

# REVIEW OF THE ACCREDITATION PROCESS FOR RESIDENTIAL AGED CARE HOMES

## Response from Alzheimer's Australia

### Executive summary

Alzheimer's Australia (AA) believes that from a consumer perspective the main benefit of the current accreditation process is protecting consumers against under-performing residential care services. This process does not provide an indication of outcomes being achieved and as a consequence consumers have little information about how services are operating beyond minimum service levels. Nor does the process necessarily address the issues of most concern to residents and their family carers or representatives.

AA recognises the value of engaging the consumer in the accreditation process but questions whether the existing process is sufficiently rigorous or independent to get a real understanding of the perspectives of consumers. In summary Alzheimer's Australia envisages an approach that;

- Strengthens the existing accreditation process by having a more structured approach to consumer consultation; engaging the residents and their family carers more actively with the staff and the service provider.
- Establishes an additional and independent process through the Agency or some other means that would survey at intervals a proportion of residents and their families with a view to protecting confidentiality of respondents.

The present process does not do justice to the complexity and importance of the factors that contribute to resident satisfaction and to the concerns of the family carer. Alzheimer's Australia proposes that a new approach is needed to accreditation that;

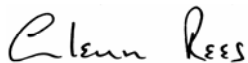
- Results in staff and consumer engagement and provides the consumers with the opportunity to input confidentially at intervals if they choose through an independent process;
- Is sensitive to the needs of people with dementia and their family carers;
- Results in consistent outcomes that can be reported to consumers in an accessible form;
- Achieves and highlights continuous quality improvement; and
- Achieves better quality of life outcomes for the residents and their family carers.

Such a system needs to be underpinned by quality of care and quality of life indicators. AA understands that the Department is committed to exploring the development of a set of quality indicators for residential aged care homes. Alzheimer's Australia requests the opportunity to be involved in the process of developing the quality indicators.

Until there is greater transparency in the outcomes being achieved unannounced spot checks will remain an essential part of gaining public confidence in residential care services.

Not every resident or their family carer may choose to be involved in the decision-making process. But, where residents or their family carers are interested they should be encouraged and assisted to participate in all aspects of decision making in the care home.<sup>1</sup>

Alzheimer's Australia starts from the position that good care creates positive outcomes for all concerned, including staff. Studies have indicated that the experiences of residents, staff and to some extent family members are interrelated. The accreditation process needs to be designed to ensure the full involvement of all the parties and the complexity of their inter-relationships and that information from the accreditation process is easily accessible to prospective residents.<sup>2</sup>



Glenn Rees  
CEO Alzheimer's Australia  
24 July 2009

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<sup>1</sup> *My Home Life – Quality of life in care homes*, A review of the literature, prepared for Help the Aged by the National Care Homes Research and Development Forum, 2007

<sup>2</sup> Boldy D, Davies S & Grenade L, *Quality of Life, quality of care and resident satisfaction in care homes*, *Journal of Care Services Management*, Vol. 1 No1, pp1-13.

## RESPONSE TO QUESTIONS

### 1. Self assessment

*Should approved providers have to apply for re-accreditation or should the accreditation body conduct a rolling program of accreditation audits, which ensures that each home is reassessed prior to their current period of accreditation running out (without the need for the approved provider to put in an application)? What are the advantages/disadvantages of the two approaches?*

*Should the provision of detailed self-assessment data continue to be a requirement of any application process? If so, why?*

*Would the removal of the requirement to provide self-assessment data on application create a more stressful accreditation site audit? If so, how might this be avoided?*

Accreditation should be a rolling program, including self assessment, accreditation audits and support visits as this supports the service provider to;

- Focus on a continuous improvement mechanism, ensuring ongoing maintenance of reporting systems and functions and providing consistent quality of care provision to the resident.
- Minimise peak / high resource utilisation timeframes that occur in the current system of re-accreditation.

The emphasis should be on continuous improvement in a service rather than stop and start assessment at different points. A rolling program will also minimise the impact for both residents and staff. There is a degree of cynicism among consumers about the cleaning, painting etc done when re-accreditation is about to occur.

### 2. Use of electronic information

*What problems, if any, have approved providers /services experienced in respect of accreditation audits and electronic records?*

*What are the current barriers to assessment teams utilising electronic records and how might these be overcome?*

No comment

### 3. Nomination of a member of the assessment team

*Should approved providers continue to be able to nominate a quality assessor as a member of the assessment team that will be conducting the site audit on their aged care home?*

*If yes:*

- *Why? How does this improve the assessment process?*
- *How can issues of perceived conflict of interest be managed?*

Service nomination of a member of the assessment team assists in supporting the team in familiarising itself with the service provider and also enhances consistency in approach.

