Surveyor Findings
	Human resources planning includes the determination of the numbers and competencies of staff needed for the type and level of activity, and, for changes in workload.	The Quality Agency's Corporate Plan 2016-2020 and the Operational Plan 2016-17 determine priorities that drive human resource planning. We develop a workforce plan annually taking into account program initiatives outlined in those overarching strategic documents and the needs of each branch to meet their objectives, as determined by the relevant Executive Director.	The Quality Agency uses an objective method for calculating the numbers and types of staff required using activity based planning. As identified in the self-assessment, the Quality Agency applies the APS Frameworks for staff competencies, including the APS Work Level Standards.
Guidance	<p>The planning process may include:</p> <ol style="list-style-type: none"> a separate human resource plan or human resource component within the operational plan and budget; desired training, qualifications and experience being considered as part of the planning process; succession planning <p>Staff are actively involved in planning where appropriate and have opportunities to suggest improvement of the scope of their roles.</p>	<p>Staffing requirements in State offices are particularly variable due to the three year cycle of re-accreditation for the majority (over 60%) of residential aged care homes. This drives a peak workload, for example in 2017-18, although the timing of this peak demand also varies across Australia.</p>	<p>As identified by the self-assessment and confirmed during discussions about staffing requirements, there is a peak workload that occurs for the Quality Agency approximately every 3 years. This results in a significant recruitment effort every 3 years for a relatively large number of ongoing and non-ongoing personnel, including surveyors/assessors and administrative staff.</p>
Suggested Evidence	<ul style="list-style-type: none"> Human resources plan Skills gap analysis Competency mapping Organizational development plan 	<p>i) <u>Activities and recruitment plan 2017</u></p> <p>The Operations branch established an Activities and recruitment plan to ensure the engagement of a Quality Surveyor workforce to match the peak in re-accreditation audits starting in 2017. This took into account the need to maintain a consistent program of quality reviews for community-based care services and the program of annual unannounced visits to all residential aged care homes.</p> <p>The activity-based planning and costing approach to human resource planning incorporates the need for sufficient administrative and support staff. Therefore, when the number of audits and activities are revised for the surveyor budget, it automatically amends the activities required of administrative staff and collates the number of personnel required. This in turn drives the recruitment planning for administrative staff. When staff resources are required, the Quality Agency considers a range of options including redistribution of workloads, reassignment of duties via internal expressions of interest and engaging new staff on permanent or temporary basis.</p> <p>ii) <u>Desired training, qualifications and experience</u></p> <p>The Quality Agency applies the APS Frameworks for staff competencies, including the APS Work Level Standards. These Standards are used to determine skill requirements for each position, including the desired qualifications, training and experience needed to meet the expectations for filling the job.</p>	<p>There can be multiple issues associated with working around peak staffing times. For example, the processes associated with recruitment, interviewing, induction, and training requires considerable time and effort on leadership staff as well as adding increased costs associated with recruiting and training staff new staff.</p> <p>Staff are encouraged to provide feedback and ideas for improvements relating to human resources through discussions between managers and staff under the Coaching for Performance Every Day program.</p> <p>Opportunity for Improvement</p> <p>The Agency could consider the impact of meeting a peak workload schedule and identifies possible strategies for efficiently managing and potentially flattening the peak.</p>

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<p>iii) <u>Succession planning</u></p> <p>Following the implementation of the Enterprise Agreement in 2017, all job descriptions transitioned to the APS Framework. This ensures position levels align with the required behaviours and competencies for the salary scales applicable to each role. This provides staff and management with clarity of requirements for recruitment, career advancement, performance management and succession planning.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Corporate Plan 2016-2020 • Operational Plan 2016-17 • Public Service Act 1999 • Activity based costing model (available on site) • Activities and recruitment plan 2017 • APS Work Level Standards 			
4.3	Recruitment and selection processes are transparent, objective and equitable, comply with local legislation and reflect clearly the professional profile and competencies required for the type and level of activity of vacancy.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>This could include:</p> <ul style="list-style-type: none"> i. the requirements for all positions being detailed, usually in a documented job description, and including <ul style="list-style-type: none"> • qualifications and competencies • tasks responsibilities • performance measures • reporting relationships and relationships with other positions; ii. documented conditions of employment, e.g. work hours, leave entitlements; iii. all employees having a documented agreement or contract of employment 	<p>The recruitment processes begins with the hiring manager determining the role requirements and checking if there is an appropriate position description. If not, they will need to seek approval from the CEO for creation of a new position in the organisation.</p> <p>i) Position descriptions</p> <p>Position descriptions are developed outlining the role specific requirements. The APS Work level standards and ILS Competencies are utilised to assist with determining the required level of skills and capabilities at each of the APS role levels. Job descriptions for all positions within the Quality Agency detail the following:</p> <ol style="list-style-type: none"> 1. Key responsibilities 2. Key performance criteria 3. Key relationships 4. Experience, knowledge and skills 5. Competencies 		<p>There are position descriptions for each surveyor/assessor and staff member that are based on the APS Work level standards detailing qualifications, experience, reporting structure, and expectations of the position. When the transfer to the government agency occurred in 2014 an external company matched the position descriptions to the roles and levels according to the APS work levels.</p> <p>External assessors/surveyors and some Agency office staff have contracts for employment. The contracts include expectations, confidentiality agreement, code of conduct, and other requirements as identified in law and regulation, such as insurance requirements.</p> <p>In addition, there are also opportunities for non-ongoing staff, hired for a fixed term to help ensure adequate staffing levels for the peak term. Non-ongoing staff are hired for a specified period of time. During that time, the staff member is an employee of the Agency, receiving all benefits.</p> <p>When a candidate has been chosen for hire, an employment offer letter is sent along with paperwork required to be completed along with a return</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Job adverts</i> • <i>Examples of job descriptions, person specifications</i> • <i>Employment contract</i> 	<p>If a suitable position description already exists, the manager seeks approval to advertise by submitting a form via the relevant Executive Director. If they endorse the need to advertise, approval to proceed with recruitment for the position is required from the CEO.</p>			

Standard 4: Human Resource Management	Self-assessment evidence	Surveyor Findings
	<p>ii) Documented conditions of employment The employment conditions are outlined in the Enterprise Agreement 2017.</p> <p>iii) Contract All staff have a letter of employment and a signed contract.</p> <p>iv) Transparent recruitment and selection processes Once approval to recruit is granted, the essential criteria and statutory requirements for the role are included in an advertisement for the position. This ensures applicants are aware of the need to apply for a national police certificate and legislative entitlements including equal employment opportunity and workplace health and safety. The position may be open for internal staff only, in which case it is posted on the intranet. If applications are sought externally, the advertisement will be posted on the website 'APS Jobs'. A selection panel is convened that includes the recruiting manager, a colleague at or above the work level advertised, and in some cases it may include an external independent member (usually from another APS entity). The panel shortlists eligible applicants for interview. This will involve a set of questions focused on the competencies associated with the APS level of the advertised position. In the case of Quality Surveyor interviews, there will also be a written exercise and role play to provide a practical assessment of candidates' skills in analysing information and presenting their findings. Subsequently, the panel will seek feedback from the preferred candidates' nominated referees in order to verify their work experience and suitability for the advertised position.</p> <p>The selection panel completes a report that is submitted to the Director or Executive Director above the recruiting manager. If the recommendations are accepted, the recruiting manager will make a verbal offer to the successful candidate(s) and the recruitment process is then completed by Human Resources officers, who create a letter of offer setting out terms and conditions of appointment, including a copy of the Enterprise Agreement 2016-19. Once the candidate formally accept this offer, HR officers arrange the appointment to positions, notify</p>	<p>envelope. A review of files confirmed that employment letters were sent and detailed the position, salary, requirements, etc.</p> <p>Note: Additional information related to staff files is discussed in Criterion 4.10.</p> <p>Policies support the processes described.</p>

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<p>unsuccessful applicants and arrange materials for the induction of new staff. These procedures are described in documents maintained in the Q-Pulse system.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Recruitment Policy POL-HRS-0021 • Recruitment Procedure PRO-HRS-0010 • National Criminal History Checks Policy POL-HRS-0018 • Advertisement – Senior Administration Officer • Job description – Senior Administration Officer • Advertisement – Quality Surveyor • Job description – Quality Surveyor • Selection Recommendation report FRM-HRS-0060 • Employee Reference Check form FRM-HRS-0061 • Enterprise Agreement 2016-2019 • Letter of offer to employee FRM-HRS-0086 • 16007486 AACQA External Aged care Services Agreement v4 (2) 			
4.4 Core	An induction/orientation programme is provided to assist new staff to understand their roles and responsibilities and the current strategy, mission, goals and values.	Self – Rating	4	Surveyor Rating	4
Guidance	<p>The programme should include:</p> <ol style="list-style-type: none"> new staff participating in a structured orientation programme which covers topics such as: <ul style="list-style-type: none"> • the organisation’s programmes, services and key personnel • fire, health and safety and accident reporting • relevant policies and procedures • confidentiality • quality improvement; staff completion of all parts of the orientation programme being documented; the orientation programme being assessed for effectiveness, e.g. by staff evaluation of the process and testing of staff for understanding of the matters covered 	<p>Our comprehensive induction program was updated in 2016 for all new employees to undertake when they commence employment. The Induction Guide provides background on the Quality Agency and our goals, structure and operating environment (stakeholders and legislation), our co-regulators in the aged care sector, and our workplace ground rules.</p> <p>i) <u>Structured Induction process</u></p> <p>The induction Guide includes checklists for getting acquainted with the workplace and housekeeping matters, forms to be returned to Human Resources, policies to read and a role-specific checklist to ensure understanding. It also contains an appendix providing a quick guide to the Quality Agency’s information systems: ConnX (HR tool), Learn Hub (learning management), Q-Pulse (document management and improvement requests) and the intranet.</p>		<p>All new staff complete a comprehensive induction program which is available via online modules. There are several online systems for which staff have access that support the Agency’s information systems. These include: ConnX (HR tool), Learn Hub (learning management), and Q-Pulse (document management and improvement requests).</p> <p>The goal for completion of the induction is 1 month. There is a checklist that must be completed, signed off by their manager, and then forwarded to Human Resources to be maintained in their file.</p> <p>In addition, there are in person presentations that are done in a group when multiple staff are hired or one on one when there is a single hire. Staff sign into the group presentations as verification of attendance.</p>	

Standard 4: Human Resource Management		Self-assessment evidence	Surveyor Findings
<p>Suggested Evidence</p>	<ul style="list-style-type: none"> • Documented induction/orientation programme • Orientation webinars/trainings • New staff welcome kit • Orientation checklist with sign-off • Evidence of sign-offs of induction/orientation programme in personnel file • Orientation calendar 	<p>Modules available through the Learn Hub portal are built on the APS frameworks and provide new employees the mandatory training they must complete. This training is all undertaken on-line and covers the following topics:</p> <ul style="list-style-type: none"> • Australian Public Service values and principles • Workplace health and safety • Privacy awareness • Security • Bullying and harassment • Cultural awareness <p>ii) <u>Monitoring completion of induction</u></p> <p>An Induction Checklist aligned with the content of the Induction Guide must be completed by all new employees and endorsed by their line manager before being sent to Human Resources for retention on their personnel file. Staff complete an on-line assessment for each of these module and must correctly address at least 70% of the questions to pass and receive a 'badge'.</p> <p>A series of presentations are addressed with all new employees, either in a corporate induction process for groups or by the line manager if just one new person is starting. These address general introduction to the organisation, as well as document control systems and risk management. New employees engaged as Quality Surveyors complete a broader training program that includes a presentation specific to their role and responsibilities.</p> <p>iii) <u>Evaluating the effectiveness of the induction program</u></p> <p>New employees are asked to provide feedback on their experience with the orientation program through an Induction feedback form. Completion of the mandatory modules is another check on the level of comprehension of new employees.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Induction Procedure PRO-HRS-0014 • Induction Guide PRO-HRS-0032 (available on site) • New employee welcome pack (available on site) • Email: LearnHub- its time to refresh your compliance training 	<p>There was some confusion about where the sign-in sheet was kept.</p> <p>See criterion 4.10 for addition information about HR files.</p> <p>Following induction, staff are asked to complete an evaluation of the induction process. Feedback is currently being collated, however HR staff were able to provide an example of an improvement based on feedback.</p> <p>The feedback identified that the criminal history check was undertaken too early for surveyor/assessors as this should be done at time of registration not appointment. The process was changed so that at the time of appointment surveyor/assessors complete a declaration and at time of registration the formal criminal check is performed.</p>

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> • Induction PowerPoint presentation HDB-HRS-0034 (available on site) • Document Control Training Presentation HDB-HRS-0036 (available on site) • Risk Management Training Presentation HDB-SGU-0003 (available on site) • Quality Surveyor Orientation Presentation HDB-HRS-0033 (available on site) • Induction Plan and Checklist FRM-HRS-0021 • Induction Feedback Form FRM-HRS-0224 • Example documentation (available on site) 			
4.5 Core	There is a documented health and safety programme that is systematically implemented, in accordance with the local/regional regulations, which is reported, assessed and reviewed periodically.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The health and safety programme could include:</p> <ol style="list-style-type: none"> health and safety assessments being undertaken; health and safety education programme for staff; staff having access to first aid and rehabilitation after injury or illness; buildings and facilities that provide a comfortable, functional, secure and safe work environment; equipment and supplies that are sufficient and appropriate for the tasks undertaken; responses to internal emergencies being planned, communicated to all staff and practiced; an active policy for minimising adverse impacts on the environment; information from health and safety related risks fed back to staff; workloads are monitored and managed to limit work-related stress; workplace assessments are undertaken to ensure staff have ergonomically safe workspaces, furniture and equipment 	<p>The Quality Agency is committed to our employees' well-being by ensuring that all workplaces comply with the <i>Work Health and Safety Act 2011 (WHS)</i>.</p> <p>i) <u>WHS assessment</u></p> <p>WHS assessments are undertaken by Work Health and Safety Committees. These committees are established under the Quality Agency's Work Health and Safety Policy that designates work groups in each main office. The committees support consultation on the promotion of safe work practices and ongoing improvements and education.</p> <p>ii) <u>Education on WHS</u></p> <p>Health and Safety Representatives are appointed to each of the work groups and complete at least five days of formal training in the role and responsibilities. They consult with and represent all staff, undertake inspections of the workplace, and have powers to direct that work stop in the case of unsafe practices. They participate in the State-based and National Workplace Health and Safety Committee meetings.</p>		<p>The Agency complies with the Work Health and Safety Act 2011. Staff complete health and safety training through an online module and also receive in person instruction on safe manual handling and posture.</p> <p>Each of the Agency's offices have a trained first aid officer and first aid kits are present and accessible in multiple areas of the office to all staff who may require some sort of first aid supply. The first aid officer maintains the first aid kit.</p> <p>Each Agency Office also identifies and trains a fire safety officer and conducts regular safety drills. During orientation to the physical facility, one of several fire and deputy fire wardens identified the emergency exits and accompanied us to the evacuation location.</p> <p>Staff are encouraged to maintain healthy lifestyles and are offered free influenza vaccines and an annual health allowance. In addition, an independently operated employee assistance program is available to staff.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Health and safety programme & policies necessary to comply with regulations/legislation</i> • <i>Results of health and safety assessments with evidence of action and review</i> • <i>Health and safety past agendas/minutes</i> • <i>Health and safety reports</i> 	<p>All staff complete training on workplace health and safety via an on-line LearnHub module and receive face-to-face instruction on safe manual handling and posture.</p> <p>iii) <u>First Aid officers</u></p> <p>First Aid Officers are appointed to each designated work group and are generally based in the office rather than</p>		<p>When staff were asked about the employee health and safety program, they were able to identify the multiple benefits provided by this program, such as employee assistance, ergonomic assessments, the healthy lifestyle program, and four-wheel drive training for staff who must drive to remote areas.</p>	

Standard 4: Human Resource Management	Self-assessment evidence	Surveyor Findings
<ul style="list-style-type: none"> Attendance records of health and safety training / webinars/ presentations to staff 	<p>being field staff. They are required to complete and maintain a first aid certificate and are paid an allowance for the role. Training is offered periodically to all staff in providing first aid, cardiopulmonary resuscitation and basic emergency life support.</p> <p>iv) <u>Safe and comfortable workplace</u> Workplaces are checked at least on a three-monthly basis by elected Health and Safety Representatives.</p> <p>v) <u>Equipment and supplies</u> Office equipment is maintained under service agreements with the suppliers. Fire safety inspections are completed at least annually by contracted professionals, while inspection and tagging of electrical equipment is undertaken every two years.</p> <p>vi) <u>Emergency response</u> The names and contact details for fire wardens and deputy wardens, first aid officers and Health and Safety Representatives are posted on noticeboards in each office, along with evacuation procedures and maps of emergency assembly areas. Policies and procedures in relation to evacuation in case of fire and other emergencies are available in the Q-Pulse system. Each office undergoes planned emergency evacuation exercises arranged by building management and all staff are required to participate in the evacuation drills conducted every 6 or 12 months.</p> <p>vii) <u>Minimising environmental impact</u> The Quality Agency has a recycling program in place for responsible disposal of toner and paper. The Quality Agency also seeks to minimise use of paper through initiatives such as the Computer Assisted Assessment Tool (CAAT).</p> <p>viii) <u>WHS feedback to staff</u> The minutes of State and National Workplace Health and Safety Committees are available to staff on noticeboards and electronically. Staff are instructed during induction on how to report hazards in the workplace through the Q-Pulse system Injury Management Reporting Module. They</p>	<p>Processes are in place to support inspection, maintenance, and repair of all agency owned equipment, vehicles, and furnishings.</p> <p>Interviews with staff confirmed that work health and safety committees have been established to promote safe work practices and that committee members undergo specific training related to their responsibilities. In addition, first aid officers are appointed and are required to complete and maintain a first aid certificate and are paid an allowance for their role.</p>

Standard 4: Human Resource Management	Self-assessment evidence	Surveyor Findings
	<p>are encouraged to raise concerns regarding workplace issues either through direct discussions with their line manager, at staff meetings or through lodgement of an improvement request, complaint or injury /hazard report via the Q-Pulse system or directly with local Health and Safety Representatives.</p> <p>ix) <u>Management of workload stress</u> It is the responsibility of managers to monitor and manage workloads for their staff through the 'Coaching for Performance Every Day' program where managers and staff regularly meet to discuss work performance and issues. Quality Surveyors are encouraged to advise their manager if they have commitments and would like to avoid travelling away from home. The Agency has engaged a counselling service provider to offer an Employee assistance program to staff who might be undergoing personal problems, conflicts or other challenges that might benefit from external guidance.</p> <p>The Quality Agency provides support to employees with an injury that might require assistance through the Early Intervention Policy and rehabilitation. Furthermore, staff can apply for part time and flexible working options under the provisions of the Enterprise Agreement to allow for work / life balance.</p> <p>x) <u>Ergonomic assessments</u> An ergonomic assessment and training in adjustment of furniture is provided for new employees and when new equipment is introduced. For example, when new tablet devices were distributed prior to roll-out of the Computer Assisted Assessment Tool (CAAT), refresher training on safe posture and manual handling was provided for all staff during January to March 2017.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Work Health and Safety Act 2011 • Work Health and Safety Policy POL-HRS-0029 • Workplace Health and Safety Inspection Report FRM-HRS-0080 • Health and safety LearnHub training records (available on site) • First Aid in the Workplace POL-HRS-0033 	

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> • Fire and Evacuation Policy POL-HRS-0032 • Email RE Tablet upgrades - Technical and ergonomic training • Early Intervention POL-HRS-0046 • Rehabilitation and Workers Compensation POL-HRS-0045 • Employee Assistance Program POL- HRS-0025 • Coaching for Performance Every Day POL-HRS-0023 • Enterprise Agreement – Clause 26 Part-time and flexible working arrangements • Reasonable Adjustment Policy POL–HRS-0055 • Motor Vehicle Policy POL-FIN-0004 • Safe Use of Agency Cars POL-HRS-0034 • Remote Travel Policy POL-CAH-0054 • Entry/Exit Meeting Agenda • Ergonomic and Manual Handling Training January 2017 • Ergonomics and Manual Handling Training for CAAT - signed attendance sheets 			
4.6	Staff are supported through: a) work procedures to promote staff well-being, b) mechanisms to identify and recognise best practices and individual work contributions, c) the resolution of workplace issues	Self - Rating	4	Surveyor Rating	4
Guidance	This may include: i. Procedures to promote well-being, e.g. smoking cessation, healthy lifestyle; ii. staff recognition schemes through competitions; staff surveys, appraisal. It may also include how promotions are managed and may or may not be financially driven; iii. staff being provided with appropriate supervision, support and advice; iv. staff being enabled to make decisions within the defined scope of their role	<p>The Quality Agency has a strong commitment to the health, well-being, satisfaction and productivity of its workforce. This is reflected in the Corporate Plan 2016-2020, the Operational Plan 2016-17 and the Enterprise Agreement 2016-19.</p> <p>a) <u>Promoting well-being</u></p> <p>The Enterprise Agreement includes a range of measures to support staff and promote their well-being, including an annual healthy lifestyle allowance. This provides financial assistance of up to \$200 per year for fees or clothing and equipment to participate in healthy activities such as gym membership, smoking cessation or weight loss programs.</p>		<p>The Agency is committed to promoting staff well-being by providing a safe, healthy, supportive, and satisfying work environment.</p> <p>The healthy lifestyle program supports apayment towards a health club membership, running shoes, in home exercise equipment, and the like.</p> <p>The “Coaching for Performance” program provides the opportunity for managers and staff to regularly meet to discuss workload. Managers have undergone training to provide the most effective coaching.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented procedures</i> • <i>Documented policies</i> • <i>Staff recognition program</i> 	<p>b) <u>Reward and recognition systems</u></p> <p>The Quality Agency offers opportunities for staff to express interest in working in different roles, including in other State offices and in higher positions. The opportunities are advertised via emails to all staff and on the intranet. Staff are acknowledged for length of service at service award ceremonies, eg, 19 April 2017. Staff performing at a high</p>		<p>All staff are provided an ergonomic assessment. Staff interviews confirmed that the Agency supports assessment and reassessment as necessary to ensure the workplace provides safe and effective working conditions.</p> <p>The Agency provides flexible work arrangements, including flexible hours and the opportunity to work at home.</p>	

Standard 4: Human Resource Management	Self-assessment evidence	Surveyor Findings
	<p>level may also be invited to participate in special projects, acting opportunities and representation of the Quality Agency.</p> <p>c) <u>Supervision, support and resolving workplace issues</u> The 'Coaching for Performance Every Day' program is the main process for ensuring staff understand their role, are given feedback on their performance and supported to improve. It is also a forum where staff can raise issues. All staff have access to policies and procedures via Q-Pulse relating to the support systems available through the Quality Agency to address issues that may impact performance in the workplace. This includes alcohol and illicit drugs, sexual harassment, bullying, privacy and the Employee assistance program for personal counselling.</p> <p>In April 2016 we introduced the Confluence system to enable staff to share, collaborate and discuss work issues no matter where they are, including Quality Surveyors who are away from the office assessing aged care services. The aim of the 'Quality Agency Space' in Confluence is to act as a social forum to discuss Agency-wide subjects and enable management to hear what staff have to say. It allows people to voice their opinion, make suggestions, ask questions and provide feedback on ideas.</p> <p>The Agency has developed a mentoring program for all new staff to encourage sharing of insights from more experienced employees and a sounding board for issues the new staff member experiences as they develop into their role within the Quality Agency.</p> <p>Managers have been trained in the various coaching styles they might adopt and situation-specific approaches. Our policies on coaching for performance every day encourage managers to talk frequently with their staff to ensure issues are not ignored, problems don't escalate and they are focused on corrective intervention and enabling the new employee to succeed.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Corporate Plan 2016-2020 • Operational Plan 2016-17 • Enterprise Agreement 2016-19 • Healthy Lifestyle Initiative Procedure PRO-FIN-003 	<p>The agency provides an employee assistance program that staff may utilize anonymously.</p>

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Alcohol and Illicit drugs POL-HRS-0028 Discrimination, Bullying and Harassment Policy POL-HRS-0044 Sexual Harassment POL-HRS-0027 Privacy Policy POL-HRS-0010 State of the Service report 2015-16 Quality Agency Staff Survey 2016 (available on site) Confluence message - Quality Agency post Probationary Performance & Planning Review Form FRM HRS 0075 Manager's Guide to Probationary Performance Planning and Review HDB-HRS 0011 Coaching for Performance Every Day POL-HRS-0023 Email RE Expressions of Interest - Senior Advisor position Instrument of Delegations REG-ACC-0014 Financial Delegations POL-FIN-0066 Delegations, Human Resources POL-HRS-0019 Intranet – Job descriptions (available on site) 			
4.7	All staff upon completion of a satisfactory induction/ orientation sign a confidentiality statement and agree to abide by rules of the external evaluation body.	Self - Rating	4	Surveyor Rating	4
Guidance	The signed statement should be kept in the individual staff member's personnel file	The Quality Agency has a comprehensive induction process and ensures confidentiality matters are addressed with new employees through the Induction Guide and completion of checklists. These are filled out progressively by the inductee and signed off at completion by the line manager, and must be lodged with the Human Resources area for placement on the personnel file.		A review with HR of the induction process for staff as well as a review of staff files, provided evidence that all staff complete the comprehensive induction process which includes the completion of the confidentiality agreement. In addition, all staff are required to sign the Code of Conduct and these signed forms were present in all of the files reviewed.	
Suggested Evidence	<ul style="list-style-type: none"> <i>Confidentiality statement</i> 	The Induction Guide and Induction Plan Checklist remind new employees what documents they should access and sign as a part of their terms on engagement with the agency. This includes signing a Confidentiality Agreement and the APS Code of Conduct. Evidence: <ul style="list-style-type: none"> Induction Procedure - PRO-HRS-0014 Induction Guide PRO-HRS-0032 (available on site) Confidentiality Agreement FRM-HRS-0056 Code of Conduct FRM-HRS-0057 			

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
4.8	Temporary or locum staff, including advisors, have specific admittance processes, induction and training programmes.	Self - Rating	4	Surveyor Rating	4
AGuidance	The admittance process should reflect the role being undertaken and should include as a minimum: <ul style="list-style-type: none"> i. health and safety, ii. policies and procedures, iii. confidentiality 	<p>The induction process for temporary employees or those engaged on term-defined contracts occurs in the same manner as for new employees. They are provided access to the same Induction Guide and must satisfactorily complete the same on-line training materials, processes and checklists required of permanent staff.</p> <p>The Quality Agency contracts out the assessment of residential aged care services to registered Quality Assessors. They must have completed the comprehensive selection and training program managed by the Quality Agency in order to become registered. Module 1 of the Quality Surveyor training program includes orientation to the aged care sector, service design, quality care and current trends, the guiding legislation and key reforms, and the role and functions of the Quality Agency. Quality Assessors also complete an Assessor Code of Conduct form at the time of registration and at the time of annual re-registration as an Aged Care Quality Assessor.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Induction Guide PRO-HRS-0032 (available on site) • Brochure – Aged Care Quality Assessor Registration Requirements BRO-ACC-0001 • Assessor Code of Conduct FRM-ACC-0140 • Brochure – Quality Assessor Re-registration BRO-ACC-0090 • Observers on Visits POL-HRS-0052 • Procedure – Re-registration of Aged Care Quality Assessors PRO-ACC-0006 		Review of policy and procedure as well as interviews with current and former non-ongoing (temporary) staff who converted to ongoing staff confirmed that the admittance and orientation process is the same for ongoing, non-ongoing, and contracted staff.	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Admittance processes include tailored induction and training programmes</i> • <i>Orientation procedures and checklist</i> 				
4.9	There is a programme for staff training, which includes; internal continuous education and development to ensure a competent workforce and considers individual professional and career opportunities.	Self - Rating	4	Surveyor Rating	4
		The Quality Agency's Learning and Development Framework provides for a combination of core training required for all staff and specific programs to meet the		There is evidence in the staff records that this standard has been adequately addressed.	

