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Community Service
Organisation Registration
Standards External
Quality Assurance Reviews

Resources and Tools Kit

Australian Healthcare Associates

Community Service Organisations Quality Assurance Review Information Kit

A guide to the quality assurance review process



Australian Healthcare Associates

This information kit has been developed by Australian Healthcare Associates (AHA) as a reference for Community Service Organisations (CSOs) funded by the Children, Youth and Families Division of the Department of Human Services (DHS) to provide Family Services and Out of Home Care services. The kit provides information to assist CSOs with their preparation for the external quality assurance review to be conducted by AHA and details the onsite review and reporting processes.

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Background

1 BACKGROUND

The Victorian government has implemented a formal quality assurance review process under the *Children, Youth and Families Act 2005* (The Act) which applies to community service organisations (CSOs) providing Family Services and Out of Home Care. This legislation became effective as of April 2007. The Department of Human Services (DHS) requires CSOs to comply with a set of performance standards (Registration Standards). The Registration Standards set the minimum expected standards for client care and support and to promote consistent quality of services.

The registration cycle requires CSOs to conduct two internal reviews against the Registration Standards and undergo an external review against the standards every three years. The eight Registration Standards apply equally to Family Services and Out of Home Care Services. However, some performance criteria are service specific.

Australian Healthcare Associates (AHA) has been engaged by the Department of Human Services Children, Youth and Families Division, as one of two quality assessors, to conduct external quality assurance reviews of organisations against the Registration Standards. This is the second round of external reviews AHA has been involved in.

Section 2: CSO Registration Standards

2 CSO REGISTRATION STANDARDS

The Registration Standards, documented within the Act, are comprised of eight core standards, they are summarised in *Table 2-1*. Each standard includes:

- a statement of rationale
- practice outcomes
- one or more associated performance criteria.

Detailed information about the Registration Standards, performance criteria and specific requirements to demonstrate your organisation's compliance can be found in the Department of Human Services *Evidence Guide for Registered Community Service Organisations – Family and Out of Home Care Services (January 2011)*.

The Guide lists the mandatory requirements that must be fulfilled to meet each standard. To meet each performance criteria within a standard, CSOs must provide evidence to demonstrate they are addressing each of the following evidence categories:

- Approach
- Understanding
- Action
- Feedback.

The Guide includes evidence *examples* that can be used to demonstrate that each applicable performance criterion and evidence category has been met and a list of useful resources for each standard to assist CSOs in meeting the Registration Standards.

Table 2-1 Summary of the CSO Registration Standards

CSO Registration Standards	
Standard	Performance Criteria
Standard 1: <i>The CSO has the leadership and management capacity to provide clarity of direction, ensure accountability and support quality and responsive services for children, youth and their families.</i>	1.1 Governance
	1.2 Strategy and planning
	1.3 Financial viability
	1.4 Information systems
	1.5 Contract management
Standard 2: <i>The CSO promotes a culture which values and respects children, youth and their families, carers, staff and volunteers.</i>	2.1 Culturally competent and inclusive practice
	2.2 Service responsiveness
	2.3 Complaints and allegations management
	2.4 Information sharing
	2.5 Information accessibility
	2.6 Private space

Section 2: CSO Registration Standards

CSO Registration Standards	
Standard	Performance Criteria
Standard 3: <i>Staff, carers and volunteers support positive outcomes for children, youth and their families.</i>	3.1 Staff/carer/volunteer competency
	3.2 Staffing and recruitment
	3.3 Pre-employment and pre-placement checks
	3.4 Training and development
	3.5 Supervision, performance, monitoring and review
	3.6 Occupational Health and Safety
Standard 4: <i>The CSO creates a welcoming, safe and accessible environment, which promotes the inclusion of children, youth and families.</i>	4.1 Service environment
Standard 5: <i>The CSO promotes the safety, stability and development of children and youth.</i>	5.1 Safe and nurturing environment
	5.2 Promoting development
	5.3 Promoting stability, connectedness and resilience
	5.4 Inclusive practice in the best interests of the child and youth
Standard 6: <i>The CSO strengthens the capability of parents, families and carers to provide effective care.</i>	6.1 Building capability
	6.2 Family connectedness
Standard 7: <i>The CSO provides responsive services to support the best interests of children and youth.</i>	7.1 Children, youth and family involvement
	7.2 Assessment
	- Planning
	7.3 Action
	7.4 Responding to cultural diversity
	7.5 Respecting Aboriginal children and youth's cultural identity
	7.6 Care and placement management
	7.7 Preparation for returning to home
7.8 Preparation for leaving care	
Standard 8: <i>The CSO creates an integrated service response, which supports the safety, stability and development of children and youth.</i>	8.1 Collaboration
	8.2 Timely support
	8.3 Access
	8.4 Prioritisation and demand management

Section 3: Pre-Review Procedures

3 PRE-REVIEW PROCEDURES

3.1 Letters of Introduction and Pre-review and Scoping Questionnaire

All funded agencies will receive a letter of introduction from AHA that briefly outlined the process to be adopted for the external quality assurance reviews against the Registration Standards, as well as a pre-review and scoping questionnaire. The letter will also include the following AHA contact information:

- 1300 788 667 telephone number that CSOs can call with any queries they may have in relation to the process
- CSO Quality Assurance Reviews Project Resources website. Information regarding the process, review tools and documents are available from AHA's website: www.ahaconsulting.com.au
- Email: csoexternalreview@ahaconsulting.com.au

A copy of the Letter of Introduction can be found at Appendix 1

3.1.1 Pre-review questionnaire

The pre-review and scoping questionnaire is to be completed by the CSO prior to the review. Organisations are requested to return the completed questionnaire to AHA, as soon as possible as the questionnaire will provide AHA with essential information about each CSO and will assist the reviewers to plan the review visit.

The information requested in the pre-review and scoping questionnaire includes:

- funded registered activities
- service delivery outlets/residential units
- overarching information on how outlets are managed by the funded organisation
- overarching information on contract arrangements (if applicable)
- baseline staffing information
- client, carer and volunteer numbers
- standards and performance criteria for which mutual recognition is being sought (if applicable)

3.2 Funded Agency Information Sessions

AHA will invite all CSOs to attend an information session. Information sessions will be scheduled to occur throughout the review period to ensure organisations requiring an external review later in the review period have the information provided to them in an appropriate timeframe. Those CSOs scheduled for an external review during 2011 will be invited to attend the first information session to be held in August 2011. Organisations requiring an external review later in the review period will be invited to attend an information session closer to their review time. The purpose of the information sessions are to:

Section 3: Pre-Review Procedures

- inform CSOs of the quality assurance review processes, procedures and timelines utilised by AHA
- remind CSOs of the eight Registration Standards, performance criteria and categories of evidence required to demonstrate compliance
- provide an opportunity for CSOs to ask questions and offer feedback on the quality assurance review process.

3.3 Notification of External Review

External quality assurance reviews of CSOs have been scheduled to commence in **September 2011** and must be completed by the end of **June 2013**. (Please note that the introduction of the DHS Service Standards will impact CSO's due for review after June 2012) All funded agencies should have received written notification of their scheduled review time from DHS' Children, Youth and Families Division in July 2011.

AHA will telephone each CSO to confirm the date/s for of the onsite review. During this contact, AHA will confirm all agency contact and address details provided by DHS and explain the pre-review processes.

The department requires that the external review includes a CSO's main site/head office, service delivery outlets and residential units (where applicable). The number of outlets visited will depend upon the complexity and size of the organisation and its service delivery sites. The number of service delivery outlets to be visited and subsequent number of days involved will also be confirmed at this time.

The first stage of the external review will be conducted at the CSO's **head office** and will be conducted over **one to two days** as required. If service delivery occurs from the head office, this will involve full assessment against all the Registration Standards (Standards 1-8). If no service delivery occurs from the head office site, partial assessment against the Registration Standards will occur (Standards 1-4).

Each additional **service delivery outlet** will usually be visited. The duration of the visit will be between **half to one day** at each outlet. This will involve partial assessment against the Registration Standards (Standards 5-8).

The number of **residential units** to be visited is determined using the following scale:

Where the organisation has:

- 1-5 residential units = 2 units will be visited
- 6-10 residential units = 4 units will be visited
- More than 10 residential units = 6 units will be visited.

If the agency has more than one office that manages residential units, the formula is applied to each office **not** to the agency as a whole.

The duration of the visit to each residential unit will usually be no more than **half a day**. This will involve partial assessment against the Registration Standards (Standards 5-8).

Section 3: Pre-Review Procedures

Following telephone contact, a letter confirming the details of the onsite review will be sent to your organisation with a pre-review pack.

