Australian Government
Department of Health and Ageing

hacc
home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Community Care
Common Standards
Guide

Contents

1. OVERVIEW OF THE COMMUNITY CARE COMMON STANDARDS GUIDE

This section provides background information about accountability requirements related to the community care programs across jurisdictions (Commonwealth, State and Territory governments).

1.1 PURPOSE

This guide has been developed to assist service providers to prepare and participate in a quality review using the Community Care Common Standards (the Standards) for ensuring quality in community care. The guide is also used by quality reviewers in conducting quality reviews of community care services. Community care includes:

- the Home and Community Care (HACC) Program

- packaged care programs [Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD)]

- the National Respite for Carers Program (NRCP).

1.2 GUIDE CONTENTS

This guide is designed to support service providers in responding to the requirements of the Standards during a quality review of their services, and to help them continuously improve. The guide provides information in the following areas:

- An overview of the applicable programs and jurisdictions

- Quality review processes for the Standards

- Information on the Standards' expected outcomes

- Examples of results and performance measures

- Other information

- Appendices (including tools and forms).

The Appendices to this guide contain: information for quality reviewers; acronyms and glossary; national program documents and references; quality review documentation, including the self-assessment tool, an example of a completed self-assessment tool, the on-site visit schedule, the quality reviewer tool, the quality review report and the improvement plan. These have been included to provide service providers with the resources they need to participate in the quality review process and an understanding of the documents used in the quality review process.

1.3 STANDARDS AND EXPECTED OUTCOMES STRUCTURE

The Community Care Common Standards comprise three Standards and 18 expected outcomes relating to those Standards. Each of the Standards includes a principle that summarises the intent of that Standard, as shown overleaf.

COMMUNITY CARE COMMON STANDARDS PRINCIPLES

Standard 1: Effective Management

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Standard 2: Appropriate Access and Service Delivery

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

Standard 3: Service User Rights and Responsibilities

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

The full Standards and expected outcomes are provided in Section 3: The Community Care Common Standards.

1.4 APPLICABLE COMMUNITY CARE FRAMEWORKS

The Standards apply to service providers who are receiving funding under the HACC Program, packaged care programs or the NRCP. An overview of these programs is provided below; more detailed information about these programs can be found in the respective program guidelines.

1.4.1 Home and Community Care (HACC) Program

The HACC Program provides community care services to frail aged and younger people with disabilities and their carers, and is a joint Commonwealth, State and Territory government initiative.

The program provides a basic level of support to assist service users to remain independent at home and in the community and to reduce the potential for inappropriate admission to residential care.

Some of the services funded through the HACC Program include:

- Nursing care
- Allied health care
- Meals and other food services
- Domestic assistance
- Personal care
- Home modification and maintenance
- Transport
- Respite care
- Counselling, support, information and advocacy
- Assessment of service users and coordination of services.

The HACC Program is a key element of the Australian and State and Territory governments' aged care policy and its vision for a world-class community care system.

Currently the Australian Government provides approximately 60 per cent of funding for the program and maintains a broad strategic policy role. The State and Territory governments provide the remaining funding and are the primary points of contact for the program's service providers and service users. The State and Territory governments are also responsible for program management, including the approval and funding of individual HACC Program services in their jurisdictions.

All governments, with the current exception of the Victorian and Western Australian State Governments, have agreed that the Australian Government will have full policy and funding responsibility for the aged care component of the HACC Program from July 2011 and will take on administrative responsibility from July 2012.

1.4.2 Packaged Care Programs

Community Aged Care Packages (CACPs)

Since 1992 the Australian Government has provided individually tailored packages of community aged care services, in the form of CACPs, designed to meet the needs of frail older people with complex care needs who wish to remain living in their own homes. To be eligible to receive a CACP, the service user must first be assessed by an Aged Care Assessment Team (ACAT) (Aged Care Assessment Service (ACAS) in Victoria) as having complex care needs that can only be met by a coordinated package of care services. They would be otherwise eligible for at least low level residential aged care while preferring and being able to remain at home.

CACPs are very flexible and are designed to meet each individual's care needs. The types of services that may be provided as part of a CACP include:

- Personal care
- Social support
- Transport to appointments
- Home help
- Meal preparation
- Gardening.

Extended Aged Care at Home (EACH) Packages and Extended Aged Care at Home Dementia (EACHD) Packages

EACH and EACHD packages are individually planned and coordinated packages of care, tailored to provide for the complex care needs of older people to assist them to remain living at home. EACHD packages focus on providing high-level care for service users who have been assessed as experiencing behaviours of concern and psychological symptoms associated with dementia. EACH and EACHD packages are funded by the Australian Government. To receive an EACH or EACHD package, a person must be assessed by an ACAT (ACAS in Victoria) as requiring high-level care. The types of services that may be provided as part of an EACH or EACHD package include:

- Care provided by a registered nurse
- Care provided by an allied health professional, such as a physiotherapist, podiatrist or other type of allied health care
- Personal care
- Transport to appointments
- Social support
- Home help
- Assistance with oxygen and/or enteral feeding.

1.4.3 National Respite for Carers Program (NRCP)

The NRCP is one of several initiatives designed to support and assist relatives and friends caring at home for people who are unable to care for themselves because of disability or frailty. This program is funded by the Australian Government, and assists by arranging respite when carers need to take a break from

caring. The program provides for a wide range of respite services including day respite care delivered in aged care homes, overnight community respite services and respite services for employed carers.

The NRCP also funds Commonwealth Respite and Carelink Centres (the Centres), which can provide access to respite in a variety of settings including homes, day centres, host families and residential overnight cottages. The Centres work closely with existing community agencies to assist families. They are able to identify carers' respite support needs and work to ensure access to services. The Centres also provide information for the general public and health professionals about community and aged care services.

The Network of Carers Associations in each state and territory provides carers with professional counselling through the National Carer Counselling Program (NCCP), as well as specialist information and advice. Counselling is provided by qualified counsellors on issues that are specific to carers' needs, such as depression, stress-related issues, grief and loss and coping skills.[1]

1.5 ACCOUNTABILITY IN COMMUNITY CARE

The accountability framework for community care includes:

- Quality reviews
- Financial reporting
- Service provision reporting.

As part of accountability requirements under the relevant legislation, or through contractual obligations, service providers must keep and retain appropriate records, and must provide access to such records and other information about their services and key personnel. Service providers are also required to participate in monitoring and evaluation programs undertaken by the Australian Government for the CACP, EACH, EACHD and NRCP programs, and by the State and Territory governments for the HACC Program.

The quality review process for the Standards involves cooperation between State and Territory governments administering the HACC Program and the Department of Health and Ageing (which administers packaged care programs and the NRCP). The revision and streamlining of the Standards and the collaborative approach in the conduct of quality reviews are expected to reduce the administrative burden on both service providers and governments.

The aims of the Standards quality review process are to assess whether:

- Safe, high-quality community care services are delivered
- Service provision meets the identified needs of service users
- Program Standards and expectations are met
- Funds are used according to the purposes specified in funding agreements. (While financial accountability requirements are monitored separately, the desk review process completed by quality reviewers includes reviewing information retained by State and Territory governments and/or the Department of Health and Ageing related to service funding and monitoring.)

1.6 PROGRAM AND LEGISLATIVE REQUIREMENTS

Quality reviewers may be acting on behalf of State or Territory governments or the Department of Health and Ageing in the conduct of quality reviews. This guide must be read in conjunction with State and Territory government and Department of Health and Ageing documents and guidelines, which fully describe the administrative processes relevant to each jurisdiction.

References to relevant national documents are included in Appendix 3: National Program Documents and References.

---

1   http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-carers-nrcp.htm

2. THE QUALITY REVIEW PROCESS

This section details the quality review process for the Community Care Common Standards for service providers.

2.1 OVERVIEW OF THE QUALITY REVIEW PROCESS

2.1.1 Purpose and Scope of the Quality Review Process

The quality review process, conducted once in every three-year cycle, aims to encourage community care providers to review, refine and continuously improve service delivery. As part of the process, service providers are required to report on how well their services meet the Standards and program requirements. The focus of quality reviews is on the results achieved for service users through effective service systems and approaches.

Quality reviews for packaged care (CACP, EACH and EACHD) and NRCP are undertaken at service outlet level. Arrangements for HACC Program services vary between jurisdictions. The quality reviewers will specify the site for the quality review at the time of initial advice to the service provider.

2.1.2 Components of the Quality Review Process

The components of the quality review process are shown in Figure 2.1. Each component is described in detail in this section.

Figure 2.1: The Quality Review Process for Service Providers

1. Notification of Quality Review
- Quality review team sends notification letter to service provider advising of quality review
- Service provider advises quality review team of contact person for on-site visit within 10 working days

Review commences Week 1

2. Self-assessment
- Quality review team sends copy of self-assessment tool to contact person two weeks after notification of quality review
- Service provider completes self-assessment and returns it to quality review team within six weeks; it may be submitted on-line, electronically or on paper, depending on jurisdiction
- Quality review team reviews self-assessment prior to conducting on-site visit

Weeks 3–9

3. On-site Visit
- Quality review team confirms arrangements for on-site visit and, where required, ensures service provider has arranged consent to access information
- On-site visit occurs, generally about four to eight weeks after review of self-assessment; it takes around six to eight hours with two reviewers, depending on size and complexity of service outlet

Approx. Weeks 12–16

4. Quality Review Report
- Quality review report with improvement plan template sent to service provider within 10 days after on-site visit
- Service provider may, if desired, provide additional information to quality review team within approximately 10 days of receipt of quality review report
- Service provider may request reconsideration of quality review report, which may extend time frame for completion of improvement plan (see below)

Weeks 16–18

5. Improvement Plan
- Service provider must submit improvement plan within 10 working days of receiving quality review report
- Quality review team reviews improvement plan and may negotiate changes and time frames for improvement with service provider, especially if immediate improvements required
- Improvement plan agreed to by quality review team and monitored by relevant area within Department

Review completed Week 20

6. Annual Improvement Plan
- Following agreement of improvement plan, quality review team advises service provider when updated improvement plan will be required the following year
- Service provider sent reminder four weeks before updated improvement plan due

2.1.3 Quality Review Time Frames

Service providers are generally required to participate in the quality review process once during a three-year cycle; to the extent possible, service providers can have one on-site visit to assess all of their funded programs at the site being reviewed. Providers who have difficulty in meeting the Standards are likely to receive further quality review visits and improvement plan reviews to help them establish sustainable practices in their approach to service delivery.

The quality review process will generally be completed within a 20-week time frame, from notification of the quality review to completion of the improvement plan following the on-site review.

The quality review process includes the following elements:

1.   Notification of the quality review

2.   Self-assessment

3.   On-site visit

4.   Quality review report

5.   Improvement plan

6.   Annual improvement plan.

2.2 NOTIFICATION OF THE QUALITY REVIEW

Each quality review team is generally made up of two or more quality reviewers, coordinated by a principal quality reviewer. The principal quality reviewer coordinates each quality review visit and is available to assist if a service provider has any concerns or questions regarding the quality review process.

The principal quality reviewer sends each service provider a letter outlining details of the impending quality review. The letter asks the service provider to respond to the letter within **10 working days** and to nominate a contact person for the principal quality reviewer to communicate with throughout the quality review process. If the service provider delivers multiple services across programs (such as the HACC Program and packaged care services), the service provider will be contacted by a quality reviewer from either the State or Territory government or the Department of Health and Ageing. Where joint jurisdiction reviews are possible, the government departments will work together where feasible so that each service provider has only one on-site visit to review all of their programs at each service outlet. Where this is not feasible, quality reviewers will seek to reduce the administrative burden by, for example, sharing quality review information with the permission of the service provider.

If the service provider does not respond to this letter, the principal quality reviewer sends a further final notice letter requesting that the service provider participate in the quality review process and detailing the consequences of failing to participate in the review.

2.3 THE SELF-ASSESSMENT

2.3.1 Purpose of the Self-assessment

The purpose of the self-assessment is to report to the applicable government department(s) on how the service provider is implementing the Standards, and to give the service provider an opportunity to review their operations against the requirements of the Standards. Wherever possible, only one self-assessment tool will need to be completed irrespective of the number of programs being delivered at the site being reviewed. Quality reviewers use the self-assessment to:

• Gain insight into the service provider's operations

• Assist in scheduling and planning of the on-site visit, including:
  o Workload of each of the quality reviewers
  o Conduct of service user and staff interviews

- o   Time frame for the on-site visit
- o   Logistics of travel arrangements

- Identify whether interpreters are required or whether consideration needs to be given to accommodating special-needs groups. Special-needs groups refer to those identified within individual programs, but may include:
  - o   Aboriginal and Torres Strait Islander people
  - o   People from culturally and linguistically diverse backgrounds
  - o   People with dementia
  - o   People with a mental illness
  - o   People living in remote or isolated areas
  - o   People who are financially or socially disadvantaged
  - o   People with disabilities
  - o   Veterans
  - o   People who are homeless or at risk of being homeless
  - o   Care leavers – people who have experienced institutional care, such as orphans and child migrants

- Identify any areas for specific follow-up during the on-site visit.

2.3.2 The Self-assessment Tool

The self-assessment tool can be submitted on-line, electronically or on paper (not all options are available in each jurisdiction), by agreement with the quality review team. Responses to the questions provided in the tool can be completed by filling in the form online, by typing directly into the Microsoft Word document or by printing the document and completing it by hand. The first letter sent to the service provider (see above) will outline the options available for completing the self-assessment tool.

The self-assessment tool contains each of the 18 expected outcomes relating to the three Standards. There are three self-assessment questions to be completed for each expected outcome:

- What practices and processes do you have in place to meet this expected outcome?

- What results have you achieved that demonstrate that you are meeting this expected outcome?

- What plans, if any, do you have for improvement in this area?

The completed self-assessment tool must be returned to the quality review team within six weeks of receipt of the self-assessment tool and/or link (the link is provided if the self-assessment tool is to be completed online).

2.3.3 Completing the Self-assessment Tool

To complete the self-assessment tool, service providers are required to review their processes and practices against each of the expected outcomes and identify any areas for improvement, and document this in the tool.

The following elements of the self-assessment tool require completion.

Service Details Section

The self-assessment tool asks for:

1.   Name of the service outlet and organisation

2.   Funding received and/or number of packages funded

3.   Description of service(s) provided

4.   Details of any brokerage or subcontracting activities

5.   Details of any specific target groups served

6.   Existing quality review processes used

7.   Signature by the authorised person of the declaration on page 3 of the self-assessment tool, stating that the information provided is true.

Note: *If any of these sections are not applicable, they should be marked 'N/A'.*

Expected Outcomes Section

What practices and processes do you have in place to meet this expected outcome?

Service providers will need to consider how the activities they undertake meet each expected outcome. Section 3 of this Guide includes examples of the kinds of practices and processes that, if implemented, would generally mean that the service provider is meeting the expected outcome. However, it is also recognised that service providers may have implemented other ways of delivering services that are effective in ensuring suitable quality of care.

When completing this question, describe what your organisation does in relation to each expected outcome. Referring to your organisational policies and procedures may help in completing this section.

⭐ Helpful tips for completing the practices and processes section

- Refer to the practices and processes listed under each expected outcome to guide your responses.

- Provide references to your policies and procedures manual to assist in guiding the quality reviewers while on-site.

- If your organisation provides multiple service types and programs, write generally about how your organisation meets the expected outcome. If there is information that needs to be completed about a specific service type or program, include a subheading (e.g. EACH and EACHD Service Provision) and detail the information under this heading.

- Keep it simple and brief; don't try to describe all of your practices and processes in detail – an overview is adequate.

- Use dot points to keep your responses brief.

Note: *If the information you want to present has already been provided under another expected outcome, you can refer the reader to that expected outcome; you do not need to repeat the information.*

What results have you achieved that demonstrate that you are meeting this expected outcome?

When completing this question, service providers need to provide information about the effectiveness of their practices and processes. They should be able to show how their processes are being implemented and, to the extent possible, provide information about results for their service users. Much of this information should be available from your monitoring systems, data collection activities and/or service user feedback processes. Examples of results information include:

- Quantitative:
  - Measured improvements in the functional capacity of service users (where feasible)
  - Hours of service provided to service users
  - Audit outcomes and results
- Qualitative:
  - Brief case studies
  - Service user reports of satisfaction
  - Service user reports of improved social independence.

Further information on results is included in Section 4: Results and Performance Measures.

⭐ **Helpful tips for completing the results section**

- Document evidence of what your organisation has achieved; this information may be obtained from surveys, feedback from stakeholders, internal audits or reviews of records.
- Keep it simple and brief.
- Review your responses in this section to ensure that you are not just restating the practices and processes listed in response to the previous section.

What plans, if any, do you have for improvement in this area?

Completing the above sections of the self-assessment should enable service providers to identify any gaps that may currently exist in their approach to service delivery, and to set out their plans to improve their services. Any plans for improvement should be included in your response to this section.

⭐ **Helpful tips for completing the plans section**

- Briefly describe what plans you have to improve your services against this expected outcome, giving consideration to the type(s) of service your organisation provides.
- Include approximate time frames for implementing these plans.
- Remember that, at the end of the quality review process, you will be required to include your plans for improvement in your improvement plan and to action them within the agreed time frame.

Activities that you might wish to implement include:

- Develop and introduce new/additional policies and/or procedures
- Review current policies and/or procedures
- Alter orientation and/or staff training programs
- Introduce new quality improvement processes, e.g. internal auditing, collation and distribution of data/results.

You may also plan improvements to current activities and processes that are not related to any gaps identified as part of answering this question, but that form part of your organisation's continuous improvement processes. These plans should also be provided in response to this question.

If your organisation is already meeting the expected outcome and does not have any improvement plans at this time, mark this section 'N/A'.

Rating the Expected Outcome

Once you have completed the self-assessment questions against each expected outcome, you are required to rate whether you believe that your organisation has met or not met each expected outcome. There is a section at the end of each expected outcome for you to tick your response as either:

- Met the expected outcome
- Not met the expected outcome.

If you assess that your organisation has met an expected outcome, you may still wish to include plans for further improvements in that area, as described above.

If you identify that your organisation has not met an expected outcome, you are required to show how you intend to address the issue(s), in response to the question 'What plans, if any, do you have for improvement in this area?', including time frames for implementing them.

2.3.4 How to Submit the Self-assessment Tool

Once the self-assessment tool has been completed and the on-line declaration has been signed by the person authorised by the service provider, it should be submitted either on-line, electronically or on paper (as agreed with the quality review team) to the principal quality reviewer, whose details are included in the notification letter.

2.3.5 Example of a Completed Self-assessment Tool

Appendix 5: Example Completed Self-assessment Tool provides several examples of completed expected outcomes questions, which may assist you in completing the self-assessment tool.

2.3.6 How do the Quality Reviewers Use the Self-assessment?

The quality reviewers conduct a desk review of your organisation's self-assessment alongside a review of other relevant documentation relating to your organisation. This provides them with the opportunity to:

- Review relevant information collected from State and Territory governments and the Department of Health and Ageing (as applicable) such as financial reports, any notification of complaints, service delivery statistics, previous quality review outcomes and compliance activity (where it has occurred)

- Understand the current practices and processes your organisation uses to meet the Standards

- Review the information contained in the self-assessment to identify issues that need to be discussed during the on-site visit

- Assist in the planning of the on-site visit.

The principal quality reviewer receives the self-assessment and:

- Ensures that all sections of the self-assessment have been completed

- Acknowledges receipt of the self-assessment to the service provider contact

- Provides a copy of the self-assessment to the other members of the quality review team.

In reviewing the self-assessment, the quality reviewers consider:

- The range of program types provided by the service provider

- The practices and processes, results and improvement plans listed against each expected outcome

- The ratings applied by the service provider for each expected outcome

- Any information that needs to be clarified on site

- Any gaps in the information provided

- Any issues for specific follow-up at the on-site visit

- The evidence to be reviewed while on site.

During the desk review, the quality reviewers record any relevant notes or areas for follow-up against each expected outcome in the quality reviewer tool to guide them in the on-site visit.

2.4 ON-SITE VISIT

2.4.1 On-site Visit Planning

The principal quality reviewer will contact the service provider in advance with proposed details of the on-site visit, including the date, time and proposed schedule of the visit, including staff and service user or representative interviews. The service provider is required to review the schedule and advise the principal quality reviewer of any concerns, such as unavailability of staff at the specified times or other difficulties.

An on-site visit generally takes about six to eight hours, but could take longer depending on the size and complexity of the organisation. The visit generally occurs no later than eight weeks after submission of your self-assessment (depending on the scheduling of service reviews).

⭐ **Helpful tips for preparing for the on-site visit**

- Share the details of the on-site visit schedule with the staff of your organisation, and allocate specific staff to talk with the quality reviewers at the allocated times.
- Also advise service users and/or representatives who might wish to meet the quality reviewers (or talk with them by telephone).
- Make any special arrangements required for special-needs groups, such as interpreters.
- Prepare and organise your documents and other evidence to show the quality reviewers, including:
    o Policies and procedures (these may be in paper or electronic format)
    o Current improvement plan
    o Minutes of meetings (including meetings of the board, management committee, management, staff, service users, etc.)
    o Service user and carer brochures, newsletters and other information sources
    o Comments, complaints, compliments and feedback from service users and/or carers
    o Results of internal audits and surveys
    o Data such as accident, incident and medication incident reports
    o Service user records for each type of service your organisation provides (quality reviewers will select records while on site)
    o Staff records, including a mix of new and longer-serving staff across a range of positions; provide approximately six unless otherwise advised (quality reviewers will select records while on site)
    o Any other documentation or evidence referred to in your self-assessment.
- Prepare an area for the quality reviewers to work; remember that the quality reviewers may be interviewing different people at the same time, so it is best to have two interviewing areas available. If this is not possible, the quality reviewers will interview staff in their work area.
- Organise a small group of service delivery staff to meet with the quality reviewers.
- Organise a small group of service users and/or representatives to meet with (or be telephoned on the day by) the quality reviewers.
    o If you run a range of programs, consider inviting service users from all the programs you deliver.
    o If you are going to offer refreshments to focus group participants, it is advisable to offer these after the interview, as they can be a distraction during the interview process.
- In the course of a review, the quality reviewers may wish to randomly select records to verify that processes are being followed. The Commonwealth and State and Territory governments have different arrangements for authorising access to records (including, for the Commonwealth, authorised officers under the *Aged Care Act 1997*, with specific powers in relation to CACP, EACH and EACHD). For this reason, if your services are funded by both the Commonwealth Government (through CACP, EACH, EACHD and the NRCP) and State or Territory government (through the HACC program), it is advisable that you include access to records by quality reviewers in your generic consent forms for service users and staff. The principal quality reviewer will check that you have consent from your service users and staff to review records (where appropriate) when they contact you to plan the on-site visit.

2.4.2 On-Site Visit Protocols

The on-site visit allows the quality reviewers to confirm the information contained in the self-assessment and to obtain any further information necessary to ascertain whether the expected outcomes have been achieved. The on-site visit will include the following.

- Entry meeting
    o Introductions / Role of quality reviewers and/or authorised officer / Purpose of visit / Sampling method / Open and transparent approach / Confidentiality / Review of schedule and relevant personnel / Work areas / Exit meeting / Questions / Tour
    o Review of practices and processes examples

- Documentation review
- Staff interviews (including a range of staff such as managers, coordinators and service delivery staff, as available)
- Service user/stakeholder feedback through a focus group on site (or telephone interview)
- Exit meeting
    - Thank you / Discussion with personnel regarding visit outcomes and/or recommendations / Quality review report time frame (**10 working days**), including: processes for providing additional information; requesting a reconsideration of the outcome decision; making a complaint about the process / Follow-up by quality reviewers / Questions / Discussion regarding the improvement plan
    - A feedback form will be provided at the end of the on-site visit to service providers delivering packaged care and/or NRCP services. The purpose of the feedback form is to collect information from service providers about their experience of the self-assessment and on-site visit processes that can help to improve the way quality reviews are conducted in future. Service providers are encouraged to complete this form and return it to the addressee to assist in improving the quality review process.

2.4.3 Interviews with Staff, Volunteers, Service Users and/or Representatives and Other Stakeholders

Purpose of Interviews

As part of the quality review process, quality reviewers are required to conduct interviews with service provider management, staff and volunteers and with service users and/or representatives. The quality reviewers will plan the range of stakeholders to be interviewed through a review of the self-assessment tool. Talking to a range of stakeholders provides the quality reviewers with the opportunity to validate the information received from the service provider and to explore service delivery with service users and/or representatives.

Staff and Volunteer Interviews

When interviewing staff and volunteers, quality reviewers will consider the following issues.

- The confidentiality of the information shared by staff and volunteers may not be able to be ensured. However, staff and volunteers will be reassured that they will not be referred to by name in the quality review report or to other staff or management in providing feedback
- Staff may feel more comfortable talking in a group. The on-site visit schedule provides time for a service delivery staff group meeting; this allows the group to be interviewed about their general work practices. However, quality reviewers must also make time to speak with staff individually throughout the review process to ensure that information is corroborated.

Examples of Areas for Discussion with Staff

The following are some examples of areas for discussion with staff. The quality reviewers will select relevant areas for discussion based on their desk review and areas identified during the on-site visit (usually time will not permit discussion of all areas).

- Consultation with staff regarding services (e.g. surveys, meetings, focus groups)
- Feedback processes for staff to provide input into the organisation (e.g. staff feedback forms, staff meetings, complaints and compliments processes, verbal feedback)
- Processes to inform staff of how the organisation is improving (e.g. newsletters, meetings, updates)
- Processes to ensure that staff are safe in the service user's home and in the organisational environment (e.g. occupational health and safety home assessment, consultation regarding staff use of hazardous chemicals, training)
- Staff professionalism, skill and competence in their role (e.g. orientation processes, education and training, qualifications, performance review processes, supervision)
- Understanding of information provided to service users/representatives (relevant to role) (e.g. what information is provided, when it is provided, how it is provided with consideration of special needs, information on other relevant community services, information on waiting lists, understanding of what services are available, fees for services, eligibility criteria, service agreement, privacy considerations,

advocacy information)

- Assessment processes (relevant to role) (e.g. timeliness of assessment, involvement of service user/representative in process, arrangements for service users with special needs)

- Care/service plan processes (e.g. consultation regarding care/service plan, plan meets service user needs, plan revised periodically, care workers able to deliver services described in plans, satisfaction with care/service plans to describe care/services)

- Reassessment processes (e.g. how often reassessed, changes in care/service plan in response to changing needs, staff input into reassessment)

- Referral to other services (e.g. timeliness of referral, staff input into referral requirement [as applicable to role])

- Privacy and confidentiality (e.g. processes for ensuring privacy and confidentiality)

- Advocacy (e.g. knowledge of right to advocate, information on advocacy, evidence of support of advocacy)

- Independence (e.g. processes to foster independence, knowledge of community links)

- Any other areas identified through the review or by staff

Specific Considerations when Interviewing Service Users/Representatives

Interviews with service users and/or representatives can occur during the on-site visit either face to face as a focus group or via telephone. Time is allocated on the on-site visit schedule for these interviews.

Service providers are requested to select service users and/or representatives to participate in a focus group. It is acknowledged that this can influence the feedback provided and precludes some service users from participating, such as those with sensory loss or certain types of disability, those with dementia and those who do not speak or understand sufficient English to participate in a focus group. However, the conduct of service user/representative focus groups does allow the quality reviewers to validate some of the organisation's processes and practices, seek feedback on satisfaction with service provision and explore any issues that may have been identified through the conduct of the review. It is also a good opportunity for the service provider to obtain (de-identified) feedback through an independent interviewer, which may identify improvement opportunities.

Some specific considerations for service providers in planning focus groups of service users and/or representatives include the following.

- Organise any refreshments for the participants for after the focus group, as these can be a distraction during the focus group process.

- Ensure the privacy of the participants and the interviewer during the focus group; staff or other representatives of the service provider should not be present during the focus group.

- Give consideration to people with sensory loss, dementia or language limitations (quality reviewers may wish to interview some service users or representatives separately, or may plan to use interpreters during the on-site visit).

- Reassure the service users and/or representatives that the quality reviewers are bound to keep the source of any information that they share with you confidential.

- Offer service users and/or representatives the option of speaking with a quality reviewer separately if they wish to discuss confidential issues.

Examples of Areas for Discussion with Service Users/Representatives

The following are some examples of areas for discussion with service users and/or representatives. The quality reviewers will select relevant areas for discussion based on their desk review and areas identified during the on-site visit (usually time will not permit discussion of all areas).

- Consultation with service users regarding services (e.g. surveys, focus groups)

- Feedback processes for them to provide input into the organisation (e.g. complaints, compliments, general feedback, satisfaction with complaints management, timely feedback from the service on issues raised, lack of retribution following complaints)

- Processes to inform service users/representatives of how the organisation is improving (e.g.

newsletters, letters, other updates)

- Processes to ensure staff are safe and deliver services safely in the service user's home (e.g. occupational health and safety home assessment, consultation regarding staff use of hazardous chemicals)

- Staff professionalism, skill and competence to perform their role

- Information provided to service users/representatives (e.g. what information is provided, when it is provided, how it is provided with consideration to special needs, awareness of other relevant community services, awareness of place on waiting lists, understanding of services available, fees for services, eligibility criteria, service agreements, privacy considerations, advocacy information)

- Assessment processes (e.g. timeliness of assessment, involvement of service user/representative in process, arrangements for service users with special needs, satisfaction with assessment process in assessing needs)

- Care/service plan processes (e.g. consultation regarding care/service plan, meets service user needs, plan revised periodically, care workers able to deliver services, satisfaction with care/service plans)

- Reassessment processes (e.g. how often reassessed, changes in care/service plan in response to changing needs, satisfaction with reassessment process)

- Referral to other services (e.g. timeliness of referral, satisfaction with referral process)

- Privacy and confidentiality (e.g. processes for gaining consent, ensuring privacy and confidentiality, satisfaction with processes)

- Advocacy (e.g. knowledge of right to advocate, information on advocacy, service support of advocate)

- Independence (e.g. processes to foster independence, knowledge of community links, satisfaction with processes)

- Any other areas identified through the review or by service users/representatives

2.4.4 Quality Reviewer Rating of Expected Outcomes

In the course of the on-site visit, the quality reviewers will view, document and discuss with the service provider the evidence presented on the day, and will summarise the findings during the exit meeting. The quality reviewers will advise whether they consider each expected outcome to have been met or not met; they are required to provide the service provider with evidence that validates their ratings and to talk with the service provider about any improvements that may be required to meet the expected outcomes. The service provider is able to provide additional information while the quality reviewers are on site if they believe that the quality reviewers have not reviewed all relevant information where an expected outcome has been rated as not met.

