HACC Quality Improvement Strategy Resource Toolkit 2016

AHA Australian Healthcare Associates

Australia's largest specialist health and community care consultancy

Table of contents

List of abbreviations

Abbreviation	Definition
AHA	Australian Healthcare Associates
ASM	Active Service Model
CHSP	Commonwealth Home Support Program
CQI	Continuous quality improvement
DHHS or the Department	Victorian Department of Health and Human Services
DoH	Department of Health (Commonwealth)
DSS	Australian Department of Social Services
HCPP	Home Care Packages Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
OHS	Occupational Health and Safety
QIS	DHHS or the Department's Quality Improvement Strategy 2016
Quality Agency	Australian Aged Care Quality Agency

1. Introduction and context

1. Introduction and context

1.1. Introduction and background

The Commonwealth Home Support Programme (CHSP) provides entry-level home support for older people who need assistance to keep living independently at home and in their community.

From 1 July 2016, the Australian Government will assume full funding, policy and operational responsibility for Victorian Home and Community Care (HACC) services and specified episodic specialist disability services for older people in Victoria to form part of the CHSP. Victoria will continue to fund HACC services for people aged under 65 years (under 50 years for Aboriginal and Torres Strait Islander people).

The transition period for the transfer of Victorian HACC service providers to the CHSP has been extended. As a result, Victorian HACC funded agencies will not participate in a formal review against the Community Care Common Standards (now known as Home Care Standards) during the 2015–2016 period. In lieu of a formal quality review process, the Department of Health and Human Services (the Department), contracted Australian Healthcare Associates (AHA) to develop and deliver a series of quality improvement workshops and an accompanying resource toolkit for Victorian HACC service providers.

1.2. What is the purpose of the resource toolkit?

This resource toolkit, in conjunction with the quality improvement workshops, has been developed to support Victorian HACC service providers to continue to build on and consolidate their Continuous Quality Improvement (CQI) efforts during the transition period and beyond.

The toolkit aims to support funded agencies to continue to address the requirements of the Home Care Standards. It builds on the extensive work undertaken by the Victorian HACC sector to develop quality systems and processes to ensure high quality services for service users and provides practical tools to continue to monitor and improve quality.

The resource tool kit is also available online at www.ahaconsulting.com.au

1.3. Overview of the resource toolkit

The toolkit contains information and practical tools which can be used to help your organisation monitor and improve service delivery to continue to address the requirements of the Home Care Standards.

The tools can be used in their current form or adapted to suit your organisation's CQI purposes.

The tools and information contained in this toolkit are intended as a resource only. Each service provider is encouraged to use the tools that work best for them in monitoring and measuring quality. The tools are designed to help you build on your existing systems.

1. Introduction and context

1.4.   Contents and layout of the resource toolkit

The toolkit contains a range of quality improvement tools and processes that can be used to plan and evaluate CQI activities. It is divided into four sections:

> Section 1: Introduction and context
>
> Section 2: Maintaining quality and continuous quality improvement
>
> Section 3: Resources mapped to the Home Care Standards
>
> Section 4: Tools to support quality planning and monitoring

1.5.   Who should use the resource toolkit?

The toolkit is designed to be used by a broad range of HACC service providers across a range of settings. It can be used by service providers with different levels of experience in CQI. For service providers requiring additional information, links to resources and references to further reading have been provided.

1.6.   Transition to the Commonwealth Home Support Program

From July 2016, Victorian HACC services for older people (people aged 65 years and over, and Aboriginal and Torres Strait Islander people aged 50 years and over) will transition to the CHSP and will be directly funded and managed by the Commonwealth Department of Health (DoH). The key CHSP guidance documents are described below.

The Commonwealth Home Support Programme Guidelines

The *CHSP Guidelines* form the basis of the business relationship between DoH and the CHSP grant recipient. They provide an overview of the CHSP and its related activities, selection criteria, performance management and reporting processes.

Commonwealth Home Support Programme – Programme Manual 2015

The *CHSP Programme Manual (2015)* outlines the requirements supporting the delivery and management of the CHSP. It is primarily intended for use by grant recipients, and forms part of their Grant Agreement.

Living Well at Home: CHSP Good Practice Guide

The *Living Well at Home: CHSP Good Practice Guide* is a resource intended to complement the *CHSP Programme Manual* for service providers. It describes the concepts and principles of wellness, reablement and restorative care approaches in CHSP service delivery. It builds on existing examples of wellness practices and draws on communications, capacity-building and training resources that have been developed over a number of years in Australia and overseas.

More information about the transitional arrangements for Victoria can be found at www.dss.gov.au/ageing-and-aged-care/programs-services/commonwealth-home-support-programme/victorian-hacc-transition

1. Introduction and context

1.7.   Requirements for quality

The Home Care Standards will apply to Victorian HACC service providers for older people (aged 65 years and over, and Aboriginal and Torres Strait Islander people aged 50 years and over) throughout the transition period and beyond.

The Home Care Standards will also continue to apply to Victorian HACC service providers with funds for younger people (people aged under 65 years, and Aboriginal and Torres Strait Islander people aged under 50 years). They will also apply to HACC providers who register as National Disability Insurance Scheme (NDIS) providers.