3.4 Pre-Review Pack

The pre-review pack will include:

- Confirmation letter
- Review Checklist
- Review Agenda (proposed)

A copy of each of these documents can be found at Appendix 2.

3.4.1 Confirmation letter

The *letter* included with this pack will:

- confirm the date/s, location/s and duration of the onsite review
- confirm the names of the reviewers
- provide contact details to enable the CSO to contact AHA with any questions or queries
- request that the CSO compile and submit a de-identified list of client files
- request that the CSO schedule carer/volunteer interviews (where applicable)
- request that the CSO provide contact details of external stakeholders, including representatives from the relevant ACCO, Integrated Family Services Alliance and DHS
- request that the CSO provide AHA with a copy of their most recent Internal Review Report and Action Plan.

List of Clients

The review process includes auditing of client records. To enable a random selection of records to be made, each CSO is required to compile and submit a de-identified list of clients that were active within the last **12 months**¹.

This list should not contain any information that could identify an individual. However, the list *should* identify the service delivery types, or outlets from which the client received services. This will enable AHA to select a separate sample of records for each service type/outlet to review at the site visit.

We will provide you with the list of clients that have been selected for review **prior** to the site visit.

The list of clients must be submitted to AHA ***no later than three weeks prior to your first site visit date.***

¹ Further details of the method used to calculate the number of client, staff and carer/volunteer records to be audited can be found in Figure 4-2 in the next section of this document.

Section 3: Pre-Review Procedures

List of Staff, Carers, Volunteers

The review process includes auditing of staff, carer and volunteer records. To enable a random selection of records to be made, each CSO is required to compile and submit a de-identified list of staff, carers and volunteers.

This list should not contain any information that could identify an individual. However, the list *should* identify the service delivery types or outlets with which the staff, carer or volunteer is affiliated. This will enable AHA to select a separate sample of records for each service type/outlet to review at the site visit. The assessors will review a minimum of **five** staff, carer and volunteer carer files **per location**. For small CSO's with less than five staff/carers/volunteers all files will be reviewed.

We will provide you with the list of staff, carer, or volunteer records that have been selected for review **prior** to the site visit.

The list of staff, carers or volunteers must be submitted to AHA ***no later than three weeks prior to your first site visit date.***

Carer/Volunteer Interviews

The review process includes receiving feedback from carers and volunteers, where applicable. CSOs will need to arrange for carers and volunteers to attend a focus group on the day/s of the review². It is anticipated that each focus group would be no longer than **30 minutes** duration.

Internal Review Report and Action Plan

CSOs are required to submit their most recent Internal Review Report and Action Plan to AHA prior to the site visit.

Submission of the completed Internal Review Report and Action Plan (Access Database) prior to the site visit enables the assessors to familiarise themselves with the organisation's systems and processes and better plan the site visit.

The Internal Review Report and Action Plan must be submitted to AHA ***no later than three weeks prior to your first site visit date.***

3.4.2 Review Checklist

A Review Checklist is provided with the pre-review pack. The Review Checklist itemises key documents that CSOs should ensure are available to the reviewers at the time of the review. It should be noted however that the list is ***not*** intended to be an exhaustive list and should be used as a guide only to assist your preparation for the external review. (All documents and evidence listed in the CSOs latest Internal Review should be available for the reviewers.)

² Further details of the requirements for stakeholder consultation can be found in Figure 4-3 in the next section of this document.

Section 3: Pre-Review Procedures

3.4.3 Review Agenda

The Review Agenda sets out proposed timeframes for review activities across the day/days. This includes the entry meeting, interviews with management, staff, carers and other stakeholders (where applicable), documentation review, breaks, and the exit meeting.

Assessors take a flexible approach to the *sequence* of events during the external review to accommodate the CSO and minimise any disruption to the organisation. Although the *order* of events in the proposed agenda can be changed, it is essential that the *period of time* allotted for assessors to review documentation and conduct record reviews is maintained.

Should the proposed agenda present any difficulties, CSOs are encouraged to contact AHA prior to the review date and/or discuss changes with the assessors at the entry meeting.

3.5 Pre Review Procedures

Prior to visiting each CSO, an analysis and assessment of all available information will be conducted. This process will include review of:

- the pre-review questionnaire completed by the organisation
- the most recent Internal Review Report and Action Plan
- any other relevant information about the CSO provided by DHS.

The above analysis will provide a sound basis for the conduct of the site visit and help to minimise the intrusiveness of the onsite review process.

Section 4: Review Site Visit

4 REVIEW SITE VISIT

The CSO onsite review will be undertaken by two of AHA's team of highly experienced assessors. The 'two assessor' approach is designed to minimise disruption to organisations. Our goal is that the review process is a positive, practical and beneficial experience for each organisation. The review process is structured to be collaborative in nature, and focuses on acknowledging good practice and encouraging quality improvement and the development of sustainable quality systems.

The review site visit will include the following key steps.

4.1 Entry Meeting

The entry meeting provides the opportunity to:

- introduce key staff
- explain the review site visit process, including our collaborative and quality focused approach
- confirm details contained in pre-review questionnaire
- confirm the proposed agenda and establish timeframes for the remainder of the day/s, including interviews with management and board members, key staff, carers (where applicable), volunteers, and meal breaks
- confirm standards and performance criteria for which mutual recognition is being sought (where applicable).

Figure 4-1: Mutual Recognition

Where a CSO is seeking **mutual recognition** of other registration requirements and accreditation processes the most current and final report by the external assessor that demonstrates the CSO has met the mapped performance criterion *must* be provided at the onsite review to evidence this.

Where the report evidences that the CSO has been externally assessed as meeting the mapped performance criterion, they are deemed to have met the Registration Standards of the Children, Youth and Families Act. In this case, the reviewers will *not* need to seek any further evidence relating to that performance criterion.

Similarly, where the CSO can demonstrate that they have been assessed as meeting each mapped performance criterion in a standard they are deemed to have met the Registration Standards of the Children, Youth and Families Act and the reviewers will *not* need to seek any further evidence relating to that standard.

However where a performance criterion is **partly met** through mutual recognition, reviewers **would** seek supplementary information to evidence compliance.

Section 4: Review Site Visit

4.2 Determining Compliance

Assessors consider all relevant supporting evidence in order to determine a CSOs compliance with each of the Registration Standards and performance criteria. Potential evidence sources include:

- review of documentation
- interviews with management, staff, carers and other stakeholders (where applicable)
- observation of the physical environment.

4.2.1 Documentation Review

Documentation Review may include review of written material such as:

- **Information documents:** brochures, pamphlets, booklets, newsletters – provided to clients, carers, volunteers and other stakeholders
- **Documents used by staff/volunteers:** policies, procedures, work instructions, guidelines, memos, newsletters
- **Forms/tools used by staff/volunteers:** may include intake, screening and assessment, planning, referral, financial, attendance – (forms/tools should be associated with a policy/procedure)
- **Records maintained by CSOs:** client records, personnel records, carer records, volunteer records, training, complaints, incident/accident, meeting minutes
- **Reports:** quality, financial, complaints, previous quality assessments/accreditations (see Figure 4-1), reports provided to Board/Committees, results of surveys/feedback.

All documentation detailed in the Internal Review Tool should be available for the review team.

File Audits

File audits are an integral part of the documentation review process and provide an opportunity to confirm that the CSOs policies and procedures are implemented in practice. Therefore, assessors will review a sample of client, staff, carer and volunteer (if applicable) records during the visit to assist in reviewing a CSO's compliance with the Registration Standards.

Client File Audits

A sample of client records is required from registered family services, home based care and residential care files (as applicable). The client file sample size to be audited by the reviewers will be determined by applying the equation used in the Review Tools/Checklists developed by DHS. This process is detailed in Figure 4-2.

As previously noted in Section 3.4, CSOs are required to submit a de-identified list of clients who received services within the last 12 months. This list should not contain any information that could identify an individual. However, the list should identify the service delivery type and/or outlet from which the client received services. This will enable AHA to select a separate sample of records for each area/location to review at the site visit.

Section 4: Review Site Visit

AHA will provide the CSO with the list of client records that have been selected for review **prior** to the site visit. The de-identified list of clients must be submitted to AHA ***no later than three weeks prior to your first site visit date.***

Please note that assessors do not record any identifying information when conducting the file review other than a file reference number or initials. This is to enable the assessors to nominate the file in question if following up any queries/identified gaps in information with the CSO during the review.

*The CSO will therefore need to keep a list which **does** identify the records provided for review to answer any questions assessors may have about particular records in the sample.*

Figure 4-2: Calculating Sample Size

The sample size is based on the square root of the total number of client records (targets), plus 1 (a minimum of five files should be reviewed).