If an expected outcome is rated as not met, the quality reviewers in consultation with the service provider will identify specific improvement(s) required to address the issue, and will determine an appropriate time frame within which the required improvements must be implemented. In determining the time frame, the quality reviewers will take into account the importance of the required improvement to the care of and service delivery to service users as well as regulatory and legislative requirements. The service provider will be required to include the agreed time frame(s) in their improvement plan (see 2.6 Improvement Plan).

Note: *If multiple programs are delivered by the service, it may be the case that a not met rating against a particular expected outcome is applied to one program, rather than to all programs. This can occur if a specific program is found not to meet the expected outcome, while other programs are found to meet that outcome. In this case, the organisation will be rated as not met against that specific program but met against other programs, for example: 'Not met (CACP); met (HACC Program and NRCP)'.*

In addition, the quality reviewers may identify that while a particular expected outcome is rated as met, there are some improvements that the service provider should consider implementing. These will be documented in the quality review report against the applicable expected outcome(s). Service providers are encouraged to include improvement opportunities in their improvement plan.

Note: *The quality reviewers will assess the expected outcomes while on site and, depending on the programs being reviewed (HACC Program, packaged care or NRCP), may make the decision on the rating to be applied at the time or may discuss it after the quality review, with program management following the on-site visit. Quality reviewers for packaged care and NRCP will make recommendations to the*

supervisory jurisdictional manager regarding proposed ratings; the supervisory jurisdictional manager will make the final decision on the expected outcome ratings. Generally, quality reviewers assessing the HACC Program will make their rating decisions at the conclusion of the on-site visit. However, these arrangements may differ in different jurisdictions.

2.5 QUALITY REVIEW REPORT

The quality review report has two main purposes:

- To provide service providers with information regarding the findings of the on-site assessment against the expected outcomes

- To provide a record of the on-site assessment for the funding body.

It is not the intention of the quality review report to provide detailed information on all of the evidence and processes of assessment conducted as part of the on-site assessment. The quality review report is designed to provide an overview of findings against the Standards and to identify areas where improvements are required or where improvement opportunities exist. However, the quality review report must provide enough evidence to ensure that it is clear to both the service provider and the supervisory jurisdictional manager why any expected outcomes have been rated as not met.

Following the on-site visit, the quality reviewers will develop a quality review report that provides:

- A summary of ratings against the 18 expected outcomes

- A general overview of the service's performance against the Standards, highlighting the strengths of the service

- A summary of required improvements and improvement opportunities against each expected outcome, as applicable. If any expected outcomes are rated as not met, the quality review report will detail evidence to support the not met outcome(s) and identify required improvements.

The quality review report will be sent to the service provider approximately **10 working days** following the on-site visit (this may be longer in exceptional circumstances).

2.5.1 Further Service Provider Input into the Quality Review

Service providers may wish to provide additional information to inform the process following receipt of the quality review report; they can contact the principal quality reviewer with this information. Service providers are required to provide any additional information to the principal quality reviewer within **10 working days** of receiving their quality review report. The principal quality reviewer will discuss any further input with the quality review team and, if necessary, refer the input to the supervisory jurisdictional manager. Additional information may result in a review of the quality review findings.

A service provider may make a complaint about the quality review process at any stage of the process. A service provider may also seek reconsideration of the quality review outcome decision. To do this, the service provider will need to write to the supervisory jurisdictional manager of the quality review program within the relevant department within **10 working days** after receiving notification of the outcome of the quality review.

The written advice of concerns should include:

- Information to identify and describe the quality review process involved (e.g. the service outlet, program type, timing, quality review outcome)

- A statement setting out the complaint and/or the basis of the service provider's disagreement with the quality review outcome

- The evidence the service provider is relying on in making the complaint and/or challenging the decision

- Contact details of the responsible staff member within the service provider for follow-up in relation to the written advice.

The appropriate authority within the relevant department will undertake a review of the quality review process and notify the service provider of the outcome as soon as practicable.

2.6 IMPROVEMENT PLAN

Service providers are required to develop and maintain an improvement plan to identify the plans they have in place to improve their services over time. The improvement plan should detail the actions the service provider will undertake to address any unmet expected outcomes and any other opportunities for improvement.

2.6.1 Purpose of the Improvement Plan

The purpose of the improvement plan is to:

- Demonstrate the actions taken in response to required improvements and improvement opportunities identified through the quality review process of each service outlet

- Provide service providers with an ongoing mechanism to document any other improvements that they have implemented over time or in response to the quality review process

- Provide the quality reviewers (and funding bodies) with a record of actions taken in response to the quality review process and continuous improvement activities conducted over the year.

Note: *Service providers may have improvements that they are implementing across the whole of their service or organisation. Service providers may wish to detail these in the service outlet improvement plan to provide the quality reviewers with information regarding any overall organisational improvements that are being implemented.*

2.6.2 Improvement Plan Contents

The improvement plan includes:

- The priority of the action

- Whether the improvement is a required improvement or an improvement opportunity

- The relevant expected outcome the improvement aims to address

- The improvement

- What the service intends to do to achieve it (this may include several actions or tasks)

- Who is responsible for implementing the improvement

- The planned completion date (with consideration to time frames stipulated by quality reviewers, where applicable)

- The actual completion date (if the improvement has been completed).

2.6.3 Submitting the Improvement Plan

The improvement plan template will be provided to the service provider with the quality review report following the quality review on-site visit. The service provider has **10 working days** to return their improvement plan to the principal quality reviewer. During this time the service provider also has the opportunity to provide additional information which may influence the ratings of the expected outcomes; these would then be incorporated into the improvement plan. The principal quality reviewer provides a copy of the improvement plan to the quality review team for feedback.

The quality reviewers then read the improvement plan in order to:

- Ensure that the required improvements and improvement opportunities reflect those documented in the quality review report

- Review the priority of the improvements allocated by the service provider

- Review the intended actions/tasks documented to ensure the improvements are appropriate

- Determine whether the proposed time frames for addressing required improvements are appropriate

- Acknowledge any other improvements the service provider may have identified or completed.

Once feedback has been received from the quality review team, the principal quality reviewer may make contact with the service provider to discuss any areas requiring clarification. If the improvement plan requires amendment, the service provider amends the improvement plan and re-submits it to the principal

quality reviewer.

If the service provider is experiencing difficulty in completing the improvement plan, they can liaise with the quality review team for assistance, either during the on-site visit when discussing the met and not met outcomes or after the quality review to clarify improvement plan requirements.

The principal quality reviewer sends an outcome letter to the service provider giving the outcome of the quality review and confirming agreement of the improvement plan. The letter will also note any necessary follow-up and advise the date the updated improvement plan is required to be submitted the following year. This is usually 12 months after the submission of the current improvement plan.

If there are significant required improvements, or if the issues identified affect the service provider's ability to deliver quality services to service users, the service provider may be required to submit improvement plans more frequently. The outcome letter will describe any additional support, follow-up and time frames required. This may include:

- Training and guidance for the service provider

- Periodic reporting and monitoring of the improvement plan

- Review of revised/developed documentation

- Additional on-site visits to assess progress

- Repeat assessment of outcomes

- Referral for compliance action (in the case of serious failures to meet the Standards).

Different programs or jurisdictions may have specific requirements that service providers must address to meet the expected outcomes. Accordingly, there may be different follow-up actions arising from underperformance against the Standards, depending on the program or jurisdiction by which the provider is funded. In addition, different jurisdictions may use personnel other than the quality review team to follow up any issues arising from the quality review.

2.6.4 Outcome Letters

At the completion of the quality review process service providers are sent an outcome letter that notifies them of the outcome of their quality review and any further actions that will occur, as described below.

- Outcome 1 Letter advises that the service provider will be required to submit an annual improvement plan (with the possibility of a short visit) 12 months following the on-site visit.

- Outcome 2 Letter advises that the service provider will be required to submit an updated improvement plan in the next six months, +/- have an additional on-site visit to review progress against the improvement plan, and submit an annual improvement plan 12 months after the original on-site visit.

- Outcome 3 Letter advises that the service provider will be required to submit an updated improvement plan in the next three months, have an additional on-site visit to review progress against the improvement plan within the next six months and submit an annual improvement plan 12 months after the original on-site visit.

If an Outcome 3 Letter is provided, the service provider may be referred to program management for appropriate action or for compliance action (as applicable). Service providers may also be required to take remedial action prior to the development of the improvement plan.

2.7 ANNUAL IMPROVEMENT PLAN

All service providers are required to submit an annual, updated improvement plan that reflects the improvements they have achieved and been working on during the past year. Additionally, some jurisdictions may conduct an on-site visit to review the improvement plan. The principal quality reviewer will send a letter to remind service providers that their improvement plan needs to be submitted **four weeks** prior to the due date. If a service provider does not respond to this notification they will be contacted by a quality reviewer. The improvement plan review process will occur every year.

On receipt of the annual improvement plan, each jurisdiction's quality review team will follow the improvement plan review processes outlined in 2.6 Improvement Plan above, and will notify the service provider of any further actions that may be necessary.

★ Helpful tips for completing the annual improvement plan

- Include in the plan all of the improvements (both required improvements and improvement opportunities) that you have completed over the past year.

- Provide explanations of why improvements have not been completed within the determined time frames, if applicable. A note detailing why the implementation of an improvement is late can be included in the 'completion date' section.

- You will be required to submit your improvement plan annually or as requested by your funding body, so ensure that it is kept up-to-date.

- Once you have submitted your improvement plan for the year, begin a new improvement plan, but be sure to copy any unfinished improvements into the new year's plan.

3. THE COMMUNITY CARE COMMON STANDARDS

This section sets out the three Standards, including the overarching principle for each standard, the 18 expected outcomes relating to the Standards, and practices and processes that support the achievement of the expected outcomes.

3.1 STRUCTURE OF THE COMMUNITY CARE COMMON STANDARDS

The Standards are made up of three Standards and 18 expected outcomes relating to those Standards. Each of the Standards includes a principle that summarises the intent of that Standard.

The three Standards are:

1. Effective Management

2. Appropriate Access and Service Delivery

3. Service User Rights and Responsibilities.

Each of the 18 expected outcomes relating to the Standards includes the following information:

- A description of practices and processes that support the achievement of that expected outcome

- Information on the type of evidence that the quality reviewers may look at while assessing that expected outcome

- Some considerations to assist service providers in addressing the expected outcomes (where applicable).

Section 5 contains additional information about addressing the Standards, including:

- Some key program considerations for each of the community care programs related to some expected outcomes (service providers are encouraged to become familiar with specific program guidelines and funding agreements, as this list is not exhaustive)

- Other information that may be helpful in guiding service providers to meet the expected outcomes, such as references to other standards and resources.

Note: *The Standards are intended to guide a range of community care service provision. However, it is expected that more detailed practices and processes will be in place for the delivery of more complex care and services.*

The three Standards, the principle for each Standard and the corresponding expected outcomes are presented in Figure 3.1. The Standards, expected outcomes and practices and processes are then provided in full on the following pages.

Figure 3.1: The Community Care Common Standards

Standard 1: Effective Management

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected Outcome 1.1: Corporate Governance
The service provider has implemented corporate governance processes that are accountable to stakeholders.

Expected Outcome 1.2: Regulatory Compliance
The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

Expected Outcome 1.3: Information Management Systems
The service provider has effective information management systems in place.

Expected Outcome 1.4: Community Understanding and Engagement
The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

Expected Outcome 1.5: Continuous Improvement
The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

Expected Outcome 1.6: Risk Management
The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

Expected Outcome 1.7: Human Resource Management
The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

Expected Outcome 1.8: Physical Resources
The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

Standard 2: Appropriate Access and Service Delivery

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

Expected Outcome 2.1: Service Access
Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

Expected Outcome 2.2: Assessment
Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Expected Outcome 2.3: Care Plan Development and Delivery
Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.

Expected Outcome 2.4: Service User Reassessment
Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user's needs. Each service users' care/service plans are reviewed in consultation with them.

Expected Outcome 2.5: Service User Referral
The service provider refers service users (and/or their representative) to other providers as appropriate.

Standard 3: Service User Rights and Responsibilities

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

Expected Outcome 3.1: Information Provision
Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

Expected Outcome 3.2: Privacy and Confidentiality
Each service user's right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.

Expected Outcome 3.3: Complaints and Service User Feedback
Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

Expected Outcome 3.4: Advocacy
Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

Expected Outcome 3.5: Independence
The independence of service users is supported, fostered and encouraged.

STANDARD 1: EFFECTIVE MANAGEMENT

PRINCIPLE: The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Eight expected outcomes (EOs) relate to Standard 1:

- Corporate governance
- Regulatory compliance
- Information management systems
- Community understanding and engagement
- Continuous improvement
- Risk management
- Human resource management
- Physical resources.

Addressing corporate and management processes assists service providers to focus on the delivery of services to service users. Without a structure of robust management processes the quality of direct services to service users can be reduced.

Service providers should seek to implement effective management processes that include consultation with management, staff and service users, and should apply a continuous improvement approach to identify improvements, implement them and then evaluate whether they are effective.

To promote consistent practices in a sector where many personnel work independently in the community, the service provider should have clearly documented policies and procedures to enable it to appropriately and effectively manage its organisation and services, including meeting any relevant legislative and regulatory requirements.

The organisational structure should ensure clear lines of reporting and communication. Governance and management roles and responsibilities should be clearly documented, and processes should be in place to monitor performance against all associated requirements. Further, these processes should be transparent to all stakeholders.

EO 1.1: CORPORATE GOVERNANCE

The service provider has implemented corporate governance processes that are accountable to stakeholders.

☑ Practices and processes

Corporate governance incorporates the processes the organisation uses to manage its business. Practices and processes that support effective corporate governance include:

- Organisational structure and decision-making processes
- Roles and responsibilities within the organisation
- Accountability and reporting processes
- Planning processes
- Financial management and reporting processes
- Monitoring and managing of compliance and service performance in accordance with contractual obligations, service/funding agreements, associated program guidelines and relevant professional standards
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Documented governance arrangements, including:
- Constitution and roles and responsibilities (or rules/terms of reference) of the board and/or management committee and/or senior executives
- Board policies, including delegation processes
- Records related to board and/or management committee and/or senior executive meetings, including timing of meetings, decision making, recording of minutes, attendance records

Orientation and training records for board and/or management committee members and/or senior executives

Audits, reports and plans required by board and/or management committee, service/funding agreements and other regulations/legislation

Records of compliance with contractual obligations and service/funding agreements (e.g. reporting requirements, Minimum Data Set (MDS) reports)

Organisational records that demonstrate the involvement of the board and/or management committee in organisational decision making (e.g. minutes of meetings, reports)

Organisational plan and other planning documents

Budgets and financial reports related to community care services, including reports to the board and/or management committee

Processes for ensuring that community care services are provided within budget and in accordance with

What the quality reviewers may look at

funding program requirements
Documented roles and responsibilities of staff/volunteers
Policies and procedures

EO 1.2: REGULATORY COMPLIANCE

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

☑ Practices and processes

Organisations have a responsibility to identify the regulatory and legislative requirements with which they need to comply. These are often many and varied, and depend on the service type, size and complexity of the organisation. Practices and processes that support regulatory compliance include:

- Identifying the regulatory and legislative requirements with which the organisation needs to comply
- Identifying the requirements of funded program guidelines
- Managing and monitoring compliance with regulatory and legislative requirements and funded program guidelines
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Procedures to identify and monitor regulatory compliance, including:

- Ongoing identification of relevant regulations and legislation
- Identification of funding agreement and program guidelines requirements
- Internal audit results to monitor compliance with relevant legislation
- Reviews and updates to policies and procedures to reflect changes in legislative requirements
- Communication of changes to staff, volunteers and, where applicable, service users

Appropriate policies and procedures to reflect legislative requirements (e.g. occupational health and safety, equal employment opportunity, superannuation, awards, privacy, insurance, food safety, police checks, etc.)

Up-to-date records of health professionals' qualifications, such as registration, evidence of completion of qualifications and training

Police check registers and processes, to ensure that all staff and unsupervised volunteers have police checks as required by program guidelines and applicable legislation

Documentation related to sharing of regulatory compliance information, such as new requirements or changes to requirements (e.g. memos, minutes, training records, papers)

Staff and volunteers' knowledge of relevant regulatory requirements

Policies and procedures

Consideration

Service providers may access a range of information and support in identifying and keeping up-to-date with relevant regulatory and legislative requirements, through review of program guidelines and funding/service agreements, subscription to peak bodies, online sources of legal information and networking with other community care providers.

EO 1.3: INFORMATION MANAGEMENT SYSTEMS

The service provider has effective information management systems in place.

☑ Practices and processes

Information management includes how an organisation identifies information requirements and maintains, shares and stores information. Practices and processes that support effective information management systems include:

- Identifying, maintaining, sharing and storing information

- Policies and procedures that are suitable to the size, complexity and service provision of the organisation, reflect current practices and are accessible, as appropriate, to the board and/or management committee, senior management, staff, volunteers and service users

- Maintaining records of organisation practices (such as minutes of meetings, data, etc.), staff and volunteer records (such as personnel records) and service user records (such as service user assessments, records of care and service delivery, etc.)

- Communication strategies to ensure that all stakeholders, including the organisation's management, staff, volunteers and service users, are kept informed of service provision changes and developments that may affect them (this may include meetings, newsletters, personal communications, memos, etc.)

- Ensuring staff and volunteers' knowledge of relevant information management systems

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Policies, procedures and systems for managing information systems

Minutes of meetings for board and/or management committee, senior management, staff, volunteers and service users

Information for service users

Storage of service user records, including assessments, reassessments, records of care/services, medication records, service delivery data, complaints records, accident and incident records

Storage systems for records, including security, confidentiality, retrieval, archiving and destruction (including staff/volunteers' files and records, service user files and records, administration records) with consideration to the requirements of relevant privacy legislation

Processes for service users to access their information

Staff and volunteers' knowledge of relevant information management processes

Systems for educating and training staff and volunteers in the use of policies and procedures, and strategies for informing staff and volunteers of updates to policies, procedures and organisational changes

Service user satisfaction with relevant information management processes (e.g. confidentiality of information, access to personal information)

Consideration
The organisation, staff, volunteers and service users need to be considered when addressing information management strategies, as all of these stakeholders have specific information needs. For example, service users' information may need to be in a larger font size if service users have visual impairment, or materials may need to be provided in the language of the cultural group(s) to which the organisation provides services (see also EO 3.1: Information Provision).

EO 1.4: COMMUNITY UNDERSTANDING AND ENGAGEMENT

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

☑ Practices and processes

To deliver appropriate services to meet the needs of service users, service providers need to understand the community in which they operate and their target population, and use this information to plan and develop services. Practices and processes that support community understanding and engagement include:

- Monitoring the profile and needs of the community in which the service operates, and applying this information to the planning and development of services

- Meeting the needs of people most in need of services, who are most disadvantaged and who have limited access to services due to cultural and linguistic barriers or special needs such as sensory loss or dementia

- Responding to changing community needs, within contractual obligations and service/funding agreements

- Liaising with funding bodies through funding applications to adjust the scope of services to meet changing community needs and contractual requirements

- Engaging service users, including special-needs groups and the community, in service development and management

- Working in collaboration with other community partners to meet the needs of identified groups within the community

- Documented policies and procedures for these practices and processes

What the quality reviewers may look at

Information on the community profile

Information on service users

The process for identifying gaps in service delivery

The process for ensuring service delivery is in accord with funding/service agreements

Results of community surveys and other data collection activities

Records of consultations with service users and key community groups or people (such as minutes of meetings, focus groups, etc.)

Records of participation in networks/links with other service providers (such as interagency meetings)

Policies and procedures

EO 1.5: CONTINUOUS IMPROVEMENT

The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

☑ Practices and processes

Continuous improvement is an ongoing process of striving to improve outcomes for service users, staff, volunteers and the organisation through leadership, research, monitoring, consultation and evaluation. Practices and processes that support continuous improvement include:

- Ongoing consultation with stakeholders including service users, management, staff, volunteers and the wider community

- Involving management, staff and volunteers in the management and development of the continuous improvement process

- Encouraging and facilitating ongoing feedback from service users and their representatives (including complaints, compliments and other feedback), management, staff, volunteers, the community, suppliers and other relevant stakeholders

- Ensuring feedback collected is recorded, considered by the organisation and acted upon (if appropriate), and that the originator of the feedback is given information about the actions taken (if possible) and the outcome of the feedback is evaluated

- Monitoring processes to assess the effectiveness of service operations and to identify areas for improvement. (These could include: internal audits; service users staff/volunteer and other stakeholder satisfaction surveys; monitoring of organisation key performance indicators; reviewing of the risk management plan; collation of feedback, accidents, incidents and hazards; and determining the accuracy of policies and procedures to current practices)

- Maintaining an improvement plan

- Maintaining records of improvements that demonstrate what has been achieved over time

- Providing feedback on implemented improvements to service users, management, staff, volunteers and other stakeholders as appropriate

- Ensuring management, staff and volunteers have knowledge of and can participate in the organisation's continuous improvement processes, as appropriate to their position

- Documented policies and procedures for these practices and processes

📋 What the quality reviewers may look at

Mechanisms to identify opportunities for improvement (e.g. capture of verbal and written feedback, complaints, suggestions, corrective action sheets, incident/accident reports, hazard identification reports, audits, etc.)

Feedback from service users, carers and representatives, staff, volunteers and other stakeholders

Processes and reports analysing improvement information (e.g. quality improvement logs, complaints registers, accident/incident reports) and identifying strategies for service improvement

What the quality reviewers may look at

Processes and reports for monitoring and evaluating outcomes of improvement activities

Processes and records of changes to services in response to feedback

Processes and documents to inform stakeholders of outcomes of improvement activities including service users, management, staff, volunteers and the wider community

Minutes of meetings and/or discussions regarding quality with management, staff and volunteers

Staff and volunteer education, training and knowledge in relation to continuous improvement

Policies and procedures

Consideration

Processes for measuring improvements can also assist in demonstrating the implementation of improvements: internal audits, surveys, focus groups, and organisation data collection and review can all assist in demonstrating that improvements have been implemented. (See Section 4: Results and Performance Measures for some examples.)

EO 1.6: RISK MANAGEMENT

The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

☑ Practices and processes

Risk management involves the ongoing identification of risks to service users, staff, volunteers and the organisation, and the identification of strategies to minimise the occurrence of these risks and to deal with the risks should they occur. Practices and processes that support risk management include:

- Ongoing identification of risks

- Ongoing review of risks

- Identification and implementation of strategies to reduce the occurrence of the risks

- Identification of strategies to deal with risks should they occur

- Involvement of management, staff and volunteers in the identification of risks and preventative practices

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Processes for identifying and managing potential risks

A risk management plan or other documentation showing the identification of risks and the management of risks to service users, staff, volunteers and the organisation, including appropriate insurance coverage

Documentation showing the ongoing monitoring of risks, including identification and reporting of potential risks/non-compliance with risk reduction strategies

Documentation demonstrating the management of specific risk areas such as:
- Occupational health and safety risks to staff, volunteers and service users
- Infection control
- Clinical risks associated with nursing and allied health services
- Financial management risks
- Brokerage, subcontracting or other outsourcing of services risks
- Service users who do not respond to scheduled visits

Staff/volunteer education, training and knowledge in relation to specific risks such as occupational health and safety and infection control

Policies and procedures

Consideration

Often service providers identify 'high-level' risks to the organisation, but do not apply the risk management approach to the 'hands-on' areas of their business. This expected outcome requires that the organisation identifies risks to: *service users*, for example the risk of not receiving services due to local weather conditions (such as floods and snow) or unexpected natural disasters (such as cyclones or bushfires); *staff/volunteers*, for example the risk of their work environment in service users' homes, and travelling risks to reach service users in remote areas; and *the organisation*, for example, financial risks.

EO 1.7: HUMAN RESOURCE MANAGEMENT

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

☑ Practices and processes

Human resource management is the provision of support to management, staff and volunteers to ensure that the goals of the organisation are being met and that service users are being provided with appropriate and quality service. Practices and processes that support human resource management include:

- Identifying required staff/volunteers' skills and competence to ensure that there are adequate staff/volunteer numbers to meet funding requirements and to provide quality services that meet the assessed needs of service users

- Recruiting staff and volunteers (where used) with the appropriate skills, competence and qualifications

- Providing training and development opportunities for staff and volunteers to ensure appropriate skills and competence. This could include:
  o An induction or orientation program
  o Ongoing training based on the needs of the organisation and the individual
  o Orientation and training to address any special or specific needs of service users

- Staff/volunteer leave and emergency backup staffing arrangements to ensure that appropriately qualified staff/volunteers are always available to provide the required services

- Strategies to promote and encourage staff/volunteer retention

- Monitoring and feedback processes for brokered/subcontracted staff

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Staff/volunteer position descriptions and selection criteria
Recruitment processes and documentation including advertising of positions, shortlisting, interviewing, police check systems and reference checking
Staff/volunteer information such as handbooks
Rosters and duty statements
Education and training records including: • Compulsory and optional education and training • Training needs identification strategies • Course content • Staff/volunteer participation records

What the quality reviewers may look at

- Monitoring of education and training
- Evaluation of education and training

Regular checking of staff and volunteer driving licences and/or motor vehicle insurance, as required by organisation procedures

Staff/volunteer personnel files, to verify orientation, position descriptions, employment contracts, supervision and performance reviews

Feedback from service users, staff and volunteers

Policies and procedures

Consideration

Each organisation will determine the required qualifications and skills of staff/volunteers to deliver services that meet the funding requirements and assessed needs of service users. There may be funding program qualification requirements for staff. Importantly, service providers need to give consideration to the complexity of service user needs and match the care/service requirements of service users to the competence of staff/volunteers.

Training and development of staff/volunteers are a key focus of this expected outcome. There may be specific training and development requirements related to occupational health and safety and requirements that service providers need to consider, such as the provision of appropriate equipment and the development of skills to manually handle service users with mobility limitations, training of staff/volunteers in the preparation of meals and food handling processes and ensuring that staff/volunteers understand their responsibilities in the management of emergency situations, such as fire.

EO 1.8: PHYSICAL RESOURCES

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

☑ Practices and processes

The physical resources applicable to each service provider may differ depending on the services they provide. In managing these resources, consideration needs to be given to the safety of both service users and staff/volunteers, while acknowledging that many risks are not controllable for service users living with support in the community. Practices and processes that support physical resources management include:

- Ensuring a safe and comfortable environment that is consistent with service users' care needs and staff and volunteers' safety

- Consideration of special-needs groups, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with dementia, people with a mental illness, people living in remote or isolated areas, people who are financially or socially disadvantaged, people with disabilities, veterans, people who are homeless or at risk of being homeless and care leavers (people who have experienced institutional care, such as orphans and child migrants)

- Ensuring a safe working environment that meets regulatory requirements

- Monitoring the safety and condition of service physical resources

- Identifying and monitoring any safety issues at the service user's home that are relevant to the services they receive

- Training for staff/volunteers in identifying and reporting safety issues associated with physical resources

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Assets register and the system for the replacement of physical resources

Maintenance programs and records for physical resources – preventative and corrective maintenance, including equipment and motor vehicles

Staff/volunteer training in the use of equipment and other resources

Appropriateness of the service delivery environment for service users, including the service user's home and service provider's premises such as accommodation areas, meeting areas, food preparation and eating areas, and arrangements for people with special needs (where applicable to the services delivered)

Suitability of the service provider's premises for staff/volunteers, including office areas

Occupational health and safety and other regulatory requirements, including disabled access to premises and facilities, fire alarms, exit doors, safe entry and exit, food preparation and chemical storage in the organisation's community care facilities

Emergency procedures in the organisation's community care facilities, including fire and evacuation

What the quality reviewers may look at

Staff/volunteer education and training in emergency procedures, including the use of fire protection equipment (where appropriate) and evacuation of premises in the organisation's community care facilities

Staff/volunteer knowledge of safety and emergency procedures

Service user feedback on the service environment and facilities such as vehicles and meeting areas

Policies and procedures

STANDARD 2: APPROPRIATE ACCESS AND SERVICE DELIVERY

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

Five expected outcomes (EOs) relate to Standard 2:

- Service access
- Assessment
- Care plan development and delivery
- Service user reassessment
- Service user referral.

This Standard requires service providers to demonstrate that people within the community in which the provider operates can access the provider's services, if they are eligible for and require the service. The Standard also requires that each person accessing the service receives a comprehensive assessment to determine their needs.

Access to services should be prioritised based on service users' needs and the ability of the service provider to meet those needs within the guidelines of the funding received.

Service users need to be assessed, a care plan developed and delivered, reassessed periodically and referred to other service providers if the service provider is unable to meet their assessed needs.

EO 2.1: SERVICE ACCESS

Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

✓ Practices and processes

Service users and/or their representatives should be afforded access to services in accordance with funding program guidelines and their assessed needs, with consideration given to the amount and type of services the service provider is funded to provide. Practices and processes that support service access include:

- Identifying eligibility criteria
- Determining service user eligibility based on:
  o Program eligibility requirements
  o The service target group
  o Prioritised need relative to the demand for services
- Informing the community and potential users of the services available, eligibility and access
- Access for people with special needs
- Managing a waiting list where appropriate
- Referrals for ineligible people where appropriate
- Actions when service users do not respond to a scheduled visit
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Information for potential service users on the services available, the service target group and eligibility in accordance with funding agreements/guidelines

Information for special-needs groups

Forms for intake

Service user assessment records and their Aged Care Client Record (ACCR) if an Aged Care Assessment Team (ACAT) approval (Aged Care Assessment Service (ACAS) in Victoria) is required under the care program

Timeliness of assessments/intake and provision of services

Information on other relevant community services

Referral records

Waiting list and processes to advise service users about their position on the list

What the quality reviewers may look at

Internal quality processes, including audits of service users' files in relation to eligibility

Arrangements for people with special needs (such as liaising with representatives, use of interpreters, information in different languages or media and other strategies for assisting those with special needs)

Staff/volunteer education, training and knowledge in relation to service access and eligibility

Service user knowledge of services available and eligibility

Policies and procedures

EO 2.2: ASSESSMENT

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

☑ Practices and processes

The assessment process ensures that the services delivered are appropriate to the needs of the service user and are in accord with the funding requirements and guidelines. Practices and processes that support assessment include:

- Assessment tools that reflect the individual needs of the service user and the requirements of the funding programs/guidelines

- Assessments that clearly identify the care needs of service users and the needs of carer(s) where required, including the need for specialised assessments or referral to other services

- Service users and/or their representatives, where required, actively participating in the assessment process and being informed of the outcome in a timely manner

- Assessments taking account of and considering relevant information obtained from other current comprehensive assessments of the service user by other service providers or agencies

- Consideration of special-needs groups

- Staff conducting assessments having the necessary skills and competence

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

The suitability of assessment tools for conducting assessments of service users and their carers (when required)

The skills, competencies and training undertaken by staff completing the assessments of service users. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs)

Completed assessments, including:
- Timeliness of assessments, including responding to the referral or initial contact and scheduling and completing the assessment
- Involvement of the service user and/or representative
- Completeness of the assessment, including whether signed and dated by the assessor and confirmed by the service user and/or their representative
- Quality of the assessment in identifying required care/services

Use of specific assessment tools that may be mandated or required under program guidelines

Arrangements for people with special needs

Processes for monitoring the time frames and quality of assessments such as audits and service user surveys

What the quality reviewers may look at

Staff knowledge of assessment processes and service eligibility

Service user perceptions of the assessment process

Policies and procedures

Consideration

The comprehensiveness of the assessment and who conducts the assessment are dependent on how complex the needs of service users are and the requirements of the funder. For example, a service user eligible for high-care services will require a comprehensive assessment by an appropriate health professional, whereas a service user seeking domestic assistance will require a simple assessment of support needs.