Home Care Standards

The Home Care Standards were developed jointly by the Australian Government and state and territory governments as part of broader community care reforms to simplify and streamline the way community care is delivered. There are three Home Care Standards:
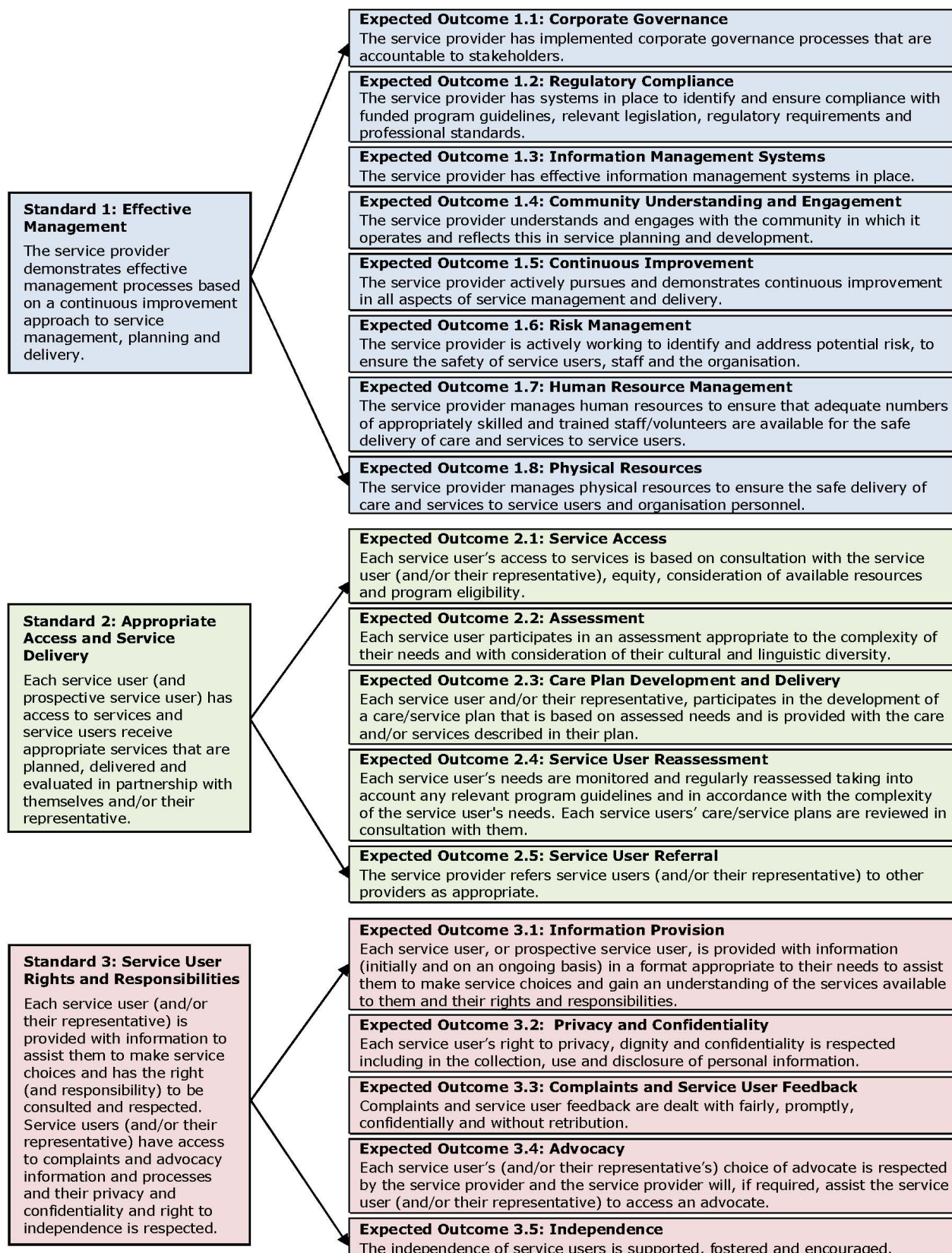
   Standard 1: Effective Managment

   Standard 2: Appropriate Access and Service Delivery

   Standard 3: Service User Rights and Responsibilities

Each standard consists of a principle and a number of expected outcomes. There are 18 expected outcomes across the three standards. The standards are outlined in *Figure 1-1*.

1. Introduction and context

Figure 1-1: The Home Care Standards

Standard 1: Effective Management

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

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

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

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

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

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

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

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

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

Standard 2: Appropriate Access and Service Delivery

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

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

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

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

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

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

Standard 3: Service User Rights and Responsibilities

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

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

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

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

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

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

1. Introduction and context

1.8.   The Australian Aged Care Quality Agency (Quality Agency)

In July 2014, the Australian Aged Care Quality Agency (the Quality Agency) assumed responsibility for conducting quality reviews of aged care providers funded under the CHSP and the Home Care Packages Programme (HCPP). From 1 July 2016, the Quality Agency will also be responsible for the quality reviews of HACC services funded under the CHSP in Victoria. The Agency will assess all organisations receiving CHSP funding under the Home Care Standards.

Arrangements for which body will conduct quality reviews of Victorian service providers for younger people during the transition period have not yet been determined.

The Quality Agency – some useful resources

The Quality Agency's website provides a range of useful information and tools to assist organisations to plan for quality improvement. The Quality Agency website can be found at: www.aacqa.gov.au

Tools and resources from the Quality Agency's website that may be of particular use to HACC funded agencies include:

- **Quality Review Guidelines:** The *Home Care Quality Review Guidelines* provide information about home care quality processes including quality reviews, assessment contacts and continuous improvement. They are designed to assist providers to prepare for visits and to demonstrate continuous improvement in their care and services for care recipients.

- **Self Assessment Tool:** This tool is not mandatory, but the Quality Agency does require providers to use self assessment tools or methods that cover the information in this template at a minimum.