Example 1

If the total number of client records in a single service delivery area is 225 the sample size is the square root of 225 plus 1. i.e. $15 + 1 = 16$

Example 2

If the total number of client records altogether is 225 and these are variously located in 4 separate service areas or from 4 different service types, the sample size is still the square root of 225 plus 1 (=16). The difference here however is that a proportionate number of records should be randomly selected from each area depending on the number of records held at each site or delivery area.

For example, if area A held 125 records, area B held 50 records and areas C and D each held 25 records the number of records randomly selected from each area would be:

Site A 9 records

Site B 3 records

Site C 2 records

Site D 2 records

TOTAL 16 records

Please note for CSO's that are Child FIRST providers there will be some changes to how proportion of files are selected – this will be discussed with individual CSOs.

Review of Staff, Carer, and Volunteer Records

Assessors will seek to review a minimum of **five** staff, carer and volunteer files **per location**. That is, there should be a separate sample of records made available for review for each service delivery area or location. If there are less than five staff, carers or volunteers in a location, reviewers will seek to audit all files at that location.

Section 4: Review Site Visit

4.2.2 Stakeholder Interviews

Interviews enable information to be obtained verbally from a range of relevant stakeholders.

Interviews also provide a means of corroborating written evidence. For example, Standard 2.3: Complaints and allegations management, performance criterion a. requires that “the CSO demonstrates the use of a complaints management system that meets the needs, expectations and rights of complainants and informs policy and practice.”

The assessors would review any relevant written information outlining these processes. For example, policies, procedures, client information, complaints records, or staff training records may **indicate**:

- the CSO's *approach*
- systems used to promote *understanding*
- *action/implementation* strategies and
- *feedback/evaluation* processes to ensure complaints information is used to improve services.

However, the assessors would also interview relevant stakeholders to **confirm** that that they are aware of and understand these procedures, the complaints mechanism is accessible to clients and other stakeholders and implemented in practice. Assessors would also seek verbal confirmation that this information is used to improve services.

DHS has prescribed requirements for interviewing the following stakeholders:

- Board Members
- Aboriginal Community Controlled Organisation (ACCO) with which the CSO is affiliated
- Integrated Family Services Alliance or other partner agencies
- DHS representatives
- Chief Executive Officer (CEO)
- Managers at each layer of management
- Representatives from other internal programs
- Service delivery staff
- Carers/volunteers.

The requirements for consultation with Board Members, ACCOs, Family Service Alliance and DHS representatives are applicable to all CSOs. Whereas the scope of consultations with other listed stakeholders are determined by the organisation's EFT. These requirements are detailed in Table 4-1.

Board Members and Management Interview

A group interview will be scheduled with Board Members and the management team as part of the entry meeting, where agreed with the CSO, as per the proposed agenda. Board/Committee of Management representation should include the Chair, Treasurer and two other members. This interview will assist the reviewers to understand the organisational structure and how the CSO operates. It will also provide an opportunity to elicit information relating to all pertinent areas of the Registration Standards.

Section 4: Review Site Visit

It is estimated that approximately **one hour** should be allowed for the entry meeting at a head office or single site organisation. However this is a guide only as the actual time required will depend on the size and complexity of the organisation. It is anticipated that subsequent entry meetings at service delivery outlets or residential units would be of shorter duration.

Staff Interviews

Staff will be interviewed by the assessors using a focus group approach. Where a full review is being conducted staff interviews will be scheduled for early afternoon. Where the site visit is of shorter duration, for example at residential units, staff interviews will be scheduled within the allocated time. A proposed agenda will be forwarded prior to the review and confirmed in consultation with the CSO. Details of the agenda will be reconfirmed at the entry meeting on the day of the review. It is anticipated that the group interview would not exceed **45 minutes** duration.

Staff are **not** required to undertake any specific preparation for the group interview. The assessors will ask staff members to introduce themselves and explain their role in order to identify relevant questions to be asked of the interviewee. The assessors will seek information from staff to demonstrate their knowledge of the CSO's policies and procedures which relate to the Registration Standards and are relevant to their role.

Interviews with staff from other internal programs which cross-refer will also be required.

Carer/Volunteer Interviews

Carers/volunteers will be interviewed by the assessors using a focus group approach. CSOs will be required to arrange for carers and volunteers to attend a focus group on the day/s of the review. It is anticipated that each focus group would be no longer than **30 minutes** duration.

Confirming a suitable time to hold the focus groups will be left to the discretion of the CSO in consultation with carers to minimise any inconvenience to participants. However the CSO is asked to inform AHA of the scheduled time and number of participants, once these details have been confirmed.

Interviews with External Stakeholders

Assessors are also required to interview and/or arrange telephone interviews with a range of external stakeholders including representatives from the regional ACCO, Integrated Family Services Alliance or other partner agencies and DHS.

These interviews may be scheduled by AHA to occur off site prior to or after the on-site review.

The following table describes the requirements for stakeholder consultation as per departmental guidelines.

Section 4: Review Site Visit

Table 4-1: Stakeholder Consultation Requirements

Stakeholder Consultation	
Applicable to all CSOs	<p>Requirement</p> <ul style="list-style-type: none"> - 3 to 4 Board Members including the Chair, Treasurer and two others - One representative from ACCOs (per region) - 1 -2 representatives from each Integrated Family Services Alliance or other partner agencies (per region) - 1 -2 DHS representatives (per region)
EFT	<p>Requirement</p>
1-10 EFT	<ul style="list-style-type: none"> - CEO - the Manager (or equivalent) for each of the programs/sites/units under review - 1 - 2 representatives from other internal programs (which cross refer) - all service delivery staff - 4 - 6 carers/volunteers
11-50 EFT	<ul style="list-style-type: none"> - CEO - 1 - 2 Managers from <u>each layer of management</u>, representing all programs/sites/units under review and all relevant corporate/operational functions - 2 – 4 representatives from other internal programs (which cross refer) - 7 – 10 service delivery staff - 7 – 10 carers/volunteers
51-100 EFT	<ul style="list-style-type: none"> - CEO - 1 - 2 Managers from <u>each layer of management</u>, representing all programs/sites/reviews under review and all relevant corporate/operational functions - 4 – 6 representatives from other internal programs (which cross refer) - 10 – 15 service delivery staff - 10 – 15 carers/volunteers
101 plus EFT	<ul style="list-style-type: none"> - CEO - 2 – 4 four Managers from <u>each layer of management</u>, representing all programs/sites/reviews under review and all relevant corporate/operational functions - 4- 6 representatives from other internal programs (which cross refer) - 15 – 20 service delivery staff - 15 – 20 carers/volunteers

Section 4: Review Site Visit

4.2.3 *Observation of the physical environment*

Observation of processes and the physical environment will be used to corroborate verbal and/or written evidence. A number of standards have performance criterion concerning the physical environment. These include:

- Standard 1, Performance Criteria 1.4: Information Systems
- Standard 2, Performance Criteria 2.6: Private Space
- Standard 3, Performance Criteria 3.6: Occupational Health and Safety
- Standard 4, Performance Criteria 4.1: Service environment
- Standard 5, Performance Criteria 5.1: Safe and nurturing environment

In addition to the CSO describing processes to ensure these criteria are met and reviewing the related policies and procedures, the assessors would request to tour the premises to confirm all associated requirements are met.

An inspection of the physical environment will be conducted at all sites visited by the assessors.

4.3 Applying Compliance Ratings

Evidence is generally considered to be more reliable when it is confirmed by more than one process or piece of information. Assessors therefore seek evidence from a combination of these sources (document review, interview and observation) to corroborate information.

In determining a CSOs degree of compliance, assessors consider the relevance, reliability and adequacy of the evidence provided against performance criteria as explained in the *Evidence Guide for Registered Community Service Organisations – Family and Out of Home Care Services (January 2011)*.

A CSO must be able to provide evidence to demonstrate it is meeting **each** category of evidence (approach, understanding, action and feedback) in order for the *performance criteria* to be met.

Once all *performance criteria* have been assessed, a rating can be applied to the related *standard*. A *standard* is rated as met when **all** performance criteria within the standard are met.

Once the assessors have considered and analysed all relevant evidence they will determine whether the CSO is meeting the performance criteria and Registration Standards using the following rating system:

Section 4: Review Site Visit

Met	<i>Where the requirements of the registration standards/performance criteria are satisfied by the CSO's arrangements and practices in a sustainable manner AND there is sufficient evidence of systematic actions, understanding, feedback and approach.</i>
Part Met	<i>Where the CSO's arrangements and practices go some way toward meeting the requirements of the standards/performance criteria and the evidence categories, however are in some way incomplete, ineffective, inappropriate or unsustainable.</i>
Not Met	<i>Where the CSO's arrangements and practices do not meet all the requirements of the standards/performance criteria. This would occur where systems and processes are not devised and implemented to address the matters raised by the standards.</i>

The assessors employ a collaborative approach and will discuss findings with the CSO and explain the reasons for decisions where there are any identified gaps. Assessors will also advise of any action that is required to fully meet the standard. However, the CSO will be given the opportunity to provide additional/alternative information for consideration by the assessors at the time of the visit where the information initially provided is not deemed adequate to evidence compliance.