EO 2.3: CARE PLAN DEVELOPMENT AND DELIVERY

Each service user and/or their representative participates in the development of a care/service plan that is based on assessed needs, and is provided with the care and/or services described in their plan.

☑ Practices and processes

The service provider determines the complexity and layout of the care/service plan but, it should describe the care/services being delivered in enough detail to guide staff in the delivery of care/services. Practices and processes that support care plan development and delivery include:

- Care/service planning reflects the needs of service users and the requirements of the funding programs/guidelines
- Care/service plans are developed in partnership with the service user and/or their representative and are based on assessed needs and service user preferences
- Service users are informed about their care/service plans
- Care/service planning:
    - o Is goal orientated and/or outcomes based (goals should be observable and measurable where possible)
    - o Recognises and addresses the requirements of service users with complex care needs
    - o Promotes functional and social independence and quality of life
- Consideration of special-needs groups
- Service users are consulted with and provided with a service agreement or offer that includes:
    - o The services that may be offered to meet the service user's care needs, including agreed procedures to follow if the service user does not respond to a scheduled visit
    - o The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn
- Staff conducting care plan development and delivery have the necessary skills and competence
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Whether care/service planning tools reflect the needs of service user and the requirements of the funding programs/guidelines

The skills, competencies, education and training of staff completing the care/service plans. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into care planning to meet their individual needs)

What the quality reviewers may look at

Completed care/service plans, including:

- Timeliness of the care/service plan development following assessment

- Involvement of the service user and/or representative

- Completeness of the care/service plans including whether signed and dated by the assessor and agreed to by the service user and/or their representative

- Extent to which the care/service plans identify services related to the assessment

- Service user's goals/outcomes and strategies to achieve these

- Arrangements for people with special needs

- Strategies aimed at promoting functional independence and social inclusion and enhancing the service user's quality of life

- Any equipment and/or aids to be provided and used (if required)

- Role of the service provider and any other individuals or organisations providing services

- Coordination of care and services with other service providers for service users with complex care needs

- Process for ensuring that service users and/or representative have received a copy of the plan and the effectiveness of the plans in informing service users about the services they will receive, how often and where they will be provided

- Time frames for the review of the care/service plan

Service agreements that include:

- Services being offered to meet the service users' care needs

- Circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn

How service providers ensure that care/service workers:

- Have appropriate skills and qualifications to deliver specified services

- Are familiar with the care/service plan and know what services should be delivered to the service user

- Record and report any problems that may have been observed or occurred during the care visit

- Record reasons for not providing a particular service

- Are meeting appropriate care and/or professional standards while delivering care to service users, particularly services involving clinical care, which may also be services specified in the Quality of Care Principles under the *Aged Care Act 1997*

- Receive regular direct supervision by senior staff

How care/service staff or contractors inform the service provider if changes are needed to the care/services being delivered

How service providers ensure that services delivered under brokerage/subcontracting arrangements meet their contractual requirements, including adherence to the Community Care Common Standards, funding program requirements and guidelines and ongoing reporting of service delivery activities and service user outcomes.

The policies and procedures that are in place and processes that are followed in the event that a service user does not respond to a scheduled visit

What the quality reviewers may look at

How service providers ensure that staff and/or contractors are delivering services as documented in the care/service plan
Staff knowledge of care/service planning processes
Service user perceptions of the care/service planning process and of their care/service plan
Policies and procedures

EO 2.4: SERVICE USER REASSESSMENT

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

☑ Practices and processes

Service user needs may change, resulting in the need for reassessment and a change to their care/service plan. Service users requiring complex care will generally require more regular reassessment, as their care needs are likely to change more frequently. Practices and processes that support service user reassessment include:

- Monitoring and regularly reassessing service users' care needs, preferences, goals and outcomes

- Revising service user care/service plans as required

- Following the procedures for reassessment and care/service planning

- Making changes to service delivery in consultation with and explained to the service user and/or their representative

- Staff conducting service user reassessments having the necessary skills and competence

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

The period for regular reviews of service users (with consideration to program guidelines requirements) and the extent to which reviews are carried out

The skills, competencies, education and training of staff completing the reassessment and care/service plans. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into care planning to meet their individual needs)

Processes for monitoring the progress of service users and the need for out of period reviews. Service providers are generally expected to ensure that each service user's condition and circumstances are carefully monitored (especially EACH and EACHD service users who have more complex care needs) and any changes to care needs are recorded in the service user care record, such as:

- A change in physical or cognitive ability

- Discharge home from hospital treatment including day procedures

- Changed support from carer(s) and/or changed support arrangements

Processes for scheduling and monitoring reassessments

Processes for ensuring staff or contractors report any changes in service users condition or circumstances

Processes for informing service users about changes in service provision

What the quality reviewers may look at

Service user files, including:

- Care/service plans
- Service user care records
- Reassessments
- Revisions to care/service plans
- Service user and/or representative input into the reassessment and revised care/service plans
- Comprehensiveness of the reassessment
- Appropriateness to service users' needs

Arrangements for people with special needs

Staff knowledge of monitoring and reassessment processes, as appropriate to their position

Service user perceptions of the reassessment process

Policies and procedures

EO 2.5: SERVICE USER REFERRAL

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

☑ Practices and processes

Community care providers are responsible for providing care and services to service users in accordance with the funding they receive. If a service provider is unable to provide appropriate services, they are required to refer service users to another service provider. Practices and processes that support service user referral include:

- Facilitation of referrals and participation in the coordination of care with other service providers and agencies

- Compliance with referral and coordination processes contained in relevant State/Territory and Commonwealth legislation, where applicable

- Consideration of the needs of service user's representatives with referral to other service providers if needed

- Protocols between agencies to facilitate the referral of service users

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Links and protocols with other service providers

Processes for ensuring the consent of service users or their representatives to referrals and to the sharing of information between agencies

Coordination processes between agencies that ensure service user's needs are met, including:

- Information sharing (with consent from service user)

- Case conferencing

- Documenting of care responsibilities of other service providers in the service user care record

- Provision of support for service users during the transition to other services

- Participation in service provider networks (where they are established)

Referral forms or other information on referrals, such as in service user care records

Staff education, training and knowledge in referral processes

Service user perceptions of the referral process

Policies and procedures

STANDARD 3: SERVICE USER RIGHTS AND RESPONSIBILITIES

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

Five expected outcomes (EOs) relate to Standard 3:

- Information provision
- Privacy and confidentiality
- Complaints and service user feedback
- Advocacy
- Independence.

This Standard requires service providers to demonstrate that each person is provided with information to assist them in understanding: the services that are available; the costs of services; their rights and responsibilities in receiving community care services; complaints processes and advocacy services; and any other relevant information that may affect how and when services are delivered. The information should be sufficiently comprehensive to enable people to make choices about the services they receive.

This Standard also requires service providers to ensure that service users and prospective service users understand their rights and their responsibilities with regard to service provision. The service provider is required to demonstrate that once service users have been provided with information about possible services, they are then consulted with and finally informed, usually in writing, about the services to be provided (the Service Agreement). This should include: the services being offered; the reasons why; and the circumstances under which service provision may change.

This information constitutes general confirmation (i.e. the terms and conditions) of the services to be provided, rather than the specific details of service provision, which are detailed in a care/service plan (see Standard 2). For example, this may be a letter that informs the service user that the service provider is offering domestic assistance for two hours, once per fortnight, or a package of services including domestic assistance, personal care, transport for shopping once a week and assistance to prepare meals weekly.

EO 3.1: INFORMATION PROVISION

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

☑ Practices and processes

Providing information to prospective service users ensures that they understand the type and amount of services that they may be eligible to receive and their rights and responsibilities as service users. Practices and processes that support information provision include:

- The service provider compiling, reviewing and updating service user information, giving consideration to service user needs and feedback and funding program requirements

- All service users and prospective service users being provided with information in formats appropriate to their needs throughout their contact with the service, including on first contact, during assessment, on service commencement, during reviews and on an ongoing basis, to ensure that the service user remains aware of their rights and responsibilities and has the opportunity to discuss the care and services they receive

- Consideration of special-needs groups

- Service users being consulted with and provided with a service agreement or offer that includes:
  o The services that could be offered to meet the service user's care needs
  o The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn

- All service users being assisted to fully understand the information provided to them

- Staff/volunteers being aware of the information provided to service users and prospective service users

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Information provided to service users. This information is expected to include (but not limited to):

- The Charter of Rights and Responsibilities for Community Care (and/or other program policy documents)

- Services available

- Service agreement

- Assessment, care plan development and reassessment

- Referral process

- Services to be provided, including when, amount and cost

- Processes for changing services

What the quality reviewers may look at

- Other relevant community services
- Service fees policy
- Internal and external complaints processes
- Privacy of information
- Access to personal information
- Advocacy
- Other information relevant to the service

Processes to ensure that every service user and prospective service user receives relevant information and a verbal explanation about service arrangements (e.g. responsible staff/volunteer positions, use of an intake check sheet, signature of service user to confirm receipt and explanation of information, notes in the service user care record, specified time frames, audits of service user records, service user surveys)

Arrangements for people with special needs

Review of service user files, including:

- Records of service users being provided with a copy of a service agreement
- Records of the provision and explanation of information
- Records of the update of information
- User preferences and special needs in regards to information

The availability of information in a variety of formats to meet service users' requirements (e.g. newsletters, videos, CDs, brochures, posters, web pages, information in other languages)

Processes for reinforcing information for service users and/or their representatives

Staff/volunteer knowledge of information provided to service users, as appropriate to their position

Service user feedback on information provided

Policies and procedures

EO 3.2: PRIVACY AND CONFIDENTIALITY

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

✓ Practices and processes

Service users have a right to privacy, dignity and confidentiality. Practices and processes that support privacy and confidentiality include:

- Compliance with State/Territory and Commonwealth legislation regarding:
  - Collection, use and disclosure of personal information
  - Service users' rights to access their personal information
- Each service user's right to privacy, dignity and confidentiality being respected
- Consideration of special-needs groups
- Staff/volunteers being aware of and respecting service users' right to privacy
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Staff/volunteer education and training on the relevant requirements under State/Territory and Commonwealth legislation, such as:

- Appropriate processes and circumstances for obtaining verbal and written consent, including:
  - Prior to the release of personal information
  - For the release of personal information in an emergency situation and to meet the requirements of the quality review process access to service user information
  - Identification of who may give consent on the service user's behalf (authorised representatives)
  - The service user's right to withdraw consent to the release of personal information
  - The circumstances under which a request to gain access to personal information may be denied

Understanding of the legislative requirements relating to 'health information', 'personal information' and 'sensitive information'

Information provided to service users on their right to privacy and the process to ensure that this occurs

Procedures for the appointment and verification of authorised service user representatives and the process for service users and/or their representative to access personal information

Service user consent to share documentation, including:

- Completed consent forms
- Details on who information can be released to
- The type of information that can be released

What the quality reviewers may look at

Arrangements for people with special needs

Staff/volunteer knowledge of service user's rights to privacy, as appropriate to their position

Service user feedback on privacy

Policies and procedures

Consideration

Ensure that you have received consent from staff and service users (as applicable) for the quality reviewers to access documents and records. The quality reviewers may wish to randomly select records to verify that processes are being followed. The Commonwealth and State and Territory governments have differing arrangements for authorising access to records. For this reason, if your services are funded by both the Commonwealth Government (through CACP, EACH, EACHD and NRCP funding) and your State or Territory government (through the HACC program), it is advisable that you include access to records by quality reviewers in your generic consent forms for service users and staff.

EO 3.3: COMPLAINTS AND SERVICE USER FEEDBACK

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

☑ Practices and processes

Complaints and service user feedback provide information for improving your services. Practices and processes that support complaints and service user feedback include:

- Providing service users with information about the complaints and feedback processes
- Effective complaints management processes that include:
  - o Enabling service users to complain if they wish to do so
  - o Protection of service users' rights
  - o Recognition of service users with special needs
  - o Roles and responsibilities of staff/volunteers
  - o Timely responses
  - o Provision of feedback about each complaint to the complainant and, where appropriate, staff and/or volunteers
  - o Assistance to service users to access external complaints process
  - o A complaints form
- Inclusion in the complaints process of all negative feedback from service users, and inclusion in feedback processes of all positive feedback
- Ensuring complaints are dealt with without retribution to the complainant
- Ensuring service users (or their representatives) and staff/volunteers are aware of the complaints process
- Effectively recording, monitoring, collating and analysing complaints to identify trends
- Reporting complaints to the board and/or management committee and/or senior executives on a regular basis, informing them of action taken in response to complaints including changes/modifications to service delivery
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

🗒 What the quality reviewers may look at

Process for managing complaints, including feedback to the complainant and timeliness of responses

Process for ensuring that there is no retribution to complainants

Information on complaints and feedback processes provided to service users and/or their representatives

Complaints register (if available) and completed complaints forms, including:

- Timeliness of responses

What the quality reviewers may look at

- Action taken and appropriateness to the complaint
- Feedback to the complainant
- Complainant's satisfaction with the outcome of the complaint

Arrangements for people with special needs

Staff/volunteer education, training and knowledge in relation to the complaints/feedback processes, as appropriate to their position

Results of the review and analysis of complaints information and service improvements resulting from complaints

Reports to board and/or management committee and senior staff

Service user knowledge of the complaints process and attitudes to complaining

Policies and procedures

Consideration

Complaints and feedback provide invaluable information for improving services. When developing and implementing complaints processes, consideration may be given to the following issues.

- Older people, particularly those with special needs, may be reluctant to complain.

- The needs of people with vision or hearing impairments and those of culturally and linguistically diverse people may require special consideration.

- Often service users will want reassurance that their complaints have been heard and that any resultant improvements will be implemented.

- Feedback other than complaints is also important and should be recorded.

  For example, if a service user lets a support worker know that the time of a service does not suit them, this should be passed on and logged in your feedback system so that you can understand if this is a one-off event or if many service users are not happy with their service time. This 'trending' of feedback can assist you to focus on how to improve services for your service users.

- Value your regular complainants.

  Regular complainants are sometimes challenging, but should continue to be engaged to see how services can be improved to meet their needs. If, however, complaints or requests are not able to be met, it is important to meet with the service user and explain what you can and cannot deliver with the funding you receive.

EO 3.4: ADVOCACY

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

✓ Practices and processes

An advocate is a person selected to act on behalf of a service user or their representative. The service provider has a responsibility to support the right of a service user to an advocate. Practices and processes that support advocacy include:

- Providing service users with information about their right to an advocate of their choice
- Providing assistance to service users to access and use an advocate
- Staff/volunteers understanding the role of advocates and being able to work with an advocate
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

The process for service users to access and use an advocate of their choice, including forms

Information on the right to an advocate that is provided to service users and/or their representatives, including information on the role of an advocate and the process for involving an advocate (this may be provided as part of a general information pack for service users)

Documentation related to service users who have used an advocate

Arrangements for people with special needs

Staff/volunteer education and training records in relation to advocacy that covers:

- What an advocate is
- The right of service users to use an advocate of their choice
- The process for service users to use an advocate
- Assisting service users to identify an appropriate person to act as an advocate
- Working with advocates

Staff/volunteer knowledge of advocacy, as appropriate to their position

Service user knowledge of their right to an advocate

Policies and procedures

EO 3.5: INDEPENDENCE

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

☑ Practices and processes

One of the key aims of all community care service provision is to support, foster and encourage service user independence. Practices and processes that support service user independence include:

- Individualised assessment of service users including assessment of their physical independence (such as mobility and dexterity), social and psychosocial independence (including decision making), focusing on the service user's strengths and abilities

- Provision of support in daily living activities that aims to consolidate and, where possible, improve the service user's existing capacity for independent living rather than building dependencies

- Encouragement of and support for service users to seek support (when required) from family, community groups and others to foster their independence and inclusion in their community

- Consideration of special-needs groups

- Documented policies and procedures for these practices and processes.

What the quality reviewers may look at

Processes for ensuring that all service staff/volunteers support, foster and encourage service user independence and respect service users' rights to make decisions and choices about their lives

Information on independence provided to service users and/or their representatives (this may be provided as part of a general information pack for service users), which may include information on a range of ways services users can support their own independence and on where and how service users can access aids and services that support their independence

Service user assessments and whether these include the assessment of independence, including:

- Mobility and dexterity in activities of daily living

- Maintaining adequate nutrition and hydration (the ability to source and prepare food)

- Social networks including family and community links

Care plans/service agreements and whether they contain effective strategies to promote and foster service users' independence, such as:

- Retraining in activities of daily living

- Facilitating access to allied health services such as physiotherapy, occupational therapy and dieticians

- Encouraging participation in local health-promoting activities

- Strengthening social support including family and community links

Records of induction and ongoing training of staff/volunteers in concepts of promoting and fostering independence while working with service users

What the quality reviewers may look at
Arrangements for people with special needs
Staff/volunteer knowledge with respect to supporting, fostering and encouraging service user independence
Service user perceptions of whether independence is supported, fostered and encouraged
Policies and procedures

4. RESULTS AND PERFORMANCE MEASURES

Note: *The Community Care Common Standards do not specify results and performance measures. The information in this section is provided to assist organisations that wish to further develop their results and performance measures as part of their continuous improvement approach. The following information may also assist service providers when developing responses for each of the expected outcomes in the self-assessment.*

4.1 INTRODUCTION

Results and performance measures are about collecting data on the operations of an organisation to provide some idea of how well the organisation is meeting its goals or objectives. Within the community care sector, most organisations generally share the goal of delivering quality services to service users to assist them to continue to live independently in the community for as long as possible.

The Standards are also based on this goal and provide a framework for organisations and funding bodies to assess their performance. At the simplest level, meeting all of the outcomes of the standards is an indicator that an organisation is delivering quality services.

It is likely that many organisations are delivering higher-quality services, but this is not directly assessed in the Standards. If an organisation wants to understand how well they are performing they need to use measures that will, over time, provide an indication of improvements in quality and how well the organisation is performing. These measures also provide targets for the organisation to aspire to.

This section includes some example results and performance measures for each of the expected outcomes in the Community Care Common Standards, to assist organisations interested in assessing their performance.

4.2 HOW TO MEASURE PERFORMANCE

The value of results and performance measures is in their use by the organisation to improve services, which may involve comparing them to other organisations or sector benchmarks. There are a variety of results and performance measures (e.g. quantitative and qualitative) and approaches to measuring performance; however, measures should always assist in understanding performance and not be too onerous on the organisation.

For example, if it is identified in an organisation that board or management committee members' attendance over the previous 12 months was 67 per cent,[2] this is great to know, but what does it mean? The organisation must somehow decide whether 67 per cent attendance is poor, acceptable or excellent. Given the issues with volunteer boards and what they know about other organisations, they decide that this is an acceptable result. They are, however, an organisation with a strong improvement ethos, so they set a target for 75 per cent attendance and identify strategies to achieve this. They review their results in six months and repeat the process of evaluating the result and identifying any required action.

Results and performance measures considered on their own are of limited value. A single measure does not indicate performance against a community care expected outcome. If 90 per cent board attendance is identified, it cannot be concluded that this is an exceptionally good outcome in meeting EO 1.1: Corporate Governance. Numerous results and measures related to this outcome are needed to make this kind of assessment. Results and performance measures do provide an idea of how things are progressing, and they help in setting targets to improve.

---

2   This is calculated as follows: (number of individual attendances) ÷ (number of board members x number of meetings in the past 12 months) x 100. For example: (40 attendances) ÷ (6 members x 10 meetings) x 100 gives committee members' attendance in percentage terms as 67 per cent.

In general, a performance measure can be expressed as a proportion by dividing the number of a subset of items of a particular type by the total number of these items, and then multiplying this number by 100. The result can then be reported as a percentage.

4.3 SOME EXAMPLE RESULTS AND PERFORMANCE MEASURES FOR THE COMMUNITY CARE COMMON STANDARDS EXPECTED OUTCOMES

Included below are some example results and performance measures that could be used to demonstrate performance against the expected outcomes of the Community Care Common Standards. **There are many more measures that can be developed for each outcome; these represent just a few that organisations may wish to consider.**

STANDARD 1

EO 1.1: Corporate Governance

- Proportion of board/management committee members attendance at meetings in a year
- Proportion of government accountability requirements/reports submitted within required time frames
- Proportion of board/management committee members provided with training/education on the complaints handling process

EO 1.2: Regulatory Compliance

- Internal audit results on the implementation of changes in relevant regulations and legislation over the past 12 months
- Number of staff accidents and incidents within a particular period (e.g. month, quarter or year) and percentage reduction or increase over previous periods
- Number of service user accidents and incidents within a particular period (e.g. month, quarter or year) and percentage reduction or increase over previous periods
- Renewal of police checks initiated within appropriate time frames

EO 1.3: Information Management Systems

- Internal audit results on the currency of organisation policies and procedures – i.e. the extent to which documented policies and procedures match practice
- Internal audit results on the security of records
- Proportion of staff provided with training/education on the policies and procedures

EO 1.4: Community Understanding and Engagement

- Number of interagency meetings attended within a particular period (e.g. quarter or year)
- Number of meetings held with community stakeholders within a particular period (e.g. quarter or year)
- Number of consultations held with service users within a particular period (e.g. quarter or year)
- Identification of gaps in service delivery

EO 1.5: Continuous Improvement

- An up-to-date improvement plan
- Number of feedback forms from key stakeholder groups and proportion of group providing feedback
- Proportion of feedback forms resulting in an improvement
- Number of internal audits conducted
- Number of surveys and results of surveys

EO 1.6: Risk Management

- An up-to-date risk management plan
- Case study examples of how risks were identified, addressed and evaluated

- Number of risks identified and documented within a particular period

- Number of personnel involved in the identification of risks

- Number of incidents in particular risk areas and the trend over time (e.g. staff accidents and incidents)

- Proportion of relevant staff receiving training related to risk minimisation (e.g. occupational health and safety, fire procedures, infection control)

EO 1.7: Human Resource Management

- Proportion of new staff undergoing orientation within a specified period after commencement

- Proportion of staff assessed as competent in key areas of their work

- Internal audit results of staff files verifying on completion of required documentation

- Staff retention rates

EO 1.8: Physical Resources

- Number of corrective maintenance requests conducted within a particular period (e.g. year or month)

  Note: *A large number of corrective maintenance requests may indicate that the organisation's preventative maintenance program requires review. High corrective maintenance requests are also dependent on the age and condition of buildings and infrastructure.*

- Proportion of corrective maintenance requests completed within the organisation's specified time frame

- Proportion of staff provided with emergency procedures training/education

STANDARD 2

EO 2.1: Service Access

- Number of potential service users on the waiting list

- Average number of days potential service users spent on the waiting list before being offered services and/or referred

- Number of service users referred to other service providers within a particular period (e.g. month or year)

EO 2.2: Assessment

- Number of assessments conducted within the recommended time frame (determined by the organisation)

- Number of service users referred for specialist assessment within a particular period (e.g. month or year)

- Proportion of staff provided with training/education on the assessment process

- Internal audit results of service user files verifying on completeness of assessments

EO 2.3: Care Plan Development and Delivery

- Proportion of service users with completed care plans by the time service delivery commences (including interim care plans)

- Case studies of service users with challenging care needs and how these were managed

- Internal audit on proportion of care plans that reflect current care/service needs

- Proportion of staff provided with training/education on the principles of service delivery

- Service user feedback on satisfaction with care plan development and delivery process

EO 2.4: Service User Reassessment

- Number and proportion of reassessments completed within a particular period (e.g. year or month)

- Number of reassessments resulting in major changes to the service user's care plan within a particular period (e.g. month or quarter)
  Note: *this may indicate that service users may need to be reassessed more often.*

- Proportion of (relevant) staff provided with training/education on the assessment process

- Internal audit results on service users being reassessed within the specified time frames

EO 2.5: Service User Referral

- Number of referrals completed within a particular period (e.g. year or month)

- Number of agencies service users have been referred to within the past year

- Service user feedback on satisfaction with referral process

- Number of service users who have received a service from the agency they were referred to

STANDARD 3

EO 3.1: Information Provision

- Proportion of new service users receiving information

- Proportion of existing service users who have received updated information

- Service user feedback on satisfaction with information

- Date of last review and update of information

- Internal audit results on currency of information

EO 3.2: Privacy and Confidentiality

- Number of complaints received regarding breaches of privacy and confidentiality received within a particular period (e.g. year or month)

- Proportion of staff provided with training/education regarding the promotion of privacy and confidentiality

- Service user feedback on satisfaction with privacy

EO 3.3: Complaints and Service User Feedback

- Number of complaints received within a particular period (e.g. year or month)

- Proportion of complaints resolved to the satisfaction of the complainant

- Proportion of complaints resolved within time frame specified by the organisation

- Proportion of staff provided with training/education on the complaints handling process

EO 3.4: Advocacy

- Number of service users currently using the services of an advocate

- Number of requests from an advocate/advocacy agency and percentage of these resolved to the satisfaction of the requester

- Proportion of staff provided with training/education on working with advocates

- Survey results of staff knowledge of the advocacy process

EO 3.5: Independence

- Number of service users referred to service providers who provide aids/services to promote independence

- Number of targeted referrals to support service user's independence goals
- Proportion of staff provided with training/education on promoting and fostering independence
- Service user feedback on independence

5. OTHER INFORMATION AND RESOURCES

This section provides additional information to assist service providers, including:

- *Some key program considerations for Australian Government–funded community care programs related to some expected outcomes **(service providers are strongly encouraged to be familiar with specific program guidelines/funding agreements, as this list is not exhaustive)***

- *Other information that may be helpful in guiding service providers in meeting the expected outcomes, such as references to the Charter of Rights and Responsibilities for Community Care and to other standards and resources.*

Note: *HACC Program service providers are encouraged to refer to their State or Territory HACC Program policy documents and service agreement.*

SOME KEY PROGRAM CONSIDERATIONS

Standard 1: Effective Management

EO 1.2: Regulatory Compliance

Packaged Care
The responsibilities of packaged care providers in relation to police check requirements for staff members and volunteers are set out in Part 4 of the *Accountability Principles 1998* made under the *Aged Care Act 1997*. The Accountability Principles can be found on the ComLaw website at http://www.comlaw.gov.au. In addition, the Department of Health and Ageing's Office of Aged Care Quality and Compliance has produced a document titled *Police Certificate Guidelines for Aged Care Providers* that may assist. It is available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-quality-factsheet-policechecks.htm

NRCP
NRCP service providers are required to comply with the same police check requirements as packaged care providers, as described in their funding agreement. NRCP services that provide meals services need to be aware of their regulatory and legislative responsibilities with regard to food preparation facilities and processes to ensure the safety of service users.

EO 1.3: Information Management Systems

Reference Document	Details	Specific Reference/Comments
AS/NZS ISO 9001:2008	Australian/NZ Standard Quality Management System Requirements	This international standard provides guidance on the management of a quality management system and provides specific guidance on the management of documents and records to meet the AS/NZ Standards requirement

EO 1.4: Community Understanding and Engagement

Reference Document	Details	Specific Reference/Comments
Australian Bureau of Statistics (ABS)	The ABS has information on local demographics	This information may assist your organisation to identify the profile and needs of the community in which it operates, and to apply this information to the planning and development of services

EO 1.6: Risk Management

Reference Document	Details	Specific Reference/Comments
AS/NZS ISO 31000:2009	Australian/NZ Standard Risk Management – Principles and Guidelines	This international standard provides guidance on the process of managing risks within an organisation at every level of operations
Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit	Produced by the Department of Health and Ageing, 2009	This document provides guidance for service providers in implementing policies and procedures for service users who do not respond to a scheduled visit

EO 1.8: Physical Resources

Packaged Care

Service users with high or complex care needs may require assistive aids such as hoists, pressure-relieving mattresses and ambulation aids. If these are provided by the service provider, it is essential that they are properly maintained and cleaned to ensure appropriate use.

Maintaining the temperature of medical supplies such as dressings, medications and other products may also need to be considered to ensure their effectiveness.

NRCP

If assistive aids such as hoists, pressure-relieving mattresses and ambulation aids are provided by the service provider, it is essential that they are properly maintained and cleaned to ensure appropriate use.

NRCP services that prepare and/or provide meals need to be able to demonstrate that consideration has been given to ensuring that food preparation buildings and infrastructure are safe and suitable for meal preparation.

Overnight respite service providers are required to ensure that the physical environment provided for service users is suitably maintained and safe with consideration given to the specific needs of the service users. As service users may sleep at the facility, it is essential that the environment is suitably furnished, maintained, cleaned and secure for care recipients and that adequately trained staff/volunteers are in attendance.[3]

Standard 2: Appropriate Access and Service Delivery

EO 2.1: Service Access

NRCP

Service access for NRCP services is based on the needs of the carer, even though the actual services may be delivered to the service user (care recipient).[4]

Australian Government Department of Health and Ageing (nd), Overnight Community Respite: Standards and Reporting Framework, DoHA, Canberra.

---

3 Australian Government Department of Health and Ageing (nd), *Overnight Community Respite: Standards and Reporting Framework* (attachment to NRCP Guidelines).

4 Australian Government Department of Health and Ageing 2004 *Administrative and Program Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP)* 1.9 p. 7.