- **Home Care Plan for Continuous Improvement:** The *Quality Review Guidelines* note that in the event that a quality review finds that a service provider has not met all 18 expected outcomes, then that service provider is required to submit a plan for continuous improvement. Providers do not need to use this template if they have an alternative template, however the Agency does require providers to cover the information in this template at a minimum. An example of a Quality Improvement Plan is provided in *Section 4* of this toolkit.

- **Practices and Processes Guide:** This guide describes the practices and processes the Quality Agency may look at when reviewing organisations against the Home Care Standards.

2. Maintaining quality and continuous quality improvement

2. Maintaining quality and continuous quality improvement

2.1.   Overview of this section

This section provides useful strategies to assist service providers to maintain their quality management systems and to embed continuous quality improvement practices within their organisations.

2.2.   Continuous quality improvement practice

Continuous quality improvement (CQI) is about making ongoing (continuous) efforts to improve the quality of services and outcomes for service users. CQI focuses on improving systems rather than on the performance of people. CQI is used in many types of organisations as a method of leadership and management; it is used to assess how well systems are working to bring about sustained improvement.

Key features of CQI include:

- Accountability
- Linking evaluation to planning
- Achieving improvement through incremental steps
- Commitment and input from all levels of staff, management and other stakeholders
- Commitment to teamwork
- Continuous review of progress.

The benefits of CQI include:

- Improved accountability
- Enhanced staff morale
- Improved services for clients
- Ability to recognise and meet changes in service users' needs
- Enhanced information management, client tracking and documentation systems.

A variety of people should be involved in CQI, including:

- Service users, families and carers
- Service management
- Stakeholders
- Staff and volunteers.

2. Maintaining quality and continuous quality improvement

2.3.   Stengthening your quality management system

While most service providers believe they provide a good service, this can be difficult to demonstrate without an effective quality system.

An effective quality system includes *systems* and *processes* to:

- Clearly identify the needs and expectations of service users

- Plan and deliver the agreed services

- Check that the services delivered meet stakeholders' needs and expectations

- Check that the services delivered are reliable and of a consistently high standard.

Quality management refers to the service provider's processes for maintaining and improving the quality of service delivery and operations, with the intent of providing the best possible experience and outcomes for service users and other stakeholders, as well as for staff.

Quality management processes help service providers to understand what is working well, identify where improvements are needed, and implement improvement actions as required. They also help in supporting ongoing innovations. These processes include development of policies and procedures to guide practice, feedback and consultation with service users and stakeholders, and self-assessment of performance and compliance with the Home Care Standards.

A *quality management system* is the range of quality management processes used by an organisation in an integrated and coordinated way. It involves documenting risk controls in the form of policies, procedures and work instructions. Records reflect the implementation of the documented processes and provide evidence to support the compliance, or otherwise, with the documented risk control.

Development of an effective quality management system begins with documenting how planning, implementing and monitoring practices will occur to support ongoing improvements. Developing an organisation-wide *continuous improvement policy* will support a more systematic approach to data collection, analysis and improvment. A continuous improvement policy should include processes for internal reporting and data analysis, information about who in the organisation will analyse the data and how the information collected will be used to support service delivery improvements over time.

2. Maintaining quality and continuous quality improvement

2.4. Key features of an effective quality management system

An effective quality management system must have processes to ensure that opportunities for improvement are identified, documented and reported, and that the action taken is timely and appropriate. These processes include but are not limited to:

- Service user and key stakeholder feedback processes
- Service user complaint processes
- Incident and accident reporting
- Identification of hazards
- Staff appraisal processes
- Staff grievance and disciplinary processes
- A file auditing process
- Compliance with legislative and regulatory requirements
- Opportunities to identify innovation.

For example, improvements may be undertaken in response to the findings of service user file audits. File audits are a quality activity that involves checking that what staff do in practice matches what is written in policies and procedures. Service user file audits might focus on practices around assessment, care planning and/or review of service user needs. Staff file audits may look at selection, recruitment and induction processes.

2.5. Monitoring your organisation's CQI performance

While the external quality review process provides opportunity to demonstrate compliance with the Home Care Standards, it is important that all organisations continue to monitor their CQI performance on an ongoing basis. Some methods for monitoring performance are identified in *Section 2.4* above. The Quality Cycle below provides a useful approach to planning, monitoring and improving your organisation's quality systems.

2. Maintaining quality and continuous quality improvement

The quality cycle

A quality cycle can be used to guide CQI implementation. The model shown in *Figure 2-1* is the four phase *Plan-Do-Check-Act* cycle. This model can assist service providers to apply continuous improvement to their operations. It also helps them to consider CQI as an intergral part of good management, rather than a standalone activity. The four steps are outlined below.

Figure 2-1: Plan-Do-Check-Act cycle

Step 1: Plan   Plan what it is that you want to change or achieve. Work out what the goal is and then what you need to do to meet it.

Step 2: Do   Put in place the systems and processes to make the change or reach the goal.

Step 3: Check   Look at the results. Did the change have the desired effect? Was the goal achieved?

Step 4: Act   If the last step (check) found that the change was working or the goal was achieved, continue with implementing it into your systems.
If the last step found that the change was not working or the goal was not achieved, you will need to decide why it did not work and repeat the cycle, starting by planning what you need to do.

Self assessment process

Self assessment is another way for services to identify potential improvements in systems and processes. As a part of the Quality Agency external review process, all service providers will be required to complete a self assessment.

