



Our Quality Journey - Implementing the Attendant Care Industry Standard (ACIS)

By Sharon Burnett, CSS – Care and Support Services

CSS – Care and Support is a private, for profit, organisation located in Nelson in North Western Sydney. CSS was established in 2006 and since the commencement of the organisation we have provided in home attendant care services to service users with physical disabilities & acquired brain injury.

We started looking for a suitable quality management system in 2008 and we finally settled on the predecessor to ACIS – the Attendant Care Industry Management System Standard (ACIMSS).

At CSS we felt we needed a quality standard that reflected the services we provided and was aimed towards the services and service users that form part of our organisation. We felt that the ACIA standard, as it was developed and written by those with a direct involvement and knowledge of attendant care services, was a suitable standard for CSS to try and achieve.

Although it was a voluntary choice for CSS to become certified to these standards, we are funded by Family and Community Services NSW for certain services; and to meet their funding requirements we had to also meet the NSW Disability Service Standards, by way of a third party verification.

As we compared the NSW Disability Service Standard (DSS) with ACIS, it became apparent that most of the requirements of the NSW DSS would be covered by meeting the ACIS standard.

We achieved certification to ACIS in May 2015, we also combined this certification audit with a Third Party Verification audit to the NSW Disability Service Standards, which we also achieved.

Planning & Audit Process

I do remember how overwhelming it seemed when we first commenced this process and began reading through the Standard and working out how we could demonstrate compliance.

In my opinion, the most crucial part of the process is the planning stage; to go through each criteria carefully and work out what is already in place, or is already done to show that you meet each criteria. Once the process is started, you will probably find, as we did, that you may already meet the criteria in the way your organisation works, you may just need to formalise the procedures and policies.

Also think about what physical evidence you have to support each claim that you meet the criteria – this is what the auditors will ask to see – there is no point having wonderfully written policies and procedures if you cannot show the auditor that they are actually followed.

If you do need to write new policies and procedures – keep them simple – just write down what you already do, even if you don't have a formal policy in place to start with, you will probably have a procedure that you follow already, so just document that procedure. A simple policy or procedure is much easier to follow correctly than one which is very detailed and complex. With very complex procedures, if even the tiniest part is not followed to the letter – the procedure is not followed.

The single most important part of the planning stage is to have at least one gap analysis, preferably two, before your certification audit. The gap analysis is invaluable for two reasons – it familiarises your staff with the audit process and helps you to understand the way the auditors think and work. You can then start looking at each criteria as the auditor does and working out if what you have in place is sufficient to meet each criteria.

We found the certification audit itself not quite as nerve wracking as we thought it would be – we were familiar with the process and knew what to expect; we had met our auditors through the gap analysis and we were confident that we had done everything we possibly could to have processes and procedures in place to meet each criteria. There were a couple of areas where we were not quite sure if we had enough in place to meet the Standard, but we knew that the questions the auditor would ask would help us understand what to implement as part of the corrective action process.

We spoke to our service users before the audit to gain their consent to be contacted by the auditor, it is very important to explain to your service users that this audit has nothing to do with them personally and nothing to do with their funding. Once they understand this most of them were happy to participate in the process and speak with the auditors.

It is also important to speak to the staff as well, not just the office staff who will be directly involved in the audit, but to the field staff – we had staff meetings to explain to them what the audit process was about and explained that the auditors may want to contact them and ask a few questions. Some of the staff were quite worried about this – they were worried that if they gave the wrong answer that they would lose their job! We did have to reassure the staff that all they needed to do was answer the questions honestly and everything would be fine.

After the certification audit is complete the auditors discuss their findings with you and let you know of any observations or corrective actions that you may have so there are no surprises when the audit report arrives. This also gives you the opportunity to start working on your corrective actions straight away.

Our auditors were from Health Audit Australia and although they are very thorough and particular they were also easy and pleasant to work with – however – never try to pretend you have something that you know you don't – just admit you don't have it, accept the corrective action and move on to the next criteria, this avoids time wasting and makes the process easier for both you and the auditor. Think of any corrective actions that you get as an opportunity for improvement rather than a non-compliance.

Meeting the Standard has to be worked on as a whole organisation – there is no point employing a quality manager and expecting them to change and do everything to meet the Standard; as without the understanding and cooperation of everyone in the organisation it is not possible to meet the requirements of the Standard. And if one person is responsible then there is the opportunity to lay blame for any part of the Standard that is not met during the audit – this is something that you want to avoid. Just as person centred thinking needs to be changed at the organisational level so does the commitment to meeting a quality standard.

Challenging Parts

For us, probably the most challenging parts of the standard to meet were the areas such as substitute decision making and supporting service users to participate in the community. Our service user base is purely physical disabilities so most of our service users already have the skills to participate in the community and the only assistance they require from us is transport to get there!

As the type of services we provide, and have always provided, are based on the person centred principles, the inclusion of person centred planning and individual choices was not a difficult criteria to meet. As any organisation who provides attendant care services would be aware, our service users have always had the ability to make their own choices in regards to service providers, staff and hours of service.

The other area that we found difficult to put into practise were the staff training criteria. It did take a lot of trial and error and putting different systems into place to find something that worked for the staff and the service users and also met the criteria. Since achieving certification our orientation and induction processes have changed and expanded to cover more areas. This benefits the staff by giving them more education and information before they even begin work and makes the process easier for new staff as well.

Why does it meet our quality needs?

At CSS we feel ACIS is a modern Standard that understands the differences of each service user and their right to make their own individual choices, it also allows the flexibility to work with individual funding packages – the standard itself is flexible and only requires a level of detail for each service user that reflects their needs.

With the move to individual funding packages, this is very important for service providers as there will be different levels of involvement for the service provider with each individual service user, for example, the care planning requirements of the ACIS will fit a service user with extremely high medical needs who requires 24 hour care right through to a service user who only requires two hours of domestic assistance a fortnight.

The ACIS itself is easy to follow, easy to understand and is written in a way that makes sense to service providers. Each criteria is quite short and to the point.

In saying this though, don't misunderstand me – this is not an easy standard to meet, it did take a lot of work and commitment and trial and error before we had something we were happy with – but this is the point of quality certification – to continually monitor and improve our practices so we can provide the best service possible.

Would we recommend to other providers?

At CSS we feel that ACIS does meet the needs of attendant care providers, the Standard is relevant to the attendant care industry while allowing a degree of flexibility that works well with our varying service user base and the introduction of individualised funding.

As we have been on this quality journey for several years now, starting with ACIMSS in 2012 through to our certification to ACIS in May 2015; along with our successful third party verification to the NSW Disability Service Standards; we can honestly say that implementing ACIS has definitely improved our service provision to our service users, it has improved our reporting systems and we also feel it has had a positive impact on staff retention (which as you would all know is a very important area with no obvious solutions).

The benefit to an organisation of meeting a standard such as ACIS, is that all areas of service provision and service management are covered; everyone in the organisation has procedures and policies to follow and service users are aware of their rights and responsibilities from the beginning of their service; this reduces any grey areas and improves relationships with our

service users and prevents misunderstandings and complaints. Staff are also more confident in making decisions as they have written guidelines and procedures to follow.

In the last few years, since our certification to ACIMSS and our later certification to ACIS, we have not had one major complaint nor have we had a service user leave our service due to dissatisfaction with their service. I feel, that this is almost entirely due to the improvement in our management practices as they evolved and developed to meet the ACIS.

This is an extract from a presentation given by Sharon Burnett of CSS Care and Support NSW, at the Attendant Care Industry Conference September 2015. This is been reproduced by ACIA with Sharon's permission.