Standard 4: Human Resource Management		Self-assessment evidence	Surveyor Findings
Guidance	<p>Staff training could include:</p> <ol style="list-style-type: none"> in-house training provided on service delivery and workplace issues and developments; staff given opportunities to attend off-site workshops, seminars and conferences; staff training attendance monitored and documented; staff supported to undertake further education and research as relevant to the work of the external evaluation organisation; observing surveys 	<p>needs of staff with different roles in the organisation. Staff can access individualised training where it is identified and agreed with their manager as a means to improve their skills and advance their career path. This would be identified through the Coaching for performance every day process and the more formal, periodic performance, planning and review process to assist staff achieve required competency levels for their roles within the Agency.</p>	<p>Priority 1.3 of the Human Resources Operational Plan identifies the goal of providing a Continuous Development Program design (CPD), facilitation of core modules in evidence collection, clinical best practise and new HR policies or strategies. Surveyors/assessors are required to a minimum of four CPD session per year.</p>
Suggested Evidence	<ul style="list-style-type: none"> Staff training programmes Attendance records Organisational development plan Leadership development Professional development policy Observational survey policy and guidelines 	<p>i) <u>In-house training</u></p> <p>The framework guides staff development and is specific to job roles. It provides new staff with details on the types of learning and development they can expect and is used as part of the probationary, planning & review process. Five 'Learning blocks' are described that each employee will progress through:</p> <ol style="list-style-type: none"> Learning about the company Getting to know your job Maintaining technical competence Progressing within work stream Expanding individual skill sets <p>The learning and development framework has been developed around the 70:20:10 model and has a number of key internal training programs:</p> <ul style="list-style-type: none"> APS Values and Code of Conduct Workshop Continuing Professional Development (CPD) for Quality Surveyors and external Quality Assessors Communication Strategies for Difficult Calls <p>ii) <u>External professional development</u></p> <p>Where other learning and development courses are deemed beneficial to the Agency and aligned with an individual's development goals, staff are given the opportunity to attend in line with the Course/Event Attendance Policy. Requests for external training courses and events are made via the Connx system using the Learning/New course enrolment tab.</p> <p>Examples of external courses and workshops staff have completed include:</p> <ul style="list-style-type: none"> Better Practice events (which contribute to CPD hours required for re-registration as a Quality Surveyor/ Assessor) 	

Standard 4: Human Resource Management	Self-assessment evidence	Surveyor Findings
	<ul style="list-style-type: none"> • Aged care industry conferences • Workshops and seminars on topics such as dementia care • Conferences and training for staff in corporate support units such as IT, HRM and Finance, Corporate Services Leadership training February 2017, National Taxation Accountants Association Fringe Benefits Tax 28 February 2017, Central Budget Management System Training 13 October 2016, Performance Community of Practice Workshop Department of Finance 5 April 2017. • Microsoft Excel skills training <p>Staff who are required to maintain a particular qualification, are supported to upgrade their qualifications, for example in 2015 all our Education Coordinator staff were sponsored to update their Certificate IV in Workplace Training and Assessment.</p> <p>The Quality Agency encourages staff to act temporarily in other roles to improve individual skill sets, strengthen organisational capability, and underpin succession planning.</p> <p>iii) <u>Staff training and documentation</u> All staff training is currently documented in ConnX and employees can review and add details of training they have completed in addition to the records maintained of training provided or paid for by the Quality Agency. This also allows reports on training to be collated at various levels within the organisation.</p> <p>The CEO, Executive Directors and Directors form the National Leadership Team within the Quality Agency and this group meets regularly throughout the year. This provides a forum for continuing education of this group, with topics including Change management, Managing poor performance, Code of conduct and 'Around aged care law in a day'.</p> <p>iv) <u>Further education</u> The Quality Agency is committed to supporting and encouraging staff who wish to develop their work related skills by engaging in further studies related to their job and career aspirations. The Study assistance policy enables staff to apply for assistance with higher education costs</p>	

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<p>including fees, books, and time off to study and undertake exams. Such study forms an important part of the learning and development framework.</p> <p>v) <u>Observations of surveys</u></p> <p>New surveyors observe two surveys before commencing the training program. This is outlined in detail in criterion 6.4.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Learning & Development Framework FRM-HRS-0018 • Learning and Development Procedure PRO-HRS-0017 • 70:20:10 Learning Theory HDB-HRS-0086 • Course /Event Attendance Policy POL-HRS-0020 • Opportunities to act in other roles POL-HRS-0041 • Study Assistance Policy POL-HRS-0022 			
4.10	Staff records are complete and up-to-date. The records are kept confidential, securely stored with authorised access, with staff being able to access their individual records.	Self - Rating	4	Surveyor Rating	3
Guidance	Records should be up to date and include the appointment, performance appraisals and training.	<p>Most staff records are stored in paper-based files held in a secure filing system for which only nominated HR officers have access. A range of personal staff information is contained in the ConnX system and is accessible only to the staff member, their line manager and HR staff. Other information may be stored in electronic files within the HR drive on the Quality Agency's server, which is only accessible to the Director and Assistant Director Human Resources.</p>		<p>The Human Resource procedures for processing required paperwork were somewhat confusing and a bit fragmented. Some paperwork was maintained as a hardcopy in a paper file while other paperwork was scanned and maintained in online files. However, it wasn't clearly identified as to which information was scanned and which information was maintained in hard copy.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Staff records</i> • <i>Evidence of records locked</i> • <i>Access to personnel file policy</i> 	<p>Personnel files are maintained securely and in accordance with the Quality Agency's Record management policy and key legislative mandates:</p> <ul style="list-style-type: none"> • <i>Public Service Act 1999</i> • <i>Archives Act 1983</i> • <i>Privacy Act 1988 and Privacy Regulations 2013</i> • <i>Freedom of Information Act 1982</i> • <i>Crimes Act 1914.</i> <p>The modules within the ConnX system are being progressively extended so that the majority of staff records will be stored in electronic form in future.</p>		<p>A review of the files confirmed that there wasn't always a uniformed process for maintaining files. The file dividers were uniformed, but some files contained hard copies of certain paperwork, while others did not.</p> <p>In addition, there was a process for verifying the online background checks, but depending on who performed the verification, the information could be in different locations.</p> <p><u>Recommendation</u> The Agency should develop a uniform process for maintaining staff files that includes identifying what information is kept in an electronic file and what is maintained in a paper record.</p>	

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<p>Staff may make a request to view their staff file, however this must be carried out in the presence of an HR Officer to ensure the contents are not altered in any way.</p> <p>The personnel records managed by the Human Resources area are subject to annual inspection by the Australian National Audit Office (ANAO) and by internal and external quality audit auditors.</p> <p>A schedule for disposal of records has been developed by the Quality Agency and the National Archives of Australia. This was based on analysis of the Agency's legal and organisational records management requirements, and the interests of stakeholders, the Agency and community expectations</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Records Management Policy POL-IST-0010 • ConnX system (available on site) • AACQA Records Authority - HDB-IST-0086 		<p>Staff paper files were kept in a locked cabinet in one of the Human Resources offices that was not required to be locked and the key to the cabinet was kept in the top drawer of an unlocked desk.</p> <p>Recommendation The Agency should develop a process to ensure that access to personnel files is limited to authorized individuals.</p> <p>Note: While onsite, the Agency designed a new process for maintaining the security of personnel files.</p>	
4.11	Staff performance is regularly assessed and documented.	Self - Rating	4	Surveyor Rating	3
Guidance	<p>Methods of staff performance assessment may vary but could include:</p> <ol style="list-style-type: none"> achievements and improvement opportunities to be discussed; additional training, education and development to be planned to enhance the staff member's performance and career opportunities; staff achievements to be recognised and appropriately acknowledged; the organisation to have a process for dealing with staff who are not performing satisfactorily; the staff member and the manager/supervisor doing the assessment to both sign the final assessment summary; staff performance assessments/appraisals to be conducted on a planned basis, e.g. annually 	<p>Staff performance is closely monitored in the probationary period to ensure that new staff understand what is expected of them, how their performance will be measured and to identify any additional development needs. Following probation, work performance is monitored through regular, open discussions between staff and their manager as part of the coaching for performance program. More formal performance reviews are carried out on a 6 and 12 monthly interval.</p> <p>i) <u>Achievements and opportunities for improvement</u></p> <p>The coaching for performance program involves a process of staff setting performance objectives that align with their roles and responsibilities, as well as 'stretch' targets and development objectives agreed with their direct manager. These objectives are reviewed by the employee and their manager mid-cycle and end-of-year. These meetings</p>		<p>The process for completing performance appraisals is not standardized and some files contained appraisals that were completed 2 years previous. The quality agency identified the benefits of a uniform performance appraisal system and are in the process of developing a new system for appraisal.</p> <p>Health and safety training records provided evidence that 88% of staff completed the mandatory training on workplace health and safety which included 5 modules and a competency quiz. Of the 12% that did not complete this course, some have been employed for more than 2 years and a few are in leadership positions. When discussed with HR regarding follow-up, the process is simply to send reminder emails for staff to complete this training. In addition, the discussion identified that there are other mandatory trainings that have not been completed by some staff.</p>	

Standard 4: Human Resource Management		Self-assessment evidence	Surveyor Findings
Suggested Evidence	<ul style="list-style-type: none"> • <i>Performance assessment process/policy and documents including sign-off</i> • <i>Evidence of staff performance assessment</i> • <i>Evidence of performance improvement plan</i> • <i>Individual work plans</i> 	<p>provide an opportunity for feedback regarding achievements and areas for improvement. The relevant Director or Executive Director to whom the staff member's manager reports oversees the process. This ensures all levels of management are engaged with the process and are able to monitor the performance of staff.</p> <p>ii) <u>Additional training, education</u> Performance review meetings are also an opportunity to discuss additional training and development that may be required in regards to performance and advancement.</p> <p>iii) <u>Staff acknowledgement</u> Staff are given positive feedback and encouragement through the performance appraisal process and the 'Coaching for performance everyday' program.</p> <p>iv) <u>Managing underperformance</u> Where underperformance is identified, this is managed through an adjunct guide, a guide to managing underperformance. The intent of this approach is to seek means to assist in the employee to meet the expectations of their job role.</p> <p>v) <u>Signing off on performance reviews</u> The performance review process must be signed off by the employee, manager and higher-level manager within Q-Pulse to complete the process.</p> <p>vi) <u>Frequency of performance reviews</u> Performance discussions are encouraged to occur routinely through the 'Coaching for performance everyday' program'. Formal performance appraisals take place mid-cycle and annually.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Employee Guide to Coaching for Performance HDB-HRS-0009 • Managers Guide to Coaching for Performance HDB-HRS-0010 • Performance Development Plan (example available on site) 	<p>Currently, there is no consequence for staff who have not completed mandatory training which results in HR having to send multiple emails every few months as reminders.</p> <p>Recommendation The Quality Agency should enforce completion of mandatory training for all staff and consider implementing consequences for staff who do not complete training.</p> <p>Opportunity for Improvement The quality agency continues to pursue revisions to and implementation of a new, unified performance appraisal process.</p>

Standard 4: Human Resource Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> • Focus on Performance – A guide to managing underperformance HDB-HRS-0059 • Mentoring for All Procedure PRO-HRS-0008 • Mentoring for All Program Guide HDB-HRS-0008 • Mentor Selection Process Map FRM-HRS-0029 			
4.12	The evaluation of the human resources strategy and plans are carried out on a regular basis and action is taken to address identified issues and make improvements.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The review could include:</p> <ol style="list-style-type: none"> the review of gaps or problems with service provision at regular intervals to identify and address the cause; assessment of staff satisfaction on a regular basis, e.g. annually, and action being taken on issues identified; the use of performance measurements and indicators such as vacancies, staff satisfaction, staff turnover, absenteeism, staff injuries or work related conditions and the results of exit interviews on retirement or resignation; the results being shared with staff who are encouraged to contribute to the solution of problems and improvements 	<p>Human resource management systems are reviewed and the identification of gaps and areas for improvement are gathered through a range of ways.</p> <p>i) <u>Review of gaps or problems</u></p> <p>A range of documents and processes provide feedback to management that potentially highlight gaps, problems or issues in relation to human resource management:</p> <ul style="list-style-type: none"> • Staff induction questionnaire forms • Improvement requests lodged via the Q-Pulse system • Course evaluation forms • Feedback from mentors • Internal audits • Projects undertaken by the HR area • Executive Coordination Group (ECG) and National leadership team meetings • Audits by the Australian National Audit Office (ANAO) • Exit surveys 		<p>Human resources employs multiple methods for gathering information related to making improvements as identified in the self-assessment.</p> <p>A staff satisfaction survey, known as a Census is undertaken externally by APS and was closed shortly after the start of the ISQua survey. The target participation was 65% and participation was just below this target when the survey closed.</p> <p>The results are collated across all APS which provides specific information about the Agency as a whole. However, the Agency may pay for additional results at the individual State level. The agency is able to see aggregated results and can compare these results across offices. Staff are given a presentation of the census results.</p> <p>The Agency administered a specific survey when the Enterprise Agreement was voted down between December 2015 and January 2016. The results of the survey indicate that employees were unsure of leadership and were experiencing a lack of trust. The CEO began a series of dialogues designed to engage staff and obtain honest and frank feedback.</p> <p>Staff interviews confirmed that the CEO dialogues were successful in helping staff develop increased trust.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Evidence of review</i> • <i>Evidence of actions taken</i> • <i>Evidence of indicator reporting</i> • <i>Evidence of staff satisfaction survey</i> • <i>Evidence of de-briefing and action plan for staff satisfaction results</i> • <i>Exit interview surveys</i> 	<p>ii) <u>Staff satisfaction</u></p> <p>Surveys of staff opinions about their workplaces are conducted annually by the Australian Public Service Commission, through a standardised questionnaire open to all employees across the Australian Public Service. This 'State of the Service' survey does not identify results for each APS entity such as the Quality Agency, but provides a broad overview of issues that are common to personnel across the service. In-house staff surveys are conducted by the Quality Agency approximately every two years to seek feedback and enable actions to be taken to address matters of concern. The last one was undertaken in 2016.</p> <p>The Director Human Resources and Director ICT attended staff meetings in all offices during 2016, at which they sought feedback on issues and suggestions. The results</p>			

Standard 4: Human Resource Management	Self-assessment evidence	Surveyor Findings
	<p>were posted via the Confluence system to inform and further engage staff in discussing the issues and invited input to the improvement process.</p> <p>Staff are encouraged to provide feedback and ideas for improvements relating to human resources through discussions between managers and staff under the Coaching for Performance Every Day program.</p> <p>Staff who leave the Quality Agency are invited to reflect on their experiences as an employee and to provide reasons why they chose to depart. These exit surveys are conducted on-line using a questionnaire available through Survey Monkey. The Human Resources area utilise this data to determine if there are trends and to follow up if concerns are raised about policies or practices that need to be addressed within the organisation.</p> <p><u>iii) Staff performance measurements and indicators</u></p> <p>The results against human resource management indicators of staff numbers, turnover and vacancies against budget are reported in a monthly 'headcount report' distributed to all senior managers including the ECG. Other measures include injuries reported via the Q-Pulse system and monitored by Work Health and Safety Committees and worker's compensation data.</p> <p><u>iv) Feedback to staff</u></p> <p>Staff receive feedback through staff meetings, presentations, Confluence and reading new policies that reflect improvements.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Exit Interview policy POL-HRS -0036 • Improvement requests (available onsite) • Exit surveys (available onsite) • Staff survey questionnaires (available onsite) • Headcount reports (monthly) • National Work Health and Safety Committee minutes • Corporate Services roadshow findings 2016 	

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
5.0	<p>Information management is governed by an information management plan and is carried out such as to ensure control, availability, accessibility, confidentiality and integrity of information which supports the business objectives.</p>	Overall rating	3	Overall Rating	3
		<p>The Quality Agency's Corporate Plan 2016-2020 provides direction to the Information Management Technology Strategic Plan to ensure systems support the organisation's key objectives.</p> <p>The Quality Agency has pursued an information governance framework that includes a charter guiding the Information Governance Committee (IGC) based on the principles of the Australian Government's Digital Continuity 2020 policy. Membership of the IGC comprises Senior Executive representation to ensure that information and records management retains a high profile. The IGC is considering establishment of the role of Chief Information Governance Officer to oversee the program.</p> <p>The Information Communications and Technology (ICT) branch provides strategic and technical support to the Quality Agency. The skilled and experienced ICT staff manage access to systems as approved by managers with appropriate authorities as delegated by the CEO. They have introduced changes to information available via our website to ensure it is accessible, with improvements being pursued in accordance with the Government's Protective Security Policy Framework.</p>		<p>The IMT strategic plan 2016 -18 is aligned to support the Corporate Plan.</p> <p>The Quality Agency has a range of information systems and applications to complete their functions. Staff are trained at induction and ongoing for these and only have access to what they need for their role.</p> <p>The business continuity plan minimises risks and is regularly tested.</p> <p>Educational materials are well-prepared and feedback is obtained for improvement</p> <p>The Quality Agency could have the ICT operational plan to be more specific and aligned with the structure of the operational plan. There is also opportunity to review this at a system level and consider a standard format for all operational plans used by the Quality Agency.</p> <p>Formalising the exit process for contracted surveyor/assessors around security of information is also an area identified for review and update.</p>	
5.1	<p>There is an approved information management plan which defines and describes the types of information generated, collected, used, or delivered as part of operations.</p> <p>The plan addresses the following issues for each type of data:</p> <ul style="list-style-type: none"> a) the source, b) its storage and backup, c) confidentiality and other legal aspects, d) risk assessment, e) users, f) accessibility of data, g) relations to other data types, h) overall responsible, i) validation 	Self - Rating	3	Surveyor Rating	3
		<p>Information management in the Quality Agency is defined in accordance with our function and purpose and the strategic directions of the Corporate Plan 2016-2020. Strategic objective 4 requires that we have efficient systems for capture of data and other information which enables us to manage our operating environment and respond to changes.</p> <p>There is no single information management plan setting out a) - i) as most aspects are documented in policies and procedures and other documents. Managing data also varies according to the relevant applications used by the Quality Agency for different purposes:</p>		<p>The Quality Agency uses a wide range of applications and systems to manage data and company processes. These include Human Resources, payroll, accreditation and review assessment via Better Business Programme (BBP), E-tivity for scheduling the audits, Q-Pulse for document control and policies, and more.</p> <p>Data is defined, capture and analysed for the completion of assessment and educational activities.</p> <p>The Director ICT Services has overall responsibility with the Executive Director, Corporate Services.</p>	

Standard 5: Information Management		Self-assessment evidence	Surveyor Findings
Guidance	<p>Data types may include, but are not limited to:</p> <ul style="list-style-type: none"> i. client records ii. award decisions <p>The plan may include how the external evaluation organisation will:</p> <ul style="list-style-type: none"> iii. define and prioritise information needs; iv. capture, analyse and transmit data; v. report on data internally and, where applicable, externally; vi. consultation on technical matters related to automated information processing; vii. linkages to other organisational plans such as the strategic, business or quality plans; viii. ensure purchased hardware and software are compatible with business needs <p>Staff and surveyor records are handled similarly, but are addressed separately in criterion 4.13 and 6.9.</p>	<ul style="list-style-type: none"> • E-Tivity – Scheduling accreditation activities • Better Business Program (BBP) – managing accreditation • Q-Pulse – Documentation and quality management • C-Vent – Education • LearnHub – On-line learning • Tech-One and SAGE – Finance • Accpac - Finance • ConnX – Human resource management • Meridian - Payroll • Collaborate – Online forums • PW-Web – Purchasing systems • Intranet, website, network drives and email <ul style="list-style-type: none"> a) Source data –A combination of uploaded data through reports, user data entry, documents and imported data. b) Storage and backup – See criterion 5.6 c) Confidentiality and other legal aspects - See criterion 5.9 d) Risk assessment – See Security Risk Management Plan PRO-IST-0055.docx e) Users – See System Access for staff PRO-IST-0008 f) Accessibility of data -See Information Security Policy POL-IST-0073 g) Relations to other data types - All information and records management practices in the Quality Agency are implemented in accordance with the Records Management Policy (POL-IST-0010) and the supporting procedures h) Overall responsibility – Director ICT Services and Executive Director, Corporate Services i) Validation - See criterion 5.4. <p><u>i) Client records and ii) award decisions</u> The core system for the Quality Agency to meet it’s mission or purpose is the Better Business Program (BBP), which manages the customer database and activity planning for assessment services along with education activities provided to the sector. The BBP system is supported in-house by specialist staff.</p> <p><u>iii) Define and prioritise information need</u> The Information Management Technology (IMT) Strategic Plan provides a three-year blue print on the direction and priorities, information strategy and digital transformation of</p>	<p>There is an IMT Strategic Plan 2016 – 18 and an ICT Operational Plan.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Approved information management plan</i> 		

Standard 5: Information Management	Self-assessment evidence	Surveyor Findings
	<p>the Information and Communications Technology (ICT) function.</p> <p><u>iv) Capture, analyse and transmit data</u> As previously stated earlier in the evidence for this criteria, the Quality Agency has different approaches to capture, analysis and transmission of data according to each application. It is suggested these be reviewed onsite.</p> <p><u>v) Report on data internally and vi) consultation</u> As previously stated earlier in the evidence for this criteria, the Quality Agency has different requirements in relation to reporting and consultation and it is suggested these be reviewed on site.</p> <p><u>vii) Linkages to other plans and documents</u> The Quality Agency's Information Management Technology (IMT) Strategic Plan is linked to a number of other documents such as :</p> <ul style="list-style-type: none"> • Corporate plan 2016-2020 • AGIMO Web Accessibility National Transition Strategy • Australian Government Protective Security Policy Framework (PSPF) and • Australian Government Information Security Manual (ISM) • Feasibility Study into a Whole of Government Digital Records Management Solution • Records Authority document. <p><u>viii) Purchase/installation of hardware and software</u> All new hardware and software must be compatible with existing systems, licencing and government requirements. Staff do not have the user profile to install, uninstall or disable software. Requests are evaluated through the Software Installation Request Form FRM-IST-0011. We increased the focus on security and completed upgrading of our Wide Area Network (WAN), Secure Internet Gateway and Data Centre to an accredited government-based platform. A Paper submitted to the Executive Coordination Group highlighted further work to meet compliance and approve Information Security Plan.</p> <p>We seek outsourcing or shared services where it makes sense:</p>	