The assessors may also recommend action where the standard is rated as 'met'. These recommendations are optional and are offered to support the CSOs quality improvement processes.

In keeping with the principles of natural justice, the CSO will be fully informed of the ratings for each of the applicable standards and performance criteria to be reported, at the time of the assessment. This will include a clear explanation of the associated reasons.

4.4 Exit Meeting

The purpose of the exit meeting is to:

- Confirm the review findings
- Advise of the resulting compliance ratings
- Discuss areas where recommended actions to achieve full compliance with the Standard/s are being made
- Discuss areas where (optional) recommended actions to promote continuous quality improvement are being made
- Explain the reporting process and associated timeframes
- Inform the CSO of the complaints and appeals process
- Address any additional questions or concerns the CSO may have in relation to the review or post review reporting
- Discuss the Post Review Agency Survey
- Complete a Review Confirmation Form.

The exit meeting will be conducted at the conclusion of the last day of the external review. However, where a review involves a number of days at different sites a brief and informal overview of progress to date will be provided at the conclusion of each day.

Section 5: Post-review Documentation & Reporting

5 POST- REVIEW DOCUMENTATION AND REPORTING

5.1 External Review Report

Immediately following the onsite review, the reviewers will finalise the draft External Review Report and Action Plan for each CSO.

AHA is required to complete the same Access Database used by CSOs for Internal Reviews, enabling the action plan to be developed from the database. In addition AHA reports will also include:

- An executive summary
- An overview of the of the agency and its local context
- A list of all sites reviewed including: addresses, EFT per activity, number of files audited and interviews conducted for each category of stakeholder consultation
- An overview of the standards for which the CSO has claimed mutual recognition and the evidence provided to support the claim
- A summary of de-identified feedback
- Aggregate data in relation to the client and staff file audits
- A summary of the strengths and opportunities for improvement for each standard
- A comparison of the organisations Internal Review and Quality Assurance Review Performance Summary Data
- Separation of the Performance Summary Data for Out of Home Care and Child and Family Services where a CSO delivers both services
- Separate tables outlining action items required to meet the standards and those items related to continuous improvement
- State wide and regional findings for multi-region/multi-catchment CSOs and/or findings per site
- For part met or not met standards, details of the evidence the CSO would have been required to demonstrate in order to be assessed as met.

AHA will submit the draft report and completed review tool to the CSO within **two weeks** (10 working days) of the review. The CSO will then have **two weeks** (10 working days) to review the report and completed review tool and provide any comments or feedback to AHA.

AHA will then provide the CSO and the Children, Youth and Families Division with the Final External Review Report and Action Plan, and review tool. AHA is required to provide a final report to the Children, Youth and Families Division within **six weeks** of completing the External Review.

5.2 Post Review Survey

Once the final version of the External Review Report and Action Plan has been completed and accepted by the CSO, the organisation will be asked to complete an evaluation form. Completion of the evaluation form provides an opportunity for the CSO to provide valuable feedback about their

Section 5: Post-review Documentation & Reporting

experience of the External Quality Assurance Review program and their level of satisfaction with AHA's performance.

Results from the evaluation forms will be utilised by AHA to monitor our performance and identify any opportunities for improvement, to ensure the external review experience is of maximum benefit for all agencies. AHA will regularly report a summary of the evaluation results to DHS.

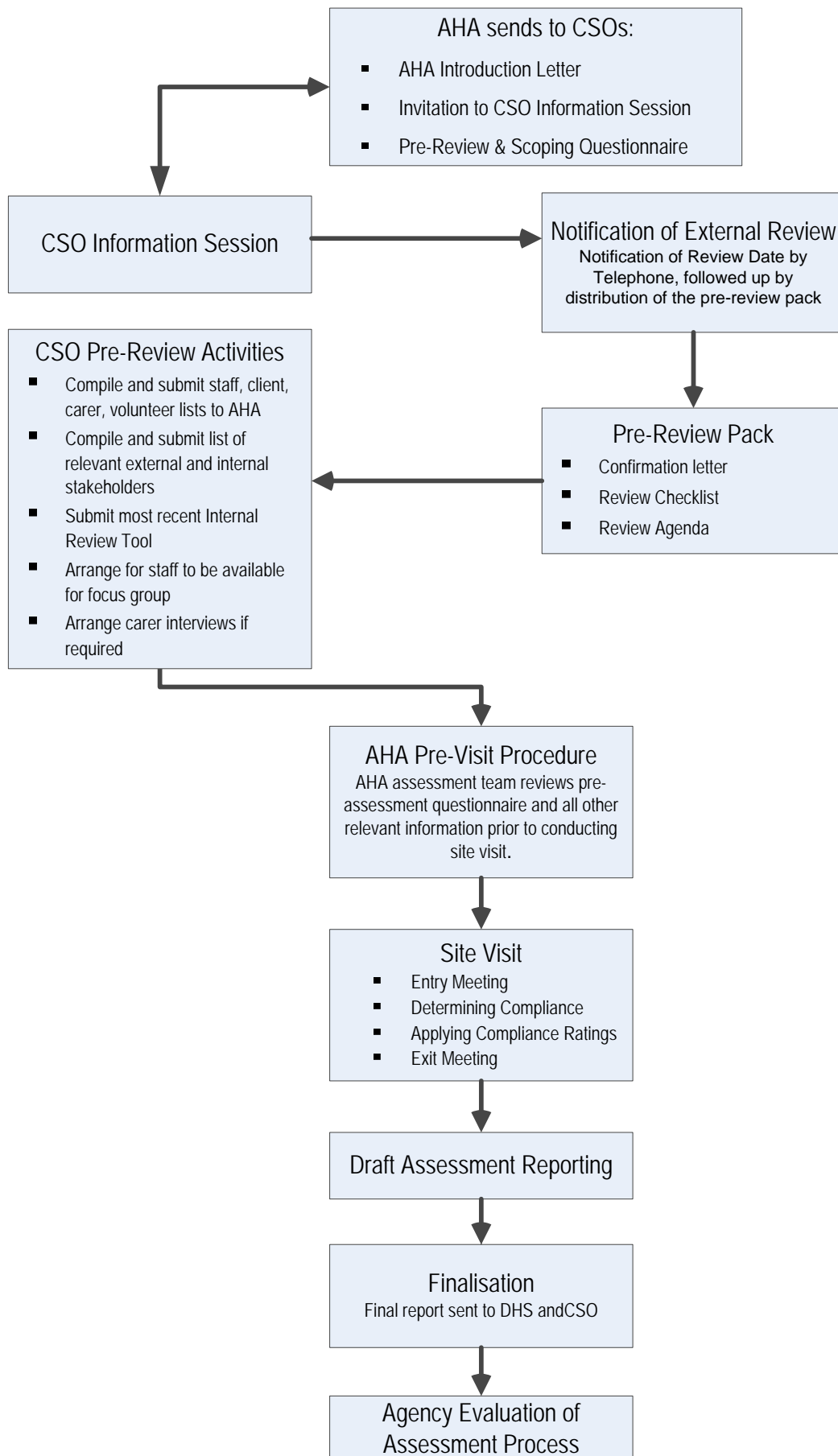
The results will also be used to inform the evaluation of the External Review process, to be completed by all external reviewers at the end of this round of reviews.

A copy of the Evaluation Form can be found at Appendix 3.

The flowchart at *Figure 5-1* illustrates the processes described within Sections 3, 4, and 5 of this guide.

Section 5: Post-review Documentation & Reporting

Figure 5-1: External Review Process



Section 6: AHA Code of Conduct

6 AHA CODE OF CONDUCT

AHA reviewers are bound by a Code of Conduct which includes:

- Behaving in a professional manner in all dealings with stakeholders
- Declaring any conflict of interest prior to the review site visit. This would include any interest which impacts, or potentially impacts on a reviewer's ability to perform the role for which they have been contracted fairly and objectively.
- Commitment to ensuring the review site visit is conducted in an objective, transparent and collaborative manner.
- Ensuring that the review is conducted in a timely manner by adherence to specified timeframes for completion of the process.
- Ensuring that post review reporting occurs within the specified timeframes.
- Maintaining confidentiality of all information (written and verbal) obtained during the review other than where required to provide information for reporting purposes to AHA and DHS.
- Not identifying individuals other than where required to provide information for reporting purposes to AHA and DHS.
- Ensuring all documentation pertaining to a CSO is securely stored.

