Australian Government
Australian Aged Care Quality Agency

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Thank you for taking the opportunity to read and consider the draft guidance material that has been developed to support providers of aged care services to meet the new aged care quality standards.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 *(This information will not be published)*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: Aged and Community Services Australia (ACSA)

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 Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice?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?

Please refer to page 9 of the attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 2: Ongoing assessment and planning with consumers?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?

Please refer to page 11 of the attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care?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?

Please refer to page 13 of the attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 4: Services and supports for daily living?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?

Please refer to page 15 of attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment?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

Please refer to page 16 of the attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 6: Feedback and complaints?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

Please refer to page 17 of the attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 7: Human resources?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

Please refer to page 19 of the attached document.

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 Do you have any specific suggestions in relation to draft guidance for Standard 8: Organisational governance?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

Please refer to page 22 of the attached document.

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?

☐ 1	☑ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

What would make it clearer?

ACSA has provided recommendations in how to make the guidance material clearer in the feedback relating to each of the Standards. Please refer to the following pages in the attached document:
- page 9 - Standard 1
- page 11 - Standard 2
- page 13 - Standard 3
- page 15 - Standard 4
- page 16 - Standard 5
- page 17 - Standard 6
- page 19 - Standard 7
- page 22 - Standard 8

For further recommendations relating to the use of language, additional definitions required and formatting concerns, please refer to page 24 of the attached document.

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?

ACSA has provided recommendations in the gaps in the guidance material in the feedback relating to each of the Standards. Please refer to the following pages in the attached document:
- page 9 - Standard 1
- page 11 - Standard 2
- page 13 - Standard 3
- page 15 - Standard 4
- page 16 - Standard 5
- page 17 - Standard 6
- page 19 - Standard 7
- page 22 - Standard 8

For further recommendations relating to the gaps, please refer to the following pages of the attached document.
- page 6 - key themes
- page 8 - recommendations
- page 24 - use of language

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

Please refer to page 8 of the attached document.

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.

ACSA
Aged & Community Services Australia

AUSTRALIAN AGED CARE QUALITY AGENCY: NEW QUALITY STANDARDS

FEEDBACK ON DRAFT STANDARDS GUIDANCE MATERIALS

MAY 2018

ABOUT ACSA

Aged & Community Services Australia (ACSA) is the leading aged care peak body supporting over 700 church, charitable and community-based, not-for-profit organisations. Not-for-profit organisations provide care and accommodation services to about one million older Australians.

ACSA represents, leads and supports its members to achieve excellence in providing quality affordable housing and community and residential care services for older Australians.

Aged care providers make a significant $17.6 billion economic contribution to Australia, representing 1.1% of GDP by producing outputs, employing people and through buying goods and services. The direct economic component is akin to the contribution made by the residential building construction and sheep, grains, beef and dairy cattle industries.[2] In many regional and rural areas aged care is the largest employer, which is where the majority, if not all, providers are not-for-profit.

ACSA members are important to the community and the people they serve and are passionate about the quality and value of the services they provide, irrespective of their size, service mix or location.

Australian Government, Department of Health, 2016-17 Report on the Operation of the *Aged Care Act 1997*, November 2017.

[2] Deloitte Access Economics, Australia's aged care sector: economic contribution and future directions, Aged Care Guild, June 2016, page 24.

ACSA CONTACTS

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INTRODUCTION

On 3 May 2018, the Department of Health released the Aged Care Quality Standards (Quality Standards) Guidance Materials for consultation.

In response, ACSA collected quantitative and qualitative data through various mediums including video conferencing, face to face discussions, surveys and written feedback to facilitate member consultation. Participants included ACSA member representatives from State Divisional Councils, State Reference Committees and the broader National ACSA member group.

Participants involved provide a range of service and program types across Australia including Residential Care, Home Care Packages (HCP), Commonwealth Home Support Program (CHSP), Home and Community Care (HACC), Short Term Restorative Care (STRC), Transition Care Services (TCS), Village Living and Flexible Care.

Consultation Period

ACSA expressed concern about the short consultation period, believing the one-month time frame has not allowed for adequate analysis of the guidance materials. Some of our members expressed the view that this gives the appearance of a lack of genuine consultation. ACSA requests the opportunity for ongoing consultation and discussions during the transition period 1 July 2018 to 30 June 2019.