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Online learning platform (Learnhub) provides an e-learning platform for staff. Implemented Fortress secure email enclave (for creation, storage, management of documentation). <p>Evidence:</p> <ul style="list-style-type: none"> Corporate Plan 2016-2020 IMT strategic plan Information Governance Committee Policy POL-IST-0074 CAAT project status report BBP upgrade progress report AGIMO Web Accessibility National Transition Strategy Submission to ECG on Information Security Plan Website accessibility compliance audit report Learnhub program - Email Information Security Policy POL-IST-0073 Security Risk Management Plan PRO-IST-0055 System Security Plan PRO-IST-0056 System Access for staff PRO-IST-0008 Records Management Policy POL-IST-0010 Software Installation Request Form FRM-IST-0011 AACQA Records Authority - HDB-IST-0086 			
5.2	The information management plan is reviewed and updated on a regular basis.	Self – Rating	3	Surveyor Rating	3
Guidance	The frequency of the review will depend on the criticality of the plan contents to the delivery of the operations.	The Quality Agency undertook a detailed review in 2015 of the types of information generated, collected, used or delivered as a part of operations. This includes Assessor/ Surveyor registration, compliance management, and education and information awareness. The results of the review are defined in the Records Authority document developed in consultation with National Archives of Australia. It was officially endorsed by the Director General of the National Archives of Australia and the Quality Agency's CEO.		There is an IMT Strategic Plan 2016 – 18 and an ICT Operational Plan.	
Suggested Evidence	<ul style="list-style-type: none"> Reports from review of information management plan Updated plans 	Various policies and procedures have been written to support records management activities under the Records Authority and outline the types of information generated, collected or delivered as a part of operations.		<p>The IMT strategic plan was developed on the basis of security, national archive requirements and the needs of the Corporate Plan.</p> <p>The Information Governance Committee (IGC) provide input into the information framework and strategies. The meetings are irregular and when they do occur they are completed via the Confluence tool. This committee does not make decisions.</p> <p>The IMT Strategic Plan was in draft and dated February 2016 (refer to criterion #1.10).</p> <p>Recommendation</p>	

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<p>The Information Management Technology Strategic Plan is a three-year blue print (2016-2018) and has been reviewed against the Quality Agency's Corporate Plan.</p> <p>An Information Governance Committee (IGC) was established to help implement and review the following:</p> <ul style="list-style-type: none"> • Information governance framework • Information management strategies, plans, policies and architecture. • Information systems and processes that are inter-operable and meet standards for short and long-term management. <p>A number of continuous improvement measures are being examined, including implementation of an Enterprise Document Records Management System and website accessibility.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Information Governance Committee Policy POL-IST-0074 • Quality Agency EDRMS Implementation Strategy • Accessibility audit of website (Technical and Template) • AACQA Records Authority - HDB-IST-0086 		<p>The ICT operational plan should be more specific and aligned with the structure of the operational plan.</p> <p>Opportunity for Improvement Consider applying a consistent framework across all the Quality Agency's operational plans.</p>	
5.3 Core	Systems are in place to support information management to ensure the following properties: a) accuracy b) integrity and reliability c) timeliness (responsiveness) d) security and confidentiality	Self – Rating	3	Surveyor Rating	3
Guidance	Systems should include: i. on-going maintenance; ii. standard operating system including password setting	<p>The Quality Agency maintains strong systems that support the management of all information systems and the integrity, accuracy and security appropriate to all records collected and utilised across the organisation.</p> <p>a) <u>Accuracy</u> Standard operating environments have been established for all workstations and servers and vendor guidance is sought to assist in securely configuring products. Staff do not have the ability to install, uninstall or disable software.</p> <p>b) <u>Integrity and reliability</u> All Quality Agency systems have on-going support and maintenance agreements with vendors and service providers. The Service Level Agreement (SLA) ensures issues are fixed within the agreed timeframes dependent</p>		<p>Information management systems are managed by a dedicated team and provide for accurate, reliable, secure, confidential and timely use of data and records.</p> <p>IT help desk is available for staff.</p> <p>Confidentiality agreements are signed by staff and contracted surveyor/assessors. Password settings are valid for 90 days then are prompted for change. If not changed the user is locked out of the system. There is a formal exit process for all employees, including the return of all electronic devices and security access.</p> <p>The Enterprise Document Records Management System (EDRMS) is being implemented to improve records management.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Information management plan</i> • <i>Policies and procedures</i> 				

Standard 5: Information Management	Self-assessment evidence	Surveyor Findings
	<p>upon the risk classification. Risks are rated Critical, Major, Average or Minor.</p> <p>c) <u>Timeliness</u> The IT Helpdesk team monitors relevant sources for information about new vulnerabilities and associated patches for operating systems, applications, drivers and hardware devices. Where issues are emerging, the Quality Agency implements fixes that can be applied to pre-existing application versions to ensure operating systems and drivers are maintained.</p> <p>d) <u>Security and confidentiality</u> AACQA assesses and classifies information according to the level of 'risk' posed if the information is compromised, provided or misused. This 'risk-based' approach ensures the Quality Agency fulfil its core goals and functions while promoting a culture that reflects on and supports information security.</p> <p>The Quality Agency has installed antivirus software to ensure protection against malicious code from exploiting vulnerabilities in software. We use antivirus and relevant security software within SOEs and limit both inbound and outbound networks using firewall-based applications.</p> <p>Where initial access to a system is required, the staff member's line manager completes a systems access request for approval by their manager. Privileged access to systems is in place that requires the person to enter their user name and password before logging into a system.</p> <p>In order to comply with relevant legislation and to protect its lawful and other interests, the Quality Agency requires all employees and contractors to ensure confidentiality of information, that information is used appropriately and is not disclosed other than in circumstances where disclosure is expressly authorised. Each staff member must sign a confidentiality agreement regarding access to and appropriate use of information used in the course of their work. The conditions for use of Quality Agency IT systems appear on screen whenever a person logs in and must be acknowledged and agreed to each time.</p>	<p>Recommendation The Quality Agency should formalise the exit arrangements for external contractor assessors to ensure security of information following the end of their contract.</p>

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<p>An IT consultancy firm was engaged to conduct a Business Systems Assessment as a part of the EDRM scoping study for the Quality Agency. The recommendations proposed are outlined in the report.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Service Level Agreement (available on site) • BBP System Access Matrix REG-OPS-0005 • Information Security Policy POL-IST-0073 • System Access for Staff PRO-IST-0008 • New staff system access request FRM-IST-0006 • Confidentiality Agreement FRM-HRS-0056 • EDRMS Feasibility Study • EDRMS Implementation Strategy 			
5.4	There are arrangements to assure maintenance, updating and support of electronic IT systems, including security issues.	Self – Rating	3	Surveyor Rating	3
Guidance	<p>Arrangements should include:</p> <ol style="list-style-type: none"> maintenance and support of information management systems; identifying the risk of computer virus infections and how to counter the threat; consultation on technical matters related to automated information processing; rights and licenses 	<p>The Quality Agency has contracts in place to ensure support and maintenance from vendor organisations providing both hardware and software.</p> <p>i) <u>Maintenance and support</u> Each item of hardware and software is monitored through the Quality Agency’s asset management system. This ensures records are maintained on the status of personal computers, notebooks/ tablet devices, mobile devices, printers, photocopiers etc., as well as a software licence register. There are service level agreements in place with suppliers.</p>		<p>Hardware and software is maintained to keep current with the needs of staff and requirements as a government agency. This includes all devices and systems such as the Better Practice Programme.</p> <p>The servers are kept secure in accordance with government requirements. Virus and software threats are managed and protected. The new CAAT (a device supported assessment tool for audits) is issued to users and kept secure as the data is automatically removed from the device upon transfer of the information.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Information management plan</i> • <i>Policies and procedures</i> 	<p>ii) <u>Managing the risk of virus and other threats</u> All Quality Agency servers are secured and meet the Australian Government’s Protective Security Policy Framework (PSPF) requirements. System security and software virus protection is undertaken by ensuring that all desktop and notebook/ tablet pcs have anti-virus software installed and enabled, with new anti-virus profiles automatically updated when connected to the internet.</p> <p>iii) <u>Consultation on technical matters</u> The Quality Agency engaged a consulting firm (System Centric) to perform a gap analysis on the current infrastructure. They assessed strengths and weakness of our network and made recommendations.</p>		<p>The ICT help desk is available to assist staff with technical matters. There is a BBP support team for queries related to this system.</p> <p>Only approved software is used and authorisation is required for any personal software to be installed (such as Visio, Project).</p>	

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<p>User support is provided through the ICT Help desk, which operates from 8:30am to 5:00 pm Australian Eastern Standard Time (AEST) each business day. A log is kept of problems being reported through the 'Track-it' system and the severity is noted. The 'End User Support' timeframes document describes the timeframes within which issues should be resolved.</p> <p>Issues relating to the Better Business Program are managed through the BBP Support team, who receive all end-user requests via email. Each request is assigned to an individual and allocated a 'severity' rating, and will be addressed through the Better Business Improvement Review Group</p> <p>Staff can provide ideas or recommendations on improvements to IT systems and practices via the by lodging a Staff Improvement Request' via the Q-Pulse system. These and other IT System related requests are reviewed by relevant support teams.</p> <p>iv) <u>Rights and licences</u> Only the IT department have the required permissions to load software. Therefore, on licenced software is loaded and this is recording in the Software licence register.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Service Level Agreement – ICT maintenance and support (available onsite) • Contract with Macquarie Telecom - Secure Internet Gateway - CSEO May 2016 (available on site) • Software license register • Protective Security Policy Framework - Map • Report from System Centric • 'Trackit' system report • End User Support timeframes (SLA attachment A) • Better Business Program Change Management Procedure HDB-IST-0014 • Better Business Improvement Review Group Minutes 			
5.5	Information is collected as described in the information management plan and according to professional and statutory requirements.	Self – Rating	3	Surveyor Rating	3
		The Quality Agency has policies, procedures and systems in place to ensure information is collected, stored and accessed according to relevant legislation and guidelines.		There are established policies and procedures for information management in accordance with legislation.	

Standard 5: Information Management		Self-assessment evidence	Surveyor Findings
Guidance	This should include: <ol style="list-style-type: none"> i. copyright requirements being followed; ii. identified data only being used with the express permission of those from whom it is collected and all other data being made anonymous to preserve confidentiality 	<p>The Quality Agency operates a number of information systems to collect data for the conduct of day-to-day business activities. The Better Business Program (BBP) system contains most of the information relating to accreditation activities.</p> <p>i) <u>Copyright requirements and protected information</u> An Enterprise Document Records Management System (EDRM) will be implemented to ensure records management activities are conducted in accordance with the Records Authority for the Quality Agency. The EDRM implementation plan and scoping study was provided to the Information Governance Committee for review. The scoping study included recommendations to meet industry standards and guidelines for managing electronic records, digital record keeping, online security and metadata standards.</p> <p>The <i>Australian Aged Care Quality Agency Act 2013</i> defines what constitutes 'protected information', makes unauthorised use or release an offence and sets out how it may be released in certain circumstances. The Quality Agency's Release of Protected Information policy identifies positions in the Quality Agency authorised to release protected information and under what circumstances.</p> <p>ii) <u>Access to data</u> To ensure data is accessible only to those with legitimate reason, a range of controls are in place as described under criterion 5.7. A range of modules are available via the Q-Pulse system to guide staff in the administration of the BBP system and the handling of confidential and protected information.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Records Management Policy POL-IST-0010 • Getting to Know BBP - Learning Tool Kit HDB-HRS-0026 • Release of protected information POL-ACC-0019 • AACQA Records Authority - HDB-IST-0086 • EDRMS Feasibility Study • EDRMS Implementation Strategy 	<p>The ICT Strategic and Operational Plans include the implementation of EDRMS.</p> <p>The Better Business Program (BBP) contains all information related to the assessment activities conducted by the Quality Agency. This information is protected and kept confidential.</p>
TaSuggested Evidence	<ul style="list-style-type: none"> • <i>Information management plan</i> 		

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
5.6 Core	Safe data storage, back-up and recovery are ensured. Mechanisms are in place to support all organisational functions even in case of unexpected failure or emergency.	Self – Rating	3	Surveyor Rating	3
Guidance	<p>This should include:</p> <ul style="list-style-type: none"> i. policies and procedures on information storage and recovery including procedures for data recovery in case of malfunctions or disaster; ii. a contingency plan on information management if not included in the information management plan 	<p>The Quality Agency’s information system complies with controls in the Australian Government’s Information Security Manual (ISM). The Quality Agency’s information security framework is described in the Information Security Policy and the information system is covered by the Security Risk Management Plan (SRMP), which describes the risk framework for information. The Quality Agency has implemented a range of processes in regards to safe data storage, back-up and recovery to ensure continuity of business and security of data including:</p> <ul style="list-style-type: none"> • Use of an externally hosted data centre • Virtualised environments based on ESXi technology • Redundant email infrastructure • Redundant WAN connections • Redundant Internet links via the service agreement with Telarus • Regular data backups and backup of data to tape. <p>i) <u>Information storage, Backup and Recovery</u> Our Wide Area Network (WAN), Secure Internet Gateway and Data centre was migrated to Macquarie Telecom (accredited Government-based platform) that meets ISM requirements. The provider has issued a statement of applicability, which contains list of controls that are compliant with the ISM.</p> <p>The systems and applications as outlined in criterion 5.1 are backed up nightly to local servers. All other systems are backed up as directed by system owners, guided by the system availability requirements. Backups of critical information are stored offsite on tape. The tapes are moved to the Ultimo Document Storage as described in Tape Delivery and Pickup Procedures – The Colo.</p> <p>High-level recovery procedures are in the Business Continuity Policy. Detailed instructions are maintained by IT Support and the business owner of each system.</p> <p>Backups and restoration procedures are tested every 6 months to confirm effectiveness. The restoration test involves creating a new instance of a system and using a backup tape from storage to restore a copy of the backed-</p>		<p>Data storage, back-up and recovery meets government agency requirements. Critical systems such as BBP and payroll are tested and logged.</p> <p>Business continuity plan is in place that is reviewed by the ECG.</p> <p>The IRAP gap analysis (by System Centric) identified a number of applications for review and a risk based approach has been used with highest risk of non-compliance completed. Further work is underway to progressively meet all the improvements identified from this report.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Details of data storage, back-up and recovery processes</i> • <i>Information management plan or contingency plans</i> 				

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<p>up system. This ensures that all facets of the backup and restoration process are tested.</p> <p>ii) <u>Business Continuity</u></p> <p>The Quality Agency has a Business Continuity Framework for interim operating arrangements and the restoration of key business processes in case any part of the organisation may be affected by an event (e.g. natural disaster/ business disruption/ system outage).</p> <p>The Business Continuity Framework is developed and implemented in accordance with the Australian National Audit Office (ANAO) 'Better Practice Guide – Business Continuity'. The system is periodically monitored, tested and reviewed to ensure compliance.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Report from System Centric Statement of Applicability. • Tape Delivery and Pickup Procedures – The Colo PRO-IST-0020 • Business Continuity Policy HDB- SGU-0017 • Information System Business Continuity Plan PRO-IST-0054 • Information Security (ISP) Policy POL-IST-0073 • Security Risk Management Plan PRO-IST-0055 • Security System Plan PRO-IST-0056 • IRAP ISM Gap Analysis v1.0 (Remediation roadmap) 			
5.7	Data are available and accessible to those, who need it and are used to inform decision making.	Self - Rating	3	Surveyor Rating	3
guidance		<p>The Quality Agency systems are accessible to staff who have approved access.</p> <p>All Quality Agency employees are responsible for the protection and control of official information (electronic and paper-based) at all classification levels either created by or provided to them in the conduct of their duties.</p> <p>When a new staff member commences with the organisation, their line manager must inform the IT helpdesk of the new staff member's details and their system requirements via email.</p>		<p>Systems are implemented that provide staff with access to information at the level they require. This starts with the person's induction and continues by way of the work level they are responsible.</p> <p>Remote access is available with approval and access is limited to the profile that has been set up.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Information management plan</i> 				

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<p>All BBP system access codes have been approved by the Executive Director Operations, who must approve any requests for additional access.</p> <p>When the records for external Quality Assessors are to be added or removed from BBP, the Registrar must advise ICT helpdesk.</p> <p>Staff members are provided access to systems relevant to the position they are occupying, including when filling positions on a higher duties basis.</p> <p>Remote or mobile access is available for staff who need to access a range of the Quality Agency's information systems when away from the office. The Citrix system enables access to specific applications, including the BBP system for decision-making in relation to the performance of aged care services and the provision of education services. Access is limited and requires a profile be set up for the staff member as specified by their line manager and the approving officer above them.</p> <p>Additional software can be installed on a staff member's PC if it is within the Quality Agency's Standard Operating Environment.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Handling of Information (Infosec-3) POL-SGU-0061 • BBP System Access Matrix REG-OPS-0005 • New Staff system access request FRM-IST-0006 • System access for staff PRO-IST-0008 • Request for Higher Duties – A How To HDB-IST-0009 • Staff Separation Request FRM-IST-0007 • Remote Email Access PRO-IST-0004 • Citrix Access PRO-IST-0003 • Use of Mobile Technology Policy POL-IST-0011 • Software installation request FRM-IST-0011 			
5.8	Critical business data/information, applications, computer installations and networks are audited on a defined schedule to enable identification of key risks, determine any corrective and/or preventative actions required.	Self – Rating	3	Surveyor Rating	3
		The Quality Agency has a number of processes in place to review its IT systems to identify and manage risks to critical data, applications, hardware, software and threat due to		The IMT Strategic Plan 2016 – 18 and ICT Operational Plan provide for the key areas of risk and improvement	

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
Guidance	<p>This could include:</p> <ul style="list-style-type: none"> i. an audit plan for information management system; ii. example of recent audits reports; iii. examples of corrective and/or preventative action done against audit reports; iv. information security incidents being identified, responded to, and followed up 	<p>malfunctions and malicious intent. The systems within the accredited Government platform provided by Macquarie Telecom is government certified as per compliance requirements.</p> <p><u>i) Audit plan and ii) recent reports</u> The Quality Agency engaged a consulting firm (System Centric) that has accreditation with the Australian Government under the 'Information Registered Assessors Program' (IRAP). System Centric performed a gap analysis on the current infrastructure. They assessed strengths and weakness and made recommendations for improvement.</p> <p><u>iii) Corrective actions</u> System Centric identified a Remediation Roadmap of corrective actions to bring the IT systems to full compliance.</p> <p>As the BBP system is being upgraded, the Quality Agency engaged the consulting firm RKI to ensure the upgraded system meets requirements for data migration. A system migration strategy has been documented to address any requirements as a part of the upgrade.</p> <p><u>iv) Follow-up/response of information security incidents</u> The Quality has a process for investigation, follow-up and responding to security incidents. This is outlined in Australian Government Information Security Manual (ISM).</p> <p>Evidence:</p> <ul style="list-style-type: none"> • IRAP ISM Gap Assessment. • Targeted BBP audit - Special Needs category review 201602 • BBP System Migration Strategy • 2016 Australian Government Information Security Manual Principles 		<p>for the Quality Agency's information management systems.</p> <p>Internal audits are completed and an example was shown and discussed for the BBP system. The improvements identified for special needs data has been completed.</p> <p>Follow-up of security incidents is completed in accordance with government requirements.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Audit plan</i> • <i>Audit results, reports and corrective actions</i> 				
5.9	<p>Relevant staff are trained in how to run operational systems correctly, are aware of information management rules and how to develop and apply information security controls.</p>	Self - Rating	3	Surveyor Rating	3
		<p>The Quality Agency has processes in place to ensure staff are trained to operate systems correctly, are aware of</p>		<p>Training for the information management systems starts at induction and includes introduction to Q-Pulse, any</p>	

Standard 5: Information Management		Self-assessment evidence	Surveyor Findings
Guidance	<p>Training could include:</p> <ol style="list-style-type: none"> i. information systems training plan; ii. policies on individual information security responsibilities; iii. a training programme; iv. training records 	<p>information management rules and how to develop and apply information security controls.</p> <p><u>i) Information systems training for new employees</u> As part of the Induction process, new employees are educated regarding Information security and the Protective Security Policy Framework (PSPF Framework).</p> <p><u>ii) Individual responsibility for information security</u> Quality Agency staff are expected to use information systems, hardware and software services with responsibility and primarily for work purposes. They must read and sign a set of forms stating their understanding of the policy on personal computer use and each time they log on they will see a message about appropriate use of the internet. Staff are instructed in use of security classifications called Dissemination Limiting Markers (DLM) within our email system, which defines itmes as either 'unofficial', 'unclassified', 'for official use only', 'sensitive', 'sensistive – personal' or 'sensitive – legal'.</p> <p><u>iii) Training for new employees</u> As a part of on boarding, new employees are provided with training in key applications such as ConnX (HR tool), Learn Hub (learning management), Q-Pulse (document management and improvement requests) and the intranet.</p> <p>Access to operational systems is based on a request form being lodged by the hiring manager and approved by the manager to whom they report. Once authorised, the form is provided to the ICT team to activate an account in the relevant system. The position occupied by the person will define the level of access and authority to enter data or edit information within relevant information systems. Staff are then provided with training in applications that specifically relate to their role and responsibilities. For example BBP modules are available online.</p> <p><u>iv) Training records</u> The induction process requires new staff to read policies and procedures available in the Q-Pulse system. The manager and employee sign off on the induction checklist.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Induction Guide PRO-HRS-0032 (available on site) • PC Usage POL-IST-0007 	<p>specific areas for their role, and the rules and security responsibilities.</p> <p>Each log in shows a computer use policy that is agreed to.</p> <p>Specific systems use such as BBP has more detailed learning modules to complete.</p> <p>Training records are maintained.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Training plan</i> • <i>Staff records</i> 		

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		<ul style="list-style-type: none"> • PC users code of practice PRO-IST-0005 • Personal Computer Usage Agreement FRM-IST-0002 • Employee Notebook and Accessory Declaration FRM-IST-0004 • Email classification system - Staff newsletter 27 August 2015 • BBP System Access Matrix REG-OPS-0005 • New Staff system access request FRM-IST-0006 • System access for staff PRO-IST-0008 • Getting to Know BBP - Learning Tool Kit HDB-HRS-0026 • Protective Security Policy Framework Map • Training records – Q-Pulse Training and Getting to Know BBP captured in Induction plan and checklist (available onsite) 			
5.10	All information and educational resources relating to web and or electronic based accreditation/certification tools are produced to defined standards of use and consistency. Contents are accurate, up to date, support quality improvement practice; and meet client requirements.	Self - Rating	3	Surveyor Rating	4
Guidance	<p>This could include:</p> <ol style="list-style-type: none"> resource materials being prepared by people with experience and credibility in the subject area; the materials being able to be downloaded and/or printed; client requirements being determined from mechanisms such as feedback, surveys, complaints and queries; client requirements being considered when the website, newsletters and education and other information resources are being designed; a style guide covering such items as colours, font and the use of names and logos to encourage consistency 	<p>All information and educational resources published on the website and/or available in hard copy are required to comply with the Visual Style Guide to ensure content consistently complies with the standards.</p> <p>i) <u>Development and approval of content</u> Only specific subject matter experts within the Quality agency have the authority to prepare and publish information and educational resources. Education events and resource materials are developed by the Quality Agency for specific industry related topics and courses. These courses are developed by staff who have appropriate qualifications (minimum of a Certificate IV in Workplace Training and Assessment), along with industry experience in the development of course and workshop materials. They must be skilled in the facilitation and delivery of educational events. All resources on the Quality Agency's website are approved by relevant Directors or Executive Directors prior to publishing.</p>		<p>Education is part of the legislated mandate. The Quality Agency has well established education material that is developed by subject matter experts to meet the needs of targeted audience and delivered at workshop sessions and events such as conferences.</p> <p>There is a style guide and material is also published on the website.</p> <p>Core flagship programmes include accreditation processes / requirements, quality review and compliance assistance. Demand is continuous and feedback is obtained to improve content and delivery.</p> <p>Guidance for the quality surveyors / assessors is also produced and this supports the consistency of the assessment activities completed by the Quality Agency.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Examples of information and education materials</i> • <i>Documented style guide</i> • <i>Evidence of client feedback</i> 	<p>ii) <u>Accessibility through download and/or printing</u> Web content authors have been provided training on producing accessible content using MS Word, PDF, documents. In accordance to the reviews undertaken of the Quality Agency's website, the format is being redesigned to enhance accessibility. This project is being undertaken in accordance with the Corporate plan 2016-2020.</p>		<p>An Education Marketing Strategy 2017 is being implemented to promote the educational sessions to the sector. The client discussion included positive feedback about these events and a workshop was being held at the national office during the week of the ISQua visit.</p>	