Self assessment involves a service looking at the systems and processes it has in place to meet particular standards and/or regulatory requirements (in this case, the Home Care Standards). Self assessment can help identify when or where there is a deviation from the documented process (risk controls), and whether a particular process or practice is having a positive or negative effect on the organisation or outcomes. Sometimes self assessment can identify the need to change the documented process to reflect practices as staff often improve practices over time.

2. Maintaining quality and continuous quality improvement

More information about the self assessment required by the Australian Aged Care Quality Agency can be found at www.aacqa.gov.au.

2.6. Measuring CQI performance in your organisation

In order to monitor and evaluate your organisation's CQI activites, it is important to select performance measures that are appropriate to the situation. These can include both qualitative and/or quantitative measures.

There are no mandatory performance measures for the Home Care Standards. Service providers are encouraged to develop their own data collection and performance measures relevant to their needs and situation. *Table 2-1* provides examples of potential performance measures for *Standard 1: Effective Management – Expected Outcome 1.5: Continuous Improvement.*

Table 2-1:   Example performance measures

Home Care Standard 1: Effective Management – Expected Outcome 1.5: Continuous Improvement	Type of measure
A up-to-date improvement plan	Qualitative
Number of feedback forms from key stakeholder groups and proportion of group providing feedback	Quantitative
Proportion of feedback forms resulting in an improvement	Quantitative
Number of internal audits conducted	Quantitative
Number of surveys and results of surveys	Quantitative

A full list of performance measures that could be used to monitor performance and demonstrate quality service can be accessed at: Some Example Performance Measures for the Home Care Standards Expected Outcomes (Section 4, pages 60–63 of the *Guide to the Community Care Common Standards*).

2.7. Integrated planning to support CQI

A quality improvement plan is one way of monitoring progress toward completing improvement needed. The plan should include:

- Clear identification of the issue

- Recommended action to address the issue

- Responsibility and timeframe for action

- Date completed and outcome of the action.

It is important to include dates in the plan to help ensure that there is a timely response to areas for improvement in relation to the level of risk identified.

2. Maintaining quality and continuous quality improvement

The quality improvement plan can be used as a central repository for all quality improvement activites across your organisation, including (but not limited to):

- Areas for improvement identified though a self assessment process to address the Home Care Standards

- Diversity planning

- Active Service Model (ASM) planned improvements

- Training and workforce development.

By integrating all quality improvement activities onto a central quality improvement plan, the synergies and links between these activites can be more readily identified, which is likely to lead to a more collaborative approach to CQI across the organisation.

A quality improvement plan template is provided in *Section 4*.

3. Quality resources mapped to the Home Care Standards

3. Quality resources mapped to the Home Care Standards

3.1. Quality resources mapped to the Home Care Standards

This section provides Victorian HACC service providers with a guide to the types of evidence they could use to demonstate they are meeting the Home Care Standards. In addition, a range of quality improvement resources have been mapped to the requirements of each of the three Home Care Standards. The resources come from both Commonwealth and Victorian Government sources and encompass program and regulatory requirements. The list is not exhaustive but serves as a guide for service providers.

Until transition on 1 July 2016 the Victorian HACC Program Manual provides the guidelines and requirements for organistions delivering HACC services in Victoria. From 1 July 2016, theHACC Program Manual will continue as the guidelines for organisations funded to deliver services under the Victorian HACC program for younger people (aged under 65 and Aboriginal people aged under 50). These guidelines will be updated to reflect the new arrangements, as details of these arrangements become available.

Services for older people (people aged over 65 and Aboriginal and Torres Strait Islanders aged over 50) will be funded and administered under the CHSP. CHSP-funded organisations will need to comply with the requirements outlined in their grant agreement and supporting documents, including the CHSP Manual and Guidelines.

Standard 1: Effective management

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

Expected outcome	Evidence examples	Useful resources

1.1 Corporate governance
The service provider has implemented corporate governance processes that are accountable to stakeholders
	• Documented governance arrangements, including:
	  – Roles and responsibilities (or rules/terms of reference) of the board and/or management committee and/or senior executives
	  – Board policies, including delegation processes
	  – Records related to board and/or management committee and/or senior executive meetings
		Victorian:
		• Victorian HACC Fees Policy and Fees Schedule
		• HACC program manual diverstiy planning

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
	• Orientation and training records for board and/or management committee members and/or senior executives • Audits, reports and plans • Records of compliance with contractual obligations and service/funding agreements (e.g. reporting requirements) • Organisational plan and other planning documents (CQI plan, active service model agency implementation plans, diversity plan, strategic plan) • Budgets and financial reports	**Commonwealth:** • Governance Institute of Australia Good Governance Guides

1.2 Regulatory compliance
 	
The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.
	• Procedures to identify and monitor regulatory compliance, including:
	  – Ongoing identification of relevant regulations and legislation
	  – Identification of funding agreement and program guideline requirements
	  – Internal audit results to monitor compliance with relevant legislation
	  – Reviews and updates to policies and procedures to reflect changes in legislative requirements
	  – Communication of changes to staff, volunteers, and where applicable, service users
	
	• Appropriate policies and procedures to reflect legislative requirements (e.g. occupational health and safety, equal employment opportunity, superannuation, awards, privacy, insurances, food safety, police checks, etc.)
	