However, nominated assessors who may have been the service provider's staff in the past would have a possible conflict of interest that needs to be managed by the Agency.

Additionally a service provider should be able to appeal an Agency appointed assessor that they do not wish to have as part of the audit team in the event they can provide evidence of previous issues of professional conduct or conflict.

#### 4. Skills of quality assessors

*Should the accreditation body have the flexibility to contract 'expert members', who are not quality assessors, to participate on an assessment team? If not, why not?*

*If yes, what sort of 'expert members' might be used and what safeguards, if any, would need to be put in place to maintain the integrity of the assessment process?*

*Should it be a legislative requirement for assessment teams conducting visits to high care facilities, or to low care facilities with a significant number of high care residents, to include a quality assessor who is a registered nurse?*

The skills required and the need for experts depends on the task to be performed. If there is to be greater consumer input and quality indicators around quality of life the skills required will be different. Contracted experts might add value if there was a particular focus on dementia care.

'Expert members', in addition to those from a nursing background who would be able to make significant contributions in identifying quality of life information for the residents could include; psychologists, diversional and occupational therapists, nutritionists, palliative care and pain management experts, DBMAS representatives, consumer advocates, and experts from an indigenous and CALD background.

Requirements of assessors around privacy and intellectual property should also be the same for an expert members used during the process.

#### 5. Announced site audits

*Should accreditation site audits be unannounced?*

*If not, why not? How can the public perception that announced site audits provide the assessment team with an inaccurate picture of a home's general performance be addressed?*

*If yes, what strategies need to be put in place to minimise disruption to staff and residents?*

*What strategies might the accreditation body use to encourage input to the accreditation site audit from residents and their representatives?*

*Should a home be able to nominate some 'black-out' days, during which the accreditation body will try to avoid scheduling a site audit? If not, why not?*

Announced site audits assist in ensuring that residents and their family carers are available 'on site' to participate in the audit mechanism.

Greater emphasis needs to be placed on meeting with residents and their family carers or representatives. This should be a significant part of the assessment process, not a secondary role to the process of examining documented evidence of policy and process. It is essential that assessors spend time being part of the organisations daily activities – that is observing the care and support of the resident.

Unannounced support contacts should continue only on a risk assessed basis as they offer the opportunity for observation and clarification of audit findings when a service is not 'performing'. They also respond to consumer concern that announced visits give the opportunity for cover up.

## 6. Consumer focus

*Does the current accreditation process allow for appropriate levels of consumer input? If not, why not? How might this be improved?*

*Should there be a minimum target set for consultations with residents and/or their representatives during visits to a home by the accreditation body? If so, what would be an appropriate number or percentage?*

*Should assessment teams seek to attend homes out of normal business hours? Would this increase opportunities for consultation with relatives/representatives?*

*Are there other strategies that may increase engagement with residents and/or their representatives?*

The current process allows for limited consumer input. Consumer input should be increased. The issue is how to achieve this increase in consumer input, given the nervousness that consumers exhibit in raising their concerns and the possible fear of retribution.

First AA suggests that the current process of engaging with the residents and their family carers or representatives be strengthened thus, maintaining the link between the resident and the staff and service provider. For the purposes of the onsite process 10per cent of residents or their representative if properly selected should be adequate.

The consultation process with the resident and their family carer or representative could be strengthened by;

- Increased time dedicated to resident or their family carers involvement during the audit process to better assess resident staff interaction
- Appointing consumer assessors who can relate with the residents or their family carers, ensure privacy and confidentiality and provide some independence in the selection of residents consulted;
- Actively encouraging residents and family representatives to have direct access to the Agency through:
  - Feedback on the comments they have made so they know the effort was worthwhile.
  - Making it possible for them to make contact with assessors if they cannot be available on site during an audit or have concerns about confidentiality.
  - Enabling them to talk to the Agency at any time.

Second, the onsite accreditation process is unlikely to capture all the issues of relevance to residents and their families. There is the need for an additional and independent process to gather consumer input and develop a profile of satisfaction from the perspective of the residents and their family carers.

AA suggests that an independent organisation or the Agency conduct a survey of all the residents and family carers of care homes. A regular structured survey questionnaire

based on quality of life performance indicators should be developed. This survey questionnaire will provide the residents and their family carers with an opportunity to provide their feedback /comments and raise their concerns about the quality of care and quality of life issues which are important to them. This survey should be independent of the onsite accreditation process but information gathered from the survey should feed into the overall accreditation process.