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	<p>iii) <u>Seeking stakeholder feedback</u> A significant initiative described in the Operational Plan (Strategic Objective 3, action 1) has been the focus on providing more useful information to care recipients, their carers and families through a new Consumer Focused Report. This project included focus group meetings to gather input from aged care consumers about what is important to them in considering a residential care service and what they would like to know about to guide their decisions. For more information see Criteria 1.13 and 3.5.</p> <p>The Quality Agency has produced a range of resources and reference materials to assist the aged care sector understand their rights and responsibilities, all of which is accessible on the Quality Agency's website. This includes the guidance materials used by Quality Surveyors (Results and processes guide, Quality Surveyor Handbook HDB-ACC-0016 (available on site) and Report writing handbook).</p> <p>Each of the resources is available in hard copy format and may also be downloaded in PDF format from the Quality Agency's website. The Results and processes guide is available as an App for mobile devices, whether Apple or android operating system).</p> <p>Each month the Quality Standard newsletter is disseminated via automated email to over 6,000 subscribers. All editions are also available on the Quality Agency's website.</p> <p>iv) <u>Incorporating stakeholder feedback</u> An industry learning needs analysis was conducted in 2014 and the results informed the Quality Agency's Education marketing strategy across the range of education products and events. This process involved extensive consultation with the sector.</p> <p>As a result of the focus groups with consumers of aged care services, the Quality Agency will commence publishing a new Consumer Experience Report for accreditation audits from 1 July 2017.</p> <p>Development of the Computer Assisted Assessment Tool (CAAT) incorporated extensive user acceptance testing,</p>	

Standard 5: Information Management		Self-assessment evidence		Surveyor Findings	
		<p>with surveyors providing feedback on all aspects in an iterative process of 'agile' review and feedback. This resulted in a tool that was 'touched' by many surveyors and refined by field testing prior to release and training.</p> <p>v) <u>Visual Style Guide</u> The Visual Style Guide contains information about correct application of Quality Agency Logo, colour use, primary and secondary palette of colours.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Visual Style Guide HDB-SGU-0075 • Corporate Plan 2016-2020 • Operational Plan 2016-17 • Results and processes guide HDB-ACC-0002 • Report writing handbook HDB-ACC-0019 • Quality Surveyor Handbook HDB-ACC-0016 (available on site) • Industry Education Needs Analysis • Education marketing strategy 2017 • Stakeholder feedback – Consumer Experience Report (available on site) • Stakeholder feedback – Computer Assisted Assessment Tool (CAAT) (available on site) 			
5.11	All written or electronic recorded material is reviewed and edited before being published to ensure information reliability and copyright. Contents are reviewed periodically to ensure they are current.	Self - Rating	3	Surveyor Rating	4
Guidance	<p>This could include:</p> <ol style="list-style-type: none"> documented procedure for information and educational material review; resource materials being reviewed before publication, issue, sale or endorsements ensure accuracy, currency, independence and no breach of copyright; marketing materials; web pages <p>The use of version control may be used to manage published materials.</p>	<p>Information and educational materials that will be printed for distribution or published on the Quality Agency's website are submitted through the Director for review and editing. They ensure it contains only appropriate information, is legible, grammatically correct and the content is reliable. The materials is then submitted to the relevant Executive Director or to the CEO for final review and endorsement (including the Quality Standard newsletter).</p> <p>i) <u>Documented procedure for information and education review</u> The Q-Pulse system provides a high level of document management and control for the Quality Agency's policies,</p>		<p>Information and educational materials are reviewed and checked for editing, grammar, and spelling. They are also approved at the right level prior to publication.</p> <p>Google analytics is used to monitor usage of the website. Example described where it was identified that 70% abandoned the search for a published audit report. AACQA changed the site so that the report can be accessed via 3 routes and the retest shows a decrease so far to 43%. This is being further monitored as it is a recent change.</p>	

Standard 5: Information Management	Self-assessment evidence	Surveyor Findings
<p>Suggested Evidence</p> <ul style="list-style-type: none"> • Evidence of review • Documented procedure • Marketing materials 	<p>procedures, handbooks and forms. Each document gets reviewed and approved by the respective 'document owner' and/ or Executive Director prior to release.</p> <p>Education documents such as the Quality Surveyor Training Program Handbooks are prepared by content matter experts and reviewed by the relevant Director. There is a structured approach to approval commensurate with the extent of the change.</p> <p>Documents such as the Results and Processes Guide are proof-read and authorised by an Executive Director before release.</p> <p>Updating the Quality Surveyor training program occurs when the need is identified. This includes amendments to legislation or our regulatory framework, changes to internal systems and processes, participant and facilitator feedback, and feedback from internal key stakeholders including the National Leadership Team. The materials are reviewed and updated to align with organisational recruitment campaigns, as occurred in 2017 (see criterion 3.6).</p> <p>ii) <u>Ensuring accuracy before publication</u> In particular, accuracy regarding reports about aged care homes is handled with care. The BBP system provides the mechanism through which the Quality Agency reviews and prepares reports on the accreditation status and performance of residential aged care homes. The report written by the assessment team must be endorsed by each member, then it is checked by the decision-maker to ensure there is no protected or confidential information. They draft a covering statement for the published version of the report that goes to the Quality Agency website. The approved report is distributed via the BBP system to a Quality Assurance Operations Officer to check formatting and advise the decision maker if there is any issue with the content. Once endorsed for release by the authorised officer, the report is published to the website.</p> <p>iii) <u>Marketing material</u> The Quality Agency only has marketing materials in relation to education as the vast majority of aged care homes are already accredited. Marketing materials are prepared based on upcoming events. The Director approves printing of all marketing materials.</p>	

Standard 5: Information Management	Self-assessment evidence	Surveyor Findings
	<p>iv) <u>Web pages</u> The Quality Agency has a process for updating web content. There is a form to be completed outlining the change and appropriate authorisation. Only authorised staff have the user profile to make changes to the website, with each branch web representative responsible for reviewing their web content regularly, ensuring pdf documents are accessible. Content changes must be signed off by the respective Executive Director or their delegate.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • How to load a new Q-Pulse document HDB-HRS-0063 • Surveyor Course updating course materials procedure PRO-EDU-0004 • QSTP Guide HDB-EDU-0113 • QSTP Trainee Handbook HDB-EDU-0114 • Records Management Policy POL-IST-0010 • BBP Module 07 – Publishing • Publishing decisions and reports procedure PRO-ACC-0012 • Quality Standard publishing procedure PRO-EDU-0021 • Management of the Agency website and web applications POL-SGU-0007 • Education marketing strategy 2017 (available on site) • Better Practice conference brochure (available on site) 	

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
6.0	Surveyor planning, selection and management support the delivery of a high quality survey service to participating organisations.	Overall rating	4	Overall Rating	4
		<p>The Quality Agency has a comprehensive and robust approach to managing the surveyor workforce that supports the provision of high quality services to residential aged care services. There is a plan to ensure sufficient Quality Surveyors and external Quality Assessors meet the workload across the three yearly cycle of accreditation audits and the annual program of unannounced visits to each service.</p> <p>The Quality Agency's recruitment and selection processes ensure people with appropriate skills, qualifications and experience are attracted to apply. Successful candidates are trained and supported to succeed in their roles.</p> <p>The role and responsibilities of the Quality Surveyor/Quality Assessors are clearly articulated through job descriptions and reinforced at the comprehensive training program that is a prerequisite to registration. This is followed by on-the-job support from peers and regular review by the line manager. Ongoing professional development is provided and is a requirement for re-registration.</p>		<p>The Quality Agency has demonstrated strong processes for assessor/surveyor selection and management which ensures the delivery of high quality survey services to organizations. There is a comprehensive register of assessors which is monitored and updated on a regular basis. The systems to recruit, orient, train and monitor assessors/surveyors support the delivery of a high-quality assessment service to aged care homes and home care services.</p> <p>The BBP maintains the skills and competencies of each assessor/surveyor and enhances the process for selecting quality assessor teams with the appropriate qualifications, professional knowledge, skills and experience to ensure they deliver a high-quality service to organisations.</p>	
6.1 Core	There is a plan to ensure that there are the number and skill mix of surveyors to deliver quality survey services.	Self - Rating	4	Surveyor Rating	4
		<p>The Quality Agency ensures it has sufficient Quality Surveyor/Quality Assessors to meet projected activity levels.</p> <p><u>Clarity regarding terminology</u> The Quality Agency maintains a register of Quality Assessors, defined under the Quality Agency Principles, who are not employees, but are engaged per assignment as temporary or casual employees or contractors. These external Quality Assessors are differentiated from our registered staff, who have the position title of Quality Surveyor or Senior Quality Surveyor. They perform the same statutory role onsite either as team leader or team member. The Quality Agency Principles defines quality assessors who may be employees or</p>		<p>All surveyors/assessors have been trained to assess against all standards. There is a mix of surveyors/assessors who are ongoing staff as well as surveyor/assessors that are contracted/casual (non-ongoing) staff.</p> <p>The Quality Agency has identified a peak work period that occurs approximately every three years. The Quality Agency determines the number of staff required for the peak period and hires ongoing and non-ongoing staff to meet the needs of the peak activities.</p>	
Guidance	<p>The plan may be separate to, or included in, the annual operating plan. It may include:</p> <ul style="list-style-type: none"> i. separate surveyors planning documents linked to the planned programme of work or surveyor planning evident in the operational plan and reflected in the budget; ii. the inclusion in the planning of items such as overall surveyor numbers, numbers of paid/employed or volunteer surveyors, the range of health professional backgrounds, cultural appropriateness, geographic location and skill mix 	<p><u>Clarity regarding terminology</u> The Quality Agency maintains a register of Quality Assessors, defined under the Quality Agency Principles, who are not employees, but are engaged per assignment as temporary or casual employees or contractors. These external Quality Assessors are differentiated from our registered staff, who have the position title of Quality Surveyor or Senior Quality Surveyor. They perform the same statutory role onsite either as team leader or team member. The Quality Agency Principles defines quality assessors who may be employees or</p>			

Standard 6: Surveyor Management	Self-assessment evidence	Surveyor Findings
<p style="text-align: center;">Suggested Evidence</p> <ul style="list-style-type: none"> • <i>Surveyor management plan</i> 	<p>contacted on a per assignment basis. Those who are employed have the job title of Quality Surveyor or Senior Quality Surveyor.</p> <p>i) <u>Surveyor/Assessor planning document</u> To meet the cyclic nature of re-accreditation audits across the residential aged care sector, a recruitment project plan has been established on a three-yearly basis. This plan estimates the availability of external Quality Assessors and guides decisions about the number of staff Quality Surveyors required and the recruitment strategy for the peak periods. The most recent round of recruitment was undertaken in accordance with the Operational Plan 2016-17.</p> <p>ii) <u>Planning the mix of Quality Surveyor/Quality Assessors</u> The Quality Agency has a policy that all Quality Surveyors/Quality Assessors are trained to be competent in assessing against all standards. Planning takes into account what is known about the profile of care recipients receiving service at each outlet. This is aligned with projecting the number of Quality Surveyors/Quality Assessors with nursing or other registered health care qualifications, with the expectation that re-accreditation audits will aim for at least one team member with registered nursing qualifications. However, there is no legislative or policy requirement for this to occur.</p> <p>Planning the required number of surveyors is based on the number of audits, and annual unannounced assessment contacts required for all residential aged care services. It also estimates the number and distribution of case management focused visits. The planning is undertaken on a month-by-month basis for the full financial year (1 July to 30 June), which accords with the budgetary cycle and the Australian Government's outcome requirements as outlined in Portfolio Budget Statements.</p> <p>Human resources planning for recruitment to meet these needs considers the nature and purpose of each visit, the size of the aged care service, the travel required and other considerations around the performance history of each service and the sector in general.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Activities and recruitment model 2017-2020 • Corporate Budget POL-FIN-0018 • Operational plan 2016-17 	<p>The Quality Agency acknowledges the issues associated with efficiency pertaining to peak periods and is working with the Department of Health to consider ways to redistribute the accreditation program more evenly across 3 years.</p>

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
6.2 Core	Surveyors are selected and appointed through a rigorous and transparent process in accordance with competency based selection criteria and the programme's requirements.	Self - Rating	4	Surveyor Rating	4
		<p>The Quality Agency publishes information on the website detailing the requirements, skills, qualifications and experience for those seeking registration as an Aged Care Quality Assessor. The website includes information about how to apply subsequent requirements for re-registration.</p>		<p>The agency has a very rigorous process for selection of new assessors/surveyors. The competencies, qualifications, and experience required are defined in the APS Work Level Standards and are posted on the website.</p>	
Guidance	<p>The selection process could include competencies such as:</p> <ol style="list-style-type: none"> personal attributes, including the ability to communicate effectively; professional qualifications and experience; contemporary knowledge of the health sector; and substantial skills in at least one area relevant to the survey areas 	<p>i) <u>Attributes</u></p> <p>The competencies against which candidates are assessed as defined in the APS Work Level Standards. For Quality Surveyor staff, that is APS Level 5, while Senior Quality Surveyors are classified as APS Level 6. This includes personal attributes such as communication. Currently registered external Quality Assessors will be maintained on a contract basis.</p>		<p>A panel is used to interview potential candidates and those who pass the interview process are given a written exercise, are asked to role play, and then complete a question and answer process.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Surveyor selection procedure</i> <i>Surveyor competencies</i> 	<p>ii), iii) and iv) <u>Selection criteria</u></p> <p>The Quality Agency's recruitment and selection process is based on the Australian Public Service (APS) Employment Principles of merit-based selection. This involves advertising vacancies and requiring applicants to submit a written application against key criteria. The criteria for applying to become a Quality Surveyor are included in the advertisement published in accordance with planned recruitment.</p> <p>The Quality Agency's Recruitment policy describes the processes for addressing candidates who apply for a position. This includes a selection panel conducting interviews to allow candidates to demonstrate their performance against competency requirements appropriate to the level of the advertised position. The selection exercise also involves a written exercise and a role play to assess their analytical skills, writing abilities and verbal communication and behavioural attributes.</p> <p>Suitable applicants will be subject to reference checks and the selection panel will complete a report with recommendations for approval by the authorised manager.</p> <p>Successful candidates undertake two weeks of induction in the State office to which they are appointed. This includes undertaking visits to residential aged care service and a community-based aged care service to observe assessment</p>		<p>The panel is asked to identify the strength of the candidates and provide written documentation of why one candidate is rated higher than another. When a candidate is not chosen due to not meeting qualifications, the information about the candidate is also documented in case there are any questions related to the candidate not being selected.</p>	

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
		<p>processes. This is a prerequisite to commencing the Quality Surveyor training course.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • http://www.aacqa.gov.au/assessors/registrar-for-assessors • Brochure - Aged care quality assessor registration requirements BRO-ACC-0001 • Recruitment Policy POL-HRS-0021 • Advertisement for Quality Surveyor positions 2017 • APS Work Level Standards: http://www.apsc.gov.au/publications-and-media/current-publications/worklevel-standards/aps5 and http://www.apsc.gov.au/publications-and-media/current-publications/worklevel-standards/aps6 • Selection Recommendation Report FRM-HRS-0060 • Letter – Probationary Quality Surveyor access to aged care FRM-EDU-0134 			
6.3	The responsibilities and expectations of surveyors are clearly defined and surveyors sign a contract or agreement to signify their acceptance of these.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Surveyor contracts or agreements could include:</p> <ol style="list-style-type: none"> responsibilities and expectations; any responsibility for tax and personal accident insurance; period of appointment; required availability; support for the external evaluation organisation's objectives; commitment to comply with the external evaluation organisation's rules; maintenance of confidentiality and independence; and declaration of known and potential conflicts of interest 	<p>The Quality Agency has robust processes in place to ensure Quality Surveyors/Quality Assessors understand their role and responsibilities.</p> <p>i) <u>Role expectations</u> The Quality Surveyor position description includes information on key performance criteria, expectations, responsibilities, behaviours and competencies. Staff recruited to these positions receive a Letter of Offer and must sign an Acceptance of Offer form stating they have read, understand and accept the conditions of employment as detailed in that letter.</p> <p>ii) <u>Taxation and insurance</u> Registered external Aged Care Quality Assessors are required to sign an service agreement that outlines their obligations to have an Australian Business Number (ABN) for taxation purposes, supply their own IT equipment, and have appropriate levels of insurance coverage for worker's compensation, public liability and professional indemnity purposes.</p>		<p>There are clear job descriptions that describe the role of the surveyor/assessor. The job description contains information on qualifications and experience as well as key responsibilities and performance criteria. The surveyor/assessor is required to sign a confidentiality agreement and a code of conduct upon hire.</p> <p>All quality surveyors/assessors must confirm that they do not have a conflict of interest and this is accomplished when the surveyor/assessor accepts the assignment.</p> <p>All surveyors/assessors, both internal and external, must maintain their registration.</p> <p>Policies and procedures address surveyor/assessor requirements.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Surveyor contracts/agreements</i> 	<p>iii) <u>Period of engagement</u></p>			

Standard 6: Surveyor Management	Self-assessment evidence	Surveyor Findings
	<p>Quality Surveyors and external Assessors are issued an assignment request for each assessment activity. All registered Surveyors and Assessors must meet the minimum number of visits to aged care services of at least four assessment contacts or two re-accreditation site audits. They must undertake at least 15 hours of continuing professional development relevant to accreditation purposes, with 10 hours provided directly by the Quality Agency to be eligible for retention on the Register of Aged Care Quality Assessors.</p> <p>iv) <u>Availability</u> Staff Surveyors are assigned to activities taking into account leave arrangements or other restrictions such as health and capacity to travel. Quality Assessors are regularly asked for their upcoming availability and this is entered into E-Tivity for scheduling purposes.</p> <p>v)-vii) <u>Support for corporate objectives</u> As employees, all Quality Surveyors are required to comply with the APS Values and Code of Conduct as a condition of continuing employment. Both Quality Surveyors and external Quality Assessors must agree to and sign the Assessor Code of Conduct and a confidentiality agreement at the time of registration and annual re-registration.</p> <p>viii) <u>Declaration of conflicts of interest</u> When assignment requests are offered, Quality Surveyors and Quality Assessors must declare they have no conflicts of interest before the assignment is allocated to them. They must reply by email to the Quality Agency that they accept the assignment. For external Quality Assessors, this triggers the commitment from the Quality Agency to pay for their services once they have met all obligations. This includes submitting their report in the timeframe specified, lodging the notes taken during the assessment activity, the feedback form about the visit (if they were team leader) and any claims for expenses.</p> <p>In addition, the Quality Agency provides detailed resources at the initial training program for surveyors/ assessors, and disseminates updates when required. These resources define how assessment processes are to be performed, including the Quality Surveyor Handbook HDB-ACC-0016 (available on site), Results and processes guide for assessments of residential aged care services and the Processes and practices guide for Community-based aged care assessments. All of these resources are available on our website.</p>	

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
		<p>Evidence:</p> <ul style="list-style-type: none"> • Quality Surveyor position description • Letter of Offer and Acceptance form • External Aged Care Quality Assessor service agreement • Assessor code of conduct FRM-ACC-0140 • Confidentiality Agreement FRM-CAH-0056 • Brochure - Aged care quality assessor registration requirements BRO-ACC-0001 • Assignment request template FRM-ACC-0086 • Quality Surveyor Handbook HDB-ACC-0016 (available on site) • Results and processes guide 			
6.4	All surveyors undergo a formal initial training programme which includes evaluation of performance as part of the process.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The trainees should be made aware of the requirements of the training programme in advance and that their performance will be evaluated.</p> <p>The training programme could include:</p> <ol style="list-style-type: none"> mock survey processes; legal and survey requirements; external evaluation standards and their interpretation; survey techniques; negotiating skills; and performance expectations and evaluation systems 	<p>The Quality Agency has developed a comprehensive training program for surveyors. This is guided by a code of practice to establish our commitment to evidence-based education and high professional standards in line with world's best practice.</p> <p>The Quality Assessor course was accredited by ISQua in November 2015 for a four year period and reviewed in 2016-17.</p> <p>The Quality Agency has a comprehensive training program in place to support learning. It includes a pre-learning module, observations visits with a registered Quality Surveyor and assessments throughout the Quality Surveyor Training Program (QSTP). The QSTP Trainee Handbook outlines the course learning outcomes, processes of participant observation and feedback, the assessment strategy, the course structure and schedule and copies of all QSTP materials. The training program includes all key aspects of skill development and evaluation of performance including:</p>		<p>The Quality Agency provides a very comprehensive and thorough training program for assessors/surveyors. This training program was accredited by ISQua in 2015.</p> <p>Interviews with staff included staff that were recently hired and were in the process of completing training. Staff described the training program in detail, including their observations with registered Quality Surveyors and the simulation activities that address interview tactics, sampling, evidence gathering, and documentation. Staff felt the training was excellent and adequately prepared them for their responsibilities.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Surveyor training programme</i> • <i>Surveyor evaluation criteria</i> 	<p>i) Mock survey process The training program includes a number of simulated activities where trainees review documentation and interview residents and management to obtain information.</p> <p>ii) Legal and survey requirements The Quality Surveyor course provides an overview of the aged care sector and the context for ongoing legislative and regulatory reforms being implemented by the Australian</p>			

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
		<p>Government. Participants gain a sound understanding of the Standards applicable to the residential aged care sector (Accreditation Standards).</p> <p>iv) Survey techniques The course content includes techniques such as interviewing, sampling and evidence gathering.</p> <p>v) Relationship management The course includes humanistic dimensions of the role including communicating, listening, negotiating and responding appropriately.</p> <p>vi) Evaluation of performance Trainees are assessed through practical and written assessment tasks that are directly linked to course objectives.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • ISQua accreditation certificate – Quality Assessor Training Course • Quality Surveyor Course code of practice FRM-EDU-0016 • Surveyor Course Policy POL-EDU-0001 • Assessor Course pre-course learning and observation module HDB-EDU-0082 • Assessor Course Administration Procedure PRO-EDU-0003 • QSTP Guide HDB-EDU-0113 • QSTP Trainee Handbook HDB-EDU-0114 <p>The following documents are currently being updated as part of the QSTP review process:</p> <ul style="list-style-type: none"> • Assessor Course Assessment Policy POL-EDU-0010 • Assessor Course Individual results summary/ feedback report FRM-EDU-0076 • Assessor course appeals and assessment review policy POL-EDU-0011 			
6.5	Upon completion of the surveyor training programme and appointment to the role of surveyor a planned programme of orientation into the role is undertaken.	Self - Rating	4	Surveyor Rating	4
		A comprehensive induction process supports new surveyors to understand the organisation and their role. A Guide has been developed for all employees to utilise on commencement. This		Interviews with the new hires confirmed that performance expectations are clearly defined.	