	• Police check registers and processes to ensure that all staff and volunteers have police checks as required by program guidelines and applicable legislation
		Victorian:
		
		• Reporting and data
		• HACC in transition: Data collection for the CHSP and HACC
		• Victorian HACC Program Manual
		• Service agreement information kit (2011)
		• Incident reporting instruction (DH 2013)
		
		Commonwealth:
		
		• DSS CHSP reporting requirements
		• Aged Care Act 1997 / Accountability Principles 2014

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
1.3 Information management systems *The service provider has effective information management systems in place.*	• Records storage areas • Storage of service user records including assessments, reassessments, records of care/services, medication records, service delivery data, complaints records, accident and incident records • Processes for service users to access their information • Systems for educating and training staff and volunteers in the use of policies and procedures and strategies for informing staff and volunteers of updates to policy, procedures and organisation change	**Victorian:** • [Reporting and data](#) • [HACC in transition: Data collection for the CHSP and HACC](#) **Commonwealth:** • [The My Aged Care provider portal: information for service providers](#) • [Data Exchange website](#) (DSS)
1.4 Community understanding and engagement *The service provider understands and engages with the community in which it operates and reflects this in service planning and development.*	• Information on the community profile • Information on service users • The process for identifying gaps in service delivery • Records of consultations with service users and key community groups or people (such as minutes of meetings, focus groups, etc.) • Records of participation in networks/links with other service providers (such as interagency meetings) • Collection and use of consumer feedback for quality improvement • Policies and procedures	**Victorian:** • [Diversity Planning and Practice](#) **Commonwealth:** • [ABS information](#) on local demographics • [Local government and community engagement in Australia](#)

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
1.5 Continuous improvement *The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.*	• Internal audit reports • Program evaluations • Active service model agency implementation plans • Diversity plan	**Victorian:** • Victorian HACC Program Manual Part 1: HACC Quality Framework • ASM implementation proforma 2014-2015: information sheet • Diversity Planning and Practice • The Plan Do Study Act (PDSA) model for improvement project workbook • Service coordination continuous improvement framework 2012 **Commonwealth:** • The Quality Agency home-care-assessment-tool https://www.aacqa.gov.au/for-providers/home-careThe Quality Agency Continuous Quality Improvement Plan • The Quality Agency Continuous Quality Improvment information Sheet
1.6 Risk management *The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.*	• Procedures and tools for assessment and care planning relating to identifying and addressing occupational health and safety (OHS) risks • File audits that confirm completed risk assessments e.g. home safety assessments	**Victorian:** • HACC-program-manual Part 1 • Vulnerable people in emergencies policy and guidelines

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
	• Appropriate methods used to control risks so that service provision can occur • Incident/accident/hazard reports	**Commonwealth:** • Risk management for Emergency Events in Aged Care (DSS) • Emergency preparedness: clients and services policy Summer 2012-13 (DSS) • Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit
1.7 Human Resource Management *The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.*	• Duty of care statement • Register of current staff qualifications – checked and updated • Training needs analysis, orientation and training records for staff and managers • Police and other checks (as per CHSP guidelines) • Supervision processes for HACC funded employees, volunteers and vocational students in all occupational roles • Employees, volunteers and vocational students working with service users under 18 hold a Working with Children Card • Recruitment reflects agency promotion of active ageing and a wellness approach	**Victorian:** • Victorian HACC Program Manual Part 1 (Employee and related requirements) • Induction Resource for HACC Assessment Services (Municipal Association of Victoria) • Victorian HACC Education and Training Service • Supporting volunteers to take an Active Service Approach: a resource kit for Victorian Home and Community Care services. **Commonwealth:** • Police Certificate guidelines for aged care providers (DSS)

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
1.8 Physical resources *The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.*	• Assest register • Maintenance programs for vehicles • Staff/volunteer training in use of equipment • The service delivery environment	

Standard 2: Appropriate access and service delivery

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

Expected outcome	Evidence examples	Useful resources
2.1 Service access *Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.*	• Referral records • Intake processes that promote a person centred, active service model approach (use of My Aged Care pathway where appropriate) • Diversity Plan • Working with access and support organisations • Information for potential service users on the services available, the service target group and eligibility in accordance with funding agreements/guidelines. The diversity of service users is considered • Timeliness of assessments/intake and provision of services • Information on other relevant community services • Waiting list and processes to advise service users about their position on the list	**Victorian:** • Victorian HACC Program Manual Part 3 (The Victorian approach to care: the active service model and Access and Support) • Strengthening assessment and care planning: A guide for HACC assessment services in Victoria (Department of Health) • HACC access and assessment • HACC Program Manual Part 3: Access and Support • Creating GLBTI inclusive Home and Community Care Services: The HACC Pack

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
	• Internal quality processes, including audits of service users' files in relation to eligibility	
		Commonwealth: • CHSP Programme Manual Chapter 3 • CHSP Client contribution framework • My Aged Care website

2.2 Assessment
 	
 Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.
	• The suitability of assessment tools for conducting assessments of service users and their carer (when required), including service-specific assessments
	 • The skills, competencies and training undertaken by staff completing the assessments of service users
	 • Completed assessments, including:
	    – Timeliness of assessments including responding to the referral or initial contact and scheduling and completing the assessment
	    – Consideration of special needs groups
	    – Involvement of the service user and/or representative
	    – Completeness of the assessment
	    – Quality of the assessment in identifying required care/services
		Victorian:
		 • Victorian HACC Program Manual Part 2 (Service coordination, assessment and care planning)
		 • Victorian HACC Program Manual Part 3 (Living at Home Assessment)
		 • Framework for assessment in the HACC program in Victoria (2007)
		 • Strengthening assessment and care planning: A guide for HACC assessment services in Victoria (Department of Health) and associated workbook
		 • Strengthening diversity planning and practice in Home and Community Care – planning guide
		 • Strengthening aged care assessments for Aboriginal consumers: a guide for aged care assessments for Aboriginal consumers
		 • Creating GLBTI inclusive Home and Community Care Services: The HACC Pack
		 • HACC Living at Home assessment tool