EO 2.2: Assessment

Packaged Care

EACH and EACHD service users have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs. These packages are flexible in content; however, the expectation is that the package would include qualified nursing input, particularly in the design and ongoing management of the package, and also where there are high-level complex care needs.[5]

CACP service users with complex care needs require a comprehensive assessment to identify their needs.[6]

NRCP

Assessment criteria are required to ensure that total circumstances are taken into account, that service user rights and privacy are considered, that duplication of assessment is avoided and that review and referral processes are in place.[7]

Carers and care recipients require assessment of their care/service needs.[8]

EO 2.3: Care Plan Development and Delivery

Packaged Care

Any services to be provided that are specified services (for EACH and EACHD) are set out in the payment agreement between the service provider and the Department of Health and Ageing.

EACH and EACHD clinical care is to be provided by a registered nurse or under the direct or indirect care of a registered nurse or other professional appropriate to the service, and is to include 24-hour on-call care provided by or under the direct supervision of an RN.[9]

Reference Document	Details	Specific Reference/Comments
Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit	Department of Health and Ageing, 2009	This document provides guidance for service providers in implementing policies and procedures for service users who do not respond to a scheduled visit

EO 2.4: Service User Reassessment

Packaged Care

EACH and EACHD service users have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs. These packages are flexible in content; however, the expectation is that the package would include qualified nursing input, particularly in the design and ongoing management of the package,

---

5   Australian Government Department of Health and Ageing, *Draft Community Packaged Care Guidelines 2007*, 16.1, p. 88.

6   ibid, 9.12, p. 50.

7   Australian Government Department of Health and Ageing 2004, *Administrative and Program Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP)*, 1.9, p. 7.

8   ibid, 1.9.2, p. 8.

9   Australian Government Department of Health and Ageing, *Draft Community Packaged Care Guidelines 2007*, 16.4, p. 91.

10 ibid, 16.1, p. 88.

Packaged Care
and also where there are high-level complex care needs.[10]
CACP service users with complex care needs require a comprehensive assessment to identify their needs.[11]

NRCP
Carers and care recipients require periodic reassessment of their care/service plans and needs.[12]

Standard 3: Service User Rights and Responsibilities

EO 3.1: Information Provision

Reference Document	Details	Specific Reference/Comments
Charter of Rights and Responsibilities for Community Care	This document outlines the rights and responsibilities of recipients of community care services (CACP, EACH and EACHD)	This document provides information to community care recipients on the range of rights and responsibilities applicable to them. It is available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-charter-rights.htm

EO 3.3: Complaints and Service User Feedback

Packaged Care
The Aged Care Complaints Investigation Scheme is available to anyone who has a complaint or concern about an Australian Government–subsidised aged care service (residential or CACP, EACH or EACHD).[13]

NRCP
State and territory Department of Health and Ageing offices will look into any complaint or concern regarding the NRCP. Service users can contact either their state or territory office directly or the Aged Care Information Line on 1800 500 853 or 1800 555 677.

EO 3.4: Advocacy

The Department of Health and Ageing website has links to Commonwealth funded advocacy contacts at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-contacts-orgs-advocacy.htm-copy3

These services may not apply to the HACC Program.

---

11 Australian Government Department of Health and Ageing, *Draft Community Packaged Care Guidelines 2007*, 9.12, p. 50.

12 Australian Government Department of Health and Ageing 2004, *Administrative and Program Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP)*, 1.9, p. 7.

13 http://www.health.gov.au/internet/main/Publishing.nsf/Content/ageing-complaints-index.htm

Appendix 1:

Information for Quality Reviewers

TABLE OF CONTENTS

SECTION 1: COMMON ARRANGEMENTS FOR QUALITY REVIEWS

Part 1: Introduction

Part 2: Common Quality Review Processes

COMMUNITY CARE COMMON STANDARDS | INFORMATION FOR QUALITY REVIEWERS

PART 1: INTRODUCTION

1.1 PURPOSE

This document provides quality reviewers with information about the common quality review processes for assessing community care programs using the Community Care Common Standards (the Standards). Community care programs that are assessed using the Standards are:

- The Home and Community Care (HACC) Program

- Packaged care programs, being: Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD)

- The National Respite for Carers Program (NRCP).

The common quality review processes involve collaboration between State and Territory governments, which administer the HACC Program, and the Department of Health and Ageing, which administers packaged care programs and the NRCP.

This document should be read in conjunction with State and Territory government and Department of Health and Ageing documents and guidelines, which describe in detail the administrative processes relevant to each jurisdiction and program.

References to relevant national documents are included in Appendix 3: National Program Documents and References.

1.2 CONTEXT AND BACKGROUND

The Standards have been developed as part of a multi-jurisdictional reform process in community care that has been underway since 2004.

The Australian Government and State and Territory governments recognised the need to streamline arrangements for the administration and delivery of community care services, including quality monitoring arrangements. Common Standards for monitoring the quality of these services have been developed in consultation with the community care sector to draw together the differing standards frameworks for community care programs. Importantly, this will also help to reduce the administrative burden for community care service providers.

Following the implementation of the Common Standards framework in 2011, all jurisdictions will be able to apply a nationally consistent set of standards and review processes to the programs they administer. The information set out in this document outlines the review processes quality reviewers are expected to follow whether programs are jointly administered or administered by a single jurisdiction.

1.3 ACCOUNTABILITY FRAMEWORK

Quality reviewers may be acting on behalf of State or Territory governments or the Department of Health and Ageing in their conduct of quality reviews. Each quality reviewer is responsible for acting within the accountability framework of these government departments. The responsibilities under these frameworks are described in other related documents and guidelines within each jurisdiction. Quality reviewers are responsible for ensuring that they are aware of these requirements in the conduct of their role.

1.4 AIM OF THE COMMUNITY CARE COMMON STANDARDS QUALITY REVIEW PROCESS

The aim of the Community Care Common Standards quality review process is to assess whether:

- The delivery of safe, high quality community care services is demonstrated

- Service provision meets the identified needs of service users (including service users, carers and/or representatives as applicable)

- Program requirements and expectations are met

- Funds are used according to the purposes specified in funding agreements (although financial accountability requirements are separately monitored).

1.5 COMPONENTS OF THE QUALITY REVIEW PROCESS

The quality review process, which usually takes around 20 weeks but may be extended in some circumstances, includes the following elements:

- Planning of the quality review (including the self-assessment processes)
- Desk review
- On-site visit
- Quality review reporting
- Improvement plan development and monitoring
- Annual follow-up.

The six components of the quality review process are described in detail in Section 2: The Quality Review Process.

PART 2: COMMON QUALITY REVIEW PROCESSES

2.1 OVERVIEW OF COMMON QUALITY REVIEW PROCESSES

The implementation of the Standards and quality review processes involves the cooperation of quality reviewers acting for the Australian Government and State and Territory government departments. It is recognised that quality reviewers will have a variety of backgrounds and experience and that the implementation of the Standards quality review process requires quality reviewers to work together to assess community care services.

The Standards and the collaborative review approach are expected to reduce the administrative burden on both service providers and governments. While it may not always be possible to conduct concurrent reviews across programs and jurisdictions in every service, government departments will work together to share information (with permission from service providers as required) to reduce the administrative burden on service providers.

If a service provider receives funding for the HACC Program and Commonwealth-only funded programs, they may have all of their service provision assessed at the same time, where possible. A combined assessment of the HACC Program and Commonwealth-funded programs will involve both quality reviewers from the Department of Health and Ageing (authorised officers) and quality reviewers responsible for assessing the HACC Program services, attending in one visit.

2.1.1 Review Processes

Depending on the programs delivered, quality reviews will be:

- Single jurisdiction reviews involving either:

    Quality Reviewers from State and Territory governments (HACC Program only services), or

    Quality Reviewers who are Australian Government authorised officers (packaged care and NRCP services)

- Joint jurisdiction reviews consisting of:

    A combined review involving quality reviewers from both State/Territory governments and the Australian Government (where both the HACC Program and/or packaged care and NRCP services are provided)

    Streamlined separate reviews involving quality reviewers from both State/Territory governments and the Australian Government (where both the HACC Program and/or packaged care and NRCP services are provided) and where the quality reviewers share relevant information.

To date, jurisdictions have operated similar review processes across programs which will assist the transition to common processes. The pilot of the Draft Community Care Common Standards conducted in 2009 trialled an approach incorporating many of the existing processes and practices and has resulted in the development of this document and other tools to assist quality reviewers in a consistent review approach, irrespective of the programs being reviewed.

This document has been developed to describe joint jurisdictional processes, but the same processes apply to single jurisdiction reviews. All types of reviews will use the Standards, common reporting tools and processes.

2.2 KEY RESPONSIBILITIES OF GOVERNMENT DEPARTMENTS

Government departments are responsible for scheduling quality reviews for the programs they administer and for working together to schedule and plan joint jurisdiction reviews, including combined reviews. Jurisdictions may undertake the scheduling process quarterly, twice-yearly or annually; arrangements may require readjustment periodically.

Government departments in some states and territories delegate the conduct of the quality reviews to external organisations. It is the responsibility of each jurisdiction to work with the state/territory office of the Department of Health and Ageing to conduct joint assessments/visits where possible.

Each jurisdiction is responsible for the programs they administer, including follow-up after the quality review (as required), maintenance of records and monitoring of other quality and performance processes relevant to their jurisdiction.

The key responsibilities of government departments in the common quality review processes include:

- Scheduling and planning quality reviews, including joint jurisdictional review processes
- Ensuring the availability of suitably qualified and experienced quality reviewers
- Providing timely, accurate, appropriate and relevant information regarding the service provider to the quality review team
- Conducting effective quality reviews of service providers and determining outcomes of the reviews
- Authorising reports and outcome letters to service providers in accordance with departmental arrangements (this will be joint authorisation if a combined review is conducted)
- Maintenance of records of the quality review process.

2.3 KEY RESPONSIBILITIES OF QUALITY REVIEWERS

Quality reviewers are responsible for reviewing the service provider's performance against the Standards. A review includes the submission of the service provider's self-assessment, an on-site visit, the development of a quality review report, and the review of the improvement plan that is developed from the quality review visit. Each quality reviewer will need to ensure that the quality review meets the individual program requirements for which they are responsible.

Quality reviewers' key responsibilities include:

- Participating in the joint scheduling and planning of quality reviews across jurisdictions (if applicable)
- Organising and scheduling the on-site visit in consultation with the service provider and other quality reviewers (if a combined review is undertaken)
- Assessing and reporting on the service provider's performance against the Standards by:

  Reviewing the self-assessment submitted by the service provider, completing a desk review and highlighting areas for follow-up in the quality reviewer tool

  Consulting with service providers, staff, volunteers, service users (and/or their representatives) during the on-site visit

  Reviewing documentation and records relating to the achievement of the Standards expected outcomes

  Providing feedback to service providers on the findings of the review

  Developing a quality review report that details the on-site visit findings

  Providing support to service providers to develop an improvement plan to address any areas for improvement identified in the quality review report

- Following up on any issues raised through the review process (for example, in the process of identifying required improvements) and referring any program management issues to the responsible departmental area as per jurisdictional guidelines.

2.3.1 Authorised Officers

Note: *The following information is not applicable to the HACC Program.*

Quality reviewers assessing service providers who receive CACP, EACH and EACHD funding will be authorised officers under Section 90-3 of the *Aged Care Act 1997.* While it is not a requirement for the provision of NRCP services, personnel conducting these reviews will also include authorised officers. Authorised officers are required to produce an identity card verifying their authority to conduct the on-site visit and to allow the service provider to examine the identity card. Authorised officers are also required to inform service providers of their role, access powers and service provider options regarding the on-site visit at the entry meeting. Service providers have the option of withdrawing consent for the conduct of the on-site visit; however, this action may result in the imposition of a sanction.

2.3.2 Contracted Quality Reviewers

Some State and Territory governments contract organisations to conduct quality reviews. These quality reviewers have the same responsibilities in conducting quality reviews as government personnel. They are required to abide by the quality review processes outlined in this document and act within relevant legislative, regulatory and program requirements.

2.4 QUALITY REVIEWER SKILLS AND ROLES

Reviewing services against a defined set of Standards can be challenging, and quality reviewers need to ensure that they:

- Are competent in the conduct of their role and responsibilities including an understanding of the:

  Standards quality review processes

  Relevant legislative, regulatory and applicable program guidelines

- Familiarise themselves through the desk review with the operations of each site they review

- Have excellent verbal and written communication skills that enable them to engage effectively with service providers and service users

- Act professionally and courteously at all times when interacting with service providers, service users, staff, colleagues and other stakeholders

- Have a sound understanding of continuous improvement processes and the ability to articulate a continuous improvement approach as they apply to the Standards

- Seek advice and support in the conduct of their role when required

- Develop clear reports based on procedural fairness, fact and evidence.

2.4.1 Role of Quality Reviewers and the Quality Review Team

The quality review team comprises a principal quality reviewer and quality reviewer(s) from the jurisdictions responsible for the program being reviewed. Irrespective of whether single or joint jurisdiction reviews are conducted, a principal quality reviewer is allocated to coordinate the on-site visit.

The decision regarding who will be the principal quality reviewer for each quality review where the HACC Program and Commonwealth-only funded programs are being jointly assessed is determined between government departments. Records of the quality review are maintained by both government departments.

The principal quality reviewer is responsible for coordinating the quality review, liaising with the service provider and facilitating the completion of all documentation, including:

- Receiving the self-assessment from the service provider and distributing it to the quality review team for consideration

- Finalising the service outlet information and desk review summary (with input from the quality review team as applicable)

- Completing relevant sections of the quality reviewer tool

- Coordinating the team on-site and providing support to the quality reviewers

- Conducting the on-site visit to review the service provider against the Standards

- Finalising the completion of the quality review report (in conjunction with the members of the quality review team)

- Receiving and sharing the improvement plan received from the service provider with members of the quality review team

- Responding to any feedback from service providers regarding the quality review process and referring any unresolved matters to the appropriate supervisory jurisdictional manager or senior official.

COMMUNITY CARE COMMON STANDARDS | INFORMATION FOR QUALITY REVIEWERS

Quality reviewers are responsible for contributing to the quality review process with specific reference to their program requirements by:

- Working collaboratively with the principal quality reviewer in conducting the quality review

- Completing a desk review of the self-assessment

- Completing relevant sections of the service outlet information and desk review summary and providing this to the principal quality reviewer in a timely manner

- Completing relevant sections of the quality reviewer tool

- Working closely with and providing support to the principal quality reviewer and other team members

- Conducting the on-site visit against the Standards

- Completing relevant sections of the quality review report

- Reviewing relevant sections of the improvement plan received from the service provider.

SECTION 2: THE QUALITY REVIEW PROCESS

Part 1: Planning the Quality Review

Part 2: Undertaking the Desk Review

Part 3: Conducting the On-site Visit

Part 4: Developing the Quality Review Report

Part 5: Supporting the development of the Improvement Plan

Part 6: Following up with the Annual Improvement Plan

PART 1: PLANNING THE QUALITY REVIEW

The six components of the quality review process are shown in Figure 1. Each of the steps is described below.
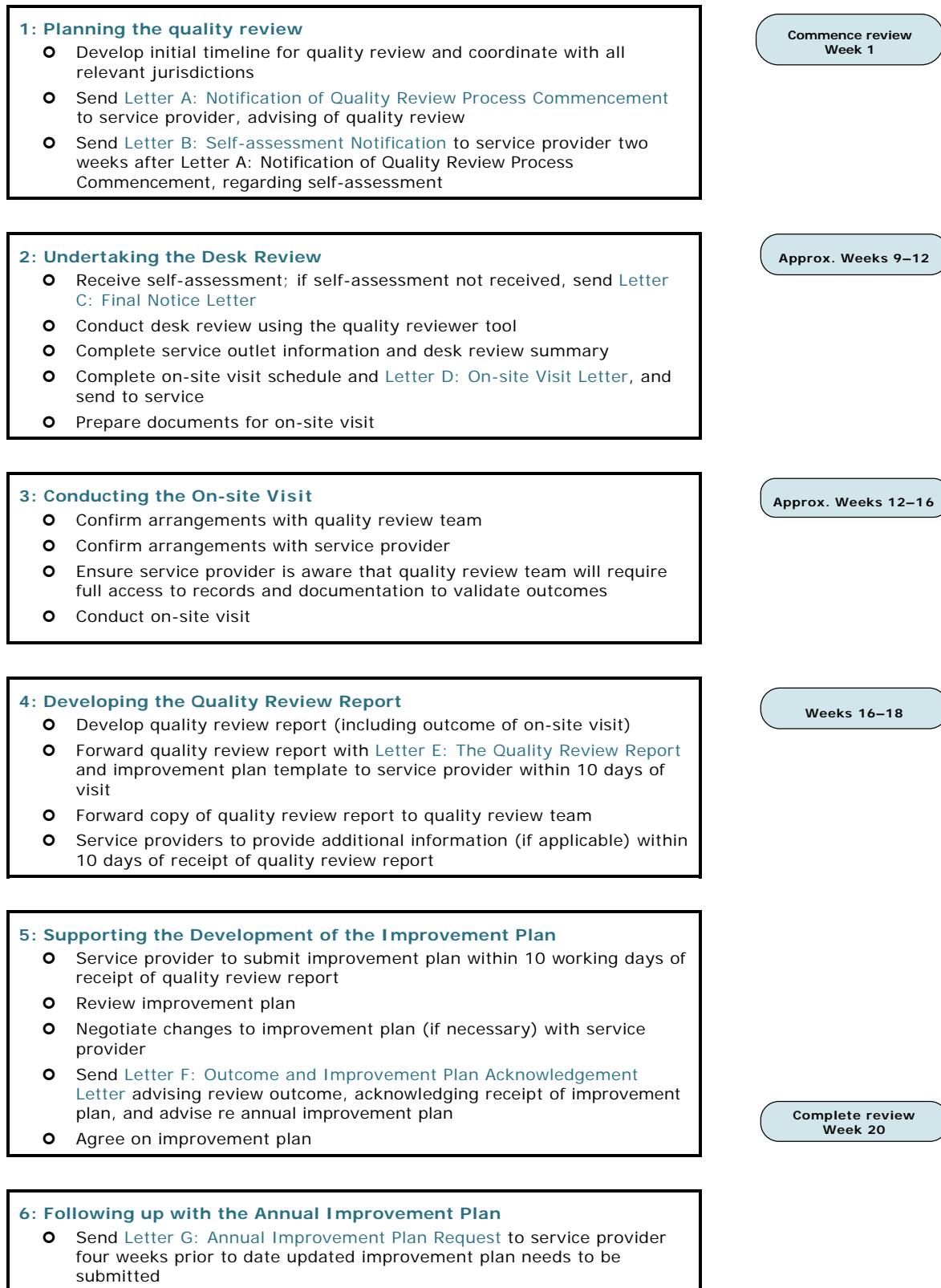
1.1 SCHEDULING QUALITY REVIEW VISITS

Quality reviewers may determine their quality review schedules on a quarterly, twice-yearly or annual basis to ensure that each service participates in the quality review process at least once in a three-year cycle. Under the Standards, a collaborative approach to scheduling of quality reviews is used to streamline the review process and reduce the administration burden for both service providers and governments. Depending on the jurisdiction, the quality reviews may occur at service provider level or at service outlet level. Joint scheduling of visits will take account of these differences. Service providers will be advised of the level of assessment at the start of the review process.

1.2 PLANNING CONSIDERATIONS

- If single jurisdiction reviews are required, State and Territory governments or the Australian Government will coordinate the review process.

- If a service provider has multiple community care programs, planning the quality review will involve liaison between quality reviewers from both State/Territory government departments and the Department of Health and Ageing.

- If quality reviewers from both State/Territory government departments and the Department of Health and Ageing are involved in the quality review, one quality reviewer is nominated as the principal quality reviewer and is responsible for coordinating the quality review team and the quality review.

- Service providers require adequate time to prepare their self-assessment and ready their organisation for the on-site visit; planning processes need to consider this. The quality review process generally spans a 20-week time frame from beginning to end; however, this time frame may be extended in some circumstances.

COMMUNITY CARE COMMON STANDARDS | INFORMATION FOR QUALITY REVIEWERS

Figure 1: The Quality Review Process for Quality Reviewers

1: Planning the quality review
- Develop initial timeline for quality review and coordinate with all relevant jurisdictions
- Send Letter A: Notification of Quality Review Process Commencement to service provider, advising of quality review
- Send Letter B: Self-assessment Notification to service provider two weeks after Letter A: Notification of Quality Review Process Commencement, regarding self-assessment

> Commence review
> Week 1

2: Undertaking the Desk Review
- Receive self-assessment; if self-assessment not received, send Letter C: Final Notice Letter
- Conduct desk review using the quality reviewer tool
- Complete service outlet information and desk review summary
- Complete on-site visit schedule and Letter D: On-site Visit Letter, and send to service
- Prepare documents for on-site visit

> Approx. Weeks 9–12

3: Conducting the On-site Visit
- Confirm arrangements with quality review team
- Confirm arrangements with service provider
- Ensure service provider is aware that quality review team will require full access to records and documentation to validate outcomes
- Conduct on-site visit

> Approx. Weeks 12–16

4: Developing the Quality Review Report
- Develop quality review report (including outcome of on-site visit)
- Forward quality review report with Letter E: The Quality Review Report and improvement plan template to service provider within 10 days of visit
- Forward copy of quality review report to quality review team
- Service providers to provide additional information (if applicable) within 10 days of receipt of quality review report

> Weeks 16–18

5: Supporting the Development of the Improvement Plan
- Service provider to submit improvement plan within 10 working days of receipt of quality review report
- Review improvement plan
- Negotiate changes to improvement plan (if necessary) with service provider
- Send Letter F: Outcome and Improvement Plan Acknowledgement Letter advising review outcome, acknowledging receipt of improvement plan, and advise re annual improvement plan
- Agree on improvement plan

> Complete review
> Week 20

6: Following up with the Annual Improvement Plan
- Send Letter G: Annual Improvement Plan Request to service provider four weeks prior to date updated improvement plan needs to be submitted

COMMUNITY CARE COMMON STANDARDS | INFORMATION FOR QUALITY REVIEWERS

The key steps involved in planning the quality review are detailed below.

PLANNING THE QUALITY REVIEW	
KEY STEPS	**NOTES**
Calendar of scheduled visits is developed by quality reviewers from each jurisdiction	*Visits are scheduled to accommodate single or joint program visits to reduce the administrative burden on service providers and governments*
Liaise with relevant quality reviewers from state/territory governments and the Department of Health and Ageing to: • Determine the principal quality reviewer • Plan the quality review, with consideration of visit logistics and time frames	*If the HACC Program and Commonwealth-only funded programs are being reviewed quality reviewers from State and Territory governments and the Department of Health and Ageing are involved* *The principal quality reviewer will be the contact for the service provider and is responsible for communicating with the service provider and providing information to the quality review team*
Advise the service provider, using **Letter A: Notification of Quality Review Process Commencement**, of: • The impending quality review process • The need to identify a contact staff member and provide their contact details • The **self-assessment tool/link** to be sent in **two weeks** for the service provider to complete	*Letter A: Notification of Quality Review Process Commencement advises the service provider of their responsibilities and the time frames for participating in the quality review process* *Each service provider is required to provide a contact person's name, telephone number and email address to the principal quality reviewer* *The self-assessment can be submitted on-line, electronically or on paper (only in special circumstances) by agreement with the quality review team*
Send **Letter B: Self-assessment Notification**, and include the **self-assessment tool/link** to the service provider contact, advising that the service provider has **six weeks** to complete and return/lodge the self-assessment	*Letter B: Self-assessment Notification outlines the service provider's responsibilities and time frames for completion of the self-assessment*
Liaise with other quality reviewer as applicable	*Any issues or delays to the planned time frame need to be communicated to the quality review team as soon as practicable*
Await receipt of self-assessment	*If the service provider does not submit the self-assessment within the requested time frame, Letter C: Final Notice Letter is sent to the service provider*

1.3 THE SELF-ASSESSMENT

The self-assessment is completed by the service provider and sent to the principal quality reviewer prior to the on-site visit. The principal quality reviewer then distributes the self-assessment to the quality review team members for consideration.

1.3.1 Purpose and Content of the Self-assessment

The self-assessment is used by service providers to report on how they are providing care to their service users and performing against the Standards.

The quality review team uses the self-assessment to:

- Gain insight into the service provider's operations
- Assist in the scheduling and planning of the on-site visit, including:
  Workload of each of the quality reviewers
  Conduct of service user and staff interviews
  Time frame for the on-site visit
  Logistics of travel arrangements.
- Identify whether interpreters are required or whether consideration needs to be given to accommodating special-needs groups
- Identify any areas for specific follow-up during the on-site visit.

Completion of the self-assessment involves the service provider reviewing their own processes and practices against each of the Standards and the expected outcomes. Service providers are required to document the results of their review in the self-assessment tool. This process allows the service provider to identify any areas for improvement and ensure that the processes and practices that they have in place are resulting in the expected outcomes being met.

The self-assessment also requires service providers to record the details of the programs they receive funding for, any brokerage/subcontracting arrangements, any special-needs groups the service is funded to provide services for, and other quality systems used by the organisation.

There are three questions that need to be completed for each expected outcome:

- What practices and processes do you have in place to meet this expected outcome?
- What results have you achieved that demonstrate that you are meeting this expected outcome?
- What plans, if any, do you have for improvement in this area?

The Community Care Common Standards Guide provides an overview of how to complete the self-assessment and some examples of completed self-assessments to guide service providers.

1.3.2 Submission of the Self-assessment

The self-assessment can be submitted online (this option may not be available to all service providers), completed electronically and emailed, or submitted on paper (only in special circumstances and by agreement) to the principal quality reviewer. Details of how to lodge the self-assessment will be included in Letter B: Self-assessment Notification.

PART 2: UNDERTAKING THE DESK REVIEW

2.1 PURPOSE OF THE DESK REVIEW

The desk review process provides quality reviewers with the opportunity to:

- Review relevant information about the service provider held by State and Territory government departments and/or the Department of Health and Ageing (information may be shared with permission from service providers where combined reviews are undertaken)

- Understand the current practices and processes the service provider uses in meeting the Standards

- Appraise the information contained in the self-assessment to identify issues that need to be discussed during the on-site visit

- Assist in the planning of the on-site visit.

2.2 RECEIVING THE SELF-ASSESSMENT

The principal quality reviewer receives the self-assessment and:

- Ensures that all sections of the self-assessment are complete

- Acknowledges the receipt of the self-assessment to the service provider contact

- Provides a copy of the self-assessment to the members of the quality review team.

If the self-assessment is not received by the due date (as outlined in Letter A: Notification of Quality Review Process Commencement), a final notice letter (Letter C: Final Notice Letter) is sent to the service provider contact requesting submission.

The key steps involved in receiving the self-assessment are detailed below.

RECEIVING THE SELF-ASSESSMENT	
KEY STEPS	**NOTES**
Receive the self-assessment from the service provider	*Service providers have the option of submitting their self-assessment online (this option may not be available for all service providers), via email or, under special circumstances, on paper*
Acknowledge receipt of the self-assessment to the service provider contact	*This is completed via email or letter by the principal quality reviewer*
Review the self-assessment to ensure that all sections of the self-assessment are complete	*If incomplete, the principal quality reviewer will contact the service provider and request additional information*
Provide a copy of the self-assessment to other members of the quality review team	*Any issues or further information to be communicated to the quality review team as soon as practicable*
Enter information into the relevant quality review database	

2.3 CONDUCTING THE DESK REVIEW

The principal quality reviewer discusses the desk review process with the quality review team to determine the expected outcomes that each quality reviewer will be reviewing on site. It is recommended that all quality reviewers review all of the self-assessment to gain an understanding of the organisation's operations across all service types and the Standards to which they relate.

2.3.1 Reviewing the Self-assessment

In reviewing the self-assessment, the quality reviewers consider:

- The range of program types provided by the service provider
- The practices and processes, results and improvement plans listed against each expected outcome
- The ratings applied by the service provider for each expected outcome
- Information that needs to be clarified on-site
- Gaps in the information provided
- Issues for specific follow-up at the on-site visit
- The evidence to be reviewed while on site.

In the process, the quality reviewers record any relevant notes or areas for follow-up in the quality reviewer tool against each expected outcome.

2.3.2 Completing the Quality Reviewer Tool

Through desk review, the quality review team completes the review of the service provider's self-assessment and documents any issues in the 'areas for follow-up during on-site visit (determined through desk review)' section of the quality reviewer tool under each expected outcome.

The quality reviewer tool is used by the quality review team to:

- Detail any areas for follow-up identified
- Guide the on-site review of each expected outcome of the Standards
- Record findings and evidence reviewed as part of the on-site visit.

Note: *The quality review team will determine the expected outcomes they are reviewing and will only make specific notes for follow-up for these expected outcomes. Not every expected outcome may require specific follow-up notes as the quality reviewer will have the self-assessment to refer to while on site.*

The quality reviewers use the 'Quality reviewer notes' section to document the following:

- Personnel interviewed
- Records reviewed
- Findings of interviews and document review
- Areas for follow-up or further review.

2.3.3 Completing the Service Outlet Information and Desk Review Summary

The principal quality reviewer (with input from the quality review team) summarises information from the service provider self-assessment in the service outlet information and desk review summary.

If both the HACC Program and Commonwealth-only funded programs are being reviewed, each quality reviewer will record information in the service outlet information and desk review summary in relation to the program they are reviewing. The principal quality reviewer is responsible for assembling information and ensuring that the service outlet information and desk review summary is complete and available to each quality reviewer.

An example of a completed desk review summary is included below.

⭐ **Example – desk review summary**

The service has rated itself as meeting all of the expected outcomes and provided details of its practices and processes. Some results without measures have been included in the self-assessment.

The service has identified some plans for improvement, including additional training, developing additional resources for service users, increasing service user input into service provision, developing further links with external providers, improved service user validation of care plans, improving telephone systems and improving staff appraisal systems. Time frames for these improvements have not been stated.

Note: *The service outlet information and desk review summary can be cited during the entry meeting to provide feedback to the service provider regarding their self-assessment. Completing the self-assessment can be a time-consuming and stressful process for service providers, and providing feedback on the self-assessment can assist the quality review process and relationships.*

2.3.4 Completing the On-site Visit Schedule

The quality review team uses the on-site visit schedule to develop their plan and timetable for the on-site visit. A quality review is generally conducted by two quality reviewers over one day; however, when developing the on-site visit schedule quality reviewers need to assess the amount of time that will be required to assess each of the expected outcomes with consideration to the number of programs and services provided.

The quality review team will decide which area of the review each quality reviewer is responsible for and the principal quality reviewer ensures that this is noted in the schedule. Consideration is also given to whether the service provider has organised a focus group of service users and/or a staff group for interview and times for these are detailed in the schedule, including how many people are expected for the group interviews.