Transition Period

ACSA believes the 12-month Quality Standards transition period from 1 July 2018 to 30 June 2019 will put additional financial and resource pressures on our members. Whilst we acknowledge the $50 million dollars committed by government in the recent May 2018-19 Budget that has been earmarked for residential aged care providers to transition to the new quality standards, we are concerned that no funding has been allocated to assist Home Care providers to transition.

KEY THEMES

When reviewing the guidance materials, ACSA identified some concerns around key themes relevant to each of the eight Standards. The key themes are:

Setting the consumer expectation: ACSA is concerned the current format and content of the guidance materials may set unrealistic consumer (and/or their representative) expectations regarding the services providers can deliver based on their funded service/program type, legislative requirements and duty of care requirements.

Consumer choice versus risk: We consider the Standards do not identify how providers, in their risk mitigation strategies and decision-making processes, must consider how to encourage a consumer's '*dignity of risk'* and '*individual rights'* coupled with each consumer's '*capacity*' against the provider's '*duty of care'* and '*risk of litigation for negligence'*. These concepts also need to be considered within the wider context of community, regulatory and legislative expectations.

Duplication of six core concepts: The foundation standard, Standard 1 identifies six core concepts that appear to be reiterated throughout all eight Standards and their associated Requirements. Whilst we acknowledge the intent of the inclusion of these six core concepts throughout the guidance materials, we believe the overall message of these concepts is diluted through the continued duplication of information throughout the materials.

Use of language: We are concerned about the use of language in the *supporting strategies, reflective questions* and *examples of evidence* sections. Much of the language is either directive, prescriptive or open to interpretation. ACSA identified there is also an inconsistent use of terminologies throughout the guidance materials. (See Appendix 1 for details).

As the language, format and content of the guidance materials are open to the interpretation of the consumer (and/or their representatives), the provider and the Quality Agency, we have concerns as to whether this will exacerbate the sector's concerns about 'consistency of approach' as articulated in the recent Australian Aged Care Quality Agency (Quality Agency) and peak body Roundtable events.

Alignment of service or program type: We have a level of confusion around what requirements align with what service or program type. We believe there needs to be clear guidance on the relevance and application of the individual requirements for the various service and/or program types in the guidance materials.

The introduction of the guidance materials includes a single statement identifying the mandatory and non-mandatory sections of the guidance materials. ACSA questions if this one statement is enough to clarify how providers are able to interpret the Standards and associated Requirements that align with their service and/or program type.

Understanding consumer experience: The statement '*evidence of a range of methodologies being used to seek, and understand, the consumer experience against this standard'* is used under each Requirement under consumer experience. Given that the Quality Agency is taking a risk-based approach to audit and compliance, and consumers with cognitive and/or comprehension difficulties are likely to present higher risk ratings to both the Quality Agency and the provider; effective, objective and consistent strategies for measuring the consumer experience component of compliance will be vital.

ACSA seeks additional information on how Consumer Experience Reports (CERs) will be used when assessing compliance against the new Quality Standards. Accordingly, more information containing specific examples of the Quality Agency's expectation on the types of evidence that might be used to evaluate the consumer experience would be helpful, including in the home care setting.

RECOMMENDATIONS

ACSA recommends the Quality Agency:

1. Extends the consultation period for the draft guidance materials to ensure genuine engagement with the sector.

2. Reviews the content of the guidance materials to minimise any risk of unrealistic expectation of service provision being communicated to consumers and/or their representatives. This will provide a more balanced viewpoint between consumer choice and provider ability to meet that choice for each consumer.

3. Reviews the guidance materials to provide balance between individual rights and choice and providers' funding agreements, risk mitigation and legislative requirements.

4. Reviews the guidance materials with consideration given to:
    a. Simplifying and reducing duplication of content with consideration given to combining some common material in an overview section.
    b. The removal or clarification of any directive, prescriptive or open to interpretation language used in the guidance materials.
    c. The removal of unclear and/or ambiguous statements/terminology.
    d. Increasing the definitions section.