Standard 6: Surveyor Management		Self-assessment evidence	Surveyor Findings
Guidance	<p>The orientation program provides a variety of learning methods and topics, if not already included in the training programme, and could include:</p> <ul style="list-style-type: none"> i. how they are allocated to surveys; ii. their role in the survey, for example lead; iii. what insurances they might require; iv. how to claim expenses; v. survey logistics; vi. performance expectations 	<p>includes a focus on APS frameworks and providing new employees with an understanding of the mandatory online training they should undertake in the first few weeks of employment.</p> <p>i) <u>Allocation to surveys and ii) role in survey</u> The orientation program and probationary period includes the appointment of a mentor and participation in observation visits with experienced Surveyors. In these initial visits, the new Quality Surveyor will participate as a 'supernumerary' to the number of Surveyors who would be allocated according to the budget for the size and nature of the service being assessed. The initial visits will be assessment contacts, which consider performance of a service against a sub-set of the relevant Standards. The probationary Quality Surveyor will 'shadow' members of the team and assess one or possibly two expected outcomes in the applicable Standards. They will be guided by the team leader in preparations for the visit, during the on-site work and in drafting their part of the team's report.</p>	<p>Following training, new surveyors/assessors are assigned as an "extra" for approximately one month and are mentored by an experienced surveyor/assessor. They may also undergo an observation during the probationary period. The new surveyor/assessor receives a performance review following the end of their training.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Surveyor orientation programme</i> 	<p>iii) <u>Insurance</u> Insurance is only relevant to external Quality Assessors and they are required to provide this annually as their registration is renewed.</p> <p>iv) <u>Claiming expenses</u> Reimbursements and approved expenditure are explained to employed Quality Surveyors according to the policy in the month after they complete the course. For external Quality Assessors, the process for reimbursements is outlined in the assignment request.</p> <p>v) <u>Survey logistics</u> The survey logistics are outlined in the assignment request and by email from the team leader regarding the audit plan, meeting place and times.</p> <p>vi) <u>Performance</u> The performance of new Quality Surveyors is managed by the Assistant Director in the State office in accordance with the Coaching for performance every day program and the probationary monitoring over three months that includes regular discussions and formal monthly reviews and reports on progress and development needs.</p>	

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
		<p>The new Quality Surveyor will be assisted and observed in a number of these initial visits and receive feedback on their performance. That feedback will be provided to the line manager (Assistant Director), who will review it for discussion at the monthly probationary review sessions. This would identify any additional learning requirements.</p> <p>The performance of external Quality Assessors is monitored through their reports, surveys from team members and the aged care homes. Prior to re-registration, the Registrar seeks feedback from the State Director (or delegate) the Quality Assessor is competent for re-registration.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Induction Guide PRO-HRS-0032 (available on site) • Induction plan and checklist FRM HRS 0021 • Induction Procedure - PRO-HRS-0014 • Probationary mentoring – A guide for mentees HDB-HRS-0007 • Managers Guide to Probationary Performance Planning and Review HDB-HRS-0011 • Coaching for performance every day POL-HRS-0023 • Observers on Visits POL-HRS-0052 • Email request SD approval to request to reregister, FRM-ACC-0162 (available on site) 			
6.6	New surveyors are supported to survey effectively against the external evaluation organisations' programmes they are selected for.	Self - Rating	4	Surveyor Rating	4
		<p>During the Quality Surveyor course, participants are provided with the following key resources to guide their performance.</p> <p>i) <u>Manuals and resources</u> New surveyors are provided with resources to guide consistent assessments according to the legislation and policies of the Quality Agency:</p> <ul style="list-style-type: none"> • Surveyor Handbook • Results and processes guide • Report writing handbook • Style Guide <p>ii) <u>Support for new surveyors</u></p>		<p>The Agency has a multitude of tools provided to staff that are related to performing assessments of Aged Care Homes. Many of the tools are easily accessible online.</p> <p>As identified in criterion 6.5, senior surveyor/assessors support new hires and new hires are evaluated following their training period. Additional support is provided through initial assignments for being a team member for a re-accreditation survey, generally surveying a subset of the standards.</p> <p>Additional support is provided if needed.</p>	
	<p>Support for new surveyors may include:</p> <ol style="list-style-type: none"> manuals and resources being provided to guide surveyors to perform their work consistently; new surveyors being supported and mentored by more experienced surveyors and staff; further training given if evaluation indicates this is required 				
	Guidance				

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
Suggested Evidence	<ul style="list-style-type: none"> Surveyor manual/guide New surveyor evaluation criteria 	<p>Newly registered Quality Surveyors are supported in a two key ways: They are, are assisted by their mentor and formally observed on their second assessment contact. They are also observed once within their first five visits as a team leader. The Observer must be an experienced Senior Quality Surveyor. The assigned Observer is responsible for observing and documenting any issues identified. The observer has a duty to advise the Surveyor as soon as practicable of significant issues concerning accuracy and process that arise and have not been identified by the new Quality Surveyor. For example, not following the Quality Agency's procedures, complying with the code of conduct, or misinterpretation of the relevant Standards. The Observer must use his or her judgment in deciding whether to discuss the issues with the team leader for the visit.</p> <p>Once the Surveyor has achieved satisfactory performance in conducting assessment contact visits, the new Quality Surveyor is generally be assigned as a team member on a re-accreditation. Generally, this is as a supernumerary team member to assess a sub-set of expected outcomes in the Standards. After demonstrating their competence, they would be eligible for undertaking the full workload of a team member.</p> <p>Appointment to the role of team leader is dependent upon demonstrated competency, which would be evidenced through the probationary reviews and Observer reports.</p> <p>iii) <u>Additional education</u> Module 8 in the QSTP builds on the skills and knowledge from Modules 1-7 within the work environment. New Quality surveyors complete a learning contract that includes skills application in a range of quality assessment tools with on job mentor support.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Quality Surveyor Handbook HDB-ACC-0016 (available on site) Results and processes guide HDB-ACC-0002 Report writing handbook HDB-ACC-0019 Observers on Visits POL-HRS-0052 Employee Guide to Coaching for Performance HDB-HRS-0009 			
	<p>6.7 Core</p> <p>There is on-going development of surveyors' skills with sessions being held on a regular basis.</p>	Self - Rating	3	Surveyor Rating	3

Standard 6: Surveyor Management		Self-assessment evidence	Surveyor Findings
		<p>The Quality Agency provides ongoing professional development opportunities for surveyors that ensures they remain up to date with interpretation of the Accreditation Standards and assessment techniques.</p>	<p>Surveyors/Assessors are required to obtain at least 15 hours of professional development each year, 10 hours of which must be through programs delivered by the Quality Agency in order to maintain their registration. The Agency monitors each surveyor/assessor's compliance.</p>
Guidance	<p>On-going development could include:</p> <ol style="list-style-type: none"> i. surveyors being assisted with the interpretation of standards and with assessment techniques; ii. development sessions being held at least annually, address identified training needs and covering problematic standards or situations and new or revised standards or methodologies; iii. specific training being provided for those taking team leader roles 	<p>i)-ii) <u>Ongoing development</u> Quality surveyors are required to undertake at least fifteen hours of professional development each year that is relevant to accreditation, quality assurance or certification practices. A minimum of 10 of those hours must be completed through programs delivered by the Quality Agency. The Quality Agency conducts regular Continuing Professional Development (CPD) sessions throughout each year and posts the materials on our website. The latter are accessible only to registered Quality Assessors and Quality Surveyors, who are credited with CPD hours once they have reviewed the materials. The Quality Agency will also specify each year the number of hours that can be counted for this purpose from attendance at Better Practice events hosted by the Quality Agency.</p>	<p>The Quality Agency provides continuing education in the form of a Continuing Professional Development Program (CPD) during the year for all registered surveyors/assessors that are also made available online via the website.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Examples of surveyor training/development sessions and programmes</i> 	<p>The range of topics addressed at recent CPD sessions include:</p> <ul style="list-style-type: none"> • Complaints • Tools of the Trade • You in the Big Picture (and Alzheimer's Australia) • Making the Standards Meaningful <p>iii) <u>Team leader roles</u> There are guides and resources available to ensure team leaders understand their role and responsibilities. There are plans in place to develop training specifically for the role of 'Senior Quality Surveyor'. This will include team leading as well as other responsibilities associated with this role such as administrative decision-making. Team leading is supported through on-the-job training opportunities. This occurs by including an experienced team leader as a team member with the specific intention of leading and supporting the new team leader.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Quality assessor professional development log FRM-ACC-0133 • CPD Workshop Procedure PRO-HRS-0009 • CPD Agenda Nov 2016 - Making the Standards Meaningful 	<p>Surveyors/Assessors can become Senior Quality Surveyors which includes the ability to team lead in addition to other administrative decision making. Guides and resources are available for surveyors/assessors to train for the role of Senior Quality Assessor.</p>

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> CPD Agenda April - May 2017 – Consumer Experience Reports (CER) and the Assessment Process Quality Surveyor Handbook HDB-ACC-0016 (available on site) 			
6.8 Core	The performance and on-going competence of surveyors is evaluated regularly.	Self - Rating	3	Surveyor Rating	3
		The Agency supports performance development on an ongoing basis through formal and informal feedback mechanisms under the Coaching for performance every day program.		Surveyors/assessors participate in ongoing performance planning discussions with their managers each year and the Coaching for Performance is a large part of the process.	
Guidance	<p>Performance and competence information could be gathered through:</p> <ol style="list-style-type: none"> evaluation feedback being provided after each survey by those involved in the survey, e.g. clients, members of the survey team, and other customers such as client managers and report editors; evaluation results being shared with surveyors and used to identify training needs and assist with performance improvement; on-going competence of surveyors being reviewed over a period of time, e.g. annually, by reviewing results of evaluations, participation in training, professional development and any change in role to determine whether appointment should continue or new roles can be assigned 	<p>i)-ii) <u>Feedback from aged care services</u> Aged care services are provided with opportunity to give feedback on Site visit questionnaires about the assessment process, including surveyors' performance. Feedback from service providers informs performance discussions and professional development. The results of the feedback are collated and presented to surveyors at CPD sessions.</p> <p>iii) <u>Ongoing competence</u> Quality surveyors are observed on site when conducting audits under the 'Observer on Visits' policy and procedures. Managers may request further observation visits as part of managing a Surveyor's performance, reviewing a specific element of practice or if new procedures are introduced and need monitoring.</p>		<p>Each surveyor/assessor is observed on site by a Senior Quality Surveyor or manager.</p> <p>Aged Care services are invited to complete a survey related to their experience during their assessment and includes questions about the performance of the assessment team. Feedback from these surveys is provided to the surveyor/assessor as appropriate.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Tools used for evaluation</i> <i>Evidence of competence review</i> 	<p>Also see criterion 6.5 vi) regarding performance.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Coaching for Performance Every Day Policy POL-HRS-0023 Site visit Questionnaire QT-ACC-0001 Observers on Visits Policy POL-HRS-0052 			
6.9	Information on the relevant competencies, experience and performance of surveyors is maintained in an individual record and is used to allocate roles.	Self - Rating	4	Surveyor Rating	4
		Comprehensive records are kept in personnel files by Human Resources and on the Connx human resource management information system. This includes each staff member's		The Quality Agency has a comprehensive register of surveyors/assessors, including those that are considered non-ongoing (contracted).	

Standard 6: Surveyor Management		Self-assessment evidence	Surveyor Findings
Guidance	<p>Surveyor records could include:</p> <ol style="list-style-type: none"> i. information in each individual record covering qualifications, training, experience, professional status, affiliation, position, address, participation in training and development and performance evaluation results; ii. surveyors being allocated roles according to their defined competencies, professional roles and experience 	<p>personal details, qualifications, learning and development records and performance and development plans and periodic reviews.</p> <p>The background and experience of Quality Surveyors and external Quality Assessors is gathered from their initial application for registration. This includes qualifications and if they have particular skills within their scope of practice that include the following</p> <ul style="list-style-type: none"> • Registered Nurse • Experience or knowledge of Indigenous Australian cultures • Experience or knowledge of other cultures where English isn't the first language • Language skills 	<p>Surveyor/assessor files and competency information were maintained in several ways; paper, ConnX, and the Better Business Program (BBP). A review of these systems identified that all information is present and up to date, though there were two pieces of information that were not in the correct "file" and had to be located.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Surveyor records</i> • <i>Feedback to surveyors</i> 	<p>i) <u>Profile of Quality Surveyors/Quality Assessors</u> Profiles for Quality Surveyor and external Quality Assessors are available in the Better Business Program (BBP) under the 'Home Search' tab/ 'User' directory. These details include their scope for registration purposes, other qualifications and education attended, address, the State(s)/ regions where they are available to work, whether they are able to be team leader, conduct solo visits and train small groups.</p> <p>ii) <u>Allocation of surveyors</u> While we maintain a record of Surveyors and external Assessors with skills in nursing, the accreditation scheme operates on that assumption that the QSTP and CPD sessions equip all surveyors to undertake assessment across all aspects of the Accreditation Standards.</p> <p>We undertake case management of each aged care service, which drives the planning of visits on a service by service basis. Quality Surveyors are principally engaged on activities in the State/ regions in which they are located. Given we manage a national program there are occasions when surveyors may be deployed in other regions.</p> <p>Information about external Quality Assessors' availability is maintained by the Operations team in each State office. Each State Management Team meets at least weekly to ensure that resources are available and scheduling will ensure they are deployed efficiently visit aged care services.</p> <p>Evidence:</p>	

Standard 6: Surveyor Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Application for Registration as a Quality Assessor FRM-ACC-0130 Meeting the Customer Service Needs for the Culturally and Linguistically Diverse POL-ACC-0020 Case Management Policy POL-ACC-0008 State Management Team – Terms of Reference POL-OPS-002 			
6.10	The effectiveness of the surveyor selection, training and development programme is evaluated and results are used to make improvements to the management and development of surveyors.	Self - Rating	4	Surveyor Rating	4
Guidance	Evaluation may include measures of the effectiveness of: <ol style="list-style-type: none"> surveyor selection; performance management; training and development; competence assessment 	<p>The recruitment of Quality Surveyors is managed by the Operations branch, with State Directors involved directly in the development and review of job descriptions, the criteria for selection and the questions and processes for interviews. The outputs from these deliberations must be approved by the Executive Director Operations in consultation with the Director Human Resources.</p> <p>i) <u>Surveyor selection</u> State Directors are responsible for convening the selection panels that undertake the assessment of applications for Quality Surveyor positions, conduct of interviews and completion of the selection report. As such, they also evaluate the effectiveness of the recruitment and selection process, in consultation with Assistant Directors who also participate in the selection panel and directly manage the Quality Surveyors.</p> <p>ii) <u>Evaluation of performance management</u> State Directors and Assistant Directors assess the performance of each Quality Surveyor and provide feedback about their preparedness for assignments following completion of the Quality Surveyor course.</p> <p>iii) <u>Training and development</u> The Surveyor Course Policy establishes the course will be reviewed/evaluated periodically against its objectives, using participant and facilitator feedback, complaints, input from external interested parties, budget requirements and other relevant data. Quantitative and qualitative data on participant and facilitator feedback and assessment moderation and validation outcomes will considered as part of identifying opportunities for improvement.</p> <p>Feedback is gathered from participants and the facilitators for each education session conducted by the Quality Agency,</p>		<p>The Quality Agency uses a number of processes to evaluate the effectiveness of surveyor/assessor management including performance review, compliance monitoring and resource utilization. There is a comprehensive competency bank that provides the framework for surveyor/assessor performance evaluation.</p> <p>As identified previously, a comprehensive training and continuing education program are offered to all surveyors/assessors. Surveyors/assessors complete evaluations and the results are used for quality improvement.</p> <p>The Quality Agency received ISQua accreditation for its Assessor Training Program in 2015 and it was reviewed in 2017.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Measures to evaluate effectiveness of the surveyor training programme</i> <i>Examples of how evaluation has been used to make improvements</i> 				

Standard 6: Surveyor Management	Self-assessment evidence	Surveyor Findings
	<p>including Continuing Professional Development programs. Participants in CPD must complete the feedback on line via the C-Vent system in order to receive a Certificate of Attendance. The facilitators of each course complete a form describing how the materials worked and how they might be improved. The results of the feedback are collated by the Learning and Development team in Human Resources branch.</p> <p>iv) <u>Evaluation of the competence assessment</u> State Directors and Assistant State Directors, as well as facilitators and recent course graduates all provide feedback regarding competency assessments. This feedback was recently used to improve the assessment process.</p> <p>As the Quality Assessor course is accredited by ISQua, the changes made to the program and related documentation were sent to ISQua in the form of an Action plan. ISQua has acknowledged the plan and the work being undertaken to align the program with the various changes in the Quality Agency and the aged care sector in Australia.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Emails showing consultation on Quality Surveyor recruitment processes and outcomes • Surveyor Course Policy POL-EDU-0001 • Email: ISQua Progress update for AACQA Surveyor Training Programme • Action Plan for Surveyor Training Program • Coaching for Performance Every Day Policy POL-HRS-0023 • Assessor Course post-course feedback form FRM-EDU-0075 • Facilitator Feedback Form FRM-EDU-0010 • Quality Surveyor Training Program – Project Scope 	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
7.0	The external evaluation programmes are consistent with the organisational objectives, facilitate objective and consistent decision-making and meet the needs of participating organisations and other stakeholders.	Overall rating	4	Overall Rating	4
		<p>The Quality Agency's vision, mission and values underpin the accreditation and quality review programs, which have been aligned with meeting the Australian Government's objectives, legislation and reforms of the aged care industry.</p> <p>Residential aged care services seeking accreditation are provided with sufficient information and resources to self-assess their performance, seek assessment by the Quality Agency and understand the assessment processes. This is through a combination of information and industry education, all of which is focused on achieving world class aged care services driven by empowered consumers who enjoy the best possible quality of life.</p> <p>The decision-making process is guided by a range of policies and procedures and an effective information management system. These ensure steps in the process are allocated to authorised personnel, timeframes are met. Information is provided to providers of aged care services in a transparent and objective manner.</p>		<p>In alignment with the current Australian Government's Statement of Expectations, the Quality Agency's independence in the exercise of its regulatory functions and its accountability in its provision of consistent and helpful accreditation, quality review systems structure, support their clients and stakeholder engagement and their input (as formalized in the Agency's Statement of Intent, and Corporate and Operational Plans).</p> <p>The Quality Agency has effectively used its commitment to contribute to consumer driven care as well as to developing a data analytic capacity that aims for improvements in the quality of life of care recipients to mobilize staff, surveyors, and other stakeholders (e.g. in stimulating and facilitating participation in the recent Department of Health's consultations regarding the Single Aged Care Quality Framework –draft quality standards and options for assessing performance against them).</p>	
7.1	The accreditation, certification and/or external evaluation programmes provided by the organisation are developed in response to a defined needs identification process.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The development of an accreditation, certification or other external evaluation programme could include taking account of:</p> <p>xix. the culture and relevant expectations of government; xx. the community and other key stakeholders; xxi. any national or international health priority areas focused on safety and quality in health care delivery systems, e.g. WHO's Global Patient Safety Alliance; xxii. whether programmes can be achieved and whether they are financially feasible</p> <p>This should be a documented process.</p> <p>The governing body delegates responsibility for the development of programmes and standards, see criterion 1.10.</p>	<p>The Australian Government implemented reforms of the aged care sector under the <i>Aged Care Act 1997</i>. The Act is the umbrella legislation for accreditation of government-funded aged care in Australia.</p> <p>i) <u>Government expectations</u> The <i>Aged Care (Living Longer Living Better) Act 2013</i> established a comprehensive range of reforms from 26 June 2013. A key part of the reforms was the establishment of the Australian Aged Care Quality Agency (The Quality Agency) from what had previously been known as the Australian Aged Care Standards and Accreditation Agency Limited.</p> <p>The Quality Agency came into being on 1 January 2014 in accordance with the <i>Australian Aged Care Quality Agency Act 2013</i> and the <i>Quality Agency Principles 2013</i>. The Quality Agency is aligned with the Government portfolio of Health and falls under the responsibilities of the Minister for</p>		<p>The evidence provided and the interviews highlighted diverse ways in which the Quality Agency demonstrates and documents its identification of needs and responsiveness to aged care sector issues, trends, changes, problems, and improvement. For example,</p> <ul style="list-style-type: none"> in relation to the cost recovery of accreditation services for residential aged care the current emphasis on designing and delivering proportionate interventions in a timely way is lucidly linked to its acknowledgement of the characteristics, needs/vulnerabilities, aspirations, resources, and rights of the communities of older persons and their families/guardians served (actual and potential consumers of aged care services). <p>Collaborative work is under way for the challenge of implementing a single quality framework and system</p>	

Standard 7: Survey and Client Management	Self-assessment evidence	Surveyor Findings
<p data-bbox="107 188 141 411" style="writing-mode: vertical-rl; transform: rotate(180deg);">Suggested Evidence</p> <ul data-bbox="219 180 472 292" style="list-style-type: none"> • <i>Development plan</i> • <i>Strategic plan</i> • <i>Operational plan</i> • <i>Minutes of meetings</i> 	<p data-bbox="853 180 1462 260">Aged Care and Indigenous Health. A Statement of Expectations and Statement of Intent outline the relevant expectations of government.</p> <p data-bbox="853 288 1487 424">The Australian Government prescribes requirements of the Quality Agency's external evaluation program of residential aged care homes and quality review of home care services, in the portfolio budget statements, which outlines the performance criteria for the Quality Agency.</p> <p data-bbox="853 453 1205 480">ii) <u>Consultation with stakeholders</u></p> <p data-bbox="853 491 1487 791">The Quality Agency maintains formal consultation mechanisms including the Quality Agency Liaison Group at a national level and State based Agency Liaison Groups. Extensive consultation was carried out by the Government leading up to the implementation of the <i>Living Longer Living Better</i> reforms. While the Accreditation Standards for residential services have not changed since 1997, the Government has commenced consultations in 2017 regarding a streamlined set of Standards that would be applicable to all Australian Government funded aged care services including home care services.</p> <p data-bbox="853 820 1070 847">iii) <u>National priorities</u></p> <p data-bbox="853 852 1487 1042">The accreditation program is conducted under Australian Government legislation. The accreditation program is aimed at providing safety and quality of care and services for consumers, and value for money for tax-payers in relation to accountability for government subsidies. Accreditation is not compulsory, however it is a condition of funding so the vast majority of residential care services are accredited.</p> <p data-bbox="853 1070 1037 1098">iv) <u>Cost recovery</u></p> <p data-bbox="853 1102 1487 1289">Under current arrangements the Quality Agency charges accreditation fees to approved providers of residential aged care services, which partially covers the cost of services. As such, the Australian Government provides an appropriation for the conduct of the Quality Agency's operations, in accordance with expectations in the Portfolio Budget Statements.</p> <p data-bbox="853 1318 1487 1455">In delivering on Federal budget announcements for 2015/16, the Quality Agency consulted on full cost recovery of accreditation services for residential aged care. We undertook consultations with our stakeholders about the implementation of cost recovery and to provide</p>	<p data-bbox="1525 180 2128 424">"designed to apply to multiple organisation types and service delivery environments". The ongoing development of guidance for the application of the single set of standards and the foundational mappings undertaken for residential aged care and home care services could inform and guide the conciliation of the diversity of aged care organizations the Quality Agency must provide services to, establishing and managing the required relationship.</p> <p data-bbox="1525 453 2128 675">The comprehensive Stakeholder Engagement Framework and the diverse, full range of groups it covers are intended to inform and guide the Quality Agency's continuous adjustment to the transformation of the aged care sector. The 2015 online stakeholder survey and follow-up phone interviews and the client organization representatives that were met on site attest to the fulfilment of the intent its documentation.</p> <p data-bbox="1525 703 1861 730">Opportunity for Improvement</p> <p data-bbox="1525 735 2128 922">The Quality Agency considers prioritizing in 2017-2018, the identification of a specific criterion or method to evaluate the effectiveness of its actions in support of the engagement of 'vulnerable older persons who are frail, have dementia, a debilitating illness', or multiple disabilities (ref. the continuous improvement principle within the Stakeholder Engagement Framework).</p>

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>transparency in relation to our approach. This lead to preparation of a draft Cost Recovery Implementation Statement (CRIS) that is now finalised and available via our website. The CRIS gives effect to a fee structure for accreditation services to residential aged care.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Aged Care (Living Longer Living Better) Act 2013 • Australian Aged Care Quality Agency Act 2013 • Quality Agency Principles 2013 • Consultation Paper – Single Aged Care Quality Framework – Draft Quality Standards • Consultation Paper – Single Aged Care Quality Framework – Options for Assessing Performance • Draft Cost Recovery Implementation Statement • Accreditation fees after 1 July 2016 			
7.2	Applicants for accreditation or certification are assessed for suitability before agreeing to enter into the programme.	Self - Rating	4	Surveyor Rating	4
Guidance	Where programmes are voluntary, applicants should be assessed for suitability through an application process to ensure that they fully understand what is expected and also that there are suitable standards available to be surveyed against. This may be carried out through a screening process, questionnaire or formal application review and includes applicants providing details of their organisation and the scope of the proposed survey on an application form.	<p>Accreditation is not compulsory, however, it is a condition of funding so the vast majority of residential care services are accredited. Approved Providers of aged care services must undergo an approval process administered by the Department of Health and must comply with the <i>Approved Provider Principles 2014</i> and various other legislation including (but not limited to)</p> <ul style="list-style-type: none"> • <i>Aged Care Act 1997</i> • <i>Quality of Care Principles 2014</i> • <i>Accountability Principles 2014</i> • <i>User Rights Principles 2014.</i> 		<p>Supporting documents, the interview with management, and the demonstration of the functionalities of the Better Business Program (BBP) attest to a formalized and consistent process of entry into the accreditation or quality review programme.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Process for assessment for suitability</i> • <i>Application form or equivalent for entry into the external evaluation programme</i> 	<p>The <i>Aged Care Act 1997</i> outlines the responsibilities of approved providers and grant recipients in relation to quality of care including providing care and services that comply with the relevant Standards.</p> <p>The Quality Agency is advised by the Department of Health when new providers of aged care services commence or plan to commence delivery of services. This will trigger the need for contact to be made with the approved provider to seek an application for accreditation. This will include consideration of the timing of the first assessment visit at the service in accordance with our approach of case managing each service.</p>			