Section 7: Contacting Australian Healthcare Associates

7 CONTACTING AUSTRALIAN HEALTHCARE ASSOCIATES

Should you have any queries in relation to the CSO External Quality Assurance Review program, please do not hesitate to contact Jessica Small of Australian Healthcare Associates by:

- Telephone – 1300 788 667 (cost of a local call) or 03 9663 1950
- E-mail – csoexternalreview@ahaconsulting.com.au
- Website – www.ahaconsulting.com.au

Information regarding the process, review tools and documents are available from AHA's website. The CSO Quality Assurance Reviews Project pages will contain all assessment tools and documents available to download, and information regarding the process. This information will be available from August 2011.

Section 8: Complaints and Appeals

8 COMPLAINTS AND APPEALS

All CSOs will be advised of the Complaints and Appeals procedure during the information sessions and at the conclusion of the review site visit.

Complaints may be made about the conduct of the external review and may relate to any aspect of the review process and/or the conduct of the reviewer or other AHA staff. CSOs can also appeal against the findings of the review. The related complaints and the appeals processes are detailed in this section. Details of the external appeals process are also provided. The external appeals process should be utilised when a CSO is dissatisfied with the internal complaints and/or appeals process. The external appeals process should be utilised when the CSO has concerns regarding the process/es used by AHA to deal with the complaint/appeal.

8.1 Complaints Procedure

AHA acknowledges that there may be occasions where a CSO may wish to express concern regarding the conduct of an external review. The concern/s may relate to any aspect of the review process and/or reviewer conduct. In these circumstances the following procedure applies.

Complaints can be lodged as a hard copy letter or electronically via email. Where a CSO lodges a complaint by telephone in the first instance, AHA will attempt to resolve the issue to the complainant's satisfaction at that time. Where resolution is achieved a record of conversation is documented, and the complaint considered to be finalised. Where resolution cannot be achieved, the complainant will be directed to document their concerns, either on the complaints form or in a letter, and submit this information via email to enable further investigation. Upon receipt of the complaint:

1. Receipt of the complaint is recorded in the Complaints/Appeals Register.
2. Details of the complaint are documented on a Complaint Record.
3. Acknowledgement of receipt of the complaint is sent to the CSO within 24 hours via email. This communication will also advise that AHA will attempt to investigate and respond to the organisation within 14 days and seek resolution within 28 days.
4. AHA will notify the parties who are the subject of the complaint within 48 hours of receipt of the complaint and request their feedback within 7 days.
5. The matter will be investigated by the AHA Quality Director. The Quality Director may liaise with the CSO via teleconference as required. Following completion of the investigation AHA will respond to the CSO in writing. Where the CSO does not make contact with AHA within 14 days, of the date of the letter, the complaint will be considered as having been resolved to the complainant's satisfaction.

AHA's response will be recorded on the Complaint Record and the complaint will be finalised on the Complaints Register.

Section 8: Complaints and Appeals

6. An extension of the above timeframe will only be considered where the CSO contacts AHA within the 14 day timeframe and provides valid reasons as to why the timeframe should be extended. The revised timeframe will be agreed during this communication.

AHA will advise DHS of the complaint and AHA's subsequent response at the next scheduled meeting.

As the overall aim of the assessment process is to aid CSOs in their ongoing development of quality systems and process, we would anticipate that the majority of complaints or appeals will be resolved using the internal processes detailed above. However, where a complaint cannot be resolved to the satisfaction of the funded agency, AHA will direct the agency to the **External Appeals** mechanism.

8.2 Appeals Procedure

AHA acknowledges that there may be occasions where a funded agency does not agree with the findings of the assessment. The appeals procedure is structured to support resolution prior to the finalisation of the External Review Report by implementing the process detailed below.

8.2.1 Draft Report Queries

Each CSO receives a draft External Review Report within 10 working days of the review site visit. The CSO is advised at this time that they have five working days to respond, with any feedback regarding errors or inaccuracies in the report. An extension to this timeframe will only be considered where the CSO contacts AHA during this period and provides valid reasons as to why the timeframe should be extended. The revised timeframe will be agreed during this communication.

CSOs can query or challenge review findings during this time by telephone or by submitting their request as a hard copy letter or electronically via email. Where a CSO initiates a query by telephone in the first instance, AHA will attempt to answer the query to the caller's satisfaction at that time. Where the caller is satisfied that their query has been addressed, a record of conversation is documented, and the matter considered to be finalised. Where this cannot be achieved, the caller will be directed to document their concerns and submit this information via email. That is, the CSO should clearly outline in writing the information within the draft report that they are querying. Upon receipt of a query or challenge to the assessment findings:

1. Receipt of the query is recorded in the Complaints/Appeals Register.
2. Details of the query are also documented on a Complaints Record.
3. Acknowledgement of receipt of the query is sent to the CSO within 24 hours via email. This communication will also advise that AHA will investigate and respond to the organisation within 10 working days.
4. Where the query requires assessor input, AHA will notify the assessor/s within 48 hours of receipt and request their feedback within five days. Where the query does not require assessor input, AHA will follow up the query and respond to the CSO at the earliest opportunity within the 14 working days. AHA may liaise with the organisation, via telephone, as required during this process.
5. Where assessor input is required, AHA will respond to the CSO following receipt of the assessor/s feedback. Where the CSO does not make contact with AHA within 14 days, of the

Section 8: Complaints and Appeals

date of the letter, the finalised External Review Report is forwarded to the organisation and AHA's response will be recorded on the Query/Complaint Record.

6. An extension of the above timeframe will only be considered where the CSO contacts AHA within the 14 day timeframe and provides valid reasons as to why the timeframe should be extended. The revised timeframe will be agreed during this communication.

AHA will advise DHS of the query and AHA's subsequent response at the next scheduled meeting.

Where a CSO is not satisfied with AHA's response to their query they are directed to the **Internal Appeals** mechanism.

8.3 Internal Appeals Procedure

The internal appeals process applies in circumstances where a CSO has queried or challenged review findings contained in the draft report and have not been satisfied with AHA's response. Where the CSO therefore wishes to appeal the final report and recommendations they are directed to lodge an Internal Appeals form which can be accessed on AHA's website. Upon receipt of the completed Internal Appeals form:

1. Receipt of the appeal is recorded in the Complaints/Appeals Register.
2. Details of the appeal are also documented on a Complaints/Appeals Record.
3. AHA acknowledges receipt of the appeal via email and informs the CSO that decision making will occur within 14 days.
4. The matter will be reviewed by an AHA Quality Director who was not involved in the original external review or report writing.
5. The Quality Director may liaise with the CSO via teleconference or in person where deemed appropriate.
6. The CSO will be notified of the outcome of the appeal, in writing within 14 days of the appeal being lodged.

AHA will advise DHS of the appeal and AHA's subsequent response at the next scheduled meeting.

Where a CSO is not satisfied with AHA's response to their appeal they are directed to the **External Appeals** mechanism for the matter to be reviewed an independent external party.

8.4 External Appeals Process

The external appeals process applies in circumstances where a CSO is dissatisfied with the handling of a complaint or internal appeal lodged with AHA. This process is intended to address instances where a complainant is **dissatisfied with AHAs handling** of an internal complaint or appeal.

Section 8: Complaints and Appeals

However appeals regarding **review findings** cannot be addressed via this mechanism. Where a CSO is dissatisfied about the outcome of an internal appeal about review findings, they will be referred to DHS.

The following process for lodging an external appeal applies:

1. The CSO completes and submits an External Appeals form, which is available from the AHA website.
2. The External Independent Party will notify AHA that an appeal has been received. AHA will in turn notify DHS that an External Appeal has been lodged.
3. The External Independent Party will investigate the CSO's concerns and advise the organisation of the outcome of the appeal, in writing, within 14 days from receipt of the External Appeals Form. The External Independent Party will also notify AHA of the outcome at this time.

AHA will advise DHS of the independent external party's findings when the results are known.

The details of all complaints and appeals received will be documented in the Complaints and Appeal Register. The nature and status of complaints and appeals received will be regularly reported to DHS. A copy of the Register will be provided to DHS at any time upon request.

Section 9: Frequently Asked Questions

9 FREQUENTLY ASKED QUESTIONS

Q. When will my organisation be assessed?

A. *External quality assurance reviews of CSOs have been scheduled to commence September 2011 and must be completed by the end of June 2013. All funded agencies will have received written notification of their scheduled review time frame from DHS' Children, Youth and Families Division in July 2011. It should be noted however that the planned introduction of the Department of Human Services Standards may impact on the conduct of reviews after June 2012.*

AHA will telephone each CSO following the information session to confirm the date/s for of the onsite review.