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
		• [Planned Activity Groups – Make it meaningful: assessment and care planning guidelines and tools](#) **Commonwealth**: • [Establishment of the My Aged Care Regional Assessment Service (RAS)](#) • [What the My Aged Care Regional Assessment Service means for CHSP providers](#) • [CHSP Programme Manual Chapter 3](#)

2.3 Care Plan development and delivery
 	
 Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.
	• Care plan templates that reflect a goal directed, individualised approach
	 • Service user files should include:
	   – Care plan/service plan that reflect the client's assessed needs and build on their interests, strengths, aspirations and goals
	   – Care plans that reflect consumer (and carer) involvement in decision making
	   – Care plans are provided to the client and all participants in the client plan including the Community Support worker
		Victorian:
		 • [Victorian HACC Program Manual Part 2 (Service coordination, assessment and care planning)](#)
		 • [Strengthening assessment and care planning: A guide for HACC assessment services in Victoria (Department of Health)](#)
		 • [Goal-directed care planning toolkit](#)
		 • [Planned Activity Groups – Make it meaningful: assessment and care planning guidelines and tools](#)
		
		 Commonwealth:
		 • [CHSP Good Practice Guide](#) (Living well at home)
		 • [Quality of Care Principles 2014](#)

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
2.4 Service user reassessment *Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user's needs. Each service user's care/service plans are reviewed in consultation with them.*	• Processes for formally and informally monitoring the effectiveness of care plans and any changes in health and wellbeing of the person or their carer • That reviews are occurring to check on progress towards goals and implementation of the care plan • That information is acted on and reassessments occur in a timely manner when required	**Victorian**: • Strengthening assessment and care planning: A guide for HACC assessment services in Victoria (Department of Health)

2.5 Service user referral
 	
The service provider refers service users (and/or their representative) to other providers as appropriate.
	• Links and protocols with other service providers
	• Processes for ensuring the consent of service users or their representatives to referrals and to the sharing of information between agencies
	• Coordination processes between agencies that ensure service user's needs are met including:
	  – Information sharing (with consent from service user)
	  – Case conferencing
	  – Documenting of care responsibilities of other service providers in the service user care record
	  – Provision of support for service users during the transition to other services
	  – Participation in service provider networks (where they are established)
	  – Referral forms or other information on referrals, such as in service user care records
	  – Policies and procedures
		Victorian:
		
		• Primary Care Partnerships
		• HACC Program Manual Part 2: Service coordination, assessment and care planning
		• Victorian Service Coordination Practice Manual
		• Service coordination tool templates and online learning module

3. Quality resources mapped to the Home Care Standards

Standard 3: Service user rights and responsibilities

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

Expected outcome	Evidence examples	Useful resources

3.1 Information provision
 	
Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.
	• Service user information provision includes:
	  – Rights and Responsibilities
	  – Privacy
	  – Service access
	  – Fees
	  – Consideration of special needs groups
	  – Complaints and feedback mechanism
	  – Processes to periodically remind service users of this information
	  – Records to evidence that a complaints policy provided to service users
		Victorian:
		• [HACC Active Service Model communications resources](#)
		• [Home and Community Care (HACC) Statement of Rights and Responsibilities](#)
		
		Commonwealth:
		• [CHSP Programme Manual Chapter 5](#)
		• [My Aged Care](#)

3.2 Privacy and confidentiality *Each service user's right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.*	• Records to evidence that information about privacy and confidentiality have been provided and explained to service users, carers and families • Completed consent forms • Arrangements for people with special needs • Policy and proceedures	**Victorian**: • [Victorian Information Privacy Act 2000](#) • [Health Records Act 2001](#) • [Local Government Act 1989](#)
3.3 Complaints and service user feedback *Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.*	• Process for managing complaints • Information on complaints and feedback processes provided to service users and/or their representatives	**Victorian**: • [Victorian HACC Program Manual Part 1: Victorian HACC Program Complaints Policy](#) • [EMR HACC Alliance Consumer Feedback Toolkit](#)

3. Quality resources mapped to the Home Care Standards

Expected outcome	Evidence examples	Useful resources
		Commonwealth: • CHSP Programme Manual Chapter 5 • Aged Care Complaints Scheme
3.4 Advocacy *Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.*	• Process to ensure service users can access an advocate of their choice • Information on the right to have an advocate • Arrangements for people with special needs • Staff/volunteer training	**Victorian**: • Elder Rights Advocacy • HACC program manual **Commonwealth**: • Aged Care Advocacy (DSS)
3.5 Independence *The independence of service users is supported, fostered and encouraged.*	• Active service model agency implementation plans • Care planning processes	**Victorian**: • Putting the Active Service Model into practice • Strengthening assessment and care planning: A guide for HACC assessment services in Victoria • Enabling the use of easy living equipment in everyday activities • Resource for providers of HACC and primary health services: how the ASM and ICDM policies align (DH) • RDNS Medication reminder cards **Commonwealth**: • CHSP Programme Manual • CHSP Good Practice Guide (Living well at home)

4. Quality improvement tools

4. Quality improvement tools

4.1.   Overview of this section

This section contains a range of practical and easy to use tools to support assessing, planning and monitoring quality in your organisation against the Home Care Standards. Internal auditing is a way of checking that practice is being implemented as planned; that is, according to the organisation's policy and procedures. Data is collected using an internal audit tool. Smaller data collection tools may address one process or a number of processes which relate to one or more Home Care Standards.