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>Evidence:</p> <ul style="list-style-type: none"> • Aged Care Act 1997 (Division 54) • Commencing home application FRM-ACC-0153 • Form - Re-accreditation self- assessment tool FRM-ACC-0135 			
7.3 Core	Actual and potential clients are provided with full information on the external evaluation programme. Clients formally agree to comply with the requirements of the programme and to abide by the defined responsibilities of an accredited or certified organisation.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Information to clients could include:</p> <ul style="list-style-type: none"> xiii. information on and promotion of programmes and services making the programme accessible to organisations within its scope; xiv. applicants providing details of their organisation and the scope of the survey on an official application form; xv. applicants signing an agreement to comply with the requirements of the programme, supply any information needed and make all necessary arrangements for the survey, including provision for examining documentation and access to all areas, records and personnel; xvi. applicants acknowledging that any survey only includes information provided or made available by them; xvii. applicants accepting publication of/public access to survey findings and awards of certification/ accreditation as required by law, statutory requirements or by the programme itself <p>Client responsibilities could include:</p> <ul style="list-style-type: none"> i. only claiming accreditation or certification for services which have been granted accreditation or certification; k. not bringing accreditation or certification into disrepute or making any misleading statement regarding their accreditation or certification; l. not advertising or promoting their accreditation or certification if it has been suspended or ceased; i. using accreditation or certification only to indicate that it has met the relevant standards; i. ensuring that no certificate, logo or report is used in a misleading manner; i. making reference to accreditation or certification in its documents, brochures or advertising only in 	<p>A comprehensive amount of information is available on our website for actual and potential clients regarding aged care accreditation.</p> <p><u>i) Information available</u> Approved providers that seek funding from the Australian Government for provision of aged care services are advised by the Department of Health to contact the Quality Agency. The information on our website emphasise the approved provider's requirement to demonstrate compliance with the relevant Standards. Actual and potential clients have access to a range of accreditation-related information including:</p> <ul style="list-style-type: none"> • Accreditation overview • The Accreditation Standards • The Results and Processes Guide • Accreditation for commencing homes • Re-accreditation audits • Review audits • Assessment contacts • Accreditation fees • Educational resources (Q-Assist) • Courses such as "Understanding Accreditation" <p><u>ii) Accreditation application</u> The Department of Health notifies the AACQA of all approvals granted for commencing residential aged care services. We contact the approved provider to discuss an appropriate date for them to lodge an application and provide the commencing home application form and reference to information available on our website</p> <p>Existing residential aged care services applying for re-accreditation must complete an application form. We send an email reminder to the approved provider approximately six months before the expiry date for their accreditation to</p>	<p>In keeping with its organisational values and purpose, the Quality Agency provides all the information listed in the guidance of this criterion to potential and actual clients.</p> <p>The client's agreement to comply with the requirements of the accreditation programme and all of the client responsibilities that appear in the guidance are in writing.</p>		

Standard 7: Survey and Client Management		Self-assessment evidence	Surveyor Findings
	<p>compliance with the requirements of the external evaluation body</p> <p>If clients are defined by law, statutory requirements or contracts/agreements on a higher level than individual providers, an individual agreement with each client may be substituted with a set of requirements and rules, readily accessible to all clients, and arrangements to advise them on any changes in these requirements or rules.</p>	<p>remind them of the process and the need for an application to be lodged. Information on the application form includes details of the approved provider and the aged care home, including the number of care recipients and their special care needs (if applicable).</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Information for clients on the survey process</i> • <i>Client agreement</i> 	<p>iii)-iv) <u>Agreement to comply with requirements</u> To be accredited the approved provider must demonstrate that the home meets the Accreditation Standards. Chapter 2 of the <i>Quality Agency Principles 2013</i> (the Principles) outlines the requirements of providers in relation to applying for accreditation of residential aged care services and lodging an application form as approved by the CEO of the Quality Agency. This must be in writing and include an undertaking to pursue continuous improvement against the Accreditation Standards if the service is accredited, and paying an application fee (as applicable). Section 2.12 of the Principles. Under section 2.13 of the <i>Quality Agency Principles 2013</i>, the approved provider must, prior to or during the assessment, give self-assessment information to the assessment team.</p> <p>v) <u>Publication of outcomes</u> The Quality Agency publishes via our website all audit reports for residential aged care services that are accredited as commencing services or for re-accreditation. The Quality Agency defines in policy the matters concerning the use of accreditation certificates and representation about accreditation status. This includes that approved providers may not represent a home as being accredited if the home is not accredited or as having been accredited during a period during which it was not accredited. The provider may decide whether to display the Certificate of Accreditation.</p> <p>vi-xi) <u>Claims regarding accreditation</u> If the accreditation status of a home was misrepresented, this would be referred to the Executive Director Operations to determine the appropriate actions, which may include referring the matter to the Department of Health, relevant State government departments and/or the Australian Competition and Consumer Commission for further action</p> <p>To have their service details listed on the MyAgedCare website, providers of residential aged care services must have met the requirements for accreditation and thereby be in receipt of funding from the Australian Government.</p>	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>If the residential service's period of accreditation is varied (as a result of a review audit), the Quality Agency provides a replacement certificate and requests the original certificate be destroyed. If accreditation is revoked, the provider will cease receiving payments from the Government and the Quality Agency requests the certificate be destroyed. Where a home's accreditation ceases, then the following occurs:</p> <ul style="list-style-type: none"> • details are published on the Department of Health website, indicating that the home is no longer accredited • the Audit report is published on the Quality Agency website. <p>The Quality Agency does not license the use of its name or the Commonwealth of Australia logo or distribute electronic/printed samples of the logo. Certificates of accreditation are only provided in hard copy.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • http://www.aacqa.gov.au/ • Quality Agency Principles 2013 • Commencing home application form FRM-ACC-0153 • Email: To AP re-accreditation application due FRM-ACC-0028 • Application for accreditation FRM-ACC-0163 • Use of certificate and representation about accreditation status POL-ACC-0006 • http://www.myagedcare.gov.au/ 			
7.4	The external evaluation organisation defines its clients and keeps a register of clients.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Clients may be defined as healthcare provider organisations who have signed a contract with the external evaluation organisation. Alternatively, if the external evaluation programme is established by law, other statutory requirements, or contracts/agreements on a higher level than individual providers, clients may be defined as all healthcare provider organisations falling within the scope of the programme.</p>	<p>The Quality Agency maintains a register of accreditation aged care facilities.</p> <p>Approved Providers of aged care services are registered by the Department of Health. The Quality Agency receives information and data on Approved Providers from the Department of Health that includes details on business and trading names, business address, service delivery locations, key personnel, number of places (residential), packaged care numbers and home care details (home care). The Department assigns unique identification numbers to the</p>		<p>The demonstration of the BBP functionalities confirmed that each client has a unique electronic folder containing the information and records specific to it. The customized system serves as a register of clients and business database.</p> <p>The work underway to upgrade the BBP is linked to the key performance indicator that pertains to enhancing the Quality Agency's capacity to undertake actions that are proportionate to the regulatory risk being managed (KPI 3) and fits within interrelated key information technology projects. The BBP upgrade is anticipated to contribute to</p>	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings		
Suggested Evidence	<ul style="list-style-type: none"> • <i>Statement on clients</i> • <i>Client register</i> 	<p>approved provider as well as to each residential aged care service.</p> <p>This sensitive data is uploaded into the Quality Agency's Better Business Program (BBP) and updated regularly through information received via the Department of Health. Access to the BBP system is restricted according to position and job classification, which is controlled by the ICT team. Any changes in access levels due to promotion or temporary filling of vacancies must be authorised by the State Director or Executive Director Operations</p> <p>The Quality Agency is bound by the confidentiality provisions of the <i>Public Service Act 1999</i>, the <i>Aged Care Act 1997</i> and the <i>Australian Aged Care Quality Agency Act 2013</i>. Personnel cannot disclose or disseminate information unless it is for a specific purpose as defined by the CEO within the Instrument of Delegations.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Public Service Act 1999 • Aged Care Act 1997 • Australian Aged Care Quality Agency Act 2013 • APS Code of Conduct • Instrument of Delegations REG-ACC-0014 	improving efficiency, notably via the identification of "opportunities to streamline administrative functions".			
7.5	The relationships with clients recognise their specific needs. Needs are met in ways that are consistent with the requirements for impartiality.	Self - Rating	4	Surveyor Rating	4	
Guidance	<p>Relationships could include:</p> <ul style="list-style-type: none"> xliv. clients' service requirements and planned timelines being agreed and documented; xlv. defined contact points in the client organisation and the external evaluation organisation being identified; xlvi. on-going communication and non-prescriptive advice assisting clients in their preparation for survey and continuous improvement activities; lvii. networking and education opportunities 	<p>The <i>Aged Care Act 1997</i> determines the contact point for client organisations seeking accreditation is the Approved Provider, or their nominated key personnel. This information is captured in the BBP system and all communication is sent via the approved provider or key personnel nominee.</p> <p>i) <u>Client service requirements and timelines</u> The legislation rather than the client's preferences generally define accreditation activity. All of the timeframes defined by legislation and policy are set-up as 'business rules' in the BBP system, which generates 'tasks' for the appropriately authorised person (according to position occupancy). The stages for processing are progressed automatically according to these timeframes. However, there is scope for</p>		<p>The staff, surveyors, and Advisory Council and aged care organization representatives that were met on site perceive the relationship that the Quality Agency cultivates with actual and potential service providers to be responsive, reporting that adaptations within its discretionary measure are made in a consistent and timely way.</p> <p>The client organisation representatives spoke of the strengths of the Quality Agency in terms of:</p> <ul style="list-style-type: none"> • "approachable, and collaborative" 		

Standard 7: Survey and Client Management	Self-assessment evidence	Surveyor Findings
<p data-bbox="107 188 136 411" style="writing-mode: vertical-rl; transform: rotate(180deg);">Suggested Evidence</p> <ul data-bbox="219 180 604 236" style="list-style-type: none"> • <i>Client service plan and timelines</i> • <i>Impartiality statement/document</i> 	<p data-bbox="853 180 1456 260">aged care providers to nominate 'no-go' days when they would prefer not to have an unannounced assessment contact due to staff training.</p> <p data-bbox="853 288 1496 507">ii) <u>Defined contact points</u> Defined contact points are communicated to approved providers via the various emails sent at separate points in the accreditation process. Planning, scheduling and teaming information is sent from the Operations Manager, while emails regarding decision outcomes are sent by the relevant authorised officer (State Director, Assistant Director or Senior Quality Surveyor).</p> <p data-bbox="853 536 1487 810">iii) <u>Ongoing communication</u> Throughout the accreditation process, aged care providers are given information that informs them of their obligations and those of the Quality Agency, including timeframes for processes to occur. This includes information on due dates by which applications for accreditation are due, when reports will be provided to them and their time for response. We also advise residential aged care providers of the timeframe for seeking reconsideration and review of decisions about accreditation.</p> <p data-bbox="853 839 1496 978">Reminder emails are sent from the BBP system to approved providers of residential aged care services when an application for re-accreditation is due. These communications are sent via email under the name of the State office Operations Manager.</p> <p data-bbox="853 1007 1476 1145">Where an approved provider requests a different date for lodging their application for re-accreditation or the conduct of their audit, this is assessed at State office case management meetings, discussed with the approved provider and where possible their request is agreed to.</p> <p data-bbox="853 1174 1482 1342">iv) <u>Education</u> The Quality Agency Principles 2013 define four key functions for the Quality Agency. One of these is promoting high quality care and helping industry to improve service quality by identifying best practices and providing information, education and training to industry.</p> <p data-bbox="853 1370 1435 1422">Provision of information and education to approved providers is within a broader context of Quality Agency</p>	<ul data-bbox="1525 180 2107 316" style="list-style-type: none"> • it's being consultative and more proactive (e.g. "in relation to the testing and piloting of the new standards") • having achieved a maturity that supports its inter-rater reliability. <p data-bbox="1525 355 2130 906">The perspective of the interviewed client organisation representatives on the Quality Agency's key challenges is known and acknowledged by its leadership. They mentioned that the conciliation of the wide range of realities, resources, and needs of the aged care organizations and the transformation of the sector call for continuous adjustment on all sides (e.g. in relation to access to continuums of care and care recipient trajectories and experiences -as mentioned in criterion 7.1). One client representative shared that the "more bland, generic public reports" that have resulted from the Agency's investments toward standardizing the reports raise some concern in terms of a differentiation of outcomes and performance that could reinforce the aged care organization's capacity building initiatives. Plans to address both areas as well as complaints* about a surveyor/assessor adopting a prescriptive attitude seem appropriate (*2 of 12 complaints [17%] treated between June 2016 and May 2017 were about a "prescriptive/picky attitude").</p>

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>programs to support and promote improvement and high quality care. These include:</p> <ul style="list-style-type: none"> • Better Practice Events, • Workshops • Q-Assist sessions • Compliance assistance education • Publication of information in <i>The Quality Standard</i>. <p>A recent initiative has been application of the compliance assistance approach to provide education that supports residential aged care services and home care services primarily providing care for older indigenous people.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • To AP re-accreditation application due FRM-ACC-0028 • Decision to re-accredit FRM-ACC-0174 • Compliance assistance education implementation guide HBD-EDU-0023 • Compliance Assistance program for Indigenous services NT - Scoping paper (available on site) • The Quality Standard - http://www.aacqa.gov.au/providers/education/the-standard/quality-standard 			
7.6 Core	Arrangements are in place to ensure impartiality and avoidance of conflicts of interest in client relationships.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Impartiality arrangements include:</p> <p>viii. policies and structures to avoid self-interest threats (e.g. the external evaluation organisation acting in financial self-interest to promote selling of services);</p> <p>ix. self-review threats, e.g. the external evaluation organisation evaluating work done by itself</p> <p>Policies and structures to assure that all clients have a similar access to information, relevant to their situation.</p> <p>Separation of consultancy and evaluation services is an important prerequisite for impartiality, but does not exclude the external evaluation organisation from providing education or advice to clients (criterion 1.3).</p>	<p>The Quality Agency as an Australian Public Service entity operates within the APS Code of Conduct at all times.</p> <p>i) <u>Avoiding conflicts of interest</u> The Quality Agency has a Conflict of Interests Policy and Assessor Code of Conduct specific to the work of registered Aged Care Quality Assessors.</p> <p>Staff should avoid situations in which their private interests conflict or might reasonably be perceived to conflict with the impartial fulfilment of their official duties and the public interest. They should not allow the pursuit of private interests to interfere with the proper discharge of their official duties. And staff at all levels have an obligation to disclose any real or perceived conflict of interest.</p>		<p>At all levels of the Quality Agency's business, outreach, and liaison, the arrangements in place to ensure:</p> <ul style="list-style-type: none"> • impartiality in client relationships, • the taking, at all times, of "reasonable steps to avoid real or apparent conflicts of interest" • the disclosure/declaration of any personal interest are comprehensive and tested. 	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
Suggested Evidence	<ul style="list-style-type: none"> <i>Impartiality policy</i> 	<p>Quality Surveyors and external Quality Assessors assigned to assessment or quality review teams are asked at each assignment to declare there is no conflict of interest.</p> <p>ii) <u>Conflicts of interest at an organisational level</u> Members of the National Leadership Team (NLT), and all other Accreditation decision makers, should promptly, fully and appropriately disclose to the Chief Executive Officer, any actual or potential conflict of interests they may have in a matter under consideration. Where this conflict involves the interests of a staff member's family or friends, those interests should be disclosed to the extent they are known to the staff member.</p> <p>NLT and Decision Makers submit a declaration of Interests document to the CEO annually by 1 July. These documents are held confidentially by the CEO in a secure area of his office. Declarations are to be submitted using the Declaration of Interests template that is located on the Quality Agency intranet.</p> <p>The Quality Agency provides education and training to aged care services that is focused on promoting high quality care and helping industry to improve service quality. In accordance with the Australian Public Service Code of Conduct and Values, consultancy services are not provided and education services are designed to ensure comprehension of the relevant Standards and the assessment processes undertaken by assessment teams under direction from the Quality Agency.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Australian Public Service Values and Code of Conduct Conflict of Interests POL-FIN-0012 Form - Assessor code of conduct FRM-ACC-0140 Declaration of Interests Policy POL-CAH-0040 Declaration of Interests template FRM-SGU-0015 			
	7.7	Education and information materials are available for clients which support the programme objectives and meet their needs. Needs are met in ways that are consistent with the requirements for impartiality.	Self - Rating	4	Surveyor Rating
		The Quality Agency promotes high quality care through education including the following:		The evidence provided and the interviews highlight diverse structural and operational ways in which the Quality Agency demonstrates and documents its	

Standard 7: Survey and Client Management		Self-assessment evidence	Surveyor Findings
Guidance	<p>Education and information support could include:</p> <ul style="list-style-type: none"> I. survey of the needs of clients for education and development are assessed and programmes being designed to meet these needs; li. clients being assisted to prepare for the survey, e.g. by the provision of on-site or off-site education, self-assessment assistance or pre-survey reviews <p>See also criteria 5.10 -5.11</p>	<ul style="list-style-type: none"> • Better Practice Conferences (one per year in each State) • Courses to provide the skills and knowledge in assessment and quality review • Seminars – to develop skills and better practices in key managers within the sector on relevant topics such as management of complaints • QUEST – provides education directly to management and staff working in residential aged care services • On-line packages – training resources for the industry to download 	<p>identification and responsiveness to aged care industry and client organization information and education needs (e.g. in coupling the Industry Engagement and Education directorate and Regulatory Performance directorate under the ED Programs and Education; in relation to the Better Practice Conferences, the client organization representatives that were met spoke of a “shift to more substantial matters” -the 2017 theme is “Rethinking Aged Care –Discover, Connect, Create”.)</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Examples of education and information materials</i> 	<p>Information about all of these programs is published on the Quality Agency website.</p> <p>i) <u>Feedback from stakeholders</u> An industry learning needs analysis was conducted in 2014 and the results reported to the Executive Coordination Group and National Leadership Team. This informed the Quality Agency’s planning for development of education products and events and has been followed up with the current Education marketing strategy.</p> <p>ii) <u>Information and education regarding accreditation</u> There is a range of information available via our website to help aged care providers prepare for the assessment process. This includes:</p> <ul style="list-style-type: none"> • Information on applying for commencing home status or re-accreditation • Self-assessment information and a sample template • Results and processes guide (this describes the matters considered when assessing each expected outcome in the Accreditation Standards) • Courses on ‘Understanding Accreditation’ run as public offerings or as organisation-direct workshops. <p>When we become aware that an approved provider is preparing to open a new residential aged care service, an email is sent from the BBP system with the commencing home application form, which includes a statement encouraging them to seek assistance if required. These are sent under the name of the Operations Manager in the State Quality Agency office, who is generally the first point of contact for such assistance.</p>	<p>The 2016-2017 Operational Plan received on site summarizes progress made on key education and information support actions within the 1st strategic priority –Regulatory practices drive quality and safety (actions 8 to 11): all were on track at the time of the survey.</p>

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>Evidence:</p> <ul style="list-style-type: none"> • http://www.aacqa.gov.au/providers/education • Industry Education Needs Analysis • Education marketing strategy 2017 • Website information on processes for accreditation - http://www.aacqa.gov.au/providers/residential-aged-care • Results and Processes Guide HDB-ACC-0002 • Email To AP attaching commencing home application FRM-ACC-0081 			
7.8	Feedback on information and education materials used in the accreditation process is obtained from users and used to make improvements.	Self - Rating	3	Surveyor Rating	3
Guidance	This could include user feedback being sought on resources such as the information materials, resources used at education sessions, manuals and reports.	<p>The Quality Agency has a system of quality assurance which includes review of feedback questionnaires from every site audit for residential aged care homes, observers on visits program and review of reports and decisions. Results are regularly analysed and improvements which have resulted include:</p> <ul style="list-style-type: none"> • amendments to the <i>Surveyor handbook</i> • amendments to documentation including correspondence to approved providers • continuing professional development sessions for Quality Surveyors, external Quality Assessors and decision-makers. 		<p>The Quality Agency has implemented processes to collect, analyse, and use feedback on information and education materials to address specific issues (e.g. consumer driven care in remote indigenous/aboriginal communities) and make improvements.</p> <p>Actions taken on the basis of client feedback include enrichment of the approach used so as to better support an integration of the information and build self-assessment capacity as well as risk management and continuous quality improvement competencies within their leadership and service delivery staff (e.g. by integrating workshops and communities of practice and strengthening other networking strategies). The two latter areas (risk management and continuous quality improvement competencies) seem of particular value as the current standards do not explicitly call for submission of adverse event data (whether it be a near miss, with or without harm to the care recipient, or a sentinel event), nor do they call for evidence of disclosure of information to the care recipient, family or guardian involved in the adverse event. The standards in force situate adverse event management within the subset of standards on Management Systems, Staffing, and Organizational Development. They require that the care organization trend adverse event data and act on root cause findings to prevent recurrence.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Examples of feedback</i> • <i>Examples of improvements made</i> 	<p>The information has been used to inform the development of educational products to assist the industry by focusing on reducing the risk of failing to comply with the relevant Standards. These include one day workshops:</p> <ul style="list-style-type: none"> • Making the most of complaints • Focus on diversity – delivering services in a culturally inclusive way • Consumer directed care and the Home care standards • Managing accreditation performance (for experienced managers) <p>And also two day courses:</p> <ul style="list-style-type: none"> • Understanding Accreditation • Understanding Quality Review <p>We always seek feedback from participants in these education programs, as well as from Better Practice events. That information is reviewed for improvements to the</p>		<p>Plans to fully achieve this criterion are documented and monitored, as mentioned in criterion 7.7.</p>	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>program and consideration of other education and information participants may request.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Site visit feedback results 2015-16 • Participant feedback form FRM-EDU-0009 • Better Practice 2016 evaluations and speaker feedback • Workshop feedback results 			
7.9	The team for the survey of an organisation is selected to provide a balance of skills and experience and to match the needs and characteristics of the participating organisation.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>There should be:</p> <p>lii. a selection process for surveyors that ensures that appropriate skills, expertise and experience are provided for each survey;</p> <p>liii. prevention of conflicts of interest of survey team members, e.g. by checking if they have relationships with competing or contracting agencies or with key people in the participating organisation, have had previous employment with the organisation or have provided consultancy services to it.</p>	<p>The scheduling staff ensure selection of a team includes consideration of all key factors. However, as previously stated the Quality Agency system is based on the assumption that all Quality Surveyors/Quality Assessors are capable of assessing across all Accreditation Standards.</p> <p>i) <u>Scheduling</u> The process for scheduling Quality Surveyors/Quality Assessors for assignments and the selection of team members includes consideration of:</p> <ul style="list-style-type: none"> • any conflicts of interest they have declared (captured in the BBP system) • availability • qualifications, experience and scope of registration • level of care recipients' needs to determine if registered nursing skills are required • case management information and decisions about the home • number of care recipients at the residential aged care service • referrals from the Department of Health, the Aged Care Complaints Commissioner or other external sources • location of the home or service • co-located services that would provide opportunity to streamline or aggregate assessments within a region. <p>The scope of quality assessor registration includes:</p> <ul style="list-style-type: none"> • specialised skills such as registered nurse • cultural or language skills • experience with indigenous communities. <p>ii) <u>Declaration of no conflict of interest</u> Before accepting an assessment activity, Quality Surveyors and external Assessors must endorse (by virtue of return</p>		<p>The Quality Agency's policies, procedures, systems, and processes allow it to fully achieve this criterion. The guidance for intercultural interpreters received on site is comprehensive and clearly positions the surveyor/assessor as the person who directs interviews and spells out the contracted interpreter's obligations in relation to impartiality and the confidentiality of information about the aged care organisation and the Quality Agency.</p> <p>As mentioned in standard 6, the transition to a unified/integrated workforce for accreditation and quality reviews calls for support for change management, as do the implementation of CAAT, the Consumer Experience Report and the Single Aged Care Quality Framework.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented process for selecting surveyors</i> 				

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>email) an assignment request. This requires them to acknowledge if they have any conflicts of interest before accepting the assignment.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Residential homes – appointing assessment teams POL-ACC-0005 • Planning – teaming PRO-ACC-0013 • Assignment request FRM-ACC-0086 			
7.10	The planning of the survey is transparent and timely.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The survey plan could include:</p> <ul style="list-style-type: none"> liv. the scope of the survey and the standards to be used being agreed with the participating organisation and made known to the survey team; lv. the survey team biographies being sent to the client and accepted by them; lvi. the organisation is made aware of any observers, translators or staff observing the survey; lvii. pre-survey documentation being provided in a timely and comprehensive manner by relevant parties; lviii. the survey process being clearly defined and covering the nature of, and timelines for, the provision of documentation and the survey timetable 	<p>The planning of assessments of residential aged care services must occur in accordance with timeframes specified in the <i>Quality Agency Principles 2013</i>, and Quality Agency budget specifications.</p> <p>i) <u>Scope of survey</u> The scope of each re-accreditation audit and review audit is always to assess against each of the 44 expected outcomes of the Accreditation Standards.</p> <p>The scope of Assessment contacts is determined as per the issues considered about each service under the Quality Agency's case management considerations. Generally only 1-5 expected outcomes from the Standards will be assessed. These are determined by an authorised decision-maker and are recorded on each assignment request sent to each member of the assessment team. The scope includes the expected outcomes and any other specific information or follow-up requested by the decision maker.</p>		<p>Supporting documents, interviews with staff, and the demonstration of the functionalities of the Better Business Program (BBP) attest to practices in survey planning that are aligned with the legislated overarching principles, the delegation of functions or powers involved (ref. Instrument of Delegation updated in March 2017) and supported by oversight processes and results (e.g. 2014, 2015 and 2016 findings from internal quality audits verifying compliance to policies and procedures pertaining to inputs within BBP).</p>	
Suggested Evidence	<ul style="list-style-type: none"> • 	<p>ii) <u>Advice regarding the assessment team</u> In relation to Assessment contacts, Approved providers are not advised in advance of the assessment team and have no right to object under the legislation. For re-accreditation audits, the legislation states approved providers may object to a team member within 14 days of being notified of the team, if they believe the person has a conflict of interest in relation to having been employed by the provider or supplied services to them in the preceding three years, or they have a pecuniary or other interest.</p> <p>iii) <u>Observers on audits</u> If the Quality Agency has determined that an Observer should be assigned to a visit to undertake quality assurance</p>			