Q. My organisation provides Family Services/Out of Home Care Services from more than one service delivery site. Will AHA conduct an assessment at each outlet?

A. *The department requires that the external review includes a CSOs main site/head office, service delivery outlets and residential units (where applicable). The number of outlets visited will depend upon the complexity and size of the organisation and its service delivery sites. The number of service delivery outlets to be visited and subsequent number of days involved will also be confirmed when AHA contacts your organisation. (Refer to Section 3.3 of this guide for further detail).*

Q. Does my organisation need to submit a copy of our most recent internal review to AHA?

A. *Yes. CSOs are required to submit their most recent Internal Review Report and Action Plan to AHA prior to the site visit. Submission of the completed Internal Review Report and Action Plan prior to the site visit enables the assessors to familiarise themselves with the organisations systems and processes and better plan the site visit. The Internal Review Report and Action Plan must be submitted to AHA no later than three weeks prior to your first site visit date.*

Q. My organisation has been found part met/not met. Will AHA be following up with my organisation to help me meet the Registration Standards?

A. *AHA is one of the organisations contracted to conduct the External Quality Assurance Review program. We will identify, in consultation with CSOs, recommendations for action to achieve full compliance with the Registration Standards. We will not, however, be assisting agencies to carry out the recommended actions.*

CSOs may be able to receive support and/or feedback related to their progress in addressing compliance requirements from their regional Quality Enhancement Officer or Program and Service Advisor.

Q. My organisation was found to have met all Registration Standards. Can we claim to be "accredited" and publicise the fact that we achieved full compliance?

A. *The External Quality Assurance Review program is a compliance and quality improvement process rather than an accreditation process.*

Section 10: Glossary of Terms

10 GLOSSARY OF TERMS

Action Plan	Identifies actions to be taken, by whom and by when, to achieve a goal or objective. Can form a part of a continuous improvement program.
AHA	Australian Healthcare Associates
Assessment	A process of holistically identifying individualised client service needs.
Board/Committee	Representatives or officials responsible for governance or supervision of an agency.
Client	Any individual accessing CSO services.
Collaboration	To work jointly or cooperate with others.
Complainant	Individual lodging a complaint
CSO	Community Service Organisation
Complaint	An expression of dissatisfaction or concern with something. May be expressed verbally or in writing through a formal process or as part of other feedback.
Consent	To give permission or agree.
DHS	Department of Human Services
Documented	Recorded information – may be done so using a variety of media. For example, written, entered on a database, recorded.
Evidence	Information that provides confirmation or proof; substantiates or corroborates
External Appeal	Request submitted to an external party for review of the process utilised by AHA where an agency is dissatisfied with the outcome of an internal appeal or a complaint.
FS	Family Services
Governance	The framework of systems and processes that guide direction and management of an organisation. Elements include but are not limited to; setting and achieving organisational objectives, risk management and maximising and measuring organisational performance.
Head Office	The main premises or central base from which the CSO operates
Internal Appeal	Request submitted to AHA to reconsider a decision relating to a site visit assessment findings.
Management Team	May include members of the senior executive of an agency, management staff and Board/Committee members
OoHC	Out of Home Care Services
Outlet/site	A location from which funded services are provided by the organisation
Policies	Statements of intent, providing guidance related to the expected standard to be achieved, based on regulatory and contemporary practice. Policies should address the rule, rather than how to implement the rule.

Section 10: Glossary of Terms

Process	Incorporates the steps, people and materials to complete an activity or task.
Procedures	Provide the 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.
Risk	The chance of something happening that will have a negative impact. It is measured in terms of consequences and likelihood.
Stakeholder	Any person or organisation that the CSO has dealings with including: ACCHOs, other CSOs, DHS State office, staff and clients.
System	A number of interrelated processes.
Timeframe	A period of time during which something takes place or is projected to occur.



13 July 2011

Contact Person

Position

Organisation

Postal Address Line 1

Postal Address Line 2

Suburb State P/Code

Dear Contact Person

Community Service Organisation Registration Standards External Review

The Department Human Services recently advised you that Australian Healthcare Associates (AHA) has been appointed to conduct the CSO Registration Standards external review for your organisation. The external reviews are to be completed by 31 December 2011.

AHA Experience

AHA is recognised as leaders in independent quality assessment and improvement. As you may be aware, AHA was one of the external review agencies who conducted CSO Registration Standards External Reviews in 2009-10. In addition to this experience, we bring to this program several years of experience in managing and conducting major quality assessment programs for Australian and state governments. Over the last seven years we have conducted quality assessments of:

- Approximately 150 Family Relationships Service Program (FRSP) funded organisations across Australia
- Approximately 900 Home and Community Care (HACC) service providers across various states and territories
- Disability service providers funded by the Department of Human Services (DHS).

External Review Process

AHA employs a collaborative, quality improvement focused approach to the assessment of service providers' compliance with quality standards. Our goal is that the external review process should be a positive, practical and beneficial process for your organisation.

The following briefly outlines the key steps in the CSO Registration Standards external review process:

- *Information Session for Service Providers*

AHA will invite all organisations to attend an information session prior to the conduct of the site visit. The purpose of the information session will be to familiarise you with AHA's approach to conducting the external reviews, and associated pre-review and reporting processes. Attendance is not compulsory but is strongly recommended.

The information session will be held on Wednesday 3 August 2011.

- *Notification of Date of External Review Site Visit*

You have previously advised DHS of a preferred time period for the conduct of your external review. An AHA representative will contact your organisation by telephone to arrange a date for the site visit by our assessors, as close as possible to your preferred time period.

You will be phoned to arrange the dates for your site visit.

- *Site Visit*

The site visit will be conducted by two experienced AHA quality assessors. Depending on the size and complexity of your organisation, the duration of the site visit at your organisation's head office or main outlet will be between one and two days. If your organisation has additional service outlets and residential units, additional site visits will be required and no more than one day will be spent at these additional sites.

CSO Support

AHA will provide the following resources to support CSOs to prepare for the external review:

- 1300 788 667 telephone number that service providers can call with any queries they may have in relation to the process
- CSO External Reviews Project Resources website. This will contain all supporting assessment documents available to download, and information regarding the process. This information will be available from the end July on AHA's website at www.ahaconsulting.com.au

AHA Team Members

AHA team members are:

- *Norma Currie, Project Director* – responsible for day-to-day management of the program and will also conduct external review site visits
- *Jo Lacy (Team Leader), Margaret Lett, Helen Cashin, Heather McPhee, Glenda Hall, Leah Kane, Mary Norman, Maree Kulkens and Rebecca Bradshaw, Assessors* – experienced quality and compliance assessors who will conduct the external review site visits
- *Jessica Small, Project Coordinator* – will coordinate all administrative aspects of the program, including arranging information sessions and review site visits.

What Now?

- Please register your attendance for the information session by Friday 22 July 2011
- Please complete and return the pre-review questionnaire by Wednesday 3 August 2011. This pre-review questionnaire will assist with scheduling the reviews and planning the review agenda.

We look forward to working together with you and your staff throughout the external review process.

Yours sincerely

AUSTRALIAN HEALTHCARE ASSOCIATES



Norma Currie
Director

PLEASE COMPLETE ALL EMPTY BOXES AND AMEND ANY INCORRECT DETAILS				
FUNDED ORGANISATION NAME	<input type="text"/>			
POSTAL ADDRESS	<input type="text"/>	LOCALITY	<input type="text"/>	VIC <input type="text"/>
POSTCODE	<input type="text"/>			
MAIN SITE ADDRESS	<input type="text"/>		TOWN	<input type="text"/>
PRIMARY CONTACT	<input type="text"/>		POSITION	<input type="text"/>
ALTERNATE CONTACT	<input type="text"/>		POSITION	<input type="text"/>
CONTACT DETAILS	TELEPHONE	FACSIMILE	MOBILE	E-MAIL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF PERSON COMPLETING FORM	<input type="text"/>			
DATE FORM COMPLETED	<input type="text"/>			

This questionnaire, unless otherwise specified, relates only to your Community- based Child and Family Services and Out of Home Care CSO Registered Activities, not any other programs or services you may provide.

We estimate that this pre-review questionnaire should take approximately 15 minutes to complete.

Please email your completed form to Australian Healthcare Associates (AHA) at csoreview@ahaconsulting.com.au or fax to 03 9663 1950 (Attn: Jessica Small).