Feedback received from the survey should be confidential to the Agency. In the event of serious concerns being identified the Agency should take these up with the provider as part of the assessment process and include those residents or their advocates who are willing to take part.

The survey should be designed to address the resident's overall well-being, including levels of social activity, physical activity and health status that meet their personal need and expectation and should allow improvements of care to be measured and reported in feedback to consumers.

Quality of life and quality of care assessment in aged care residential facilities must focus on resident satisfaction as a key indicator. Resident input should be independent and complement the accreditation process. The resident and their care giver or representatives must be involved to identify what is important to residents.<sup>3</sup>

A significant proportion of residents in the aged care homes may not be physically or mentally capable of responding meaningfully to interviewers or completing questionnaires. Special considerations are essential in assessing quality of care for people with dementia. A solution may be to engage the main carer or a close family member in assisting/supporting the resident in this process.

## **7. Communication with residents about serious non-compliance**

*Should approved providers be required to organise a meeting with residents and their representatives to discuss incidences of non-compliance?*

*If so, should this be a general requirement for any non-compliance, or should it only apply where there is major non-compliance, for example, non-compliance with four or more expected outcomes, or non-compliance against specified outcomes?*

Providers should be required to convene meetings with residents and their family carers or representatives as part of the assessment process. This is an opportunity for consumer education, open communication and the ability for a service provider to demonstrate to the resident what issues have been identified and actions that have been or will be taken to rectify issues.

The information should also be disseminated via newsletters or email to enhance communication and engagement activity.

Communication is vital to support the continuing engagement of the resident and their family carer or representatives about changes in their 'home environment' and demonstrates a commitment to continuous improvement to the residents.

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<sup>3</sup> My Home Life – Quality of life in care homes

## 8. Confidentiality of sources

*Does the lack of confidentiality for staff act as a barrier to them providing frank information to the accreditation body?*

*Should the confidentiality protections provided in the Aged Care Principles for residents or their representatives be extended to all persons who provide information to the accreditation body?*

We think the answer to this is yes. Staff may well become aware of less than ideal practice but feel powerless to do anything about it.

## 9. Monitoring failures

*Is the current accreditation and monitoring regime for residential aged care homes effective in identifying deficiencies in care, safety and quality? If not, why not?*

*If the accreditation and monitoring regime was to be enhanced, what approaches should be adopted?*

*Should homes be required to collect and report against a minimum data set?*

It has been a change for the better in identifying underperforming homes.

We support the introduction of quality indicators as argued elsewhere in this submission.

## 10. Reconsideration, review rights and offences

*Should decisions only be appealable to the Administrative Appeals Tribunal if they have already been subject to reconsideration by the accreditation body?*

*Should the accreditation body be able to undertake 'own motion' reconsideration of decisions in certain circumstances?*

No comment

## 11. Reporting of accreditation decisions

*Is the current way in which audit reports and decisions are published adequate? If not, why not?*

*Should audit reports and decisions of the accreditation body that are subject to reconsideration or review be made publicly available prior to the finalisation of the review process? If not, why not?*

*Should approved providers be required to provide residents and carers with access to reports and decisions of the accreditation body?*

Assessment outcomes should not be black and white, but more of a sliding scale so that residents and their family carers have a clearer idea of the standing of the facility relative to other facilities and to its previous assessment. In this way there would be a greater element of comparative reporting.

Service providers should be required to provide and support access to the reports and decisions of the accreditation body – this information should be publicly accessible in hard copy in the facility to residents and their family carers or representatives and other interested parties such as prospective residents.

## 12. Distinction between various types of visits

*Are the current distinctions between different types of visits conducted by the accreditation body appropriate? If so, why? If not, why not?*

No comment

## 13. Provision of industry education by the accreditation body

*Is it problematic for the accreditation body to provide education to industry?*

*If not, why not? What are the benefits of the current approach?*

*If yes, what are some alternate models for providing education to industry?*

*Does there need to be another source of advice for industry, besides the accreditation body, about issues in respect of accreditation and improving performance? If so, what would be an appropriate source for such advice?*

We have no objection in principle provided that it is clear that the education is focussed on accreditation and not specialist care skills and that it is clear to all that undertaking such education with the Agency does not give a provider inside running in the accreditation process. There are other agencies including peak service providers, Dementia Training Study centres and Alzheimer's Australia who provide quality education and training.

## 14. Period of accreditation

*Should there be a maximum period of accreditation specified in the legislation?*

*Should homes that have sustained compliance with the Accreditation Standards over a number of years be rewarded with a longer period of accreditation?*

*Are there other means of rewarding good performance?*

Accreditation should not be longer than 5 years even for consistently high performers as changes in management can lead to quite rapid changes in performance.