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<p>review for a team member, the approved provider will be contacted via a phone call seeking permission for an observer to attend with the assessment team. If acceptable, the observer will present a letter to the service upon arrival. A similar process is followed when a new Quality Surveyor or external Assessor is sent on a visit with an assessment team as part of their orientation.</p> <p>iv)-v) <u>Pre-survey arrangements – Full accreditation audits only</u> The team leader of the assessment team contacts the manager of the aged care service approximately two weeks before the visit. The following matters are discussed:</p> <ul style="list-style-type: none"> • confirmation of the key contact person • discussion about the proposed schedule that was sent when the visit dates were agreed • availability of key staff for interviews with the team • confirmation the provider has informed care recipients or their representatives about the audit, quality review or announced assessment contact • availability of documents or electronic records • any need for an interpreter or any cultural requirements • availability of a quiet and secure working space (with adequate desk space and power) • any logistical information such as directions or parking <p>Following these discussions, the assessment team leader will send the agreed schedule for the audit or quality review to the key contact person.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • BBP Module 28 - Case Management • Assignment request FRM-ACC-0086 • Email: 'To AP notifying of audit dates and assessment team' FRM-ACC-0069 • Letter - Observer's access to an aged care home FRM-HRS-0141 • Letter - Access to a home by an observer (not part of observers on visits) FRM-HRS-0140 • Proposed audit schedule FRM-ACC-0150 • Email: 'To AP with revised re-accreditation audit schedule' FRM-ACC-0104 			
7.11		Self - Rating	4	Surveyor Rating	4

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
	The survey is conducted according to a timetable that shows the complete progress of the survey and is agreed in sufficient time to make necessary arrangements.	<p>The aged care service provider is sent a proposed schedule developed by the assessment team for accreditation audits. The schedule indicates the responsibilities of each member of the assessment team, and the timing of interviews and document reviews relevant to specific expected outcomes in the Accreditation Standards. A formal schedule is not developed for assessment contacts, where assessment teams discuss with the key contact person what will be looked at, and the most convenient time for interviews, document review and specific observations of care recipients. These discussions take place in the two weeks before announced assessment contacts and at the time of arrival at the residential aged care service where it is an unannounced assessment contact.</p> <p>i) <u>Survey team responsibilities</u> The team leader generally emails team members to suggest how the audit responsibilities will be allocated.</p> <p>ii) <u>Multi-site surveys</u> The team leader may determine this ahead of time and advise team members, or it will be determined on the day of the audit. This depends on whether the team leader is familiar with the site and what is known about the site beforehand.</p> <p>iii) <u>Staff from participating organisations</u> The Quality Agency has no legislative right to compel particular staff to participate, it is simply up to the approved provider to demonstrate compliance. For practical purposes, the approved provider does involve relevant staff. For accreditation visits, the proposed audit plan includes sufficient detail for the approved provider to identify staff who will be involved. For unannounced visits, a timetable for the day is negotiated at the entry meeting based on availability of staff.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Quality Surveyor Handbook HDB-ACC-0016 (available on site) Proposed audit schedule FRM-ACC-0150 		<p>The Quality Agency demonstrates full achievement of this criterion in the varied contexts that correspond to its regulatory accountability. As stated in criteria 7.1 and 7.5, the multi-site surveys and wide range/diversity of aged care organizations present on-going particular challenges.</p>	
Guidance	<p>The timetable should:</p> <ul style="list-style-type: none"> lix. enable each member of the survey team to be clear about his/her individual responsibilities; lx. include locations for activities as appropriate especially where sampling takes place or the client has multi-sites; lxi. indicate which staff from the participating organisation are expected to participate in which parts of the survey 				
Suggested Evidence	<ul style="list-style-type: none"> <i>Examples of survey timetables</i> 				
7.12		Self - Rating	4	Surveyor Rating	4

Standard 7: Survey and Client Management		Self-assessment evidence	Surveyor Findings
	The survey is conducted using appropriate tools and guidelines and a transparent, valid and consistent process.	There are tools and guidelines to ensure all accreditation processes are conducted according to the legislation and Quality Agency policies.	The tools and guidelines the Quality Agency provides for conducting assessments transparently, consistently, and reliably are complementary and easily accessed.
Guidance	Supporting documentation could include: lxii. guidelines and survey tools that are used by surveyors in the survey of performance against the standards or their agreed equivalent being understandable and user friendly; lxiii. guidelines and survey tools assisting the application of rating scales; lxiv. feedback on key findings being provided by the survey team to the participating organisation at the end of the survey; lxv. debriefing template	i) Guidelines and tools Quality Surveyors and external Quality Assessors utilise several tools to guide their approach to assessments including: <ul style="list-style-type: none"> • Surveyor handbook regarding audit methodology • Report writing handbook – addressing content, formatting and style • Results and processes guide (for residential aged care Accreditation Standards) – describes elements to consider when assessing against each expected outcome and making recommendations • Style guide – describes the Accreditation Agency's style for documents. • Assessment workbook – to record notes. Information on note-taking using the workbook is covered in the Quality Surveyor Handbook HDB-ACC-0016 (available on site), and is covered in the Quality Surveyor course. Soon to be introduced - Computer Assisted Assessment Tool or CAAT (tablet based on-line recording device). 	Work is ongoing to improve the recording of data from all assessment activities via the implementation and fine-tuning of tablet-based recording (CAAT), on the basis of findings from research commissioned by the ECG in 2014. The demonstration of some of its functionalities reveals there are currently 567 considerations that cover the expected outcomes. Algorithms are meant to filter out the key considerations and the synchronizing of the individual surveyor's/assessor's views would allow the report to be populated more efficiently. The Project Management Methodology policy updated in October of 2016 structures the collaborations and oversight of the maturation of the new tool.
Suggested Evidence	<ul style="list-style-type: none"> • <i>Examples of survey tools and guides</i> 	All of these resources other than the CAAT are available for free download from our website. ii) <u>Rating of expected outcomes</u> Quality Surveyors and external Quality Assessors make recommendations regarding the performance of a services by rating each expected outcome they assess as 'met' or 'not met'. Information on the ratings process is covered in initial Quality Surveyor course, in the Surveyor handbook and Report writing handbook, and at Continuing Professional Development sessions throughout each year. iii) <u>Feedback to approved providers</u> Under Section 2.15 (1) of the <i>Quality Agency Principles 2013</i> the team must meet with the approved provider's delegate with daily feedback during a re-accreditation audit, to discuss the assessment process. Although the legislation applies to re-accreditation audits, the Quality Agency applies the same practice for review audits and assessment contacts.	

Standard 7: Survey and Client Management	Self-assessment evidence	Surveyor Findings
	<p>Regular meetings with the approved provider/service provider or their delegate ensure that:</p> <ul style="list-style-type: none"> • The team communicate their findings including any gaps found and seek further information if necessary • The service is given opportunity to provide further information regarding service delivery and performance • The service is kept abreast of findings, so there are no surprises at the exit meeting <p>This guidance is included in the initial Quality Surveyor course and in the Surveyor handbook.</p> <p>For audits at a residential aged care service, the assessment team completes the Statement of Major Findings prior to the exit meeting (Review audit major findings – assessment information for review audits). These documents are supplied to the approved provider's delegate and briefly discussed at the exit meeting. Information on findings is further provided to the approved provider in subsequent Site audit assessment information and Site audit report or Review audit report.</p> <p>Verbal feedback is provided during the exit meeting for Assessment contacts.</p> <p>iv) <u>Debriefing</u> The exit meeting agenda used for all visits includes an item relating to encouraging the provider to submit feedback on the visit. Further information on the exit meeting agenda is provided in the Surveyor handbook.</p> <p>Information discussed at meetings with key personnel throughout each visit and at the exit meetings is recorded in the teams' workbooks.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Quality Surveyor Handbook HDB-ACC-0016 (available on site) • Report writing handbook HDB-ACC-0019 • Results and processes guide HDB-ACC-0002 • Computer Assisted Assessment Tool (CAAT) Project report • Assessment workbook HDB-ACC-0017 • Re-accreditation audit major findings RPT-ACC-0017 • Review audit assessment information RPT-ACC-0008 	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Entry/Exit Meeting Agenda 			
7.13	The findings from the survey and the rating of achievement against the standards assessed are included in a written report.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Guidance on report writing could include:</p> <p>xvi. provision of a report that contains items such as an executive summary which includes the dates of the survey, the names of the surveyors, the services and sites assessed, the scope of the survey, the standards used, the findings of the team, comments, an explanation of any differences from the information given at the summation meeting, and recommendations on areas of insufficient achievement/compliance or needing improvement;</p> <p>xvii. the participating organisation being given the opportunity to provide feedback on the findings in the draft report to correct any issues of fact</p>	<p>Assessment teams have regular meetings with the approved provider and key personnel of the aged care service throughout each visit to discuss the progress of the assessment and any areas requiring further information or suggesting gaps in performance. That is intended to ensure the team's findings and subsequent report does not contain information differing to that provided at the exit meeting. The assessment team leader will inform the approved provider at the exit meeting of their opportunity to submit further information in response to the team's report. That information will be considered by the authorised decision-maker within the Quality Agency.</p> <p>i) <u>Written Reports and opportunity for feedback</u> <i>Re-accreditation audits</i></p> <p>At the end of each re-accreditation audit, the assessment team completes the Statement of Major Findings and gives it to the approved provider. Within a week, this document is combined with more detailed information describing the systems and processes relevant to each expected outcome and any matters pertaining to not meeting the requirements. This is the Re-accreditation audit major findings – assessment information and includes rationale for the findings of the team. The completed report is sent to the approved provider who is given 14 days to respond to the report.</p> <p>This document is then used to create a Re-accreditation audit report that details the dates of the assessment, the names of the quality assessors, the service that was assessed (address, number of residents, etc.), and the team's findings on compliance with each of the 44 expected outcomes.</p> <p><i>Review audits</i></p> <p>Review audits are slightly different to standard accreditation audits, as the assessment team completes the Review audit report at the time of the exit meeting, which constitutes the</p>		<p>The Quality Agency applies the Quality Agency Principles and the provisions of the Instrument of Delegation and relies on the differentiated report templates it has developed to ensure that findings and rating of achievement against the expected outcomes are included in a written report that the aged care organization has the opportunity to comment. The respect of the formalized timelines for distinct steps of the process leading to a final report is facilitated by BBP functionalities and production/turnaround time is tracked.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Report writing guidelines</i> <i>Examples of reports</i> 				

Standard 7: Survey and Client Management	Self-assessment evidence	Surveyor Findings
	<p>end of the review audit. The team provides a Review audit major findings – assessment information to the approved provider at the time of the exit meeting, which is written following their departure from the residential aged care service. The approved provider is given seven day to provide a written response to the Review audit major findings – assessment information. The team subsequently collate a Review audit report within seven days that is based on the Review audit major findings – assessment information. The Review audit report does not contain details about care recipients, as it is published on our website. Both documents contain information on each of the 44 expected outcomes including the findings of the team and are considered by the decision-maker to make a decision on the home's accreditation. As with re-accreditation decisions, any response to the reports received from the approved provider is also taken into account alongside other relevant matters.</p> <p><i>Assessment contacts</i> Assessment contacts are generally visits completed in one day (depending on the size of the service) and assess performance against a subset of the 44 expected outcomes in the Accreditation Standards. An exit meeting is conducted at the end of each Assessment contact, after which the assessment team completes the Assessment contact report and recommendations. Where there is existing or recommended failure to meet the Accreditation Standards or where the decision-maker would like to invite comment from the approved provider before making a decision, the Assessment contact report is sent to the approved provider for comment.</p> <p>Both the Assessment contact report and recommendation are used by the decision-maker to determine the home's future Assessment contact arrangements, and whether there is a need for a review audit. Any response to the Assessment contact report received from the approved provider and other relevant information is also taken into account.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Quality Surveyor Handbook HDB-ACC-0016 (available on site) • Re-accreditation audit assessment information RPT-ACC-0004 	

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> • Re-accreditation audit report RPT-ACC-0016 • Review audit assessment information RPT-ACC-0008 • Assessment contact report - Expected outcomes RPT-ACC-0021 • Assessment contact recommendation FRM-ACC-0149 			
7.14	Documented review processes and guidelines are followed to ensure the report is complete and accurate.	Self - Rating	3	Surveyor Rating	3
Guidance	<p>The processes could include:</p> <ul style="list-style-type: none"> viii. editing and review being used to ensure the reports are complete, accurate, balanced, constructive and consistent with the intent of the standards; xix. written procedures and guidelines being followed when reports are further reviewed or assessed to ensure accuracy, objectivity and consistency 	<p>Assessment teams have a statutory role and status and their reports are reports of the team not of the Quality Agency. While the Quality Agency reviews reports to ensure their quality, accuracy and consistency, it is not entitled to change reports without the consent of the assessment team.</p> <p>i) <u>Quality review of the written report</u> The team leader is responsible for coordinating the production and quality checks of reports of each assessment, which involves consultation with all team members to gain endorsement of the final product and the team's findings.</p> <p>Assessment teams are required to complete reports in accordance with various Quality Agency documents outlined in the Surveyor handbook and Report writing handbook. These prescribe the manner in which reports are to be written including the nature of content.</p> <p>ii) <u>Quality assurance of reports</u> We conduct various quality assurance reviews of reports, including review of all reports where failure to meet an expected outcome is found. This is generally undertaken by the Assistant Director or Senior Quality Surveyor before final submission to the assessment team for endorsement.</p> <p>We also review reports as part of the system for reviewing decisions made across the Quality Agency, and informs the Continuing Professional Development program for Quality Surveyors and external Quality Assessors.</p> <p>The decision maker is responsible for quality assurance of the Final quality review report, as they issue it as the result of the decision-making process, so it is no longer the assessment team's report.</p> <p>Evidence:</p>		<p>There is evidence that the documented quality control mechanisms in relation to reports allow the Quality Agency to identify issues pertaining to the interpretation of the standards/requirements, the objectivity and consistency of ratings and findings, as well as to respond dynamically to surveyor training needs. Findings in relation to the 16 recently recruited and trained surveyors/assessors suggest the improvements to the surveyor training program support consensus and consistency in team reports.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented processes and guidelines for report writing</i> 				

Standard 7: Survey and Client Management		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> Quality Surveyor Handbook HDB-ACC-0016 (available on site) Report writing handbook HDB-ACC-0019 			
7.15	The relationships with clients, and the support offered to them, are reviewed regularly and improvements made based on the evaluation and feedback provided.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Improvements may include:</p> <ul style="list-style-type: none"> lxx. updating policies and procedure; xxi. client educational materials; xxii. revision to process; xiii. revision of standards 	<p>The Quality Agency is committed to the continuous improvement of our own processes and use the feedback provided by our stakeholders, as well as complaints information, to guide improvements.</p> <p>As accreditation processes and revision of standards are legislated, there is limited scope for reviewed and changes. However, the Quality Agency seeks feedback and makes changes in response to client suggestions that are within its capacity.</p> <p><u>Feedback from clients</u> Following each visit to a residential aged care service, the assessment team leader leaves a feedback form that can be filled out anonymously and returned in the reply-paid envelope to an independent company. That independent company send the Quality Agency a monthly report on collated and aggregated data, which only identifies the responses of specific residential aged care homes if they have provided their details on the form. Where they have self-identified, the Quality Agency will follow up complaints or concerns.</p> <p>Information from complaints and the feedback from site visit questionnaires is collated and analysed to identify improvement opportunities and to inform learning and development programs. In 2015-16 we received 30 complaints (against almost 4,000 visits) compared with 57 against a similar number of visits the previous financial year.</p> <p>There were 2,588 site visit questionnaire forms returned in the 2015-16 reporting period. This represents a return rate of 61 per cent of the visits undertaken to residential aged care services. Of the responses received, 1,925 people identified themselves representing 74 per cent of returned questionnaires. The comments made on the feedback forms (both positive and negative) were used to inform our Continuing Professional Development (CPD) program.</p>		<p>Aiming to better support older persons' and their families/guardian's choice of aged care services and organizations, the Quality Agency has promoted the input of service providers as well as community and special interest groups to the recent Department of Health's consultations regarding the Single Aged Care Quality Framework and assessment process options.</p> <p>Plans to maintain and enrich the achievement of this criterion build on the diverse, complementary, and supple strategies to obtain and use insights from client organizations and other stakeholders on an on-going basis.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Evaluation and feedback evidence</i> <i>Examples of improvements</i> 				

Standard 7: Survey and Client Management	Self-assessment evidence	Surveyor Findings
	<p>We recognise that an unannounced visit may disrupt the residential service, however, the feedback statistics suggest the level of disruption is not experienced as negatively as might be expected. The feedback questionnaire asks for responses on the question "Please rate the performance of the team in terms of allowing care staff to continue their duties during the visit". In 2015-16, 99 per cent of responses from unannounced visits rated the assessment team's performance on this measure as either 'excellent', 'very good', or 'good'. This has been a consistently positive trend over a number of years and we continue to closely monitor this measure.</p> <p><u>Changes as a result of feedback</u> We actively seek feedback from service providers to improve our processes and our educational material. We also seek feedback from consumers of aged care services and other stakeholders, including through the 'Let's talk about quality' project conducted in 2015. In that series of community meetings, we explored what quality in aged care looks like and how we can measure it.</p> <p>In response to the feedback from the variety of sources noted above we have made significant changes to our educational products, including the development of collaborative partnerships. Some examples for 2015-16 include:</p> <ul style="list-style-type: none"> • Following analysis of site visit feedback data, we conducted a CPD session titled 'Crucial Conversations' that addressed building effective onsite relationships management during the conduct of audits and assessment contacts. • The highly successful program of Better Practice conferences in all states and the Northern Territory. Following requests from aged care stakeholders, a Better Practice conference was conducted for the first time in Darwin (Northern Territory) in 2015, as a location to engage more closely with remote and indigenous service providers and their communities. Feedback from these conferences is considered when planning for the subsequent year. • The 'Consumer Directed Care and Home Care Standards' workshop was developed and implemented in collaboration with the Council on the Ageing (COTA) 	

Standard 7: Survey and Client Management	Self-assessment evidence	Surveyor Findings
	<ul style="list-style-type: none"> • The 'Focus on Diversity' workshop was developed and implemented in collaboration with The Centre for Cultural Diversity in Ageing. • 'Making the Most of Complaints' workshop was relaunched • The Compliance assistance program was implemented with a target of providing compliance assistance training to 540 services in the 2016-17 financial year. <p>Evidence:</p> <ul style="list-style-type: none"> • Complaints data (available on site) • Site visit Questionnaire QT-ACC-0001 • Let's Talk About Quality: Shaping the future, National consultation report December 2015 • Site visit feedback results 2015-16 • Better Practice 2016 evaluations and speaker feedback • Workshop feedback results • Completed CPD evaluation forms (available on site) 	

Standard 8: Accreditation or Certification Awards		Self-assessment evidence		Surveyor Findings	
8.0	The processes for determination, awarding and maintenance of accreditation or certification are objective, consistent and meet the external evaluation organisation's objectives.	Overall rating	4	Overall Rating	4
		<p>Under the <i>Aged Care Act 1997</i>, residential aged care services must be accredited in order to be eligible to receive payments from the Australian Government. The <i>Australian Aged Care Quality Agency Act 2013</i> established the CEO of the Quality Agency as the authority responsible for the accrediting residential care services in accordance with the <i>Quality Agency Principles 2013</i> (the Principles) and the Accreditation Standards. The Principles define those functions to include the appointment of assessment teams and the making of decisions in relation to the performance against the Accreditation Standards and the period of accreditation for residential aged care services.</p> <p>The decision to grant accreditation to a residential aged care service is based on a number of robust processes such as:</p> <ul style="list-style-type: none"> • quality assessor selection, training, assessment and development to obtain an accurate report for a decision-maker • sound policies, information gathering and quality assurance processes and ongoing development ensure the decision-makers make an accurate decision • on-going monitoring to ensure the services continue to meet the relevant Standards through case management and risk management • strong working relationships and information exchange with other regulatory bodies including the Department of Health and the Aged Care Complaints Commissioner. 		<p>The Quality Agency is committed to being an effective and responsive regulator and partner. Key information technology projects under way (BBP, CER, and CAAT), joint strategic activities undertaken with co-regulators (notably via the recently established Regulator Performance Governance Group), the memoranda of understanding with the Department of Health and the Aged Care Complaints Commissioner, and its work with National and State Liaison Groups are examples of the concrete expression of its purpose, vision, and drive. Self-assessments against standards and legislated frameworks are used to support organizational learning and build identity, cohesiveness, and resilience.</p> <p>Plans for consolidation/improvement in relation to critical internal and industry risks and opportunities linked to its statutory decision-making and compliance assistance (ref. 2016-2020 Corporate Plan, pages 16 and 17) are appropriate and meaningful. Insights and lessons from the Makk and McLeay Aged Care Home situation, notably those drawn from the on-going appreciative enquiry, have reinforced the Quality Agency's engagement with regards to the use of analytics to better understand performance.</p>	
8.1 Core	The external evaluation organisation states who is responsible for determining the outcome of the survey; that the award of accreditation or certification is made in accordance with criteria, set by the governing body; and on the basis of the findings in the survey report. The process is transparent, consistent, and impartial and is determined within a set timescale.	Self - Rating	4	Surveyor Rating	4
Guidance	This could include accreditation and certification decisions being: xiv. confined to matters relevant to the scope of the accreditation or certification being considered	<p>The <i>Australian Aged Care Quality Agency Act 2013</i> (the Act) establishes the Quality Agency as the sole entity in relation to the accreditation. This applies to all providers receiving funds from the Australian Government for services delivered through a residential aged care service.</p> <p>Under the Act, the Chief Executive Officer of the Quality Agency has the following functions:</p>		<p>The Decision-Making policy was updated in January 2017. Its content is in keeping with the legislated principles and the current delegation of functions and powers. Oversight processes in relation to its application address transparency, impartiality, timeliness, and consistency.</p>	

Standard 8: Accreditation or Certification Awards		Self-assessment evidence	Surveyor Findings
	The set timescale in which all activities have to be met be included in the criteria set by the governing body.	<ul style="list-style-type: none"> to accredit residential care services in accordance with the Quality Agency Principles, and the Accreditation Standards made under the Aged Care Act 1997; from July 1 2014, to conduct the quality review of home care services in accordance with the Quality Agency Principles, and the Home Care Standards made under the Aged Care Act 1997. 	
Suggested Evidence	<ul style="list-style-type: none"> <i>Defined process and criteria for making accreditation decisions</i> 	<p>Following an assessment of a residential aged care service's performance against the Accreditation Standards the assessment team provides the approved provider with a written report of the major findings and the Quality Agency with an audit assessment information and Re-accreditation or Review audit report. The assessment teams make a recommendation of whether the service meets the relevant Standards.</p> <p>The procedures for making a decision on an application for re-accreditation are stipulated in the <i>Quality Agency Principles 2013</i> (Chapter 2, Div 3, Subdivision C and Chapter 2, Div 5) with further guidance being provided in the Quality Agency's Decision-making policy. Decision-makers are not part of the assessment team or quality review team that carried out the site visit.</p> <p>The <i>Quality Agency Principles 2013</i> prescribe what the decision-maker must consider in coming to a decision about a residential aged care service's performance against the Accreditation Standards and the appropriate period of re-accreditation. This includes the assessment team's reports, any information submitted in response to those reports by the approved provider, any relevant information given to the Quality Agency by a care recipient or former care recipient of the service or by a representatives or a care recipient or former care recipient of the service, information about the approved provider given by the Secretary of the Department of Health, and other relevant matters. The decision maker must also decide whether the approved provider will undertake continuous improvement.</p> <p>Decisions about whether to accredit or not accredit a residential aged care service and the period of accreditation awarded takes into account the overall level of performance against the Accreditation Standards and the extent to which any failure compromises the health, safety or wellbeing of</p>	

Standard 8: Accreditation or Certification Awards		Self-assessment evidence		Surveyor Findings	
		<p>care recipients. A decision may be made to refuse accreditation or to award accreditation for a period of three years, a period of around two years, or a period around one year. The general indicators relating to decisions about whether to accredit a home, and if so for what period are published on the Quality Agency's website.</p> <p>The approved provider must be notified in writing of the decision to accredit or reaccredit a residential aged care service.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Australian Aged Care Quality Agency Act 2013, Part 2, Section 7 and Part 3- Div 1, Sections 11 and 12 • Instrument of Delegation REG-ACC-0014 • Quality Agency Principles 2013, Chapter 2, Div 3, Subdivision C and Chapter 2, Div 5 • Decision-Making Policy POL-ACC-0017 • http://www.aacqa.gov.au/providers/residential-aged-care/copy_of_processes/re-accreditation-audits-1/re-accreditation-audit-decisions 			
8.2	The certificate awarded to the participating organisation details the name of the organisation, the scope and effective date of the accreditation or certification and the term for which it is valid.	Self - Rating	4	Surveyor Rating	4
Guidance	Depending on the external evaluation body the scope may not always be necessary, as the whole organisation is being evaluated. Some external evaluation programmes only award a certain department or programme and the certificate must clearly state this.	<p>Under the <i>Quality Agency Principles 2013</i> the approved provider must be given a Certificate of Accreditation for the residential aged care service stating the period of accreditation or further accreditation. The accreditation certificate awarded includes the name of the home and notification that the home has been accredited by the Australian Aged Care Quality Agency to the relevant expiry date.</p> <p>The certificate is signed by the Chief Executive Officer. There is no scope of accreditation, a home is either accredited or not accredited.</p>		The Quality Agency awards accreditation certificates that fulfil all the requirements of this criterion.	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Example of certificate</i> 	<p>If a decision is made to vary the period of accreditation following a review audit, the CEO must give the approved provider a new certificate for the service stating the period of accreditation.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Certificate of Accreditation FRM-ACC-0184 			