The section contains the following audit tools to assist your organisation to collect information to allow you to monitor and improve the quality of your services:

- Continuous quality improvement template
- Monitoring and measuring tools:
    - Service user file audit tool
    - Staff/volunteers file audit tool
    - Complaints and feedback form
    - Continuous improvement form
    - Stakeholder feedback tool

Each tool is described below. Blank templates are provided at the end of this section for use or modification by service providers.

4.2.   Continuous quality improvement plan template

This continuous quality improvement plan template is designed to assist service providers to record and monitor actions for improvement identified through a self assessment against the Home Care Standards as well as other areas for improvement identified through reviewing other practices and process (for example, reviewing diversity planning and active service model activities).

It is suggested that the template be used in conjunction with a self assessment tool. The self assessment tool provided by the Quality Agency is a useful resource to support service providers in undertaking a self assessment against the Home Care Standards (available at www.aacqa.gov.au/for-providers/home-care).

About the quality improvement plan template

Where an improvement opportunity is identified, it is important to record this on a quality improvement plan, and to plan improvement activities. The template provides a structured way to:

- Record areas for improvement, such as identified deviations from the documented process
- Outline the planned actions/tasks to be undertaken
- Allocate responsibility for improvement activities to relevant people in your organisation
- Prioritise improvement activities based on an assessment of the impact they will have for your organisation and the people who use your services
- Set realistic timeframes for the completion of tasks

4. Quality improvement tools

- Monitor, measure and report on the effectiveness of the improvements.

Once developed and implemented, this plan provides a basis for assisting service providers to monitor ongoing improvement activites.

A continuous improvement plan should reflect the ongoing effort from an organisation to improve processes and service delivery for service users. An example of the information that might be included in a plan are provided in the template at the end of this section. Please delete before beginning your plan.

4.3.   Service user file audit

A file audit involves looking at the documents in a service user file to check that they are completed as required by your organisation's policies and procedures. This usually involves using an audit tool, which is similar to a checklist to record the audit findings.

The audit findings are then reported and any necessary action taken where an opportunity for improvement in documentation is identified. How the reporting and follow up occurs will depend on your organisation's quality system. For example, a manager might select one file or one process each fortnight to audit and discuss the results at staff meetings.

An example of a service user file audit tool is provided at the end of this section.

4.4.   Staff file audit tool

An internal staff file audit tool helps to measure whether practice and process match the organisation's human resource policy, procedures and work instructions.

The direct care staff file audit tool provided at the end of this section relates to *Home Care Standard 1: Effective Management – Expected Outcome 1.7: Human Resource Management.*

4.5.   Complaints and feedback form

Effective quality management systems include a complaints and feedback system for service users. *Standard 3: Service User Rights and Responsibilities* of the Home Care Standards sets out the expectations for a service user complaints and feedback mechanism.

This form provided at the end of this section can be used or adapted by service providers to provide an easy and accessible way for care recipients, family members, representatives and others to provide feedback to the service, including compliments and complaints. *A Complaints Action Form* is also included, which can be used to record the complaint received and the action undertaken by the organisation to resolve the issue. The issue should also be recorded on the organisation's continuous quality improvement plan.

4. Quality improvement tools

4.6.   Complaints and compliments tracker

This document assists service providers to track all complaints and compliments received by their service and use this information to inform continuous improvement activities. The template is designed to capture de-identified information about complaints collected via the complaints and feedback form.

4.7.   Continuous improvement form

An example continuous improvement form is provided at the end of this section. Readers can refer to *Section 2 Maintaining quality and continuous quality improvement* for more context as to options for its use. This form can be used to record any suggestions for improvement identified by staff, volunteers, service users or their carers. An *Improvement Action Plan* is also included, which documents the organisation's response to the improvement suggestions.

4.8.   Stakeholder audit tool

The stakeholder feedback tool is designed for the situation where a Victorian HACC service provider may broker part of its service delivery to another service provider, and wishes to check whether the human resource management, recruitment and selection requirements of the sub-contracting agreement are being followed.

Completion of this quality tool would assist service providers in demonstrating compliance with *Home Care Standard 1: Effective Management – Expected Outcome 1.1: Corporate Governance*.

4. Quality improvement tools

Continuous quality improvment plan

Standard/ expected outcome	Rating from self assessment/ date	Issue and improvement required	Responsible person	Required date	Outcome and date closed	Review date
1.7 Human Resources	Not met July 2016	Not all staff have up to date police checks	Jane S (HR)	September 2016	HR policy updated to reflect police check requirements Quality Policy updated to include internal auditing of staff files to ensure police checks are kept up to date	July 2017

4. Quality improvement tools

Service user file audit

Practices and processes	In service user file or other record (✓, X or NA)					
	1	2	3	4	5	6
EO 2.1 Service Access						
Intake form/s						
Access occurs as per policies and procedures						
EO 2.2 Assessment						
Suitable assessment tool						
Tool completed and identifies required care/service needs						
Considers information from other providers, if applicable						
Service user/representative involvement						
Arrangements for people with special needs						
Risk assess service user's home, applicable (**1.6 and 1.8**)						
Assessment includes physical, social and psychosocial independence focusing on strengths & abilities (**refer to 3.5**)						
Assessment occurs as per policies and procedures						