Note: *The schedule has been developed as a guide. Each quality reviewer will have their own preference for the order in which they interview service providers, review documents and generally conduct the review. The schedule is provided as a guide to the quality review team and service provider and contains the key elements required for a quality review. The time frames, number of programs being reviewed, order of the schedule, service provider personnel availability and quality reviewer preferences will influence the schedule.*

The principal quality reviewer provides Letter D: On-site Visit Letter and the on-site visit schedule to the service provider and amends it as required.

The key steps involved in the desk review are detailed below.

DESK REVIEW	
KEY STEPS	**NOTES**
Review the self-assessment	*Ensure that the self-assessment is complete. If incomplete, contact the service provider*
Review the expected outcomes in the self-assessment and identify practices and processes, results, plans, gaps, areas that need clarification, issues that require discussion, evidence to be reviewed on-site and any other issues	*Quality reviewers are expected to read all of the self-assessment; however, they may decide only to review in detail the expected outcomes that they are assessing while on site*
Complete the **quality reviewer tool** for relevant expected outcomes	*This document provides a summary of areas for specific follow-up on site*
Each quality reviewer to complete the **service outlet information and desk review summary** and provide it to the principal quality reviewer	*This document contains information on the service provider's operations (for multiple programs if applicable) and a summary of the desk review findings*
Complete the **on-site visit schedule**	*Quality reviewers work together to develop an on-site visit schedule that is suitable to the type and number of programs being assessed and the service provider*
Provide **Letter D: On-site Visit Letter** and the on-site visit schedule to the service provider	*The principal quality reviewer provides the on-site visit schedule to the service provider and amends as required*

2.4 DOCUMENT PREPARATION FOR THE ON-SITE VISIT

The quality review team prepares documentation and resources for the on-site visit. These may include:

- Community Care Common Standards Guide
- Relevant program guidelines, such as the HACC Program, Packaged Care and NRCP guidelines
- Relevant legislative guidance, such as the *Aged Care Act 1997* and associated Principles
- Documents to guide the quality review, including:
  Service provider's self-assessment
  Service outlet information and desk review summary
  Quality reviewer tool
  On-site visit schedule.

PART 3: CONDUCTING THE ON-SITE VISIT

The following information provides a short overview of the on-site visit processes. Further detailed information is provided to quality reviewers through the quality reviewer training program.

3.1 PREPARATION FOR THE ON-SITE VISIT

3.1.1 Collaboration between Quality Reviewers

Quality reviewers prepare for the quality review by sharing relevant information about the service provider in relation to the funded programs. The principal quality reviewer is responsible for facilitating collaboration between the quality review team.

3.1.2 Contacting the Service Provider

The principal quality reviewer contacts the nominated service provider contact person by telephone prior to the planned on-site visit to confirm the visit and to provide further information, if necessary, as well as clarifying particulars such as parking arrangements.

This is also an appropriate time to inform service providers of the need to organise staff and service users to participate in focus groups, ensure interview areas are available and ensure that records and documents will be available for the quality review team to review.

3.1.3 Consent to Access Information

Quality reviewers are required to review records and documents to verify the practices and processes described in the self-assessment. To ensure that this process is robust and records are reflective of the described processes, quality reviewers are required to randomly select records rather than review the records presented by the service provider. In addition, quality reviewers may identify information in other documents, such as incident forms, that prompts them to review specific service user records.

The Commonwealth and State and Territory governments have differing arrangements for authorising access to records. For this reason, service outlets providing services that are funded by both the Commonwealth Government (through CACP, EACH, EACHD and NRCP funding) and State/Territory governments (through the HACC Program) are advised to include access to records by quality reviewers in their generic consent forms for service users and staff. This will be particularly important where joint reviews are being conducted.

When contacting the service outlet to plan the on-site visit, the principal quality reviewer will need to check that the service outlet has obtained consent from its service users and staff to ensure full access to records.

3.2 VISIT PROTOCOLS

3.2.1 Delays in Arrival

If the quality review team find that they have been delayed and will not reach the service provider address at the specified time, the principal quality reviewer contacts the service provider contact person to advise of the delay.

3.2.2 Introductions

The quality review team request to meet the service provider contact and each quality reviewer introduces themselves, their department and role on arrival.

3.2.3 The Entry Meeting

The entry meeting is an opportunity to outline the purpose of the on-site visit, meet personnel, review the on-site visit schedule and outline the review processes. The entry meeting covers:

- More detailed introductions including role of quality reviewers and/or role of authorised officer
- Purpose of on-site visit
- Acknowledgement of the self-assessment
- Sampling methods
- Open and transparent approach
- Confidentiality
- Review of schedule and relevant personnel
- Work areas
- Exit meeting
- Response to any questions
- A facilities tour (to identify restrooms, advise of any occupational health and safety induction requirements such as emergency exits, and introduce personnel in their work areas).

The principal quality reviewer requests that the people attending the entry meeting note their attendance and role on the attendance list on the on-site visit schedule that is retained by the principal quality reviewer.

3.2.4 Quality Reviewer Meetings

Quality reviewers will generally work independently on-site to assess expected outcomes in a timely manner. Quality reviewer meetings are important to share information, corroborate information and discuss any issues or concerns that may arise. These should be scheduled throughout the day and factored into the on-site visit schedule. The following is a guide for scheduling quality reviewer meetings:

- Directly after the entry meeting – 5 minutes
- At lunch time – 10 minutes
- Before the exit meeting – 10 minutes.

In addition, quality reviewers may wish to take a few minutes periodically throughout the day to discuss their findings and corroborate information. If these meetings necessitate a quality reviewer leaving a planned interview or discussion with personnel, advise the service provider that you need a few minutes with the other quality reviewer.

3.2.5 Providing Feedback

It is important to provide feedback on an ongoing basis throughout the on-site visit. For example, it is appropriate for quality reviewers to summarise their findings, advise the service provider of their recommended rating and discuss any required improvements or improvement opportunities as they complete their review of an expected outcome. Providing feedback in this way can help to keep the service provider informed and allows them the opportunity to seek other information to provide to the quality reviewer if applicable.

Note: *Sometimes service providers may wish to continue discussing an expected outcome rated as 'not met', and may seek to provide you with additional information. If this additional information will not alter the recommended 'not met' outcome it is important to reiterate the evidence that has led to the decision and move on to the next expected outcome. Obviously some discussion is essential, especially if additional evidence can be provided, but ultimately the quality reviewer must decide on the recommended rating based on the available evidence.*

If the quality reviewer is unable to determine the recommended rating at the time, and wishes to confer with their colleague, they should summarise what they have found and inform the service provider that they will advise them of the recommended rating as soon as practicable.

In addition to ongoing feedback, it is advisable to have a short (five-minute) catch-up with the service provider before lunch to go over each quality reviewer's findings and review the afternoon schedule. This also provides service providers with an opportunity to ask any questions that they may have.

3.2.6 The Exit Meeting

At the exit meeting, quality reviewers should thank service providers and staff, and discuss:

- The visit outcomes including the recommended ratings for the expected outcomes

- The quality review report (to be provided within 10 working days after the on-site visit)

- Any follow-up by quality reviewers, including any possible referrals

- The processes to enable service providers to:

  provide additional information for consideration in the quality review report before the ratings are finalised (within 10 working days after receipt of the report)

  request a reconsideration of the quality review outcome decision

  make a complaint about any aspect of the quality review process

- The improvement plan submission (within 10 working days after receipt of the quality review report)

- Any questions.

Note: *Supervisory jurisdictional managers are the Australian Government and State and Territory government program or contract managers (or their delegates) responsible for reviewing the outcome of the quality review and/or making decisions regarding appropriate follow-up processes.*

The principal quality reviewer requests that the people attending the exit meeting note their attendance and role on the attendance list on the on-site visit schedule that is retained by the principal quality reviewer.

Quality Reporting Feedback Form

A feedback form is provided at the end of the on-site visit to service providers delivering packaged care and/or NRCP services. The purpose of the feedback form is to collect information from service providers about their experience of the self-assessment and on-site visit processes that can help to improve the way quality reviews are conducted in the future. Service providers should be encouraged to complete and return the form.

3.3 REVIEW PROCESSES

3.3.1 Reviewing Documented Evidence

One element of the quality review process relies on reviewing documented evidence. The desk review gives quality reviewers the opportunity to familiarise themselves with the service provider's operations. The on-site visit allows for more detailed review of policies and procedures, records and other documentation to validate the self-assessment information and assist quality reviewers to rate each expected outcome.

Service providers often provide a vast array of documentation; a key skill of quality reviewers is to seek out the documentation that will assist in coming to a conclusion as to whether the expected outcome is met or not met. In addition, many of the expected outcomes are interconnected, so quality reviewers need to plan who will be reviewing what documentation to reduce the likelihood of both quality reviewers looking in detail at the same information during the on-site visit.

A good starting point is to review the policies and procedures. Quality reviewers can validate the content of policies and procedures related to specific expected outcomes outlined in the self-assessment, against the information noted in the quality reviewer tool and program guidelines. This information can then be

used to identify relevant documentation and to guide interviews with staff and service users.

Some quality reviewers like to review all of the documentation first, and then talk with service providers and staff; others prefer to do a short document review and then look at documents while talking to service providers and staff. It is up to each individual quality review team to determine their approach.

Any documentation that is reviewed should be noted in the quality reviewer tool as evidence of the review process.

3.3.2 Interviewing

Purpose of Interviews

Quality reviewers are required to interview stakeholders identified during the desk review. These may include service provider management, staff and volunteers and, where possible, service users and/or their representatives. Interviews provide quality reviewers the opportunity to validate the information received from the service provider with service users and/or representatives and other stakeholders.

Interviewing Process

Some general considerations regarding interviewing are detailed below.

- Always introduce yourself, your role and the purpose of the interview.

  For example: 'Hi, I'm Sarah Smith and I'm a quality reviewer conducting the quality review for the Department of Health and Ageing. I'd like to talk to you about the service user assessment process...'

- Check that you are talking to the right person to gain the information you need and that the timing of the interview is appropriate.

  For example: 'I believe that you are the assessment officer; are you able to talk me through the assessment process now?'

- Reassure the interviewee of the confidentiality of any information provided.

  See 3.3.3 below.

- Ensure a private area for the interview, away from distractions, if possible.

  This is essential if the interviewee identifies that they wish to meet with you privately.

- Request permission to take notes.
- Limit the use of jargon – speak plainly and clearly.
- Try to put the interviewee at ease.
- Ask general questions first before probing in more detail on the results and outcomes.
- Provide adequate opportunity for the interviewee to answer your questions and provide evidence.
- Provide positive affirmations as you go.

  For example: 'Thanks for that information; I am clear on how that process works now.'

- Summarise the information you have received in very general terms.

  For example: 'Thanks for going over the assessment process with me. I can see that the process generally matches the information contained in the policies and procedures.'

- Identify any areas that may require further discussion or follow-up.

  For example: 'While reviewing the assessment process, the records demonstrated that not all service users are assessed within the time frame set out by the organisation. This may be an area that can be improved on. I will include this as an improvement opportunity in the quality review report.'

- Thank the person for their time and input.

3.3.3 Specific Considerations when Interviewing Service Staff/Volunteers

Some specific considerations when interviewing service staff include:

- Always advise staff that if they need to attend to urgent matters, the interview can be rescheduled.

- You may not be able to ensure the confidentiality of the information provided by staff; however, you can reassure staff that they will not be referred to by name in the quality review report or to other staff or management in providing feedback.

- Staff may feel more comfortable talking in a group. The on-site visit schedule provides time for a service delivery staff group meeting. This allows the group to be interviewed about their general work practices, but quality reviewers must also make time to speak to staff individually throughout the review process to ensure that information is corroborated.

- Sometimes staff may provide the quality reviewers with their personal opinions or 'gripes' with the organisation management. Quality reviewers need to be mindful of this and manage this situation appropriately while considering the information if necessary.

Examples of Areas for Discussion with Staff

The following are some examples of areas for discussion with staff. The quality reviewer will select areas of discussion based on their desk review and relevant areas for discussion that have been identified through the conduct of the on-site visit (usually time will not permit discussion of all areas).

- Staff involvement in service operations (e.g. staff surveys, meetings, focus groups, etc.)

- Feedback processes (e.g. feedback forms, meetings, complaints, compliments, verbal feedback)

- Processes to inform staff of improvements in the organisation (e.g. newsletters, meetings, updates)

- Processes to ensure staff are safe in the service user's home and organisation environment (e.g. occupational health and safety home assessment, consultation regarding staff use of hazardous chemicals, training, appropriate equipment)

- Staff professionalism, skill and competence to do their role (e.g. orientation processes, education and training, qualifications, performance review processes, supervision)

- Understanding of information provided to service users/representatives (relevant to role) (e.g. what information is provided, and when, consideration to special needs, information on other community services, information on waiting list, understanding of what services are available, fees for services, eligibility criteria, service agreement, privacy considerations, advocacy information)

- Assessment processes (relevant to role) (e.g. timeliness of assessment, involvement of service user/representative in process, arrangements for service users with special needs)

- Care/service plan processes (e.g. service users consulted re: care/service plan, meets service user needs, care/service plan revised periodically, care workers able to deliver services described in care/service plans, satisfaction with care/service plans to describe care/services)

- Reassessment processes (e.g. how often reassessed, changes in care/service plan in response to changing needs, staff input into reassessment)

- Referral to other services (e.g. timeliness of referral, staff input into referral requirement (as applicable to role))

- Privacy and confidentiality (e.g. processes for ensuring privacy and confidentiality)

- Advocacy (e.g. knowledge of right to advocate, information on advocacy, evidence of support of advocacy)

- Independence (e.g. processes to foster independence, knowledge of community links)

- Any other areas identified through the review or by staff.

3.3.4 Specific Considerations when Interviewing Service Users/Representatives

Interviews with service users/representatives can occur face to face as a focus group or via telephone during the on-site review process.

It is acknowledged that service providers will select service users/representatives to participate in a focus group interview and that this can influence the feedback provided and preclude some service users from participating, such as those with sensory loss or certain types of disability, those with dementia and those who do not speak or understand sufficient English to participate in a focus group. However, the conduct of service user/representative interviews does allow the quality reviewer to validate some of the organisation's processes and practices, seek feedback on satisfaction with service provision and explore areas that may have been identified through the conduct of the review.

Some specific considerations when interviewing service users/representatives include the following.

- Schedule any refreshments for the end of the interviews, to avoid distraction.

- Ensure privacy during the interview; service provider representatives should not be present.

- Give consideration to people with sensory losses, cognitive impairment or language limitations (you may wish to interview some service users/representatives separately or use interpreters).

- Reassure the service users/representatives that you are bound to keep the source of the information that they share with you confidential.

- Offer service users/representatives the option of speaking with the quality reviewer separately if they wish to discuss confidential issues.

Examples of Areas for Discussion with Service Users/Representatives

The following are some examples of areas for discussion with service users/representatives. The quality reviewer is required to select areas of discussion (time will not permit discussion of all areas).

- Consultation with service users regarding services (e.g. surveys, focus groups, etc.)

- Service users' input into the organisation (e.g. complaints, compliments, general feedback, satisfaction with complaints management, timely feedback from the service on issues raised, lack of retribution following complaints)

- Processes to inform service users/representatives of how the organisation is improving (e.g. newsletters, letters, updates)

- Processes to ensure staff are safe and deliver services safely in the service user's home (e.g. occupational health and safety home assessment, consultation regarding staff use of hazardous chemicals

- Staff professionalism, skill and competence to perform their role

- Information provided to service users/representatives (e.g. what information is provided, when provided, written information provided with consideration to special needs, awareness of other relevant community services, advised of place on waiting list, understanding of services available, eligibility criteria, fees for services, service agreement, privacy considerations, advocacy information)

- Assessment processes (e.g. timeliness of assessment, involvement of service user/representative in process, arrangements for service users with special needs, satisfaction with assessment process in assessing needs)

- Care/service plan processes (e.g. consulted re: care/service plan meets needs, plan revised periodically, care workers able to deliver services, satisfaction with care/service plans)

- Reassessment processes (e.g. how often reassessed, changes in care/service plan in response to changing needs, satisfaction with reassessment process)

- Referral to other services (e.g. timeliness of referral, satisfaction with referral process)

- Privacy and confidentiality (e.g. processes for gaining consent, ensuring privacy and confidentiality, satisfaction with processes)

- Advocacy (e.g. knowledge of right to advocate, information on advocacy, service support of advocate)

- Independence (e.g. processes to foster independence, knowledge of community links, satisfaction with processes)
- Any other areas identified through the review or by service users/representatives.

3.3.5 Rating Expected Outcomes

Quality reviewers are required to decide whether the service provider has met or not met each expected outcome (HACC Program) or recommend ratings to the supervisory jurisdictional manager (packaged care and NRCP). The Quality reviewers need to consider:

- The information provided in the self-assessment
- Other departmental information regarding the operations of the organisation
- What the service provider staff tell the quality reviewer
- What the service users/representatives tell the quality reviewer
- The documentation and records to support the information contained in the self-assessment
- The service provider's own rating against each expected outcome.

Note: *One piece of evidence rarely indicates that an expected outcome is not met. It is important to 'triangulate' any evidence by reviewing policies and procedures, talking with staff and service users and reviewing records that contain information on the application of the processes in the organisation to assist the quality reviewer in their assessment.*

It is helpful to discuss the evidence and findings with the quality review team if you are considering rating an expected outcome as 'not met'. This allows another perspective on the information that has been gathered and an opportunity to confirm the findings before discussing them with the service provider.

It is essential that you summarise why you have rated an expected outcome as 'not met' and provide that information to the service provider. The quality reviewer tool provides space in each expected outcome to detail your findings; it may be helpful to document your evidence here and use this to prompt your discussion with the service provider to avoid going through all of your notes during the discussion.

If a 'not met' outcome is determined in one community care program, but that outcome is met in another community care program, this should be recorded in the quality review report as follows: not met outcome (CACP); met outcome (HACC Program and NRCP), to inform the supervisory jurisdictional manager.

Determining the Outcome of the On-site Visit

The quality reviewers assess the expected outcomes while on site and, depending on the programs being reviewed (HACC Program, packaged care and NRCP), the quality reviewer may decide the rating applied or may discuss the rating with program management following the on-site visit. In general, quality reviewers assessing the HACC Program make the rating decision and determine the appropriate follow-up for the service outlet for the HACC Program. Follow-up is then coordinated by contract or program management personnel.

Quality reviewers for packaged care and NRCP make the recommendation to the supervisory jurisdictional manager, who makes the final decision on the expected outcome ratings. The outcome of the on-site visit for packaged care and NRCP services, that is, what follow up and support will be provided to the service provider, is ultimately determined by the supervisory jurisdictional manager following the on-site visit.

Service providers will, however, be interested to know what the likely outcome of the visit is. The outcome of the quality review will reflect the extent to which the expected outcomes are met and whether there are any identified risks to the health and wellbeing of service users.

Outcome Letter Guidance

At the completion of the quality review process service providers are sent an outcome letter that notifies them of the outcome of their quality review and any further actions that will occur, as described below.

- Outcome 1 Letter advises that the service provider will be required to submit an annual improvement plan (with the possibility of a short visit) 12 months following the on-site visit.

- Outcome 2 Letter advises that the service provider will be required to submit an updated improvement plan in the next six months, +/- have an additional on-site visit to review progress against the improvement plan, and submit an annual improvement plan 12 months following the original on-site visit.

- Outcome 3 Letter advises that the service provider will be required to submit an updated improvement plan in the next three months, have an additional on-site visit to review progress against the improvement plan within the next six months and submit an annual improvement plan 12 months following the original on-site visit.

Service providers may be referred to program management for appropriate action or for compliance action (as applicable) if an Outcome 3 Letter is provided. Service providers may also be required to take remedial action prior to the development of the improvement plan.

PART 4: DEVELOPING THE QUALITY REVIEW REPORT

4.1 PURPOSE OF THE QUALITY REVIEW REPORT

The quality review report has two main purposes:

- To provide service providers with information regarding the findings of the on-site assessment against the Standards
- To provide a record of the on-site assessment for the government funding bodies.

It is not the intention of the quality review report to provide detailed information on all of the evidence and processes validated during the on-site quality review. It is designed to provide an overview of findings against the Standards and to identify areas where there are required improvements or improvement opportunities. However, the quality review report must provide enough evidence to make it clear to the service provider, quality reviewers and the supervisory jurisdictional manager (if applicable) why an expected outcome is rated as not met.

4.2 CONTENT OF THE QUALITY REVIEW REPORT

The quality review report contains the following information:

- Guide to the quality review report
- Summary of outcomes
- Guide to the development of an improvement plan
- General overview of service performance
- Summary of improvements including a statement of why improvements are required or suggested and the required improvement/s or improvement opportunities.

4.2.1 Writing Style and Content of the Quality Review Report

The quality review report should be written in plain English and should describe the findings of the on-site review. The 'general overview of service performance' section of the quality review report is where the Quality Reviewer:

- Provides a short overview of the service location, size and program types
- Documents the positive aspects of service provision evidenced while on site
- Articulates any areas where the service was performing particularly well
- Provides an overview of the feedback received from service users and staff throughout the interviews (without breaching confidentiality).

This section should be written factually and based on clear evidence. Each quality reviewer will have their own writing style; however, consideration is to be given to consistency and a factual approach, so as to avoid personal opinions. An example of a 'general overview of service performance' is included on the following page.

⭐ Example – general overview of service performance

The organisation is located in regional NSW and provides HACC Program and CACP services to approximately 150 service users. The organisation has demonstrated that it has processes in place to deliver services to it's service users. The organisation has not met four expected outcomes, namely:

- 1.4: Community Understanding and Engagement
- 1.5: Continuous Improvement
- 1.6: Risk Management
- 2.4: Service User Reassessment.

All other expected outcomes were met, and it was evident from the service user feedback received on site that service users are satisfied with the services they are receiving and that service provision is responsive to their needs. In addition, staff working at the service expressed satisfaction with the support they are given to carry out their roles, and were satisfied with the amount and variety of training offered to assist them in their roles.

Required improvements (RIs) are documented to advise the service provider of the specific gaps that must be addressed. It is important to provide the evidence that was sighted to support the 'not met' outcome that necessitates a required improvement. An example of some required improvements are included below.

⭐ Example – required improvements

A system to ensure that police checks, driver's licences and motor vehicle insurances are completed and maintained is not in place. While all staff have current police clearances, one staff member was not recorded on the police check register and a process for identifying those staff that transport service users in their cars is not in place.

Required improvements

- Implement a system to ensure that up-to-date records of police checks, motor vehicle driver's licences and motor vehicle insurances (where applicable) are maintained.
- Detail the police check process more fully in the policies and procedures.

Improvement opportunities (IOs) are suggestions for improvement that the quality reviewer may have identified during the conduct of the quality review or the service provider has identified through the completion of the self-assessment or their own improvement processes. As these are not mandated to be implemented and would have been discussed with personnel as they were identified through the quality review process, it is not necessary to provide evidence of how the quality reviewer determined the improvement opportunity.

Service providers are encouraged to include these improvement opportunities in their improvement plan. An example of some improvement opportunities are included on the following page.

⭐ **Example – improvement opportunities**

Improvement opportunities

- Consider using a survey/audit report to record findings of surveys and audits and recording action taken to address issues.
- Review the continuous improvement flowchart to show the team leader meetings and quality committee, as they are integral elements in the review and implementation of improvements.
- Encourage and respond to all staff input regarding service operations and document outcomes of consultation.

4.2.2 Completion of the Quality Review Report

Each quality reviewer is responsible for completing the section of the quality review report for the expected outcome(s) they reviewed. Quality reviewers may need to confer both while on site and following the quality review to ensure that the quality review report is clear, concise and reflects the findings of the quality review.

Once completed, the principal quality reviewer is responsible for reviewing the final quality review report and providing it to the service provider and the quality review team. The improvement plan template is sent with the quality review report.

The quality review report is provided to each of the government departments if a combined assessment has been conducted.

4.2.3 Further Service Provider Input to the Quality Review

Service providers may wish to provide additional information to inform the process following receipt of the quality review report and can contact the principal quality reviewer with this information within **10 working days** of receiving their quality review report. The principal quality reviewer will discuss any additional information with the quality review team, and if necessary, refer the information to the supervisory jurisdictional manager. Additional information can result in a review of the quality review findings.

A service provider may make a complaint about a quality review process at any time during the process. Service providers may also seek a reconsideration of the quality review outcome decision. To do this, the service provider needs to write to the supervisory jurisdictional manager of the quality review program within the relevant department within **10 working days** of receiving of the outcome of the review.

The written advice of concerns should include:

- Information to identify and describe the quality review process involved (e.g. service site, program type, timing, quality review outcome)
- A statement setting out the complaint and/or the basis of the service provider's disagreement with the quality review outcome
- The evidence the service provider is relying on in making the complaint and/or challenging the decision and
- Contact details for the responsible staff member of the service provider for follow up in relation to the written advice.

The appropriate authority within the relevant department will undertake a review of the quality review process and notify the service provider of the outcome as soon as practicable.

COMMUNITY CARE COMMON STANDARDS | INFORMATION FOR QUALITY REVIEWERS

The key steps involved in the developing a quality review report are detailed below.

DEVELOPING A QUALITY REVIEW REPORT	
KEY STEPS	**NOTES**
Review the **quality reviewer tool** for relevant information regarding the ratings against each expected outcome	*The quality reviewer tool details the evidence of the findings against each expected outcome and the required improvements or improvement opportunities discussed with the service provider while on site*
Detail the required improvements and improvement opportunities for the relevant expected outcomes within the **quality review report**	*These improvements should be written to assist the service provider in addressing identified gaps*
Check the **quality review report** for accuracy against documented findings, spelling, punctuation and clarity and, where applicable, obtain endorsement of the supervisory jurisdictional manager	*This ensures that service providers receive an accurate report*
Email and post a copy of the **quality review report and improvement plan template** to the service provider within **10 days** of the assessment visit	*Timely receipt of the quality review report allows service providers to implement improvements quickly* *The improvement plan processes are more fully described in Part 5*
Ensure a record of the **quality review report** is provided to each quality reviewer and filed	*Ensures accurate record keeping for each program*

PART 5: SUPPORTING THE DEVELOPMENT OF THE IMPROVEMENT PLAN

Service providers are required to develop and maintain an improvement plan to identify the plans they have in place to improve their services over time to address any deficits identified through the quality review process and to document the service provider's self identified plans for improvement.

5.1 IMPROVEMENT PLAN PURPOSE

The purpose of the improvement plan is to:

- Provide service providers with a document that demonstrates the actions taken in response to required improvements and improvement opportunities identified through the quality review process

- Provide service providers with an ongoing mechanism to document any other improvements that they have implemented over time or in response to the quality review process

- Provide the quality reviewers (and government funding bodies) with a record of actions taken in response to the quality review process and continuous improvement activities conducted over the year.

Following the on-site visit, service providers are required to develop an improvement plan to address the required improvements and improvement opportunities identified through the quality review process. The improvement plan (including required improvements and improvement opportunities) may be discussed by the service provider and the quality reviewers at the end of the on-site visit; however, it is the responsibility of the service provider to develop the plan to suit their operations with consideration to any required improvement time frames.

Quality reviewers for packaged care and NRCP do not make the decision regarding 'met' and 'not met' outcomes (these are decided by the supervisory jurisdictional managers) therefore it is not possible to finalise the required improvements, improvement opportunities and the improvement plan contents, while on-site.

Quality reviewers for HACC Program services are able to make decisions regarding met and not met outcomes while on-site; however, if a combined assessment is being undertaken, the final outcome ratings will need to be decided after the packaged care and/or NRCP outcomes are finalised.

If the quality review is a HACC Program–only quality review, the improvement plan contents may be discussed on-site, but the improvement plan is not finalised until after the quality report has been received by the service provider to allow for the service to develop and discuss their improvement plan.

5.2 IMPROVEMENT PLAN CONTENTS

The improvement plan includes:

- The priority of the action

- Whether the improvement is a required improvement or an improvement opportunity (improvement opportunities can be identified through the on-site visit or may be identified by the organisation)

- The relevant expected outcome

- The improvement

- What the service intends to do to achieve the improvement (this may include several actions or tasks)

- Who is responsible for implementing the improvement

- The planned completion date

- The actual date the improvement was completed.

The improvement plan must include:

- Required improvements identified through the quality review process including time frames for implementation agreed to by the quality reviewers

- Improvement opportunities identified through the quality review process or improvements identified by the service provider through the self-assessment process or through their own improvement processes.

5.3 IMPROVEMENT PLAN SUBMISSION AND REVIEW PROCESS

The improvement plan template is provided to the service provider with the quality review report following the on-site visit. The service provider has **10 working days** to return their improvement plan to the principal quality reviewer following receipt of the quality review report. The service provider also has the opportunity to provide additional information during this time period which may impact on the ratings of the expected outcomes, which would then need to be taken into account in the improvement plan. The principal quality reviewer circulates a copy of the improvement plan submitted by the service provider to the quality review team for feedback.