Standard 8: Accreditation or Certification Awards		Self-assessment evidence		Surveyor Findings	
8.3	A transparent and clearly described appeals process exists that can be applied when the outcome of a survey is in dispute.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The appeals process should insure that persons or group of persons that are competent and independent are in charge of the review procedure.</p> <p>There should be a process defining a follow-up to appeal procedures and the transmission of the results of the appeal process.</p>	<p>Under the legislation, an approved provider of a residential aged care home may request a reconsideration by the Quality Agency regarding a decision about:</p> <ul style="list-style-type: none"> • refusal to accredit a commencing home • refusal to re-accredit an accredited service or previously accredited service • the period of accreditation for an accredited service or previously accredited service • revoking accreditation • varying the period of accreditation of an accredited service 		<p>The appeals structure foreseen in the legislated principles is documented in a policy updated in February 2017. The types of decisions that can be involved, the timeframes, authorities and responsibilities, as well as the next level recourse are succinctly described in the policy.</p> <p>The appeals procedure is made known to aged care organizations and summarized on the Quality Agency's website. In 2015-2016, a single decision reconsideration request was received following a review audit and six reconsideration requests following reaccreditation audits, all treated without recourse to the external review accessible via the Administrative Appeals Tribunal.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented appeals process</i> 	<p>The review and appeals process is clearly described in the <i>Quality Agency Principles 2013</i> (Div 1, Part 6, Sections 2.65-2.69). The Quality Agency has established a policy about the approach to requests for reconsideration of decisions under the <i>Quality Agency Principles 2013</i> and the <i>Quality Agency Reporting Principles 2013</i>.</p> <p>In certain circumstances an approved provider may also apply to have a decision reviewed by the Administrative Appeals Tribunal (AAT), which is a review authority independent of the Quality Agency. Reviewable decisions by the AAT are documented in the <i>Quality Agency Principles 2013</i> (Div 1, Part 6, and Sections 2.70-2.72). The Quality Agency has developed a procedures for when a home applies to the Administrative Appeals Tribunal (AAT) for review of a reconsidered decision.</p> <p>An explanation of the decisions that are eligible for review and appeal, and the processes involved, are sent to the approved provider with documents outlining the reasons for decision and also outlined on the Quality Agency's website.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Reconsideration of decisions about accreditation POL-ACC-0023 • Administrative Appeals Tribunal PRO-ACC-0023 • Email: To AP decision to re-accredit FRM-ACC-0066 • Information sheet – Decision to re-accredit FRM-ACC-0174 			

Standard 8: Accreditation or Certification Awards		Self-assessment evidence		Surveyor Findings	
		<ul style="list-style-type: none"> http://www.aacqa.gov.au/providers/residential-aged-care/copy_of_processes/reconsiderations-and-reviews 			
8.4	There is on-going monitoring of survey outcomes to ensure consistency with the criteria for awarding accreditation/certification.	Self - Rating	3	Surveyor Rating	3
Guidance	The criteria are set by the governing body, see criterion 8.1.	<p>The Quality Agency has established a procedure for the review of decisions to ensure a robust assessment outcome.</p> <p>All decisions for review audits, where a residential aged care services was accredited for less than three years and, each year, a minimum of 24 decisions that granted three year accreditation periods are reviewed. This is undertaken for quality assurance purposes and to seek what we can learn about decision-making processes and consistency across the Quality Agency's decision-makers. We also review all assessment contacts where not met outcomes are identified, plus a further sample if required to ensure consistency between decision makers, quality and consistency of reports, and identify any opportunities for improvement with Quality Agency processes.</p> <p>The results of these reviews have found a high level of consistency with Quality Agency policies. However, if inconsistencies were identified, additional decisions made by specific decision-makers would be reviewed and the results considered in accordance with the Coaching for performance every day program.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Review of Decisions PRO-ACC-0015 Reviews of decisions (available onsite) 		<p>The interviews and the evidence provided on site attest to an ongoing, systematic verification of the consistency of decisions. The form/template currently used consists of 8 items and a broad invitation to document a suggestion in relation to the quality assurance activities. The first 4 items pertain to the appropriateness of the period of (re-)accreditation granted, the number of met and not met expected outcomes, possible findings of serious risk, and the appropriateness of the timetable for improvement period. The 5th item asks whether the statement of reasons sent to the approved provider provides sufficient information, and the 6th requires a judgment as to whether "the report provides sufficient and relevant information to establish the home's performance against the accreditation standards." The final 2 items (7th and 8th) allow for documentation of an approved provider submission, should there be one.</p> <p>In keeping with the allotted timeframes, reviewers are cued via the BBP information system. Monthly tallies/reports are subsequently integrated into quarterly reports that contain findings and recommendations.</p> <p>Opportunity for Improvement The Review of Decisions form could be revisited to better reconcile its items with the decision-making policy logic and indicators, potentially making gains in the efficiency of the systematic reviews.</p>	
Suggested Evidence	<ul style="list-style-type: none"> <i>Accreditation/certification award criteria</i> <i>Results of monitoring</i> 				
8.5 Core	The external evaluation organisation monitors the continued maintenance of standards and quality improvements by accredited or certified organisations.	Self - Rating	4	Surveyor Rating	3
		Residential aged care services that are accredited must comply with the Accreditation Standards and demonstrate continuous improvement against these Standards		The Quality Agency's 2015-2016 self-assessment against the Regulator Performance Framework indicates	

Standard 8: Accreditation or Certification Awards		Self-assessment evidence	Surveyor Findings
Guidance	<p>Monitoring requirements should specify what should be covered as a minimum to maintain accreditation or certification, e.g. complaints, audit, risks etc. The criteria used in monitoring should be consistent with the criteria used in the original assessment or make it clear where they are linked.</p> <p>Monitoring could include:</p> <ul style="list-style-type: none"> xv. submission by the accredited or certified organisation of a plan of the specific actions and timeframes in which they will make any improvements recommended in the survey report; xvi. processes for validating the implementation of these actions; xvii. review of specified documentation; xviii. a system of periodic self-assessments, annual or mid-term reviews, or random reviews 	<p>The <i>Quality Agency Principles 2013</i> define the role of the Quality Agency in monitoring accredited services. Under these provisions assessment contacts are conducted at residential aged care services for one or more of the following purposes:</p> <ul style="list-style-type: none"> a) To assess the approved provider's performance in relation to the services against the Accreditation Standards b) To assist the approved provider's process of continuous improvement in relation to the service against the Accreditation Standards, c) To identify whether there is a need for a review audit at the service d) To give the approved provider additional information or education about the accreditation process and arrangements. 	<p>a 'Good' result for the key performance indicator (KPI) pertaining to this criterion:</p> <ul style="list-style-type: none"> • Actions undertaken by regulators are proportionate to the regulatory risk being managed (KPI 3); • Compliance and monitoring approaches are streamlined and coordinated (KPI 4). <p>Strategic and improvement actions that have been identified since the 2016 self-assessment have enriched the sources of information that assist with on-going risk management and decision-making (notably, fostering proactive exchange of information and coordination, as mentioned in criterion 3.3). The interview with client organization representatives attested to a translation of the Quality Agency's investments in customer relationship management into a shared sense that assistance for compliance to standards and adaptation to contemporary issues have evolved positively and show responsiveness as well as diversification.</p>
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented monitoring process</i> • <i>Examples of monitoring reports</i> 	<p>Assessment contacts to residential aged care services may be announced or unannounced, with all residential aged care homes receiving at least one unannounced assessment contact per financial year. This practice will be evaluated against case management results, performance measurement of the Regulatory Performance Framework and against our Corporate Strategic Objectives during 2017 to determine further policy application.</p> <p>The form and frequency of assessment contacts are determined on a case by case basis, which depends on the particular circumstances of the home. Homes with a history of failure to meet the Accreditation Standards may be visited more frequently than a home with a record of consistent high performance.</p> <p>Information on assessment contacts is also on the Quality Agency's website.</p> <p>At any stage of the accreditation either during the course of a re-accreditation, assessment contact or review audit, the Quality Agency may identify failure/s to meet the relevant Standards. If there are findings of not meeting the relevant Standards the Quality Agency will set a Timetable for improvement (TFI). If the Quality Agency sets a TFI, the home is given written advice about the improvements required to ensure compliance, the date by which the</p>	<p>Interrelated projects under way in relation to further targeting good performance drivers and key areas of underperformance in compliance assistance initiatives are expected to significantly and sustainably contribute to excellent achievement of this criterion (e.g. CER, SOFI2, CAAT and BBP). The Quality Agency is considering integrating the tracer methodology within its assessment activities and currently trains staff on quality and safety as drivers of evidence gathering and decision making (ref. 2016-2017 Operational Plan).</p>

Standard 8: Accreditation or Certification Awards		Self-assessment evidence		Surveyor Findings	
		<p>service must meet the relevant Standards, and the arrangements for assessment contacts to assess performance.</p> <p>If at the end of an agreed timetable for improvement the approved provider continues not to meet the relevant standards the CEO of the Quality Agency must notify the Secretary of the Department of Health in writing. The Secretary is empowered to make decisions about sanctions that fall under the authority of the Department of Health. The Quality Agency does not have a role in those decisions other than providing reports of the assessment and the reasons for our decisions.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Australian Aged Care Quality Agency Act 2013 • Quality Agency Principles 2013 • http://www.aacqa.gov.au/providers/residential-aged-care/copy_of_processes/assessment-contacts • http://www.aacqa.gov.au/providers/home-care/processes-and-resources/processes/the-quality-review-process • Unannounced Visits POL-ACC-0016 • Timetable for Improvement POL-ACC-0022 			
8.6 Core	There are processes for following up any concerns or issues raised about an accredited/certificated client.	Self - Rating	3	Surveyor Rating	3
Guidance	<p>Processes could include:</p> <p>xix. accredited or certified organisations against whom a complaint is made to the external evaluation organisation being required to make available, when requested, its records of complaints and subsequent action taken;</p> <p>xxx. a defined system for following up with accredited or certified organisations when a sentinel event occurs;</p> <p>xxi. a re-survey if after evaluation of the issues raised justifies this;</p> <p>xxii. a re-survey if the client organisation has undergone significant changes</p>	<p>The Quality Agency has established policies and protocols to follow-up concerns about accredited services.</p> <p>i) <u>Complaints about accredited services</u> Complaints about the performance of aged care services may be made to the Aged Care Complaints Commissioner as the authorised body under the <i>Aged Care Act 1997</i> and the <i>Complaints Principles 2015</i>. If the Complaints Commissioner identifies systemic issues regarding compliance with the relevant Standards by an aged care service, the information is referred to the Quality Agency. The Quality Agency then determines, via its case management process, what action should be taken.</p>		<p>The processes for following up on concerns or issues raised about a client organisation have been strengthened by memoranda of understanding with the Department of Health and the Aged Care Complaints Commissioner (as mentioned in criteria 3.3, 3.7, and 3.12 in relation to the new Complaints Scheme), the updating of the Case Source Information procedure (in March 2016), the Case Management policy and the Unannounced Visits policy (in January 2017), and the monitoring mechanisms associated with each.</p> <p>The system for following up with aged care organizations when adverse and sentinel events occur appears less defined (as mentioned in criterion 7.8) though the Case Source Information Statistics and the National Data Set provide meaningful indications. The more explicit requirements in the Single Aged Care Framework in relation to adverse events could lever innovation.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Documented process for following up any concerns/issues</i> 	<p>Records of referrals are maintained and, if the Quality Agency determines that a visit to the service is necessary to monitor performance, the assessment team will be briefed about the matters to be assessed and report. The Quality Agency then provides a summary report to the Complaints</p>			

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	<p>Commissioner about actions taken to monitor the performance of a service and the findings in relation to the systemic concerns.</p> <p>ii)-iv) <u>Adverse events and follow-up visits</u> Aged care services are not required to report sentinel events (except infectious outbreaks and absconding residents). Complaints or adverse information may also be received by the Department of Health or the Quality Agency in the course of their work as regulatory bodies. Case Management meetings held weekly in each State office to discuss any referrals from the Complaints Commissioner, Department of Health or other sources and services that may indicate a failure to comply with the Standards. Decisions about actions in response to such case source information are made within one working day of receiving the information. A case source information record is raised in response and a decision is made by authorised decision makers within one to three working days (depending on the type of information received).</p> <p>A case source information decision may be to conduct an additional assessment contact, bring forward a planned assessment contact, consider the information at an upcoming accreditation or quality review, have phone contact with the home, or to schedule a review audit or quality review.</p> <p>State office decision makers are required to provide a briefing note to the National case management committee when:</p> <ul style="list-style-type: none"> • a decision is made to conduct a review audit • a decision is made to grant less than three years' accreditation • a service's failure to meet the Standards has placed or may place a care recipient's health, safety or wellbeing at serious risk • When a home is reported with major failures (i.e. four or more expected outcomes not met) • Significant media. <p>The National case management committee meets monthly to review current and potential issues. This committee focuses on homes which are of particular concern. The</p>	

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		<p>briefing notes submitted by State offices are reviewed at this meeting.</p> <p>In addition, reports on reasons for compliance changes and relationship management and other information, may be called for and reviewed as required. The National case management committee may direct specific actions to be taken. Records of decisions are maintained.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • CSI Report 1 July 2016 to 31 March 2017 • Procedure-Case Source Information PRO-ACC-0014 • Visit Prioritisation and Risk Rating POL-ACC-0026 • Case management policy POL-ACC-0008 			
8.7	The external evaluation organisation allows the use and display of its accreditation or certification mark or logo, or claims about accredited or certified status, only in accordance with documented rules.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>The rules could include:</p> <ul style="list-style-type: none"> xiii. information given to the client; xiv. a procedure for withdrawal of accreditation/ certification; xxv. monitoring of the correct use of the logo 	<p>The legislation sets out the legal requirement regarding accreditation rules.</p> <p>i) <u>Information given to the client</u> The <i>Quality Agency Principles 2013</i> requires that the Quality Agency must give to the approved provider of residential aged care service a certificate of accreditation stating the period of accreditation or further period of accreditation. The Quality Agency encourages homes to display their certificate of accreditation. An approved provider may not represent a home as being accredited if the home is not accredited, or as having been accredited during a period for which it was not accredited.</p>		<p>The evidence and interviews attest to the fulfilment of all the requirements of this criterion, in alignment with the overarching legislation and the Use of Certificate and Representation About Accreditation Status policy updated in August 2015.</p> <p>When a review audit decision results in a change to the accreditation period or a revocation of accreditation, the Quality Agency systematically requests that the previous certificate be returned or destroyed and checks if the correct certificate is displayed when next on-site.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Rules of accreditation or certification</i> 	<p>The Principles also require that we give the approved provider a new certificate of accreditation for the service stating the new period of accreditation if the decision following a review audit was to vary the accreditation period. A new accreditation certificate replaces previous certificates issued and is valid for the period recorded on the certificate.</p> <p>A new accreditation certificate is required to be sent to a home after a reconsideration decision to vary the period of a home's accreditation or a decision not to revoke and to vary. Certificates are generated 28 days after the approved provider is notified of the decision.</p>			

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		<p>The Quality Agency may request the previous certificate be returned or destroyed following a review audit decision to vary or to revoke a residential care service's accreditation.</p> <p>ii) <u>Correct use of logo</u> The Quality Agency does not license the use of its name or the Commonwealth of Australia logo or distribute electronic/printed samples of the logo. Certificates of accreditation are only provided in hard copy.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Quality Agency Principles 2013 (Chapter 2, Part 1, Division 4, section 2.23) • Accreditation Certificate PRO-ACC-0004 • Use of certificate and representation about accreditation status POL-ACC-0006 			
8.8	The public has access to information about which organisations have been accredited or certified so they can have confidence in the accuracy of any claims about accreditation or certification status.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>There should be a process for:</p> <p>xvi. taking suitable action to deal with incorrect references to accreditation or certification status or misleading use of certificates, seals and logos in advertisements, brochures or articles;</p> <p>xvii. publishing lists of accredited or certified organisations periodically and making these available at any time on request</p>	<p>Accreditation information regarding aged care services is published on the Quality Agency's website.</p> <p>i) <u>Representations regarding accreditation</u> If the accreditation status of a home is misrepresented the Quality Agency determines the appropriate action, which may include referring the matter to the Department of Social Services, relevant State government department and/or the Australian Competition and Consumer Commission for further action.</p> <p>The Quality Agency does not approve of the use of any of its branding as a means of displaying a home's accreditation status. Where the Quality Agency's branding has been found to have been used without permission, the Agency decides on the appropriate action, which may include:</p> <ul style="list-style-type: none"> • contacting the approved provider; and/or • referral to Commonwealth and state government department and authorities; and/or other actions as deemed appropriate. <p>ii) <u>Accuracy of published decisions</u> All re-accreditation decisions review audit decisions and associated audit reports are published on the Quality Agency's website. The public can therefore be confident</p>		<p>The Quality Agency rigorously ensures public access to accreditation information. An opportunity for improvement addressed to it in 2013 led to some substantial investments that have since been revisited with a view to further ease the search for information on a specific home. Search abandonment data led to the creation of 3 report access routes. For example, the 1st quick link that appears on the Quality Agency's home page leads to a page where the search can be launched using any of the following: the home's name, its RACS Number, the suburb or the state involved. The home's posted documents then appear chronologically, starting with the most current report. The succinct text that follows each header discloses the number of expected outcomes met and the accreditation period or change to the latter.</p> <p>Work that is under way to re-develop the website fits within the actions pertaining to the Strategic priority on informing consumer choice (ref. 2016-2017 Operational Plan received on site). The 4 measures and targets are monitored and there is evidence of necessary and timely resetting of timeframes for the first 2 measures.</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Evidence of published lists of accredited or certified organisations</i> • <i>Process for dealing with incorrect references/claims</i> 				

Standard 8: Accreditation or Certification Awards		Self-assessment evidence		Surveyor Findings	
		<p>that any home listed as being accredited is accredited, and can review information about the home contained in the published report.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Use of Certificate and Representation About Accreditation Status POL-ACC-0006 • Quality Agency Principles 2013 (Chapter 2, Part 1, Division 5, section 2.26) • http://www.aacqa.gov.au/publications/reports 			
8.9	Records demonstrate that the procedures have been effectively implemented and records are identified, managed, stored and disposed of in such a way as to ensure the integrity of the process and confidentiality of the information.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>This may include records are kept for at least one full accreditation or certification cycle and as required by law.</p> <p>This may be included in the procedure for the control of records (3.11).</p>	<p>Official Quality Agency records are created, captured and managed in established records management systems:</p> <ul style="list-style-type: none"> • Better Business Program (BBP), which includes records of aged care providers, the services they operate and assessment activities undertaken by the Quality Agency • E-Tivity, for the scheduling of surveyor visits to aged care services • Q-Pulse, the document management system for all policies, procedures and forms. 		<p>The Quality Agency's practices concerning this criterion correspond to full achievement. Work is under way to rely exclusively on paperless records (only surveyor/assessor notes would be in off-site archive).</p>	
Suggested Evidence	<ul style="list-style-type: none"> • <i>Accreditation or certification records</i> 	<p>The BBP system generates electronic decision proforma (e-forms) that provide the accreditation decision makers the opportunity to determine if previous accreditation records relevant to the residential aged care service can be archived.</p> <p>There is a documented archiving procedure for designated Quality Agency staff to follow. The procedure outlines the steps to be taken to identify, control and ensure the proper off-site archiving of records and to ensure that minimum retention times are in line with the Quality Agency's approved Records Authority 2015/00446482 under the <i>National Archives, and the Archives Act 1983</i>.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Record Management Policy POL-IST-0010 • Decision Making Procedure PRO-ACC-0020 • Records Management-Archiving of Records PRO-IST-0052 			

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8.10	The accreditation or certification processes and outcomes are evaluated and the results used to make improvements.	Self - Rating	4	Surveyor Rating	4
Guidance	<p>Evaluation may include:</p> <ul style="list-style-type: none"> xxviii. participating organisation satisfaction; xxxix. validity and consistency of awards and their maintenance; xc. the appeals process; xcii. research on the outcomes of accreditation or certification processes; xciii. evaluation and evolution of decision rules on basis of the on-going experience with the decision process 	<p>The Quality Agency has a number of processes in place to ensure it captures the views of key stakeholders and effectively uses that to feed into improvements to the accreditation process.</p> <p>i) <u>Satisfaction from clients</u> The organisation analyses feedback from industry including monthly, quarterly, half-yearly and annual reviews of feedback questionnaires regarding our visits. A questionnaire is provided to each home after every visit, which provides feedback about the assessment team and the Quality Agency's processes. The surveys are sent by pre-paid post to an external organisation, who collates it before sending it to the Quality Agency. The data is then analysed by staff in the Regulatory Performance department.</p>		<p>In line with its commitment toward better regulation, the Quality Agency is working on strengthening its data capture processes and establishing an analytics capacity that will drive the evolution of decision rules and contribute to the transformation of the aged care industry. To this point, the 2016-2017 Operational Plan received on site indicates that the "legislative, policy and practice review project undertaken to identify best practice to achieve safety and quality through audit practice and statutory decision making" is on track (page 5).</p> <p>In addition to its demonstrated capacity to obtain and use multimodal feedback from client organizations on an ongoing basis, achievements thus far in relation to stakeholder engagement support full achievement of this criterion. The planned development of 4 stakeholder engagement strategic priorities could facilitate the translation of accreditation and quality review processes and outcomes into levers for the establishment of safety cultures within and across client organizations.</p>	
Guidance	<p>There should be a process for:</p> <ul style="list-style-type: none"> civ. taking suitable action to deal with incorrect references to accreditation or certification status or misleading use of certificates, seals and logos in advertisements, brochures or articles; xcv. publishing lists of accredited or certified organisations periodically and making these available at any time on request 	<p>We also seek feedback from Quality Surveyors after each visit to assist with the planning of future visits to homes, and to seek improvements to our processes.</p> <p>ii) <u>Validity and consistency of awards</u> The Quality Agency undertakes reviews of various matters relating to the performance of aged care services including:</p> <ul style="list-style-type: none"> • compliance rates • decisions • reconsideration decisions • outcomes of State and National case management meetings. 			
Suggested Evidence	<ul style="list-style-type: none"> • Evidence of published lists of accredited or certified organisations • Process for dealing with incorrect references/claims 	<p>iii) <u>Appeals process</u> Following significant appeals and challenges to accreditation decisions, implications for practice are considered. This may flow through to initial and ongoing training and or performance coaching.</p> <p>Reconsideration decisions are made upon request from an approved provider (governing organisation of a home). In addition to reconsiderations, approved providers may also apply for 'review' or 'appeal' to some decisions, as set out in the legislation. An organisation may apply to the Administrative Appeals Tribunal (AAT) which is an independent review body.</p>			

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	<p>Information about these rights is provided in 'information sheets' for relevant decisions, which are automatically attached to the emails to the approved provider by our BBP system.</p> <p>iv) <u>Research on outcomes</u> Each quarter we produce the 'National data set' that describes the performance of residential aged care services across a rolling three year period. These results are shared with stakeholders attending Quality Agency Liaison Groups and State Agency Liaison Groups.</p> <p>Accreditation documentation is reviewed on a regular basis, for instance, the key Surveyor handbook has been reviewed in 2017 to allow for the new position of Quality Surveyor created under the Enterprise Agreement that was endorse to commence from 13 March 2017.</p> <p>v) <u>Decision rules</u> We conduct reviews of changes of compliance. This occurs whenever a substantial change in compliance occurs. State offices are required to provide a report using a standard template describing the key reasons. This is monitored by the Operations Division, and samples can be provided during a site visit to our organisation.</p> <p>Case management meetings also discuss the case management decisions for homes of concern, that is, homes with an increase in failure to meet the Accreditation Standards, or who are being discussed for other reasons, for example, media interest. Briefing notes describing the history and any other relevant factors are provided at these meetings, and meeting minutes for each meeting, together with the briefing notes are available during a site visit to our organisation.</p> <p>The Quality Agency's website includes the reports for the current and previous accreditation and review audits for every accredited residential aged care service. We have developed a process for gathering information that will be published from July 2017 for the benefit of consumers and potential consumers of residential aged care services.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Site visit feedback results 2015-16 	

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		<ul style="list-style-type: none">• Assessor feedback weekly report• State office case management committee minutes (available on site)• National Data Set to 30 December 2016• State Agency Liaison Group agenda• http://www.aacqa.gov.au/publications/reports• Consumer Focused Report projects - Criteria for Success• CFR Project Status Report for February 2017	