



Introduction

Thank you for taking the opportunity to read and consider the draft guidance material that has been developed to support providers of aged care services to meet the new aged care quality standards. We welcome your feedback.

Once completed please save and send this completed form by email to qualityagencypolicy@aacqa.gov.au

Should you require additional support to complete this form, please contact the Australian Aged Care Quality Agency via email qualityagencypolicy@aacqa.gov.au or via phone on 1800 288 025.

1. What is your email address? *(This information will not be published)*

Email:

2. Are you answering on behalf of an organisation? If so, please provide your organisation's name

Yes, on behalf of an organisation

No, not on behalf of an organisation

Organisation name:

3. Do you give consent for your submission to be published in whole or part?

Yes, I give consent

No, I don't give consent

4. Where do you live, or, where does your organisation operate?

Please select all that apply

NSW

VIC

QLD

WA

SA

TAS

ACT

NT



5. Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice? If so, what are they?

6. Do you have any specific suggestions in relation to draft guidance for Standard 2: Ongoing assessment and planning with consumers? If so, what are they?



7. Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care? If so, what are they?

8. Do you have any specific suggestions in relation to draft guidance for Standard 4: Services and supports for daily living? If so, what are they?



9. Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment? If so, what are they?

10. Do you have any specific suggestions in relation to draft guidance for Standard 6: Feedback and complaints? If so, what are they?



11. Do you have any specific suggestions in relation to draft guidance for Standard 7: Human resources? If so, what are they?

12. Do you have any specific suggestions in relation to draft guidance for Standard 8: Organisational governance? If so, what are they?



13. On a scale of 1 to 10 (1 being not clear at all and 10 being very clear) how clear is the guidance material overall?

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What would make it clearer?

14. Are there any gaps in the guidance material? If yes, what else should be included in the guidance material, to help aged care service providers to meet the draft new Aged Care Quality Standards?



15. Do you have any other feedback on the guidance material?

Once completed please save and send this completed form by email to qualityagencypolicy@aacqa.gov.au

If you wish to contribute more information than the feedback boxes will allow, please attach a Word document or write to us in the body of your email.

Should you require additional support to complete this form, please contact the Australian Aged Care Quality Agency via email qualityagencypolicy@aacqa.gov.au or via phone on 1800 288 025.

Thank you for participating in the survey.

1. Email address:

2. Are you answering on behalf of an organisation? Yes, I am answering on behalf of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

3. Do you give permission for your submission to be published in whole or part? Yes

4. Where our organisation operates: Victoria

Question 5: Specific suggestions in relation to guidance material for Standard 1

The guidance material must include an emphasis on cultural safety strategies which enable consumers to feel confident to disclose their cultural identity. the following additions are suggested:

*Intent: (p11) "aged care providers need to implement strategies that will build consumers' confidence that they can disclose their identity, which will assist care providers to see the whole person...."

* Supporting strategies: include strategies which promote the organisation's commitment to diversity and show how this translates into inclusive practice, and also, engage community organisations to assist in identifying/developing strategies to address discriminatory practices

*Reflective questions: How is the organisation's commitment to diversity demonstrated to a) consumers and prospective consumers b) staff? Can staff demonstrate an understanding of the diversity strategy and their role in implementing it (i.e. do they know where they 'fit')? How does the organisation access cultural expertise?

*Examples of evidence: Evidence that methodologies have been adapted to enable participation of diverse consumers (e.g. use of interpreters). Consumers can describe: their perception of the organisation's efforts to make them feel (culturally) safe. The Organisation can demonstrate progress against their diversity plan.

Guidance material for Standard 1.2 should make it clear that the range of choices offered to consumers accommodate options reflecting consumers' diverse life experiences and culture.

Question 6: Specific suggestions in relation to guidance material for Standard 2

Culturally unsafe assessment is a major barrier to equitable service outcomes for Aboriginal people>Guidance material needs to refer to:

*(2.1) Partnerships with organisations that have cultural expertise

*(2.2) Ensuring that the organisation's concept of 'effective care' includes meeting consumers' cultural needs

*(2.3) Support for/facilitation of culturally determined end of life needs (e.g. return to Country)

*(2.6) Support to assist consumer understanding of their care plan, if needed

*Strategies to communicate changes to care in a timely way (e.g. communication between GP and case manager; communication with formal carers

Retain and where possible expand the diversity focus within supporting strategies and evidence in Std 2 (e.g. 2.6 Reflective question "How does the organisation monitor that a person's care plan....reflects....cultural, health emotional and social needs?")

Question 7: Specific suggestions in relation to guidance material for Standard 3

Supporting strategies for Std 3 should make explicit mention of diversity rather than care 'consistent with the requirements of Std 1'

Requirements: 3.1-3.3

*F Strategies to minimise choking risks must be communicated to families /carers in addition to being communicated to staff involved in mealtime care.

*G Strategies to minimise medication misadventure must include evidence that processes are in place to ensure regular medication reviews

*I Community based aged care providers need a mechanism to enable GPs and other health care providers to communicate to the case manager, any skin care/wound management strategies they enact

3.4 Providers should evidence support/facilitation they provide for end of life care relating to cultural and spiritual needs of consumers with diverse life experiences (e.g. return to Country for Aboriginal people)

3.6 Communication relating to hospital transfers should include development of effective working relationships with hospital discharge planners.