If you require assistance in completing this form please telephone Jessica Small at our office on 1300 788 667 (cost of local call)

CSO Registered Activities provided (please tick)			
Community-based Child and Family Services		Out of Home Care Services	
Aboriginal Family Services	<input type="checkbox"/>	Home Based Care – Adolescent Community Placement	<input type="checkbox"/>
Integrated Family Services	<input type="checkbox"/>	Home Based Care – Complex	<input type="checkbox"/>
Integrated Family Services – Indigenous	<input type="checkbox"/>	Home Based Care – General	<input type="checkbox"/>
Parenting Assessment and Skills Development Services	<input type="checkbox"/>	Home Based Care – Intensive	<input type="checkbox"/>
Early Parenting Centres -PASDS	<input type="checkbox"/>	Home Based Care – Kinship Care	<input type="checkbox"/>
Early Parenting Centres	<input type="checkbox"/>	Home Based Care – Therapeutic Foster Care	<input type="checkbox"/>
Placement Prevention Programs (including families first) <ul style="list-style-type: none"> ▪ ICMS ▪ Family Preservation Services ▪ Innovative support 	<input type="checkbox"/>	Residential Care	<input type="checkbox"/>
	<input type="checkbox"/>	Residential Care – Case Management	<input type="checkbox"/>
	<input type="checkbox"/>		
Current Annual Funding for CSO Registered Activities			
Years Providing CSO Registered Activities			
Catchment Area/s			
Other Services Provided by your organisation (e.g. FSP, HACC, Disability, Child & Maternal Health etc.)			
Involvement in Projects/Programs e.g. regional alliances/collaborations, community involvement, innovative programs, pilot programs etc.			
Other Accreditation/Quality Programs e.g. ISO, QIC, HACC, HASS, Quality Reporting, Disability, FRSP, Other			
Mutual Recognition of Mapped Standards Please list standards/performance criteria for which mutual recognition is being sought			

B. STAFFING/CARER/VOLUNTEER PROFILE

During the assessment we will seek to verify your work practices and/or documented systems, against each relevant CSO Registration Standard and Performance Criteria. The assessors will therefore access a minimum of **five** staff/carer/volunteer files at each location. That is, there should be a separate sample of files available for review for each service delivery area or location. If there are less than five staff/carer/volunteer files in a location, reviewers will seek to view **all** files at that location.

1.	How many staff does your organisation employ?	_____	Comments
2.	How many staff are involved in service delivery for CSO Registered Activities, including administrative staff, intake & assessment workers etc.?	_____	
3.	How many volunteers are involved in CSO service delivery?	_____	
4.	How many carers are involved in CSO service delivery?	_____	
5.	Please describe the role of the volunteers in CSO service delivery.	_____	



Date

Name

Position

CSO Name Address

Locality VIC Post Code

Dear **First Name**

**COMMUNITY SERVICE ORGANISATION REGISTRATION STANDARDS
EXTERNAL REVIEW – CONFIRMATION OF SITE VISIT**

As discussed, your agency's external review details are as follows:

External Review Dates	Type of Visit	Location	Assessors
«AssessmentDate»	Head Office/Additional Outlet/Residential Unit	Site Suburb/Address	«AssessorName» «AssessorName»

The assessors will arrive at your head office at 9am on «AssessmentDate». The external review will take place over <<Number>> days. Each subsequent site visit will commence at 9am, unless alternative arrangements are made. We would appreciate the use of a desk for the duration of the onsite review.

Preparing for the External Review

Prior to the external review, the following steps will need to be undertaken:

- 1. List of Client Records** – please compile a de-identified list of clients, who have received services in the last 12 months. This list should not contain any information that could identify an individual. However, the list should identify the service delivery types and/or outlets from which the client received services. Based on the list you provide to AHA, we will select a sample of records we will wish to view at the site visits. We will provide you with this list prior to the onsite review.
- 2. List of Staff, Carer and Volunteer Records** – please compile a de-identified list of staff, carers and volunteers. This list should not contain any information that could identify an individual. However, the list should identify the service delivery types and/or outlets with which the staff, carer or volunteer is affiliated. The assessors will review a minimum of **five** staff, carer and volunteer carer files **per location**.
- 3. List of other relevant stakeholders** – both internal and external stakeholders. This might include Alliance members or other partner agencies, the ACCO your agency has a partnership with, representatives from other internal programs.

Please refer to page 16-18 of the CSO External Review Resources and Tools Kit for further information about the stakeholders required to be interviewed.

4. **Carer Interviews** – the review process includes receiving feedback from carers. You will need to arrange for carers to attend a focus group on the day/s of the review. It is anticipated that the focus group would be no longer than 30 minutes duration. Agencies should aim to arrange the following numbers of carers to attend:

Size of agency (no. EFT)	Number of carers to be interviewed:
1 – 10 EFT	4 – 6 carers
11 – 50 EFT	7 – 10 carers
51 – 100 EFT	10 – 15 carers
101 + EFT	15 – 20 carers

5. **Submit your most current version of your Internal Review Tool to AHA.**

To assist your preparation for the external review, we also attach an **External Review Document Checklist** – this specifies the documents which should be available for the assessors during the review process.

Onsite Review

We offer our assurance that, at all times, we will adopt a professional approach and will take all possible steps to minimise any disruption for you and your staff arising from the review program.

1. On our arrival, we will conduct an entry meeting during which we will explain the external review and reporting process. This meeting also provides an opportunity for the Board and senior management interview to be held. This entry meeting normally lasts approximately one hour.
2. Our assessors will conduct a review of relevant documents, will review client and staff files, interview staff, carers, other internal stakeholders and tour the premises.
3. Our assessors will conduct file audits of the predetermined sample of staff files and client records.
4. Our assessors will then work together with you to assess your performance against each of the registration standards.
5. At the conclusion of the external review we will discuss our findings with you. You may wish to invite a representative from your Board/Committee of Management to be present at this exit interview.

The Report

A draft report will be provided to you within two weeks of the final site visit.

Benefits of the External Review

It is our objective that the external review should be a positive process for your agency. Benefits from the review for your agency include:

- A comprehensive report, providing an independent appraisal of your CSO services, prepared by a highly experienced and professional assessor
- Confidence that your agency is meeting its responsibilities regarding services funded under the *Children, Youth and Families Act 2005*.
- Constructive advice, where appropriate, on potential areas for improvement.
- The opportunity for you to comment on the registration standards and external review process, providing direct input to ongoing development in these areas.

What Now? - Summary of Your Next Steps

Prior to your review visit, please *complete* the following four (4) steps:

1. Compile a de-identified list of client records, and return to AHA
2. Compile a de-identified list of staff, carer and volunteer records, and return to AHA
3. Compile a list of other external and internal stakeholders to be interviewed
4. Submit your most current Internal Review Tool to AHA.

These documents should be received by AHA no later than three weeks prior to your first site visit date.

Return Details

Email to: csoreview@ahaconsulting.com.au

Post to: AHA – Locked Bag 32005, Collins Street East, Vic 8003

Fax to: 03 9639 4459

We thank you for your cooperation and look forward to meeting with you on «**AssessmentDate**». If you have any questions prior to our visit, please telephone Jessica Small on (03) 9663 1950 or 1300 788 667 (cost of a local call).

Yours sincerely

AUSTRALIAN HEALTHCARE ASSOCIATES



Norma Currie
Director

Attachments

1. Review Checklist
2. Proposed Agenda

CSO Review Agenda – Main Site

Funded Agency:

Review Address:

Contact Name:

Assessors:

Review Dates:

Day 1

Time	Activity
9.00am – 10.00am	Entry Meeting with Board and management representatives, including CEO
10.00am – 12.15pm	Tour of facility Assessors review documentation Carer interviews (if applicable)
12.15pm – 1.00pm	Lunch
1.00pm – 3.00pm	Staff interviews – focus group Carer interviews (if applicable) Interview/s with staff from other internal programs File audits
3.00pm – 5.00pm	Assessors review documentation

Day 2

Time	Activity
9.00am – 12.15pm	Remaining file audits completed Staff/carers interviews completed Interview/s with staff from other internal programs completed
12.15pm – 1.00pm	Lunch
1.00pm – 4.00pm	Documentation review Assessors collate information and prepare findings
4.00pm – 5.00pm	Exit Meeting

Please indicate whether any amendments to this proposed agenda are necessary.

Scheduling of carer interviews should be arranged to occur at the most convenient time for carers and your agency.

The assessment team will confirm this agenda at the entry meeting on the day of the assessment.

CSO Review Agenda – Additional Outlet

Funded Agency:

Review Address:

Contact Name:

Assessors:

Review Dates:

Time	Activity
9.00am – 9.30am	Entry meeting
9.30am – 10.30am	Tour of facility File audits
10.30am – 12.30pm	Staff interviews Carer interviews (if applicable) Interview/s with staff from other internal programs Assessors review documentation
12.30pm – 1.00pm	Exit meeting

The time required for the additional outlet site visit *may be extended as needed*, depending on the number of funded activities and staff located at this site.