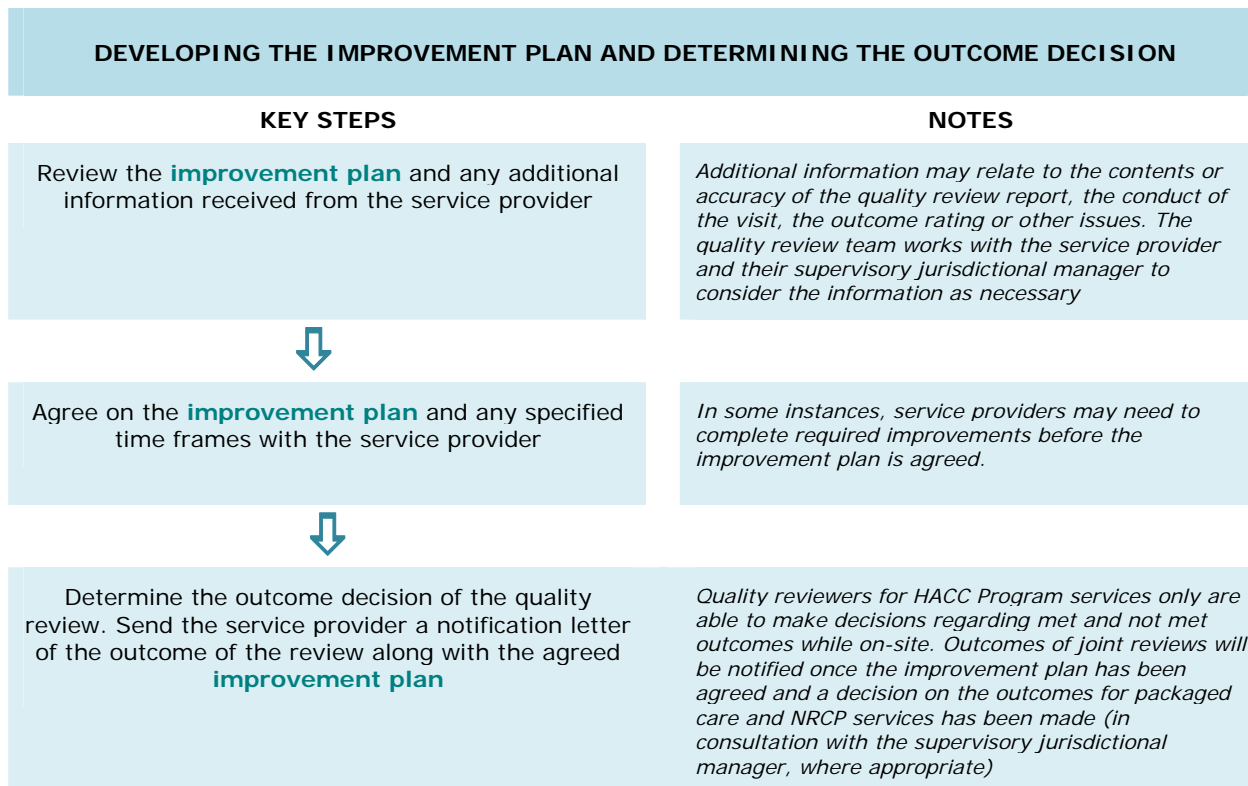In evaluating the improvement plan, the quality review team:

- Ensures that the required improvements and improvement opportunities reflect those documented in the quality review report

- Considers the priority of the improvements allocated by the service provider

- Reviews the intended actions documented to address the improvements to ensure they are appropriate

- Determines whether the proposed time frames for addressing required improvements are appropriate

- Acknowledges any other improvements the service provider may have identified or completed.

Once feedback has been received from the quality review team, the principal quality reviewer may contact the service provider to discuss any areas for clarification. If the improvement plan requires amendment the service provider amends the improvement plan and re-submits it to the principal quality reviewer.

The supervisory jurisdictional manager, in consultation with the quality review team, determines an appropriate outcome from the quality review process.

The principal quality reviewer sends a letter notifying the service provider of the outcome of the quality review and acknowledging agreement of the improvement plan to the service provider. The letter will also advise the provider of any follow up required and of the date that the updated improvement plan is required to be submitted. If there has been a combined quality review visit, this letter is signed by authorised delegates from each jurisdiction. The due date for the updated improvement plan is usually 12 months following the receipt of the post quality review visit improvement plan submission. This updated plan will indicate whether or not the required improvements have been implemented as per the agreed improvement plan.

The key steps involved in developing the improvement plan and determining the outcome decision are detailed below.

DEVELOPING THE IMPROVEMENT PLAN AND DETERMINING THE OUTCOME DECISION

KEY STEPS	NOTES
Review the **improvement plan** and any additional information received from the service provider	*Additional information may relate to the contents or accuracy of the quality review report, the conduct of the visit, the outcome rating or other issues. The quality review team works with the service provider and their supervisory jurisdictional manager to consider the information as necessary*
Agree on the **improvement plan** and any specified time frames with the service provider	*In some instances, service providers may need to complete required improvements before the improvement plan is agreed.*
Determine the outcome decision of the quality review. Send the service provider a notification letter of the outcome of the review along with the agreed **improvement plan**	*Quality reviewers for HACC Program services only are able to make decisions regarding met and not met outcomes while on-site. Outcomes of joint reviews will be notified once the improvement plan has been agreed and a decision on the outcomes for packaged care and NRCP services has been made (in consultation with the supervisory jurisdictional manager, where appropriate)*

PART 6: FOLLOWING UP WITH THE ANNUAL IMPROVEMENT PLAN

All service providers are required to submit an annual, updated improvement plan that reflects the improvements they have achieved and improvements they have been working on during the past year. Service providers are reminded **four weeks** prior to the date the improvement plan is due. This reminder takes the form of Letter G: Annual Improvement Plan Request.

The type of follow-up will depend on the findings of the quality review process, and may include:

- Training and guidance for the service provider
- Periodic reporting and monitoring of achievement of action plan
- On-site visit to assess progress of action plan at specific intervals or to provide support
- Further repeat assessment
- Referral for compliance action (in the case of serious failures in service delivery).

Different programs or jurisdictions may have specific requirements which service providers must address to meet the related expectations. Accordingly, there may be different follow-up action arising from underperformance against the Standards depending on the program or jurisdiction in which the provider is funded or situated.

Appendix 2:

Acronyms and Glossary

COMMUNITY CARE COMMON STANDARDS | ACRONYMS AND GLOSSARY

ACRONYMS

ABEF	Australian Business Excellence Framework (quality framework)
ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Service (Victoria)
ACAT	Aged Care Assessment Team
ACCR	Aged Care Client Record
ACHS	Australian Council on Healthcare Standards
CACP	Community Aged Care Package
DoHA	Department of Health and Ageing
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
EO	Expected outcome
HACC	Home and Community Care
IO	Improvement Opportunity
ISO 9001:2008	International Organization for Standardization Quality Management System Requirements (certified quality system)
MDS	Minimum data set
NCCP	National Carer Counselling Program
NRCP	National Respite for Carers Program
OH&S	Occupational health and safety
QIC	Quality Improvement Council (a standards and organisational accreditation program for health and community services)
RI	Required Improvement
The Standards	Community Care Common Standards

GLOSSARY

Advocacy	The process of speaking out on behalf of an individual or group to protect and promote their rights and interests
Annual improvement plan	An improvement plan submitted annually by service providers, outlining the action taken on implementing improvements identified as part of a quality review and/or through their organisation's continuous improvement processes
Appropriate format	A form of providing information that considers the recipient's specific communication needs, including linguistic, sensory (visual/auditory), language, literacy and/or comprehension needs
Assessment	A process of holistically identifying individualised care or service needs. This can include determining eligibility and priority of access. The comprehensiveness of the assessment must reflect the program or service type being delivered
Authorised officer	An officer of the Department of Health and Ageing appointed to be an authorised officer under Section 90-3 of the *Aged Care Act 1997*, with monitoring powers specified under Section 90-4 of the Act

COMMUNITY CARE COMMON STANDARDS | ACRONYMS AND GLOSSARY

Board/Committee	Representatives or officials responsible for governance or supervision of an organisation
Brokerage	Subcontracting or delegating the delivery of care and/or services to another agency. The service provider, however, always retains responsibility for the services delivered
Care/service plan	A document reflecting the individualised care/service to be provided, based on assessed need(s) and service user's choice
Carer	A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit **Primary carer** The person who provides the most informal assistance to the care recipient
Community Care Common Standards	The Standards agreed to by the Australian and State and Territory governments to assess the Home and Community Care (HACC) Program, packaged care and the NRCP funded organisations. Also, 'the Standards'
Collaborate	To work jointly or in cooperation with others
Complainant	An individual who lodges a complaint
Complaint	An expression of dissatisfaction or concern about something. May be expressed orally or in writing through a formal process or as part of other feedback
Consent	To give permission or agree
Continuous quality improvement	A documented system used by service providers to continuously review their processes and activities and implement changes to improve the way they provide services to service users
Documented	Recorded – information may be documented in a variety of media, including written, on a database or recorded as audio
Evidence	Something that provides proof or an example
Expected outcome	Result to be achieved
External complaints process	Pursuit of a complaint via an external body. For some programs this includes the Aged Care Complaints Investigation Scheme
Goal oriented	Having identified aims or objectives to be achieved
Good practice	Positive action that demonstrates success, innovation and sustainability and shows how the performance criteria can be effectively met
Improvement plan	A document that lists the actions a service provider will undertake to address any unmet expected outcomes, and other opportunities for improvement. Improvement plans are completed by the service provider following a quality review visit, annually and as otherwise requested by funding bodies
Outcomes based	Focusing on results or the achievement of goals

Outcome letter	The letter sent to a service provider following a quality review, acknowledging receipt of the improvement plan, the outcome of the quality review, any further planned follow-up and the due date of the updated improvement plan
Periodically	Occurring at regular intervals
Personal information	Information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in material form or not, about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion (*Privacy Act 1988* and *Aged Care Act 1997*) Personal information includes a person's name, address, Medicare number and any health information (including opinion). Sometimes, details about a person's medical history or other contextual information can identify them, even if no name is attached to the record
Policies	Statements of intent, providing guidance related to expected standards to be achieved, based on regulatory and contemporary practice. Policies should address the rule, rather than how to implement the rule
Principal quality reviewer	The quality review team member responsible for the coordination of the quality review
Process	The steps, people and materials required to complete an activity or task
Procedures	Guiding steps for the action to be taken to implement a policy. Procedures explain how to perform activities or tasks, specifying who does what and when
Prospective service user	A person who has made an enquiry regarding receiving services and/or is considering receiving services or care from a service provider
Improvement plan	A plan developed by the service provider in conjunction with the quality reviewer that identifies areas for service improvement on the part of the service provider and sets out the processes for implementing and evaluating necessary changes
Quality review	The process of reviewing the quality of services delivered against the Community Care Common Standards that includes notification, self-assessment, an on-site visit, a quality review report, development of an improvement plan and an annual improvement plan/visit process
Quality reviewer	A State or Territory government officer or Department of Health and Ageing officer or a government-appointed consultant who conducts quality reviews against the Community Care Common Standards
Quality review team	The team of quality reviewers involved in conducting a quality review under the Community Care Common Standards
Reassessment	The process of holistically re-examining an individual's care or service needs
Representative	An individual acting on a service user's behalf at the request of the service user and with the service user's permission
Review	The process of ensuring that service provision is responsive to the service user's current and emerging needs

Risk	The chance of something happening that would have a negative effect. It is measured in terms of consequences and likelihood
Service agreement	An agreement between the service provider and service user that outlines the agreed services. Also, 'care recipient agreement', 'community care agreement'
Service outlet	The base from which services are coordinated, and where hard copies of service users' files are located. A service provider may have several outlets or just one. This term generally applies to packaged care and NRCP service providers
Service provider	An organisation funded or approved to provide services under one or more of the programs covered by these Standards. Also, 'Approved Provider' (as defined in the *Aged Care Act 1997*)
Service user	An individual in receipt of care and/or services from a provider of the HACC Program, CACP, EACH, EACHD or NRCP. In the case of the NRCP, the service user is the carer of an individual who may or may not be receiving a direct care/support service themselves
Special-needs groups	Special-needs groups refer to those identified within individual programs, but may include: • Aboriginal and Torres Strait Islander people • People from culturally and linguistically diverse backgrounds • People with dementia • People with a mental illness • People living in remote or isolated areas • People who are financially or socially disadvantaged • People with disabilities • Veterans • People who are homeless or at risk of being homeless • Care leavers – people who have experienced institutional care, such as orphans and child migrants
Stakeholder	Any person or organisation that the service provider is involved with, including other service providers; service users, their carers and/or families; government departments; suppliers; the local community
Supervisory jurisdictional manager	The Australian Government or State or Territory government program or contract manager (or their delegate) responsible for reviewing the outcome of the quality review and/or making decisions regarding the appropriate follow-up processes
System	A number of interrelated processes
Time frame	A period of time during which something occurs or is expected to occur
Validate	To substantiate or confirm

Appendix 3:

National Program Documents and References

COMMUNITY CARE COMMON STANDARDS | NATIONAL PROGRAM DOCUMENTS AND REFERENCES

LEGISLATION

AGED CARE ACT 1997

Age Care Principles

Home and Community Care Act 1985

NATIONAL PROGRAM DOCUMENTS AND REFERENCES

Home and Community Care (HACC) Program

Home and Community Care Agreement 2007

Commonwealth of Australia, *National Program Guidelines for the Home and Community Care (HACC) Program 2007*

HACC Statement of Rights and Responsibilities

Community Packaged Care

Australian Government Department of Health and Ageing 2007, *Draft Community Packaged Care Guidelines*

National Respite for Carers Program

Australian Government Department of Health and Ageing 2004, *Administrative and Program Guidelines for Respite Services funded under the NRCP*

Australian Government Department of Health and Ageing, *Operational Manual for Commonwealth Respite and Carelink Centres, July 2010*

Guidelines for Respite Services Funded Under the National Respite for Carers Program (NRCP)

Australian Government Department of Health and Ageing 2006, *Overnight Community Respite: Standards and Reporting Framework Attachment to NRCP Guidelines – Applicable to Overnight Community Respite*

Other Documents

Australian Government Department of Health and Ageing 2008, *Aged Care Complaints Investigation Scheme: Guidelines for Approved Providers*

Australian Government Department of Health and Ageing 2009, *Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit*

Charter of Rights and Responsibilities for Community Care in the *Aged Care Act 1997*, Schedule 2: User Rights Principles

Australian Commission on Safety and Quality in Healthcare, *Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Community Care 2009*
http://www.health.gov.au/internet/safety/publishing.nsf/content/FallsGuidelines-AustCommunityCare

Note: *The program guidelines listed above may be revised over time. Current versions of the guidelines can be accessed through the Department of Health and Ageing website at http://www.health.gov.au under the relevant program area.*

Appendix 4:

Self-assessment Tool

Community Care Common Standards

Self-assessment Tool

For completion by service providers funded under the:

- **Home and Community Care (HACC) Program**

- **Community Aged Care Package (CACP) Program**

- **Extended Aged Care at Home (EACH) Program**

- **Extended Aged Care at Home Dementia (EACHD) Program**

- **National Respite for Carers Program (NRCP)**

COMMUNITY CARE COMMON STANDARDS | SELF-ASSESSMENT TOOL

INTRODUCTION

This self-assessment tool has been designed to assist service providers to review their organisation's processes and practices and determine the extent to which they are meeting the Community Care Common Standards. The document is available in electronic format and online (in some jurisdictions). Service providers completing the tool need to consider and document the processes and practices they have in place for the services they deliver and the outcomes (results) for service users. In the process, service providers should be able to identify any areas requiring improvement that may currently exist and determine what actions they will need to undertake to meet the Standards.

Completing the tool may also assist service providers to identify further opportunities to improve service delivery and outcomes for service users as part of their continuous quality improvement programs.

Further information on completing the self-assessment is included in the Community Care Common Standards Guide Section 2: The Quality Review Process.

COMMUNITY CARE COMMON STANDARDS | SELF-ASSESSMENT TOOL

SELF-ASSESSMENT TOOL – SERVICE DETAILS

Contact details

Name of service provider	
Name of service/outlet	
Address of service outlet	
Service/project ID number(s)	
Contact person	

Program funding (please identify current number of packages and/or annual program funding as appropriate)

Number of packages (include number of special-needs packages if applicable)	CACP	EACH	EACHD	Other (describe)
Annual funding	NRCP Detail NRCP service types:		HACC Program Detail HACC service types:	

Description of services

Brokerage/subcontracting/consortia details (provide details of your brokerage arrangements if you broker services to another provider, i.e. if another provider delivers services on your behalf)

Details of arrangements	

COMMUNITY CARE COMMON STANDARDS | SELF-ASSESSMENT TOOL

Special-needs groups the organisation is specifically funded to support (please tick as appropriate)	☑
People who are financially or socially disadvantaged	
Aboriginal and Torres Strait Islander people	
People from culturally and linguistically diverse backgrounds	
People living in remote or isolated areas	
Veterans (including spouses and widows)	
People with dementia	
People with a mental illness	
People with disabilities	
People who are homeless or at risk of being homeless	
Care leavers – people who have experienced institutional care, such as orphans and child migrants	
Other (please specify)	
....	

Other quality programs which the organisation participates in (please tick as appropriate)	☑
ISO 9001:2008	
QIC	
ACHS	
ABEF	
Disability	
Residential Aged Care	
Other (please specify)	

Declaration

I hereby declare that the information provided in this self-assessment tool is true.

Name:*	

Signature:		Date:	

Position:	

Phone:		Fax:	

Name of person authorised to submit your response

Giving false or misleading information to the Commonwealth or State or Territory Governments is a serious offence.

Person to contact to answer queries in relation to the self-assessment, if different from above:

Name:	

Position:	

Phone:		Fax:	

Email:	

STANDARD 1: EFFECTIVE MANAGEMENT

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected Outcome 1.1: Corporate Governance

The service provider has implemented corporate governance processes that are accountable to stakeholders.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Organisational structure and decision-making processes

- Roles and responsibilities within the organisation

- Accountability and reporting processes

- Planning processes

- Financial management and reporting processes

- Monitoring and managing of compliance and service performance in accordance with contractual obligations, service/funding agreements, associated program guidelines and relevant professional standards

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

COMMUNITY CARE COMMON STANDARDS | SELF-ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.1: Corporate Governance	Not met ☐	Met ☐

Expected Outcome 1.2: Regulatory Compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Identifying the regulatory and legislative requirements with which the organisation needs to comply
- Identifying the requirements of funded program guidelines
- Managing and monitoring compliance with regulatory and legislative requirements and funded program guidelines
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.2: Regulatory Compliance	Not met ☐	Met ☐

Expected Outcome 1.3: Information Management Systems

The service provider has effective information management systems in place.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Identifying, maintaining, sharing and storing information

- Policies and procedures that are suitable to the size, complexity and service provision of the organisation, reflect current practices and are accessible, as appropriate, to the board and/or management committee, senior management, staff, volunteers and service users

- Maintaining records of organisation practices (such as minutes of meetings, data, etc.), staff and volunteer records (such as personnel records) and service user records (such as service user assessments, records of care and service delivery, etc.)

- Communication strategies to ensure that all stakeholders including the organisation's management, staff, volunteers and service users, are kept informed of service provision changes and developments that may affect them (this may include meetings, newsletters, personal communications, memos, etc.)

- Ensuring staff and volunteers' knowledge of relevant information management systems

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.3: Information Management Systems	Not met ☐	Met ☐

Expected Outcome 1.4: Community Understanding and Engagement

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Monitoring the profile and needs of the community in which the service operates and applying this information to the planning and development of services

- Meeting the needs of people most in need of services, who are most disadvantaged and who have limited access to services due to cultural and linguistic barriers or special needs such as sensory losses or dementia

- Responding to changing community needs, within contractual obligations and service/funding agreements

- Liaising with funding bodies through funding applications to adjust the scope of services to meet changing community needs and contractual requirements

- Engaging service users, including special-needs groups and the community, in service development and management

- Working in collaboration with other community partners to meet the needs of identified groups within the community

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.4: Community Understanding and Engagement	Not met ☐	Met ☐

Expected Outcome 1.5: Continuous Improvement

The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Ongoing consultation with stakeholders including service users, management, staff, volunteers and the wider community

- Involving management, staff and volunteers in the management and development of the continuous improvement process

- Encouraging and facilitating ongoing feedback from service users and their representatives (including complaints, compliments and other feedback), management, staff, volunteers, the community, suppliers and other relevant stakeholders

- Ensuring feedback collected is recorded, considered by the organisation and acted on (if appropriate), and that the originator of the feedback is given information about the actions taken (if possible) and the outcome of the feedback is evaluated

- Monitoring processes to assess the effectiveness of service operations and to identify areas for improvement. (These could include: internal audits; service users staff/volunteer and other stakeholder satisfaction surveys; monitoring of organisation key performance indicators; reviewing the risk management plan; collation of feedback, accidents, incidents and hazards; determining the accuracy of policies and procedures to current practices)

- Maintaining an improvement plan

- Maintaining records of improvements that demonstrate what has been achieved over time

- Providing feedback on implemented improvements to service users, management, staff, volunteers and other stakeholders as appropriate

- Ensuring management, staff and volunteers have knowledge of and can participate in the organisation's continuous improvement processes, as appropriate to their position

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.5: Continuous Improvement	Not met ☐	Met ☐

Expected Outcome 1.6: Risk Management

The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Ongoing identification of risks
- Ongoing review of risks
- Identification and implementation of strategies to reduce the occurrence of the risks
- Identification of strategies to deal with risks should they occur
- Involvement of management, staff and volunteers in the identification of risks and preventative practices
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.6: Risk Management	Not met ☐	Met ☐

Expected Outcome 1.7: Human Resource Management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Identifying required staff/volunteers skills and competence to ensure that there are adequate staff/volunteer numbers to meet funding requirements and to provide quality services that meet the assessed needs of service users

- Recruiting staff and volunteers (where used) with the appropriate skills, competence and qualifications

- Providing training and development opportunities for staff and volunteers to ensure appropriate skills and competence. This could include:

  An induction or orientation program

  Ongoing training based on the needs of the organisation and the individual

  Orientation and training to address any special or specific needs of service users

- Staff/volunteer leave and emergency backup staffing arrangements to ensure that appropriately qualified staff/volunteers are always available to provide the required services

- Strategies to promote and encourage staff/volunteer retention

- Monitoring and feedback processes for brokered/subcontracted staff

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.7: Human Resource Management	Not met ☐	Met ☐

Expected Outcome 1.8: Physical Resources

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Ensuring a safe and comfortable environment that is consistent with service users care needs and staff/volunteer safety

- Consideration of special-needs groups, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with dementia, people with a mental illness, people living in remote or isolated areas, people who are financially or socially disadvantaged, people with disabilities, veterans, people who are homeless or at risk of being homeless and care leavers (people who have experienced institutional care, such as orphans and child migrants)

- Ensuring a safe working environment that meets regulatory requirements

- Monitoring the safety and condition of service physical resources

- Identifying and monitoring any safety issues at the service user's home that are relevant to the services they receive

- Training for staff/volunteers in identifying and reporting safety issues associated with physical resources

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.8: Physical Resources	Not met ☐	Met ☐

STANDARD 2: APPROPRIATE ACCESS AND SERVICE DELIVERY

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

Expected Outcome 2.1: Service Access

Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Identifying eligibility criteria
- Determining service user eligibility based on:
  Program eligibility requirements
  The service target group
  Prioritised need relative to the demand for services
- Informing the community and potential users of the services available, eligibility and access
- Access for people with special needs
- Managing a waiting list where appropriate
- Referrals for ineligible people where appropriate
- Actions when service users do not respond to a scheduled visit
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 2.1: Service Access	Not met ☐	Met ☐

Expected Outcome 2.2: Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Assessment tools that reflect the individual needs of the service user and the requirements of the funding programs/guidelines

- Assessments that clearly identify the care needs of service users and the needs of carer(s) where required, including the need for specialised assessments or referral to other services

- Service users and/or their representatives, where required, actively participating in the assessment process and being informed of the outcome in a timely manner

- Assessments taking account of and considering relevant information obtained from other current comprehensive assessments of the service user by other service providers or agencies

- Consideration of special-needs groups

- Staff conducting assessments having the necessary skills and competence

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 2.2: Assessment	Not met ☐	Met ☐

Expected Outcome 2.3: Care Plan Development and Delivery

Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Care/service planning reflects the needs of service users and the requirements of the funding programs/guidelines
- Care/service plans are developed in partnership with the service user and/or their representative and are based on assessed needs and service user preferences
- Service users are informed about their care/service plans
- Care/service planning:

  Is goal oriented and/or outcomes based (goals should be observable and measurable where possible)

  Recognises and addresses the requirements of service users with complex care needs

  Promotes functional and social independence and quality of life
- Consideration of special-needs groups
- Service users are consulted with and provided with a service agreement or offer that includes:

  The services that may be offered to meet the service user's care needs, including agreed procedures to follow if the service user does not respond to a scheduled visit

  The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn
- Staff conducting care plan development and delivery have the necessary skills and competence
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 2.3: Care Plan Development and Delivery	Not met ☐	Met ☐

Expected Outcome 2.4: Service User Reassessment

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Monitoring and regularly reassessing service users' care needs, preferences, goals and outcomes
- Revising service user care/service plans as required
- Following the procedures for reassessment and care/service planning
- Making changes to service delivery in consultation with and explained to the service user and/or their representative
- Staff conducting service user reassessments having the necessary skills and competence
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 2.4: Service User Reassessment	Not met ☐	Met ☐

Expected Outcome 2.5: Service User Referral

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Facilitation of referrals and participation in the coordination of care with other service providers and agencies

- Compliance with referral and coordination processes contained in relevant State/Territory and Commonwealth legislation, where applicable

- Consideration of the needs of service user's representatives with referral to other service providers if needed

- Protocols between agencies to facilitate the referral of service users

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 2.5: Service User Referral	Not met ☐	Met ☐

STANDARD 3: SERVICE USER RIGHTS AND RESPONSIBILITIES

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

Expected Outcome 3.1: Information Provision

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- The service provider compiling, reviewing and updating service user information, giving consideration to service user needs and feedback and funding program requirements

- All service users and prospective service users being provided with information in formats appropriate to their needs throughout their contact with the service, including on first contact, during assessment, on service commencement, during reviews and on an ongoing basis, to ensure that the service user remains aware of their rights and responsibilities and has the opportunity to discuss the care and services they receive

- Consideration of special-needs groups

- Service users being consulted with and provided with a service agreement or offer that includes:

  The services that could be offered to meet the service user's care needs

  The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn

- All service users being assisted to fully understand the information provided to them

- Staff/volunteers being aware of the information provided to service users and prospective service users

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.1: Information Provision	Not met ☐	Met ☐

Expected Outcome 3.2: Privacy and Confidentiality

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Compliance with State/Territory and Commonwealth legislation regarding:

  Collection, use and disclosure of personal information

  Service users' rights to access their personal information

- Each service user's right to privacy, dignity and confidentiality being respected
- Consideration of special-needs groups
- Staff/volunteers being aware of and respecting service users' rights to privacy
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.2: Privacy and Confidentiality	Not met ☐	Met ☐

Expected Outcome 3.3: Complaints and Service User Feedback

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Providing service users with information about the complaints and feedback processes

- Effective complaints management processes that include:

  Enabling service users to complain if they wish to do so

  Protection of service users' rights

  Recognition of service users with special needs

  Roles and responsibilities of staff/volunteers

  Timely responses

  Provision of feedback about each complaint to the complainant and, where appropriate, to staff and/or volunteers

  Assistance to service users to access external complaints process

  A complaints form

- Inclusion in the complaints process of all negative feedback from service users and inclusion in feedback processes of all positive feedback

- Ensuring complaints are dealt with without retribution to the complainant

- Ensuring service users (or their representatives) and staff/volunteers are aware of the complaints process

- Effectively recording, monitoring, collating and analysing complaints to identify trends

- Reporting complaints to board and/or management committee and/or senior executives on a regular basis, informing them of action taken in response to complaints including changes/modifications to service delivery

- Consideration of special-needs groups

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.3: Complaints and Service User Feedback	Not met ☐	Met ☐

Expected Outcome 3.4: Advocacy

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Providing service users with information about their right to an advocate of their choice
- Providing assistance to service users to access and use an advocate
- Staff/volunteers understanding the role of advocates and being able to work with an advocate
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

-

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.4: Advocacy	Not met ☐	Met ☐

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

Expected Outcome 3.5: Independence
The independence of service users is supported, fostered and encouraged.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Individualised assessment of service users including an assessment of their physical (including mobility and dexterity), social and psychosocial independence (including decision making), focusing on the service user's strengths and abilities

- Provision of support in daily living activities that aims to consolidate and, where possible, improve the service user's existing capacity for independent living rather than building dependencies

- Encouragement of and support for service users to seek support (when required) from family, community groups and others to foster their independence and inclusion in their community

- Consideration of special-needs groups

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?
•

COMMUNITY CARE COMMON STANDARDS | SELF ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
•

What plans, if any, do you have for improvement in this area?
•

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.5: Independence	Not met ☐	Met ☐

Appendix 5:

Example
Completed Self-assessment Tool

Community Care Common Standards

Example

Completed Self-assessment Tool

Note: The information included here provides some examples of completed expected outcomes in the self-assessment tool. These examples are not intended to be prescriptive or complete. Each service provider will need to complete the self-assessment tool to reflect their own organisation's practices and processes and the relevant program guidelines.

There may also be issues of particular importance in different States and Territories that will need to be considered in completing the self-assessment tool.

Expected Outcome 1.7: Human Resource Management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Identifying required staff/volunteers' skills and competence to ensure that there are adequate staff/volunteer numbers to meet funding requirements and to provide quality services that meet the assessed needs of service users

- Recruiting staff and volunteers (where used) with the appropriate skills, competence and qualifications

- Providing training and development opportunities for staff and volunteers to ensure appropriate skills and competence. This could include:

- An induction or orientation program
  Ongoing training based on the needs of the organisation and the individual
  Orientation and training to address any special or specific needs of service users

- Staff/volunteer leave and emergency backup staffing arrangements to ensure that appropriately qualified staff/volunteers are always available to provide the required services

- Strategies to promote and encourage staff/volunteer retention

- Monitoring and feedback processes for brokered/subcontracted staff

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

- *We have policies and procedures that detail our HR practices.*

- *The Service Manager is responsible for recruitment, employment and termination of all staff members, including volunteers. The Service Manager consults with the HR Manager of the organisation regarding the recruitment or termination of any staff member if there are issues.*

- *Each new staff member, including volunteers, receives orientation to the service and is 'buddied' with a colleague to ensure that they have a working knowledge of their role and of the processes in place in the organisation.*

- *There is a staff handbook for staff that outlines all relevant information and is provided to all staff at orientation.*

- *There is a volunteer handbook that outlines all relevant information and is provided to all volunteers at orientation.*

- *Each new staff member completes an orientation program and an orientation checklist.*

- *Each staff member has a personnel file that contains relevant information regarding recruitment, qualifications, training and performance review.*

- *Registrations, staff/volunteer police check screening and staff qualifications are noted and registrations are logged onto a computer-based list and the Service Manager receives a report when they require review.*

- *The Coordinators coordinate each shift and ensure that staff are directed in their roles.*

- *We use regular agency staff to replace regular staff when they are not available.*

- *The Service Manager conducts performance reviews of all staff.*

- *The Service Manager has a performance review by the General Manager yearly.*

- *The Service Manager is responsible for determining and maintaining the roster to ensure it meets the service's requirements. This is amended as care and service needs change.*

- *Each staff member has a job description and, if applicable, a duty statement, to guide work practice.*

COMMUNITY CARE COMMON STANDARDS | EXAMPLE COMPLETED SELF-ASSESSMENT TOOL

What practices and processes do you have in place to meet this expected outcome?