4. Quality improvement tools

Practices and processes	In service user file or other record (✓, X or NA)					
	1	**2**	**3**	**4**	**5**	**6**
EO 2.3 Care Plan Development and Delivery						
Suitability of care/service plan						
Care/service plan completed and identifies needs AND:						
• Is goal orientated and/or outcomes based						
• Recognises & addresses complex care needs, including coordination of care/services with other providers						
• Promotes independence/quality of life (**and 3.5**)						
Service user/representative involvement						
Service user/representative given copy of the care/service plan						
The service agreement or offer includes:						
• Services that may be offered to meet the services users' needs						
• The circumstances under which the type, duration, or frequency of service delivery may be changed, refused, suspended or withdrawn (**and EO 3.1**)						
• Timeframes for review of the care/service plan						
• Care plan development as per policies and procedures						
EO 2.4 Service User Reassessment						
Regular monitoring/reassessment of service user's needs, preferences, goals and outcomes						
Care/service plans are revised as required						
Service delivery changes made in consultation with the service user						
Reassessment occurs as per policies and procedures						

4. Quality improvement tools

Practices and processes	In service user file or other record (✓, X or NA)					
	1	2	3	4	5	6
EO 2.5 Service User Referral						
Referrals to/care coordination with other providers, if applicable						
Service user's representative's needs considered/referral to other providers if needed						
Referral occurs as per policies and procedures						
EO 3.1 Information Provision						
Evidence that service user has received required information						
Provision of information as per policies and procedures						
Summary of findings:						

Date completed:

Areas for improvement added to CQI plan:

4. Quality improvement tools

Direct care staff audit tool

Practices and processes	In Staff/Volunteer File or Other Record (✓, X or NA)					
	1	2	3	4	5	6
EO 1.7 Human Resource Management						
Staff/volunteer position descriptions & selection criteria						
Recruitment processes and documentation:						
• Advertising of positions						
• Receipt of application/resume						
• Shortlisting/interviewing						
• Reference checks						
• Police checks (and EO 1.2)						
• Working with Children Checks (and EO 1.2)						
• Appropriate skills, competence, qualifications evidenced (and EO 1.2)						
• Regular checking of driving licences and/or motor vehicle insurance, as required by organisational procedures						
Employment contract						
Induction or orientation program record						
Education and training records, as applicable:						
• Compulsory education and training, e.g.						
– OHS, infection control (**1.6**)						
– Emergency procedures (**1.8**)						
– Privacy legislation (**3.2**)						

4. Quality improvement tools

Practices and processes	In Staff/Volunteer File or Other Record (✓, X or NA)					
	1	2	3	4	5	6
– Complaints and feedback (**3.3**)						
– Advocacy (**3.4**)						
• Other education and training						
• Training needs identification strategy						
• Participation records						
• Evaluation of education and training						
• Orientation and training to address any special or specific needs of service users						
Performance reviews conducted						

Summary of findings:

Date completed:

Areas for improvement added to CQI plan:

AHA Australian Healthcare Associates

4. Quality improvement tools

Complaints and feedback form

Date:		Name:	
		(optional)	
This is a:	❑ Complaint ❑ Compliment ❑ Comment	**Contact details:** (optional if you would like us to follow up with you)	
Please note: You do not have to tell us your name and contact details. However, without this information we will not be able to tell you about the action we have taken on your suggestion.			
I am a:	❑ Care recipient ❑ Family member ❑ Representative	❑ Staff member ❑ Staff member on behalf of care recipient ❑ Other:	

Please tell us about your issue or concern:

Thank you for helping us to improve our services!

Date:		Person authorising:	
Review due date:			Page 1 of 2

4. Quality improvement tools

Complaints action form

(This section for Office Use Only)

Reported to:		**Date reported:**	
Action required:		**Action to be completed by:**	
Describe action taken (include dates):			
Describe outcome (include dates):			
Note further action required (if applicable):		**Date entered on QI Plan:**	
Date:		**Person authorising:**	
Review due date:			Page 2 of 2

4. Quality improvement tools

Complaints and compliments tracker

Ref No.	Date received	Complaint Type	Complainant Type	Main Issue	Actions taken	Policy/ Procedures affected	Date closed
0312	21.2.16	Service quality	carer	Workers keep changing times and this is not communicated	Client/carer provided with an updated service plan	Scheduling procedure updated.	28.2.16

4. Quality improvement tools

Continuous improvement form

Date:		Contact details:	
Name: (optional)		(optional if you would like us to follow up with you)	

Please note: You do not have to tell us your name and contact details. However, without this information we will not be able to tell you about the action we have taken on your suggestion.

Please tell us about your issue or concern:

Please tell us about your suggestion for improvement:

Thank you for helping us to improve our services!

Date:		Person authorising:	
Review due date:			Page 1 of 2

4. Quality improvement tools

Improvement action form

Reported to:		Date reported:	
Action required:		**Action to be completed by:**	
Describe action taken (include dates):			
Describe outcome (include dates):			
Note further action required (if applicable):		**Date entered on QI Plan:**	
Date:		**Person authorising:**	
Review due date:			Page 2 of 2

4. Quality improvement tools

Stakeholder audit tool

Criteria	1	2	3	4	5
No personal identifying information is to be recorded on this report form.	S = Satisfactory NS = Not Satisfactory NA = Not Applicable				
Appropriate qualification is held: Certificate III level as minimum (Certificate III in HACC/Certificate III in Independent Support)					
Evidence of interviews held					
Reference checks occur as part of selection process					
Pre-employment police check (international if necessary)					
Current Working with Children Card if working with service users under 18 years					
Valid driving licence check record					