Please indicate whether any amendments to this proposed agenda are necessary.

Scheduling of carer interviews should be arranged to occur at the most convenient time for carers and your agency.

The assessment team will confirm this agenda at the entry meeting on the day of the assessment.

CSO Review Agenda – Residential Unit

Funded Agency:

Review Address:

Contact Name:

Assessors:

Review Dates:

Resi Unit 1

Time	Activity
9.00am – 9.30am	Entry meeting Tour of facility
9.30am – 11.30am	File audits Staff interviews Assessors review documentation
11.30am – 12.00pm	Exit meeting

Lunch and travel to second unit

Resi Unit 2

Time	Activity
1.30pm – 2.00pm	Entry meeting Tour of facility
2.00pm – 4.00pm	File audits Staff interviews Assessors review documentation
4.00pm – 4.30pm	Exit meeting

The time required for the residential unit site visits *may be extended or reduced as needed*.

Please indicate whether any amendments to this proposed agenda are necessary.

The assessment team will confirm this agenda at the entry meeting on the day of the assessment.

CSO REVIEW CHECKLIST FOR RECORDS REQUESTED

Could you please ensure the following records and information are available for the reviewers to examine at the time of the site visit. This list includes examples of key documents required during the review. However it is *not* intended to be an exhaustive list and should be used as a guide only to assist your preparation for the external review.

Please note: all documents listed in your most recently submitted Internal Review Tool must be available for review by the assessors.

ORGANISATION

- 1. Policy and Procedures manuals
- 2. Organisational structure/staffing chart
- 3. Code of Ethics/Conduct
- 4. Mission/values statement
- 5. Strategic/operational plans
- 6. Board and audit/finance committee meeting minutes
- 7. Budget and financial records
- 8. Insurance policies
- 9. Relevant Data submissions
- 10. CSO Service Agreement

STAFF/CARER

- 7. Staff/carer records
- 8. Staff education program and attendance records
- 9. Typical staff plan or roster
- 10. Details of any sub-contracting arrangements

CLIENTS

- 12. Client records
- 13. Referral records
- 14. Complaint/feedback records
- 15. Other client documentation


Review of Staff/Carer/Volunteer Records

*As previously advised, assessors will seek to audit a minimum of **five** staff/carer files per location. That is, there should be a separate sample of records made available for review for each service delivery area or location. If there are less than five staff members in a location, assessors will seek to audit all staff files at that location.*

It should be understood that no information will be extracted by our reviewers from the files.

CSO Registration Standards External Quality Assurance Review Post Review Survey

We thank you once again for your cooperation during our recent review visit. As part of our follow-up to the visit, we would greatly appreciate receiving your comments about the external review program. Could you please complete this brief survey and return it to us at AHA via email, fax or mail.

Please tick the appropriate box and add any comments you wish to make	
<p>1. Pre-review Contact. Prior to the external review, your organisation was contacted, both by telephone and in writing. How would you rate this initial communication in terms of appropriateness and courteousness?</p>	<p style="margin: 0;">Excellent <input type="checkbox"/></p> <p style="margin: 0;">Good <input type="checkbox"/></p> <p style="margin: 0;">Average <input type="checkbox"/></p> <p style="margin: 0;">Poor <input type="checkbox"/></p> <p style="margin: 0;">Inadequate <input type="checkbox"/></p>
<p>2. External Review Team. What was your impression of the AHA review team personnel in terms of courteousness, competency and professionalism?</p>	<p style="margin: 0;">Excellent <input type="checkbox"/></p> <p style="margin: 0;">Good <input type="checkbox"/></p> <p style="margin: 0;">Average <input type="checkbox"/></p> <p style="margin: 0;">Poor <input type="checkbox"/></p> <p style="margin: 0;">Inadequate <input type="checkbox"/></p>
<p>3. External Review Benefits. Did you find the review worthwhile? Please rate the benefits gained by your organisation from the external review process.</p>	<p style="margin: 0;">Excellent <input type="checkbox"/></p> <p style="margin: 0;">Good <input type="checkbox"/></p> <p style="margin: 0;">Average <input type="checkbox"/></p> <p style="margin: 0;">Poor <input type="checkbox"/></p> <p style="margin: 0;">Inadequate <input type="checkbox"/></p>
<p>4. Report Format. How did you find the format of the appraisal report in terms of style, layout, and readability?</p>	<p style="margin: 0;">Excellent <input type="checkbox"/></p> <p style="margin: 0;">Good <input type="checkbox"/></p> <p style="margin: 0;">Average <input type="checkbox"/></p> <p style="margin: 0;">Poor <input type="checkbox"/></p> <p style="margin: 0;">Inadequate <input type="checkbox"/></p>
<p>5. Agency Involvement. The opportunity for agency input and feedback regarding the external review results and action plan is provided through two specific measures:</p> <ul style="list-style-type: none"> ▪ the exit interview conducted at the conclusion of the review visit ▪ the completed review tool, action plan and executive summary, with one week allowed for receipt of any written comments or amendments prior to finalising your agency's report. <p>Please rate the appropriateness and adequacy of the opportunities to comment on, and provide input to, the report.</p>	<p style="margin: 0;">Excellent <input type="checkbox"/></p> <p style="margin: 0;">Good <input type="checkbox"/></p> <p style="margin: 0;">Average <input type="checkbox"/></p> <p style="margin: 0;">Poor <input type="checkbox"/></p> <p style="margin: 0;">Inadequate <input type="checkbox"/></p>
<p>6. Overall View. Overall how did you find the external review?</p>	<p style="margin: 0;">Excellent <input type="checkbox"/></p> <p style="margin: 0;">Good <input type="checkbox"/></p> <p style="margin: 0;">Average <input type="checkbox"/></p> <p style="margin: 0;">Poor <input type="checkbox"/></p> <p style="margin: 0;">Inadequate <input type="checkbox"/></p>
<p>Any other matters or comments:</p> 	
<p>Provider:</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <p>Thank you for completing this survey - we appreciate receiving your feedback and comments in relation to the external review.</p> <p>Please now send this form to Australian Healthcare Associates either by Email (preferred): csoexternalreview@ahaconsulting.com.au, or Fax: (03) 9639 4459 or Post: AHA, Locked Bag 32005, Collins Street East, Vic 8003</p> </div> <div style="width: 35%; text-align: center;">  <p style="margin: 0;">Australian Healthcare Associates</p> </div> </div>	

CSO Registration Standards External Review Internal Appeals Form

This Appeals Form should be completed where a CSO believes there are substantive discrepancies between the independent assessment results (as detailed in the Assessment Report), and your organisation's actual performance. Please complete and return within seven days via email to csoreview@ahaconsulting.com.au or alternatively post to:

Mr Richard Stock
Quality Director
Australian Healthcare Associates
Locked Bag 32005
Collins Street East, VIC 8003

Agency Name: _____

Date of Review: _____

A. Please outline the basis for the Appeal:

Identify the specific question(s) of concern, and attach any documents that you believe will substantiate your appeal. *(Please photocopy this form if additional performance questions are appealed).*

1 (a) Attribute/Standard:

(b) Basis of Appeal: _____

(c) Evidence Attached: _____

2 (a) Attribute/Standard:

(b) Basis of Appeal: _____

(c) Evidence Attached: _____

B. Did you endeavour to discuss these concerns with the assessor at the time of the review site visit?

(Please tick) **Yes** **No**

What was the outcome of these discussions: _____

C. Did you raise your concerns with AHA in writing in response to the draft Assessment Report?

(Please tick) **Yes** **No**

Other Comments:: _____

Signed: _____ **Date:** _____

Agency Contact Person: _____

CSO Registration Standards External Review

External Appeals Form

This External Appeals Form should be completed when a CSO has first submitted an Internal Appeal to Australian Healthcare Associates and is dissatisfied with the handling of the appeal/complaint. Please complete and return this form to the External Independent Party, with a copy of the original Internal Appeal and its outcome, to:

CSO Registration Standards External Review – External Appeal/Complaint
C/- Mr Chris Bolden
Principal
Bolden Lawyers
Level 3, 416 Collins Street, Melbourne VIC 3000

CSO Name: _____

A. Please summarise the outcome of the Internal Appeal/Complaint:

B. Please outline the basis for the External Appeal/Complaint:

Identify the specific issues (s) which remain of concern, and include details of why the appealed matter is considered to have been unsatisfactorily resolved. *(Please photocopy this form if additional issues are appealed)*

1. _____

(a) Evidence Attached: _____

2. _____

(a) Evidence Attached: _____

Other Comments: _____

Signed: _____ **Date:** _____

CSO Contact Person: _____