- *Staff are provided with a range of education and training to support them in their roles. These are identified through orientation, performance review processes and organisation and self identification.*

- *Staff are covered by relevant awards; these are managed by the HR department.*

- *We conduct an annual staff survey to determine the staff satisfaction with their roles and the organisation, and conduct twice-yearly staff functions.*

- *We do not broker any of our services.*

- *We subscribe to the relevant local peak body for updates regarding legislation that affects our staff; in addition, the General Manager Community Services is responsible for ensuring that Service Managers have support and access to relevant legislative and regulatory information.*

- *We internally audit our HR processes yearly.*

What results have you achieved that demonstrate you are meeting this expected outcome?

- *Three new staff joined the service in 2010, each of whom has completed their orientation to the service.*

- *Performance reviews are systematically completed. 80% of staff have received a performance review in the past 12 months, with the remainder to be completed by April 2011. We have identified various education needs through this process and have organised training to be provided.*

- *All nursing registrations are current.*

- *All staff and unsupervised volunteers have police checks.*

- *An audit of police checks, performance reviews and nursing registrations demonstrate we are following procedures.*

- *We have a roster system on the computer that allows us to allocate staff accurately to each area. Our roster is made up of:*
  - *1 Service Manager*
  - *1 Community Registered Nurse available week days/on-call*
  - *17 carers*
  - *1 full-time Administration Assistant*
  - *10 community volunteers*
  - *1 part-time maintenance person.*

What plans, if any, do you have for improvement in this area?

- *The Service Manager is attending a workshop in April 2011 in conducting effective performance reviews and identifying training needs.*

- *We are identifying additional training needs for staff who care for more complex service users and are putting these on the training plan for completion in the next six months.*

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 1.7: Human Resource Management	Not met ☐	Met ☑

Expected Outcome 2.2: Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Assessment tools that reflect the individual needs of the service user and the requirements of the funding programs/guidelines
- Assessments that clearly identify the care needs of service users and the needs of carer(s) where required including the need for specialised assessments or referral to other services
- Service users and/or their representatives, where required, actively participating in the assessment process and being informed of the outcome in a timely manner
- Assessments taking account of and considering relevant information obtained from other current comprehensive assessments of the service user by other service providers or agencies
- Consideration of special-needs groups
- Staff conducting assessments having the necessary skills and competence
- Documented policies and procedures for these practices and processes,

-

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

- *Our assessment officer (who is a Registered Nurse) assesses each new service user (and ensures the assessment is signed and dated) prior to the development of a service plan.*
- *The service user, their carer or other nominated person is involved in the assessment.*
- *We respond to referrals within five working days of receiving them; the service user is contacted in the next five working days (unless the referrer expresses that the need is urgent, in which case we respond within five working days to the service user).*
- *Our assessment tools detail the needs of service users and their carers.*
- *Service users (or carers) are encouraged to sign and date the service plan once it has been explained to them.*
- *For complex care service users we ensure that we seek information (with permission of the service user) from the referrer or other agency to reduce the amount of comprehensive assessment completed. However, we always ensure that we check the information with the service user or their carer.*
- *If the assessment officer requires assistance with the assessment or more specialised assessment is required, we have access to a clinical nurse specialist who is consulted (with permission of the service user).*
- *We seek support from interpreters or other assistance if required in the completion of the assessment.*

What results have you achieved that demonstrate you are meeting this expected outcome?

- *An internal audit demonstrated that in 2010: all our service users had their assessment within 10 working days of referral; all assessments had involved service users or their carers; and all service plans had been signed by service users and/or their carers.*

What plans, if any, do you have for improvement in this area?
• *We are implementing a system of surveying new service users and carers regarding the assessment process to ascertain their satisfaction with the time frames for assessment and the process itself. We expect to have some results by May 2011.*

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 2.2: Assessment	Not met ☐	Met ☑

Expected Outcome 3.1: Information Provision

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- The service provider compiling, reviewing and updating service user information, giving consideration to service user needs and feedback and funding program requirements

- All service users and prospective service users being provided with information in formats appropriate to their needs throughout their contact with the service, including on first contact, during assessment, on service commencement, during reviews and on an ongoing basis, to ensure that the service user remains aware of their rights and responsibilities and has the opportunity to discuss the care and services they receive

- Consideration of special-needs groups

- Service users are being consulted with and provided with a service agreement or offer that includes:

    The services that could be offered to meet the service user's care needs

    The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn

- All service users being assisted to fully understand the information provided to them

- Staff/volunteers being aware of the information provided to service users and prospective service users

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

- *We have policies and procedures that describe the processes we have in place to manage information. These are set out in (ref: X).*

- *We revise our service user information packs annually and when required, such as when we are provided with new information on government processes, legislative changes or organisational changes. We have a consumer representative on the review panel to provide a service user perspective.*

- *Our information packs contain information on our service and our practices and processes, relevant program information, the Charter of Rights and Responsibilities, brochures on other services and local supports and other relevant information. We have a DVD outlining our services also that is given as an option to the printed material.*

- *All service users have the information pack explained on access to the service, six weeks after services have begun and annually.*

- *We work with service users from culturally and/or linguistically diverse backgrounds and their families or representatives to source an interpreter or assistance in providing relevant information in an appropriate format.*

- *We have Aboriginal service users accessing our services and our Aboriginal Assessment Officer explains the information on access to the service, six weeks after services have begun and annually. This sometimes involves talking with the service user's family as well.*

- *Staff are updated at staff meetings regarding the information given to service users so they can assist service users if they have any questions about our service.*

COMMUNITY CARE COMMON STANDARDS | EXAMPLE COMPLETED SELF-ASSESSMENT TOOL

What results have you achieved that demonstrate you are meeting this expected outcome?
• *Internal audit shows that the information pack is up-to-date.*   • *We have conducted a service user survey regarding service user satisfaction with the information provided. 86% of service users were satisfied with the services they received, 10% were very satisfied and 4% were partly satisfied.*

What plans, if any, do you have for improvement in this area?
• *We are going to review the service users who were 'partly satisfied' with services identified in the survey to see if we can improve outcomes for them.*

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.1: Information Provision	Not met ☐	Met ☑

Expected Outcome 3.2: Privacy and Confidentiality

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Compliance with State/Territory and Commonwealth legislation regarding:

  Collection, use and disclosure of personal information

  Service users' rights to access their personal information

- Each service user's right to privacy, dignity and confidentiality being respected
- Consideration of special-needs groups
- Staff/volunteers being aware of and respecting service users' rights to privacy
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

- *We have documented policies and procedures that outline our approaches to ensure that this outcome is met. Our procedures detail how we ensure that service users with special needs have their privacy and confidentiality respected including being mindful of community family relationships and staff practices.*
- *As part of their induction we provide staff/volunteers with a training session that outlines the organisation's policies and procedures supporting service user privacy and dignity.*
- *We ensure that all service user records in our office are securely stored and are only accessible to appropriate staff.*
- *Staff have a performance review annually that includes a home visit by the coordinator to observe practices in the home and ensure that practices are respectful of service user rights.*
- *We allocate sufficient time for staff to attend the care of our service users evidenced in our rosters.*

What results have you achieved that demonstrate you are meeting this expected outcome?

- *Our audit conducted in July 2010 demonstrated that our service user records are securely stored, all staff have signed confidentiality agreements in their personnel files and all staff employed since December 2008 (and the existing staff at that time) have attended the orientation session (evidenced in the training system).*
- *We have had no complaints since December 2008 regarding breaches of privacy, dignity or confidentiality by our staff.*
- *We have counselled two staff in the last year when it became evident that they had breached service user confidentiality with other staff members. No further breaches have occurred.*

What plans, if any, do you have for improvement in this area?

- *We are conducting a half-day workshop with staff in June 2011 to refresh their knowledge on the importance of maintaining service user's privacy, dignity and confidentiality.*

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.2: Privacy and Confidentiality	Not met ☐	Met ☑

Expected Outcome 3.3: Complaints and Service User Feedback

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Providing service users with information about the complaints and feedback processes

- Effective complaints management processes that include:

    Enabling service users to complain if they wish to do so

    Protection of service users' rights

    Recognition of service users with special needs

    Roles and responsibilities of staff/volunteers

    Timely responses

    Provision of feedback about each complaint to the complainant and, where appropriate, to staff and/or volunteers

    Assistance to service users to access external complaints process

    A complaints form

- Inclusion in the complaints process of all negative feedback from service users and inclusion in feedback processes of all positive feedback

- Ensuring complaints are dealt with without retribution to the complainant

- Ensuring service users (or their representatives) and staff/volunteers are aware of the complaints process

- Effectively recording, monitoring, collating and analysing complaints to identify trends

- Reporting complaints to board and/or management committee and/or senior executives on a regular basis informing them of action taken in response to complaints including changes/modifications to service delivery

- Consideration of special-needs groups

- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

- *We meticulously collect all feedback from stakeholders, including complaints, suggestions for improvement and any ad-hoc comments about improving services.*

- *We encourage service users, carers, staff, other agencies, suppliers, volunteers and anyone else who comes in contact with our service to provide feedback to foster improvements.*

- *All feedback is detailed and included in our complaints database, which is maintained on the computer and allows us to record information about the complaint such as how long it took to resolve, what the outcome was and the satisfaction of the complainant with the outcome.*

- *Complaints (de-identified as appropriate) are raised at staff meetings each month and discussed to ensure staff are reflecting on their practices and are aware of issues being raised by service users.*

- *We present a report to the Board each month that outlines all complaints and feedback received.*

- *Changes to service delivery in response to feedback are provided to staff through the newsletter.*

What results have you achieved that demonstrate you are meeting this expected outcome?
• *We have had eight complaints in the six months to December 2010 that have included two service users dissatisfied with their service time, four complaints regarding food quality and two complaints regarding the quality of domestic assistance support. All of these were resolved within one week of receiving them. We changed our scheduling of service users receiving domestic assistance and the complainants expressed satisfaction with these changes following their implementation. We have conducted a food survey in response to the food complaints and are in the process of collating the information.* • *We have received 35 compliments regarding our service delivery in the six months to December 2010.*

What plans, if any, do you have for improvement in this area?
• *We plan to survey all of our service users in June 2011.*

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.3: Complaints and Service User Feedback	Not met ☐	Met ☑

Expected Outcome 3.4: Advocacy

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

Practices and Processes

Service providers will need to consider the following practices and processes in preparing their responses to the self-assessment questions below:

- Providing service users with information about their right to an advocate of their choice
- Providing assistance to service users to access and use an advocate
- Staff/volunteers understanding of the role of advocates and being able to work with an advocate
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes.

Self-assessment Questions

What practices and processes do you have in place to meet this expected outcome?

- *Our service information brochure and assessment process details in both written and verbal format what an advocate is, where service users can access advocates and how to access an advocate.*
- *Our policies and procedures outline this information for our staff.*
- *Staff are provided with information regarding advocates at orientation training.*

What results have you achieved that demonstrate you are meeting this expected outcome?

- *Brochure was updated in July 2010.*
- *Policies and procedures were updated in July 2010.*
- *The service user survey in November 2009 demonstrated that 88% of service users were aware of where to access an advocate.*

What plans, if any, do you have for improvement in this area?

- *We are planning a service user/carer survey for June 2011 that will include an assessment of staff familiarity with advocates and how to access them.*

Please TICK your organisation's rating against this expected outcome.

Self-assessment against EO 3.4: Advocacy	Not met ☐	Met ☑

Appendix 6:

Service Outlet Information and Desk Review Summary

COMMUNITY CARE COMMON STANDARDS | SERVICE OUTLET INFORMATION AND DESK REVIEW SUMMARY

Purpose: *This document is used by the quality review team to review information retained by the State and Territory governments and/or the Department of Health and Ageing related to the service and the self-assessment submitted by the service provider to assist in planning their on-site visit.*

Instructions: *Each member of the quality review team completes relevant information related to the service below and conducts a desk review. The principal quality reviewer is responsible for receiving information from the quality review team and including it in this document. The desk review summary is intended to briefly summarise the self-assessment submitted by the service provider.*

Note: *If the on-site visit includes the HACC Program and packaged care and/or NRCP services, quality reviewers may need to add a range of information to this document.*

SERVICE INFORMATION

Quality reviewer: Please detail any relevant information that will assist the quality review team in the conduct of the desk review audit and site visit. **Please also attach the most recently submitted improvement plan for the service outlet.**

Service name and ID number(s):						
Service address:						
Date(s) of review:						
Quality reviewer(s):						
Applicable programs:	**CACP**		**HACC**		**NRCP**	
	EACH		**EACHD**		**Other (describe)**	
Last improvement plan attached ☑						

Information Pertaining to Service Outlet	Details / Comments
Date and outcome of last review (indicate not applicable if it is a new service)	
Financial data (including any history of late acquittals or inaccuracies/anomalies associated with acquittals/financial information, relevant brokerage/subcontracting information) in past two years	
Issues identified at last review such as gaps, areas of underperformance or outstanding achievement	
Any follow-up activities conducted	
Program level observations (changes to key staff/personnel, changes to funding levels, direct care hours less than average)	
Complaints, if applicable, (through the CIS or other body) and/or other service user feedback in the past two years	
Compliance action, if applicable (since last review) – resolved / partly resolved / not resolved	
Identification of any other relevant issues at the service provider level but not at the outlet level regarding performance	
Additional information	
Name of person(s) completing form:	
Role(s):	
Date(s):	

COMMUNITY CARE COMMON STANDARDS | SERVICE OUTLET INFORMATION AND DESK REVIEW SUMMARY

DESK REVIEW SUMMARY

Instructions: *The desk review is conducted by each of the quality reviewers who will be conducting the on-site visit; each quality reviewer should review the whole desk review to familiarise themselves with the organisation. The principal quality reviewer summarises the information received from the quality review team and includes a brief summary of the self-assessment submitted by the service provider.*

Note: *The desk review summary is not intended to detail the areas for follow up during the site visit; this information is included in the quality reviewer tool.*

Desk Review Summary
Quality reviewer:
Date:

Appendix 7:

On-site Visit Schedule

COMMUNITY CARE COMMON STANDARDS | ON-SITE VISIT SCHEDULE

Purpose: *This document is used by the quality review team to plan their on-site visit, provide the service provider with an overview of the on-site visit schedule and document entry and exit meeting attendees.*

Instructions: *The quality review team determines the scope of the review for each quality reviewer and details these on the schedule. Consideration is given to whether the service provider has organised a focus group of service users and/or a staff group for interview and these are detailed in the schedule. The schedule is also provided to the service provider for review.*

Note: *Each quality reviewer will have their own preference for the order in which they interview service providers, review documents and generally conduct their review. The schedule is provided as a guide to quality reviewers and contains the key elements required for a review. The time frames, number of programs being reviewed, order of the schedule, service provider personnel availability and quality reviewer preference will influence the schedule. Quality reviewers are required to negotiate with the quality review team and service provider to develop the schedule.*

Service outlet name and ID number(s):		
Community care programs reviewed:		
Date(s) of review:		
Quality reviewer(s):		

	Note: *All time frames are a guide only and may need to be adjusted on the day.*	
Time	**Quality Reviewer 1**	**Quality Reviewer 2**
0900–0930	Entry meeting (including: Introductions and role of quality reviewers and/or authorised officer / Purpose of visit / Sampling method / Open and transparent approach / Confidentiality / Review of schedule and relevant personnel / Work areas / Exit meeting / Questions / Tour)	
0930–1100	Documentation review Discussion with management: Standard 1 and EO 3.3	Documentation review Discussion with care coordination personnel: Standard 2
1100–1200	Focus group with service users/representatives	Discussion with care coordination personnel: Standard 2
1200–1230	Documentation review/notes	Discussion with care coordination personnel: Standard 3 (except EO 3.3)
1230–1315	Quality reviewer break and meeting	
1315–1400	Discussion with management: Standard 1 and EO 3.3	Meeting with support staff group: care delivery and service user rights; and/or meeting with volunteers
1400–1630	Discussion with personnel and follow-up of any outstanding issues	Discussion with care coordination personnel: Standard 3 (except EO 3.3); follow-up of any outstanding issues
1630–1700	Exit meeting (including: Thank you / Discussion with personnel regarding visit outcomes / Report time frame (two weeks) / Follow-up by quality reviewers and/or authorised officer / Questions / Discussion regarding improvement plan)	
Service user focus group (insert expected numbers, special needs, etc.):		
Support staff meeting (insert expected numbers):		

COMMUNITY CARE COMMON STANDARDS | ON-SITE VISIT SCHEDULE

Please have the following documents and records available for the site visit.
(**Note**: other documents may also be requested on the day)

- Policies and procedures (these can be in paper or in electronic format)
- Police check register or equivalent system
- Current improvement plan
- Minutes of meetings (including board and/or management committee, management, staff, service users, etc.)
- Client and carer brochures, newsletters and information sources
- Comments, complaints and feedback from clients/carers
- Results of internal audits and surveys
- Data such as accident, incident, medication incident reports
- Client records for each type of service you provide, e.g. care plans, progress notes, medication management information and service agreements as applicable (quality reviewer will select records)
- Staff records, including a mix of new and longer-serving staff across a range of positions; provide approximately six unless otherwise advised (quality reviewer will select records)
- Any other evidence you have referred to in your self-assessment

Entry meeting attendees	Role

Exit meeting attendees	Role

Appendix 8:

Quality Reviewer Tool

Community Care Common Standards

Quality Reviewer Tool

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEWER TOOL

GUIDE TO THE QUALITY REVIEWER TOOL

Purpose: *This document is used by the quality review team to:*

- *Detail any areas for follow-up identified through the review of the service provider's self-assessment and completion of the desk review prior to the on-site visit*
- *Guide their on-site review of each expected outcome of the Community Care Common Standards*
- *Detail findings and evidence reviewed as part of the on-site visit.*

Instructions: *The quality review team completes the review of the service provider's self-assessment and documents any issues for follow-up in the 'areas for follow-up during on-site visit (determined through desk review)' of the quality reviewer tool. The quality reviewer then uses the 'Quality reviewer notes' section of the quality reviewer tool on site to document:*

- *Personnel interviewed*
- *Records reviewed*
- *Findings of interviews and findings*
- *Areas for follow-up or further review.*

Further details of the processes for quality reviewers are included in Appendix 1: Information for Quality Reviewers.

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEWER TOOL

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected Outcome 1.1: Corporate Governance
The service provider has implemented corporate governance processes that are accountable to stakeholders.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Organisational structure and decision-making processes
- Roles and responsibilities within the organisation
- Accountability and reporting processes
- Planning processes
- Financial management and reporting processes
- Monitoring and managing of compliance and service performance in accordance with contractual obligations, service/funding agreements, associated program guidelines and relevant professional standards
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Documented governance arrangements, including: • Roles and responsibilities (or rules/terms of reference) of the board and/or management committee and/or senior executives • Board policies, including delegation processes • Records related to board and/or management committee and/or senior executive meetings, including timing of meetings, decision making, recording of minutes, attendance records	
Orientation and training records for board and/or management committee members and/or senior executives	
Audits, reports and plans required by board and/or management committee members, service/funding agreements and other regulations/legislation	
Records of compliance with contractual obligations and service/funding agreements (e.g. reporting requirements, Minimum Data Set (MDS) reports)	
Organisational records that demonstrate the involvement of the board and/or management committee in organisational decision making (e.g. minutes of meetings, reports)	
Organisational plan and other planning documents	
Budgets and financial reports related to community care	

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEWER TOOL

Standard 1: Effective Management	
services, including reports to the board and/or management committee	
Areas to look at	**Quality reviewer notes**
Processes for ensuring that community care services are provided within budget and in accordance with funding program requirements	
Documented roles and responsibilities of staff/volunteers	
Policies and procedures	

Expected Outcome 1.1: Corporate Governance

Quality reviewer notes:

Expected outcome rating 1.1: Corporate Governance:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Standard 1: Effective Management
Improvement opportunities:

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEWER TOOL

Standard 1: Effective Management

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected Outcome 1.2: Regulatory Compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

Areas for follow-up during on-site visit (determined through desk review)

-

Practices and processes

- Identifying the regulatory and legislative requirements with which the organisation needs to comply
- Identifying the requirements of funded program guidelines
- Managing and monitoring compliance with regulatory and legislative requirements and funded program guidelines
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Procedures to identify and monitor regulatory compliance, including: - Ongoing identification of relevant regulations and legislation - Identification of funding agreement and program guideline requirements - Internal audit results to monitor compliance with relevant legislation - Reviews and updates to policies and procedures to reflect changes in legislative requirements - Communication of changes to staff, volunteers, and where applicable, service users	
Appropriate policies and procedures to reflect legislative requirements (e.g. occupational health and safety, equal employment opportunity, superannuation, awards, privacy, insurances, food safety, police checks, etc.)	
Up-to-date records of health professional qualifications such as registrations, evidence of completion of qualifications and training	
Police check registers and processes to ensure that all staff and unsupervised volunteers have police checks as required by program guidelines and applicable legislation	
Documentation related to sharing of regulatory compliance information such as new requirements or changes to requirements (e.g. memos, minutes, training records, papers)	
Staff and volunteers' knowledge of relevant regulatory requirements	
Policies and procedures	

Standard 1: Effective Management

Expected Outcome 1.2: Regulatory Compliance

Areas to look at	Quality reviewer notes
Some key program considerations: Packaged care: The Accountability Principles (Part 4, Divisions 1 and 2) 1998 of the *Aged Care Act 1997* define the requirements for packaged care providers regarding police check requirements	
NRCP: NRCP service providers are required to comply with the same police check requirements as the packaged care providers, as described in their funding agreement. NRCP services that provide meals services need to be aware of their regulatory and legislative responsibilities with regard to food preparation facilities and processes to ensure the safety of service users.	

Quality reviewer notes:

Expected outcome rating 1.2: Regulatory Compliance:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEWER TOOL

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.
Expected Outcome 1.3: Information Management Systems
The service provider has effective information management systems in place.
Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Identifying, maintaining, sharing and storing information
- Policies and procedures that are suitable to the size, complexity and service provision of the organisation, reflect current practices and are accessible, as appropriate, to the board and/or management committee, senior management, staff, volunteers and service users
- Maintaining records of organisation practices (such as minutes of meetings, data, etc.), staff and volunteer records (such as personnel records) and service user records (such as service user assessments, records of care and service delivery, etc.)
- Communication strategies to ensure that all stakeholders including the organisation's management, staff/volunteers and service users are kept informed of service provision changes and developments that may affect them (this may include meetings, newsletters, personal communications, memos, etc.)
- Ensuring staff and volunteers' knowledge of relevant information management systems
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Policies, procedures and systems for managing information systems	
Minutes of meetings for board and/or management committee, senior management, staff/volunteers and service users	
Information for service users	
Storage of service user records including assessments, reassessments, records of care/services, medication records, service delivery data, complaints records, accident and incident records	
Storage systems for records including security, confidentiality, retrieval, archiving and destruction (including staff/volunteers' files and records, service user files and records, administration records) with consideration to the requirements of relevant privacy legislation	
Processes for service users to access their information	
Staff and volunteers' knowledge of relevant information management processes	
Systems for educating and training staff and volunteers in the use of policies and procedures and strategies for informing staff and volunteers of updates to policy, procedures and organisation changes	
Service user satisfaction with relevant information management processes (e.g. confidentiality of information, access to personal information)	

Standard 1: Effective Management
Expected Outcome 1.3: Information Management Systems
Quality reviewer notes:

Expected outcome rating 1.3: Information Management Systems:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.
Expected Outcome 1.4: Community Understanding and Engagement
The service provider understands and engages with the community in which it operates and reflects this in service planning and development.
Areas for follow-up during on-site visit (determined through desk review)
•
Practices and processes

- Monitoring the profile and needs of the community in which the service operates, and applying this information to the planning and development of services
- Meeting the needs of people most in need of services, who are most disadvantaged and who have limited access to services due to cultural and linguistic barriers or special needs such as sensory losses or dementia
- Responding to changing community needs, within contractual obligations and service/funding agreements
- Liaising with funding bodies through funding applications to adjust the scope of services to meet changing community needs and contractual requirements
- Engaging service users, including special-needs groups and the community, in service development and management
- Working in collaboration with other community partners to meet the needs of identified groups within the community
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Information on the community profile	
Information on service users	
The process for identifying gaps in service delivery	
The process for ensuring service delivery is in accord with funding/service agreements	
Results of community surveys and other data collection activities	
Records of consultations with service users and key community groups or people (such as minutes of meetings, focus groups, etc.)	
Records of participation in networks/links with other service providers (such as interagency meetings)	
Policies and procedures	

Standard 1: Effective Management
Expected Outcome 1.4: Community Understanding and Engagement
Quality reviewer notes:

Expected outcome rating 1.4: Community Understanding and Engagement: ☐ Not met ☐ Met
Summary of evidence for not met outcome:
Required improvements:
Improvement opportunities:

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.
Expected Outcome 1.5: Continuous Improvement
The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.
Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Ongoing consultation with stakeholders including service users, management, staff, volunteers and the wider community
- Involving management and staff/volunteers in the management and development of the continuous improvement process
- Encouraging and facilitating ongoing feedback from service users and their representatives (including complaints, compliments and other feedback), management, staff/volunteers, the community, suppliers and other relevant stakeholders
- Ensuring feedback collected is recorded, considered by the organisation and acted upon (if appropriate), and that the originator of the feedback is given information about the actions taken (if possible) and the outcome of the feedback is evaluated
- Monitoring processes to assess the effectiveness of service operations and to identify areas for improvement. (These could include: internal audits; service users, staff/volunteer and other stakeholder satisfaction surveys; monitoring of organisation key performance indicators; reviewing of the risk management plan; collation of feedback, accidents, incidents and hazards; and determining the accuracy of policies and procedures to current practices)
- Maintaining an improvement plan
- Maintaining records of improvements that demonstrate what has been achieved over time
- Providing feedback on implemented improvements to service users, management, staff, volunteers and other stakeholders as appropriate
- Ensuring management and staff/volunteers have knowledge of and can participate in the organisation's continuous improvement processes, as appropriate to their position
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Mechanisms to identify opportunities for improvement (e.g. capture of verbal and written feedback, complaints, suggestions, corrective action sheets, incident/accident reports, hazard identification reports, audits, etc.)	
Feedback from service users, carers and representatives, staff, volunteers and other stakeholders	
Processes and reports analysing improvement information (e.g. quality improvement logs, complaints registers, accident/incident reports) and identifying strategies for service improvement	
Processes and reports for monitoring and evaluating outcomes of improvement activities	
Processes and records of changes to services in response to feedback	

Standard 1: Effective Management

Expected Outcome 1.5: Continuous Improvement

Areas to look at	Quality reviewer notes
Processes and documents to inform stakeholders of outcomes of improvement activities including service users, management, staff, volunteers and the wider community	
Minutes of meetings and/or discussions regarding quality with management, staff and volunteers	
Staff and volunteer education, training and knowledge in relation to continuous improvement	
Policies and procedures	

Quality reviewer notes:

Expected outcome rating 1.5: Continuous Improvement:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.
Expected Outcome 1.6: Risk Management
The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.
Areas for follow-up during on-site visit (determined through desk review)
•
Practices and processes

- Ongoing identification of risks
- Ongoing review of risks
- Identification and implementation of strategies to reduce the occurrence of the risks
- Identification of strategies to deal with the risks should they occur
- Involvement of management, staff and volunteers in the identification of risks and preventative practices
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Processes for identifying and managing potential risks	
A risk management plan or other documentation showing the identification of risks and the management of risks to service users, staff, volunteers and the organisation, including appropriate insurance coverage	
Documentation showing the ongoing monitoring of risks, including identification and reporting of potential risks/non-compliance with risk reduction strategies	
Documentation demonstrating the management of specific risk areas such as: • Occupational health and safety risks to staff, volunteers and service users • Infection control • Clinical risks associated with nursing and allied health services • Financial management risks • Brokerage, subcontracting or other outsourcing of services risks • Service users who do not respond to scheduled visits	
Staff/volunteer education, training and knowledge in relation to specific risks such as occupational health and safety and infection control	
Policies and procedures	

Standard 1: Effective Management
Expected Outcome 1.6: Risk Management
Quality reviewer notes:

Expected outcome rating 1.6: Risk Management:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.
Expected Outcome 1.7: Human Resource Management
The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.
Areas for follow-up during on-site visit (determined through desk review)
•
Practices and processes

- Identifying required staff/volunteers' skills and competence to ensure that there are adequate staff/volunteer numbers to meet funding requirements and to provide quality services that meet the assessed needs of service users
- Recruiting staff and volunteers (where used) with the appropriate skills, competence and qualifications
- Providing training and development opportunities for staff and volunteers to ensure appropriate skills and competence. This could include:
  - An induction or orientation program
  - Ongoing training based on the needs of the organisation and the individual
  - Orientation and training to address any special or specific needs of service users
- Staff/volunteer leave and emergency backup staffing arrangements to ensure that appropriately qualified staff/volunteers are always available to provide the required services
- Strategies to promote and encourage staff/volunteer retention
- Monitoring and feedback processes for brokered/subcontracted staff
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Staff/volunteer position descriptions and selection criteria	
Recruitment processes and documentation including advertising of positions, shortlisting, interviewing, police check systems and reference checking	
Staff/volunteer information such as handbooks	
Rosters and duty statements	
Education and training records including: • Compulsory and optional education and training • Training needs identification strategies • Course content • Staff/volunteer participation records • Monitoring of education and training • Evaluation of education and training	
Regular checking of staff and volunteers' driving licences and/or motor vehicle insurance, as required by organisation procedures	

Standard 1: Effective Management

Expected Outcome 1.7: Human Resource Management

Areas to look at	Quality reviewer notes
Staff/volunteer personnel files, to verify orientation, position descriptions, employment contracts, supervision and performance reviews	
Feedback from service users, staff and volunteers	
Policies and procedures	

Quality reviewer notes:

Expected outcome rating 1.7: Human Resource Management:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 1: Effective Management
The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.
Expected Outcome 1.8: Physical Resources
The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.
Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Ensuring a safe and comfortable environment that is consistent with service users care needs and staff/volunteers' safety
- Consideration of special-needs groups, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with dementia, people with a mental illness, people living in remote or isolated areas, people who are financially or socially disadvantaged, people with disabilities, veterans, people who are homeless or at risk of being homeless and care leavers (people who have experienced institutional care, such as orphans and child migrants)
- Ensuring a safe working environment that meets regulatory requirements
- Monitoring the safety and condition of service physical resources
- Identifying and monitoring any safety issues at the service user's home that are relevant to the services they receive
- Training for staff/volunteers in identifying and reporting safety issues associated with physical resources
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Assets register and the system for the replacement of physical resources	
Maintenance programs and records for physical resources – preventative and corrective maintenance including equipment and motor vehicles	
Staff/volunteer training in the use of equipment and other resources	
Appropriateness of the service delivery environment for service users, including the service user's home and service provider's premises such as accommodation areas, meeting areas, food preparation and eating areas, and arrangements for people with special needs (where applicable to the services delivered)	
Suitability of the service provider's premises for staff/volunteers including office areas	
Occupational health and safety and other regulatory requirements including disabled access to premises and facilities, fire alarms, exit doors, safe entry and exit, food preparation, chemical storage in the organisation's community care facilities	
Emergency procedures in the organisation's community care facilities, including fire and evacuation	

Standard 1: Effective Management	
Expected Outcome 1.8: Physical Resources	
Areas to look at	**Quality reviewer notes**
Staff/volunteer education and training in emergency procedures, including the use of fire protection equipment (where appropriate) and evacuation of premises in the organisation's community care facilities	
Staff/volunteer knowledge of safety and emergency procedures	
Service user feedback on the service environment and facilities such as vehicles and meeting areas	
Policies and procedures	
Some key program considerations: Packaged care: Service users with high or complex care needs may require assistive aids such as hoists, pressure-relieving mattresses and ambulation aids. If these are provided by the service provider, it is essential that they are properly maintained and cleaned to ensure appropriate use. Maintaining the temperature of medical supplies such as dressings, medications and other products may need to be considered to ensure their effectiveness.	
NRCP: If assistive aids such as hoists, pressure-relieving mattresses and ambulation aids are provided by the service provider, it is essential that they are properly maintained and cleaned to ensure appropriate use. NRCP services that prepare and/or provide meals need to be able to demonstrate that consideration has been given to ensuring that food preparation buildings and infrastructure are safe and suitable for meal preparation. Overnight respite service providers are required to ensure that the physical environment provided for service users is suitably maintained and safe, with consideration of the specific needs of the service users. As service users may sleep at the facility, it is essential that the environment is suitably furnished, maintained, cleaned and secure for care recipients, and that adequately trained staff/volunteers are in attendance.	