3.7 To what extent has the organisation attempted to develop relationships with providers/organisations whose cultural expertise reflects the demographic profile of a) the consumers to whom they provide aged care services b) the area in which they are located?

Question 8: Specific suggestions in relation to guidance material for Standard 4

VACCHO is aware that Draft Standard has been reworded to remove explicit reference to cultural safety. Consequently, requirement 1.2 of the redrafted standard must include guidance for culturally safe services and supports for daily living. In particular:

Services and supports available to the consumer must evidence cultural safety and processes that demonstrate cultural expertise has influenced the options which the organisation has elected to provide for consumers.

Retain current references to culturally diverse perspectives and the way that these are sought and included by staff in development and delivery of services.

4.5 Suggested strategy of offering alcohol with meals may be inappropriate for those Aboriginal community controlled organisations which have policies prohibiting alcohol use on their premises,

Planned Activity Groups (PAG) conducted by small organisations may have limited staff resources and consequently, limited capacity to provide a varied range of meals for participants.

Question 9: Specific suggestions in relation to guidance material for Standard 5

Guidance material needs to take into account resource limitation experienced by small specialist/'niche' providers of culturally specific services. For example, organisations funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program decades ago, may not have funding necessary to upgrade facilities to contemporary standards and are unable to charge socially disadvantaged clients to cover the funding shortfall.

Guidance material for this standard needs to balance duty of care for residents who have cognitive impairment (e.g. in relation to locking access to outdoor areas) whilst enabling clients without cognitive impairment to exercise self-determination.

Question 10: Specific suggestions in relation to guidance material for Standard 6

Guidance material needs to acknowledge that vulnerable consumers may need to be supported to provide feedback. VACCHO endorses strategies which facilitate vulnerable consumers to provide feedback/complaints. Suggested wording (6.3) around inviting 'advocacy services to visit and present' should be changed to reflect regular access by the independent advocate (e.g. local Aboriginal organisation) to enable development of a trust relationship with vulnerable consumers. Without development of trust this strategy will not be effective.

Reflective question: "Are processes for collecting...feedback about their experience....simple and culturally appropriate?"

Consumer, workforce experience, training and policies must all reference active, culturally appropriate assistance to access support for vulnerable clients in feedback/complaints processes, and a diversity of complaints processes that facilitate all consumers including those with diverse life experiences, providing feedback/complaints.

Question 11: Specific suggestions in relation to guidance material for Standard 7

VACCHO understands that requirement 7.2 has been reworded to delete references to culture and diversity. Despite this we support retention of guidance material which provides suggested strategies, reflective questions and collection of consumer experience in relation to staff responses to diversity. The new wording of requirement 7.2 refers to "interactions with consumers that are...inclusive". Identity and culture are inextricably linked to the individual's needs and the way that these are expressed. Inclusivity implies a need for staff to demonstrate an understanding of how to respond to diversity, and organisational systems (training, policies, evaluation practices) which embed cultural safety, and appropriate responses to diversity.

Question 12: Specific suggestions in relation to guidance material for Standard 8

Guidance material for this standard demonstrates a variety of ways that inclusive practice can be embedded in organisational systems. This focus is appropriate and should be retained.

On a scale from 1 to 10, (1 being not clear at all) how clear is the guidance material overall?

Rating: 5

What would make the guidance material clearer?

A key focus of the new accreditation process will be the consumer experience. VACCHO member feedback has suggested the guidance material is not in a form that makes it easy to explain to their consumers and this will make it difficult to involve consumers in the accreditation process. In addition, this Likert Scale question may not be an effective mechanism to test the clarity/usefulness of the material. Results of the (questionnaire based) Alpha testing of Standard 1 suggested that most participants found the material 'clear'. By contrast, feedback provided to the National Aged Care Alliance (NACA) consumer group on pilot testing of all eight quality standards which indicated that providers 'do not do diversity well'. Qualitative research is needed to thoroughly explore whether providers and AACQA share a common understanding of the standards, the guidance materials and how these are best used to support practice improvement.

14. Are there gaps in the guidance materials? If yes, what else should be included to help aged care service providers to meet the draft new Aged Care Quality Standards?

It is difficult to answer this question, because the draft standards have been amended during the period of this consultation, and there is no available information on the changes that will be made to re-align the materials to the newly altered standards.

VACCHO members have suggested guidance material for Requirement 6.3 should reference assisting consumers to access advocate support in reporting elder abuse perpetrated by family members.

Questions have also been raised by VACCHO members about the cultural competence of assessors and the need to ensure they have the capacity to judge the effectiveness of cultural safety strategies being implemented by organisations they are assessing.

15. Do you have any other feedback on the guidance materials?

Capacity to provide feedback which will strengthen the guidance material has been hindered by this consultation process in particular:

* Mis-alignment between the activities of the Department of Health & those of AACQA - i.e. the standards guidance materials which are the subject of this consultation, are aligned with Draft Standards which are no longer current (Draft standards were altered on 7/5/18)

*Short consultation period - this has limited the capacity of Peak bodies to seek input of aged care providers amongst their membership