Standard 1: Effective Management
Expected Outcome 1.8: Physical Resources
Quality reviewer notes:

Expected outcome rating 1.8: Physical Resources:	☐ Not met ☐ Met
Summary of evidence for not met outcome:	
Required improvements:	
Improvement opportunities:	

Standard 2: Appropriate Access and Service Delivery
Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected Outcome 2.1: Service Access
Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Identifying eligibility criteria
- Determining service user eligibility based on:
  - o Program eligibility requirements
  - o The service target group
  - o Prioritised need relative to the demand for services
- Informing the community and potential users of the services available, eligibility and access
- Access for people with special needs
- Managing a waiting list where appropriate
- Referrals for ineligible people where appropriate
- Actions when service users do not respond to a scheduled visit
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Information for potential service users on the services available, the service target group and eligibility in accordance with funding agreements/guidelines	
Information for special-needs groups	
Forms for intake	
Service user assessment records and their Aged Care Client Record (ACCR) if an Aged Care Assessment Team (ACAT) (Aged Care Assessment Service (ACAS) in Victoria) approval is required under the care program	
Timeliness of assessments/intake and provision of services	
Information on other relevant community services	
Referral records	
Waiting list and processes to advise service users about their position on the list	
Internal quality processes, including audits of service users' files in relation to eligibility	

Standard 2: Appropriate Access and Service Delivery	
Expected Outcome 2.1: Service Access	
Areas to look at	**Quality reviewer notes**
Arrangements for people with special needs (such as liaising with representatives, use of interpreters, information in different languages or media, and other strategies for assisting those with special needs)	
Staff/volunteer education, training and knowledge in relation to service access and eligibility	
Service user knowledge of services available and eligibility	
Policies and procedures	
Some key program considerations: NRCP: Service access for NRCP services is based on the needs of the carer, even though the actual services may be delivered to the service user (care recipient).	

Standard 2: Appropriate Access and Service Delivery
Expected Outcome 2.1: Service Access
Quality reviewer notes:

Expected outcome rating 2.1: Service Access:	☐ Not met ☐ Met
Summary of evidence for not met outcome:	
Required improvements:	
Improvement opportunities:	

Standard 2: Appropriate Access and Service Delivery
Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected Outcome 2.2: Assessment
Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Assessment tools that reflect the individual needs of the service user and the requirements of the funding programs/guidelines
- Assessments that clearly identify the care needs of service users and the needs of carer(s) where required including the need for specialised assessments or referral to other services
- Service users and/or their representatives, where required, actively participating in the assessment process and being informed of the outcome in a timely manner
- Assessments taking account of and considering relevant information obtained from other current comprehensive assessments of the service user by other service providers or agencies
- Consideration of special-needs groups
- Staff conducting assessments having the necessary skills and competence
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
The suitability of assessment tools for conducting assessments of service users and their carer (when required)	
The skills, competencies and training undertaken by staff completing the assessments of service users. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into assessment and care planning to meet their individual needs.)	
Completed assessments, including: • Timeliness of assessments including responding to the referral or initial contact and scheduling and completing the assessment • Involvement of the service user and/or representative • Completeness of the assessment, including whether signed and dated by the assessor and confirmed by the service user and/or their representative • Quality of the assessment in identifying required care/services	
Use of specific assessment tools that may be mandated or required under program guidelines.	

Standard 2: Appropriate Access and Service Delivery	
Expected Outcome 2.2: Assessment	
Areas to look at	**Quality reviewer notes**
Arrangements for people with special needs	
Processes for monitoring the time frames and quality of assessments such as audits and service user surveys	
Staff knowledge of assessment processes and service eligibility	
Service user perceptions of the assessment process	
Policies and procedures	
Some key program considerations:	
Packaged care: EACH and EACHD service users have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into the assessment and care planning to meet their individual needs. These packages are flexible in content; however, the expectation is that a package would include qualified nursing input, particularly in the design and ongoing management of the package and also where there are high-level complex care needs. CACP service users with complex care needs require a comprehensive assessment to identify their needs.	
NRCP: Assessment criteria to ensure that total circumstances are taken into account, consumer rights and privacy are considered, duplication of assessment is avoided and review and referral processes are in place. Carers and care recipients require assessment of their care/service needs.	

Standard 2: Appropriate Access and Service Delivery
Expected Outcome 2.2: Assessment
Quality reviewer notes:

Expected outcome rating 2.2: Assessment:	☐ Not met ☐ Met
Summary of evidence for not met outcome:	
Required improvements:	
Improvement opportunities:	

Standard 2: Appropriate Access and Service Delivery
Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected Outcome 2.3: Care Plan Development and Delivery
Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Care/service planning reflects the needs of service users and the requirements of the funding programs/guidelines
- Care/service plans are developed in partnership with the service user and/or their representative and are based on assessed needs and service user preferences
- Service users are informed about their care/service plans
- Care/service planning:
  - o Is goal oriented and/or outcomes based (goals should be observable and measurable where possible)
  - o Recognises and addresses the requirements of service users with complex care needs
  - o Promotes functional and social independence and quality of life
- Consideration of special-needs groups
- Service users are consulted with and provided with a service agreement or offer that includes:
  - o The services that may be offered to meet the service user's care needs, including agreed procedures to follow if the service user does not respond to a scheduled visit
  - o The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn
- Staff conducting care plan development and delivery have the necessary skills and competence
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Whether care/service planning tools reflect the needs of service user and the requirements of the funding programs/guidelines	
The skills, competencies, education and training of staff completing the care/service plans. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into care planning to meet their individual needs.)	
Completed care/service plans, including: • Timeliness of the care/service plan development following assessment • Involvement of the service user and/or representative • Completeness of the care/service plans, including whether signed and dated by the assessor and agreed with by the service user and/or their representative	

Standard 2: Appropriate Access and Service Delivery	
Expected Outcome 2.3: Care Plan Development and Delivery	
Areas to look at	**Quality reviewer notes**
• Extent to which the care/service plans identify services related to the assessment • Service user's goals/outcomes and strategies to achieve these • Arrangements for people with special needs • Strategies aimed at promoting functional independence, social inclusion and enhancing the service user's quality of life • Any equipment and/or aids to be provided and used (if required) • Role of the service provider and any other individuals or organisations providing services • Coordination of care and services with other service providers for service users with complex care needs • Process for ensuring service users and/or representative have received a copy of the plan and the effectiveness of the plans in informing service users about the services they will receive, how often and where they will be provided • Time frames for the review of the care/service plan	
Service agreements that include: • Services being offered to meet the service user's care needs • Circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn	
How service providers ensure that care/service workers: • Have appropriate skills and qualifications to deliver specified services • Are familiar with the care/service plan and know what services should be delivered to the service user • Record and report any problems that may have been observed or occurred during the care visit • Record reasons for not providing a particular service • Are meeting appropriate care and/or professional standards while delivering care to service users, particularly services involving clinical care, which may also be services specified in the Quality of Care Principles under the *Aged Care Act 1997* • Receive regular direct supervision by senior staff	
How care/service staff or contractors inform the service provider if changes are needed to the care/services being delivered.	
How service providers ensure that services delivered under brokerage/subcontracting arrangements meet their contractual requirements, including adherence to the Community Care Common Standards, funding program requirements and guidelines and ongoing reporting of service delivery activities and service user outcomes.	

Standard 2: Appropriate Access and Service Delivery	
Expected Outcome 2.3: Care Plan Development and Delivery	
Areas to look at	**Quality reviewer notes**
The procedures that are in place and processes that are followed in the event that a service user does not respond to a scheduled visit	
How service providers ensure that staff and/or contractors are delivering services as documented in the care/service plan	
Staff knowledge of care/service planning processes	
Service user perceptions of the care/service planning process and of their care/service plan	
Policies and procedures	
Some key program considerations: Packaged care: Any services to be provided that are specified services (for EACH and EACHD) are set out in the payment agreement between the service provider and the Department of Health and Ageing. EACH and EACHD clinical care is to be provided by a registered nurse (RN) or under the direct or indirect care of an RN or other professional appropriate to the service, and includes 24-hour on-call care provided by or under the direct supervision of an RN.	

Quality reviewer notes:

Expected outcome rating 2.3: Care Plan Development and Delivery:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement Opportunities:

Standard 2: Appropriate Access and Service Delivery

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

Expected Outcome 2.4: Service User Reassessment

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

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Monitoring and regularly reassessing service users' care needs, preferences, goals and outcomes
- Revising service user care/service plans as required
- Following the procedures for reassessment and care/service planning
- Making changes to service delivery in consultation with and explained to the service user and/or their representative
- Staff conducting service user reassessments having the necessary skills and competence
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
The period for regular reviews of service users (with consideration to program guidelines requirements) and the extent to which reviews are carried out	
The skills, competencies, education and training of staff completing the reassessment and care/service plans. (Note that EACH and EACHD service users generally have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into care planning to meet their individual needs.)	
Processes for monitoring the progress of service users and the need for out of period reviews. Service providers are generally expected to ensure that each service user's condition and circumstances are carefully monitored (especially EACH and EACHD service users who have more complex care needs) and any changes to care needs are recorded in the service user care record, such as: • A change in physical or mental health • Discharge home from hospital treatment including day procedures • Changed support from carer(s) and/or changed support arrangements	
Processes for scheduling and monitoring reassessments	
Processes for ensuring staff or contractors report any changes in service users condition or circumstances	

Standard 2: Appropriate Access and Service Delivery	
Expected Outcome 2.4: Service User Reassessment	
Areas to look at	**Quality reviewer notes**
Processes for informing service users about changes in service provision	
Service user files including: • Care/service plans • Service user care records • Reassessments • Revisions to care/service plans • Service user and/or representative input into the reassessment and revised care/service plans • Comprehensiveness of the reassessment • Appropriateness to service users' needs	
Arrangements for people with special needs	
Staff knowledge of monitoring and reassessment processes, as appropriate to their position	
Service user perceptions of the reassessment process	
Policies and procedures	
Some key program considerations: Packaged care: EACH and EACHD service users have complex care needs and the expectation is that a registered nurse and/or allied health professional would have input into the assessment and care planning to meet their individual needs. These packages are flexible in content; however, the expectation is that a package would include qualified nursing input, particularly in the design and ongoing management of the package and also where there are high-level complex care needs. CACP service users with complex care needs require a comprehensive assessment to identify their needs.	
NCRP: Carers and care recipients require reassessment of their care/service plans and needs periodically.	

Standard 2: Appropriate Access and Service Delivery
Expected Outcome 2.4: Service User Reassessment
Quality reviewer notes:

Expected outcome rating 2.4: Service User Reassessment:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 2: Appropriate Access and Service Delivery
Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.
Expected Outcome 2.5: Service User Referral
The service provider refers service users (and/or their representative) to other providers as appropriate.
Areas for follow-up during on-site visit (determined through desk review)
•
Practices and processes

- Facilitation of referrals and participation in the coordination of care with other service providers and agencies
- Compliance with referral and coordination processes contained in relevant State/Territory and Commonwealth legislation, where applicable
- Consideration of the needs of service user's representatives with referral to other service providers if needed
- Protocols between agencies to facilitate the referral of service users
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Links and protocols with other service providers	
Processes for ensuring the consent of service users or their representatives to referrals and to the sharing of information between agencies	
Coordination processes between agencies that ensure service user's needs are met including: • Information sharing (with consent from service user) • Case conferencing • Documenting of care responsibilities of other service providers in the service user care record • Provision of support for service users during the transition to other services • Participation in service provider networks (where they are established)	
Referral forms or other information on referrals, such as in service user care records	
Staff education, training and knowledge in referral processes	
Service user perceptions of the referral process	
Policies and procedures	

Standard 2: Appropriate Access and Service Delivery
Expected Outcome 2.5: Service User Referral
Quality reviewer notes:

Expected outcome rating 2.5: Service User Referral:	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 3: Service User Rights and Responsibilities
Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.
Expected Outcome 3.1: Information Provision
Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.
Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- The service provider compiling, reviewing and updating service user information giving consideration to service user needs and feedback and funding program requirements
- All service users and prospective service users being provided with information in formats appropriate to their needs throughout their contact with the service, including on first contact, during assessment, on service commencement, during reviews and on an ongoing basis, to ensure that the service user remains aware of their rights and responsibilities and has the opportunity to discuss the care and services they receive
- Consideration of special-needs groups
- Service users being consulted with and provided with a service agreement or offer that includes:
  o The services that could be offered to meet the service user's care needs
  o The circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn
- All service users being assisted to fully understand the information provided to them
- Staff/volunteers being aware of the information provided to service users and prospective service users
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Information provided to service users. This information is expected to include (but not limited to): • The Charter of Rights and Responsibilities for Community Care (and/or other program policy documents) • Services available • Service agreement • Assessment, care plan development and reassessment • Referral process • Services to be provided including when, amount and cost • Processes for changing services • Other relevant community services • Service fees policy • Internal and external complaints processes	

Standard 3: Service User Rights and Responsibilities	
Expected Outcome 3.1: Information Provision	
Areas to look at	**Quality reviewer notes**
• Privacy of information • Access to personal information • Advocacy • Other information relevant to the service	
Processes to ensure that every service user and prospective service user receives relevant information and a verbal explanation about service arrangements (e.g. responsible staff/volunteer positions, use of an intake check sheet, signature of service user to confirm receipt and explanation of information, notes in the service user care record, specified time frames, audits of service user records, service user surveys)	
Arrangements for people with special needs	
Review of service user files including: • Records of service users being provided with a copy of a service agreement • Records of the provision and explanation of information • Records of the update of information • User preferences and special needs in regards to information	
The availability of information in a variety of formats to meet service users' requirements (e.g. newsletters, videos, CDs, brochures, posters, web pages, information in other languages)	
Processes for reinforcing information for service users and/or their representatives	
Staff/volunteer knowledge of information provided to service users, as appropriate to their position	
Service user feedback on information provided	
Policies and procedures	

Standard 3: Service User Rights and Responsibilities
Expected Outcome 3.1: Information Provision
Quality reviewer notes:

Expected outcome rating 3.1: Information Provision	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 3: Service User Rights and Responsibilities
Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.
Expected Outcome 3.2: Privacy and Confidentiality
Each service user's right to privacy, dignity and confidentiality is respected including the collection, use and disclosure of personal information.
Areas for follow-up during on-site visit (determined through desk review)
•
Practices and processes

• Compliance with State/Territory and Commonwealth legislation regarding:
  o Collection, use and disclosure of personal information
  o Service users' rights to access their personal information
• Each service user's right to privacy, dignity and confidentiality being respected
• Consideration of special-needs groups
• Staff/volunteers being aware of and respecting service users' right to privacy
• Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes

Staff/volunteer education and training on the relevant requirements under State/Territory and Commonwealth legislation, such as:
• Appropriate processes and circumstances for obtaining verbal and written consent, including:
  o Prior to the release of personal information
  o For the release of personal information in an emergency situation and to meet the requirements of the quality review process access to service user information
  o Identification of who may give consent on the service user's behalf (authorised representatives)
  o The service user's right to withdraw consent to the release of personal information
  o The circumstances under which a request to gain access to personal information may be denied	

Understanding of the legislative requirements relating to 'health information', 'personal information' and 'sensitive information'	
Information provided to service users on their right to privacy and the process to ensure that this occurs	
Procedures for the appointment and verification of authorised service user representatives and the process for service users and/or their representative to access personal information	

Standard 3: Service User Rights and Responsibilities	
Expected Outcome 3.2: Privacy and Confidentiality	
Areas to look at	**Quality reviewer notes**
Service user consent to share documentation, including: • Completed consent forms • Details on who information can be released to • The type of information that can be released	
Arrangements for people with special needs	
Staff/volunteer knowledge of service user's rights to privacy as appropriate to their position	
Service user feedback on privacy	
Policies and procedures	

Quality reviewer notes:

Expected outcome rating 3.2: Privacy and Confidentiality	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 3: Service User Rights and Responsibilities
Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected Outcome 3.3: Complaints and Service User Feedback
Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Providing service users with information about the complaints and feedback processes
- Effective complaints management processes that include:
  - o Enabling service users to complain if they wish to
  - o Protection of service users' rights
  - o Recognition of service users with special needs
  - o Roles and responsibilities of staff/volunteers
  - o Timely responses
  - o Provision of feedback about each complaint to the complainant, and where appropriate staff/volunteers
  - o Assistance to service users to access external complaints process
  - o A complaints form
- Inclusion in the complaints process of all negative feedback from service users and inclusion in feedback processes of all positive feedback
- Ensuring complaints are dealt with without retribution to the complainant
- Ensuring service users (or their representatives) and staff/volunteers are aware of the complaints process
- Effectively recording, monitoring, collating and analysing complaints to identify trends
- Reporting complaints to board and/or management committee and/or senior executives on a regular basis informing them of action taken in response to complaints including changes/modifications to service delivery
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Process for managing complaints, including feedback to the complainant and timeliness of responses	
Process for ensuring that there is no retribution to complainants	
Information on complaints and feedback processes provided to service users and/or their representatives	

Standard 3: Service User Rights and Responsibilities	
Expected Outcome 3.3: Complaints and Service User Feedback	
Areas to look at	**Quality reviewer notes**
Complaints register (if available) and completed complaints forms, including: • Timeliness of responses • Action taken and appropriateness to the complaint • Feedback to the complainant • Complainant's satisfaction with the outcome of the complaint	
Arrangements for people with special needs	
Staff/volunteer education, training and knowledge in relation to the complaints/feedback processes, as appropriate to their position	
Results of the review and analysis of complaints information and service improvements resulting from complaints	
Reports to board and/or management committee and senior staff	
Service user knowledge of the complaints process and attitudes to complaining	
Policies and procedures	
Some key program considerations: Packaged care: The Aged Care Complaints Investigation Scheme is available to anyone who has a complaint or concern about an Australian Government–subsidised aged care service (residential or community care). NRCP: State and territory DoHA offices will look into any complaint or concern regarding the NRCP. Service users can contact either their state and territory office directly or through the Aged Care Information Line on 1800 500 853 or 1800 555 677.	

Standard 3: Service User Rights and Responsibilities
Quality reviewer notes:

Expected outcome rating 3.3: Complaints and Service User Feedback	☐ Not met ☐ Met
Summary of evidence for not met outcome:	
Required improvements:	
Improvement opportunities:	

Standard 3: Service User Rights and Responsibilities
Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected Outcome 3.4: Advocacy
Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes

- Providing service users with information about their right to an advocate of their choice
- Providing assistance to service users to access and use an advocate
- Staff/volunteers understanding the role of advocates and being able to work with an advocate
- Consideration of special-needs groups
- Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
The process for service users to access and use an advocate of their choice including forms	
Information on the right to an advocate that is provided to service users and/or their representatives including information on the role of an advocate and the process for involving an advocate (this may be provided as part of a general information pack for service users)	
Documentation related to service users who have used an advocate	
Arrangements for people with special needs	
Staff/volunteer education and training records in relation to advocacy that covers: • What an advocate is • The right of service users to use an advocate of their choice • The process for service users to use an advocate • Assisting service users to identify an appropriate person to act as an advocate • Working with advocates	
Staff/volunteer knowledge of advocacy as appropriate to their position	
Service user knowledge of their right to an advocate	
Policies and procedures	

Standard 3: Service User Rights and Responsibilities
Expected Outcome 3.4: Advocacy

Quality reviewer notes:

Expected outcome rating 3.4: Advocacy	☐ Not met ☐ Met

Summary of evidence for not met outcome:

Required improvements:

Improvement opportunities:

Standard 3: Service User Rights and Responsibilities
Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected Outcome 3.5: Independence
The independence of service users is supported, fostered and encouraged.

Areas for follow-up during on-site visit (determined through desk review)
•

Practices and processes
• Individualised assessment of service users including an assessment of their physical (including mobility and dexterity), social and psychosocial independence (including decision making), focusing on the service user's strengths and abilities • Provision of support in daily living activities that aims to consolidate and, where possible, improve the service user's existing capacity for independent living rather than building dependencies • Encouragement of and support for service users to seek support (when required) from family, community groups and others to foster their independence and inclusion in their community • Consideration of special-needs groups • Documented policies and procedures for these practices and processes

Areas to look at	Quality reviewer notes
Processes for ensuring that all service staff/volunteers support, foster and encourage service user independence and respect service users' rights to make decisions and choices about their lives	
Information on independence provided to service users and/or their representatives (this may be provided as part of a general information pack for service users), which may include information on a range of ways services users can support their own independence and on where and how service users can access aids and services that support their independence	
Service user assessments and whether these include the assessment of independence including: • Mobility and dexterity in activities of daily living • Maintaining adequate nutrition and hydration (the ability to source and prepare food) • Social networks including family and community links	

Standard 3: Service User Rights and Responsibilities	
Care plans/service agreements and whether they contain effective strategies to promote and foster service users' independence, such as: • Retraining in activities of daily living • Facilitating access to allied health services such as physiotherapy, occupational therapy and dieticians • Encouraging participation in local health-promoting activities • Strengthening social support including family and community links	
Records of induction and ongoing training of staff/volunteers in concepts of promoting and fostering independence while working with service users	
Arrangements for people with special needs	
Staff/volunteer knowledge with respect to supporting, fostering and encouraging service user independence	
Service user perceptions of whether independence is supported, fostered and encouraged	
Policies and procedures	

Quality reviewer notes:

Expected Outcome 3.5: Independence	
Expected outcome rating 3.5: Independence	☐ Not met ☐ Met
Summary of evidence for not met outcome:	
Required improvements:	
Improvement opportunities:	

Appendix 9:

Quality Review Report

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEW REPORT

Service outlet name and ID number(s):

Community care programs reviewed:

Date(s) of review:

Quality reviewer(s):

QUALITY REVIEWER GUIDE TO THE QUALITY REVIEW REPORT

Purpose: This document is used by the quality review team to document the performance of the service against each of the expected outcomes of the Standards. In addition, the quality review report details a summary of evidence to support the identification of required improvements and improvement opportunities.

Instructions: The quality review team completes the quality review report based on the assessment conducted during the on-site review visit, and provides the quality review report and summary of expected outcome ratings to the supervisory jurisdictional manager. Further details of the processes for quality reviewers are included in Appendix 1: Information for Quality Reviewers.

Note: If a 'not met' outcome is determined against one community care program but that outcome is met by another community care program, the quality review team documents this on the summary as, for example, 'Not met (CACP); met (HACC Program, NRCP)', to inform the supervisory jurisdictional manager.

SERVICE PROVIDER GUIDE TO THE QUALITY REVIEW REPORT

The **Summary of outcomes** demonstrates your service's achievement against each expected outcome within each Standard, as assessed during your recent quality review visit. Performance against the expected outcomes within each Standard are rated as either:

- Met the expected outcome, or

- Not met the expected outcome.

Depending on whether your service has met or not met the expected outcomes, you will be provided with documented improvements in the quality review report from the Quality Review Team who reviewed your service's operations, these being:

Required improvements (RIs): are improvements that you are required to implement to ensure that you comply with the expected outcome. They must be implemented within the time frame approved by the quality reviewers and included in your improvement plan.

Improvement opportunities (IOs): are improvement opportunities that you are encouraged to implement to improve your services in relation to the expected outcomes. We ask that you include them on your improvement plan, together with any other improvements you have identified that you have not yet implemented.

If no required improvements or improvement opportunities are identified in relation to a particular expected outcome, no information will be detailed against that expected outcome.

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEW REPORT

Summary of Outcomes (☑)

Standard	Outcome	Not met ☑	Met ☑	Standard	Outcome	Not met ☑	Met ☑
Standard 1	1.1		☑	Standard 2	2.1		☑
	1.2		☑		2.2		☑
	1.3		☑		2.3		☑
	1.4		☑		2.4		☑
	1.5		☑		2.5		☑
	1.6		☑	Standard 3	3.1		☑
	1.7		☑		3.2		☑
	1.8		☑		3.3		☑
					3.4		☑
					3.5		☑

Development of an Improvement Plan

Once you have received the quality review report from the quality reviewers, you are required to develop an improvement plan that details:

- The priority of the action

- Whether the improvement is a required improvement or an improvement opportunity (improvement opportunities can be identified through the on-site visit or may be identified by the organisation)

- The relevant expected outcome

- The improvement

- What the service intends to do to achieve the improvement (this may include several actions or tasks)

- Who is responsible for implementing the improvement

- The planned completion date

- The actual completion date (if the improvement has been completed).

This improvement plan needs to be returned to the quality reviewers within **10 working days** of receiving the quality review report. Following the receipt of the improvement plan, the quality reviewers will provide the service with an outcome letter detailing the agreed actions described in the improvement plan.

General Overview of Service Performance

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEW REPORT

Summary of Improvements

Standard 1 — Effective Management

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected Outcome	Required improvements (RIs) / Improvement opportunities (IOs)
1.1 Corporate Governance The service provider has implemented corporate governance processes that are accountable to stakeholders.	RI: IO:
1.2. Regulatory Compliance The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.	RI: IO:
1.3 Information Management Systems The service provider has effective information management systems in place.	RI: IO:
1.4 Community Understanding and Engagement The service provider understands and engages with the community in which it operates, and reflects this in service planning and development.	RI: IO:
1.5 Continuous Improvement The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.	RI: IO:
1.6 Risk Management The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.	RI: IO:
1.7 Human Resource Management The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.	RI: IO:
1.8 Physical Resources The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.	RI: IO:

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEW REPORT

Standard 2 – Appropriate Access and Service Delivery

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

Expected Outcome	Required improvements (RIs)/ Improvement opportunities (IOs)
2.1 Service Access Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.	RI:
	IO:
2.2 Assessment Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.	RI:
	IO:
2.3 Care Plan Development and Delivery Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.	RI:
	IO:
2.4 Service User Reassessment Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user's needs. Each service user's care/service plans are reviewed in consultation with them.	RI:
	IO:
2.5 Service User Referral The service provider refers service users (and/or their representative) to other providers as appropriate.	RI:
	IO:

COMMUNITY CARE COMMON STANDARDS | QUALITY REVIEW REPORT

Standard 3 – Service User Rights and Responsibilities

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

Expected Outcome	Required improvements (RIs) / Improvement opportunities (IOs)
3.1 Information Provision Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.	RI:
	IO:
3.2 Privacy and Confidentiality Each service user's right to privacy, dignity and confidentiality is respected including the collection, use and disclosure of personal information.	RI:
	IO:
3.3 Complaints and Service User Feedback Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.	RI:
	IO:
3.4 Advocacy Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access and advocate.	RI:
	IO:
3.5 Independence The independence of service users is supported, fostered and encouraged.	RI:
	IO:

Appendix 10:

Improvement Plan

COMMUNITY CARE COMMON STANDARDS | IMPROVEMENT PLAN

Purpose: *This document is used by the service provider to detail their planned improvements as identified through the quality review process and through their own organisational improvement processes. The improvement plan is used by the quality review team to determine that the service provider is addressing any required improvements identified in the on-site visit and implementing ongoing improvements.*

Instructions: *The service provider completes the improvement plan following the on-site visit and:*

- *Includes all of the required improvements and improvement opportunities in the improvement plan and any outstanding improvements identified in the self-assessment (that have not been completed) and returns it to the quality review team within **10 working days** after receipt of the quality review report*

- *Prioritises the improvements and allocates time frames for their completion; the quality review team may provide you with expected time frames for completion for required improvements, if deemed appropriate.*

The improvement plan is used on an ongoing basis to demonstrate the completion of improvements in your organisation to the relevant quality review area.

You will be required to submit an updated improvement plan annually and will be contacted 4 weeks prior to this update being due.

The quality review team:

- *Reviews the submitted improvement plan to ensure that it addresses the required improvements and time frames identified during the on-site visit*

- *Provides feedback to the service provider on their review of the improvement plan*

- *Maintains a copy of the improvement plan.*

Your priorities	RI or IO	Relevant expected outcome	Improvement	What we intend to do to achieve the improvement	Who is responsible	Planned completion date	Actual completion date
Priority 1							
Priority 2							
Priority 3							

COMMUNITY CARE COMMON STANDARDS | IMPROVEMENT PLAN

Your priorities	RI or IO	Relevant expected outcome	Improvement	What we intend to do to achieve the improvement	Who is responsible	Planned completion date	Actual completion date
Priority 4							
Priority 5							
Priority 6							
Priority 7							
Priority 8							
Priority 9							
Priority 10							
Priority 11							

COMMUNITY CARE COMMON STANDARDS | IMPROVEMENT PLAN

Your priorities	RI or IO	Relevant expected outcome	Improvement	What we intend to do to achieve the improvement	Who is responsible	Planned completion date	Actual completion date
Priority 12							
Priority 13							
Priority 14							
Priority 15							
Priority 16							
Priority 17							
Priority 18							