5. Identifies for each of the eight Standards and their associated Requirements which Requirement aligns with each service or program type. Consider adding a section: ''purpose and scope of the Standard/Requirement" which identifies whether the Standard or Requirement applies to both the residential and home care sectors of the industry.

6. ACSA is concerned how the Quality Agency will assess against the guidance materials in relation to workforce and staff training and how providers will fund the extensive training requirements identified in the guidance materials.

7. Review the monitoring, reporting and performance improvement section for each Requirement and adjust the wording to clarify whether this applies to the individual Requirement or the entire Standard.

8. Consults with ACSA during the 12-month transition period regarding:
    a. Education opportunities.
    b. Resource development.
    c. Financial and physical resource allocation to assist the sector to transition, including the $50 million transitional support for residential care services allocated in the 2018-19 Budget.

STANDARD 1: CONSUMER DIGNITY AND CHOICE

Overall, we support the core concepts reflected in Standard 1 as well as the expectation that Standard 1 is foundational for the entire Quality Standards Framework.
However, we question the need for the six core concepts of:

- dignity and respect;
- identity, culture and diversity;
- choice;
- dignity of risk;
- information; and
- personal privacy

to be constantly reiterated throughout the other seven Standards and their associated Requirements.

KEY THEMES

Consumer choice versus risk: We believe Standard 1 does not identify how providers, in their risk mitigation strategies and decision-making processes, must consider how to encourage a consumer's '*dignity of risk'* and '*individual rights'* coupled with each consumer's '*capacity*' against the provider's '*duty of care'* and '*risk of litigation for negligence'*. These concepts also need to be considered within the wider context of community, regulatory and legislative expectations.

Specific examples regarding Standard 1 include:
Requirement 1.1:

- Page 12: In '*Supporting strategies'*, the statement '*involve consumers in the development and delivery of training against this standard*' needs to be reworded so it is less prescriptive. We recommend using terms such as '*encourage*' or '*seek opportunities to'*.
- Page 12: '*Reflective questions*' include two questions that could be combined. We recommend combining questions 1 and 6 to read '*How does the organisation and the workforce promote the rights of consumers consistent with the Charter of Rights and Responsibilities and monitor performance against this?*'
- Page 13: In '*Policies and practices*', there is reference to '*a diversity action plan*'. We believe our members would benefit from guidelines, including a draft template, in what constitutes such a plan.

Requirement 1.2:

- Page 15: We have a level of concern regarding the use of the term '*provide guidance*' as used in the '*Supporting strategies*'. We believe this term is open to interpretation and recommend adding a definition for this term in the definition section of the guidance materials.
- Page 16: We recommended removing the word '*encourage*' (used twice) when referring to relationships and consider replacing with '*support*'.
- Page 17: The '*Consumer experience*' section states '*consumers can change their mind/make different choices at any time*' however this can create practical challenges for providers. We recommend rewording this statement to reflect that '*changes are accommodated whenever possible and alternatives explored'* making a more balanced statement.

STANDARD 1: CONSUMER DIGNITY AND CHOICE

Requirement 1.4:

- Page 22: In '*Supporting strategies*', in relation to the statement about '*making information easy to understand'* we believe the list of evidence to '*include*' (braille for example) may be difficult for many providers to fully achieve, particularly smaller providers. We recommend this statement be reworded to be '*may include'*.

Requirement 1.5:

- Page 24: We recommend rewording the '*Intent*' statement so it is also applicable to home care services, as it currently specifically mentions '*residential aged care setting'*.

STANDARD 2: ONGOING ASSESSMENT AND PLANNING WITH CONSUMERS

Our members told us that whilst aspirational, Standard 2 needs to be assessed against the realities of funding limitations and other associated time and resource constraints within all service types. We believe there needs to be recognition that supporting a '*consumer's specific communication needs'*, '*liaising with and involving consumer representatives and other health providers'*, '*facilitating multidisciplinary case conferencing*' and '*negotiating realistic consumer-directed goals'* can take time and resources that are not always reflected in current funding models for different service types and programs and/or might not be supported by consumer choice.

KEY THEMES

Relevant to type of service or program: We recommend each of Standard 2 Requirements should be prefaced with: *'assessment and planning should be scaled, relative to the level of care and services being provided by the organisation'* as identified in '*Assessment and planning*' on page 27.

We believe this is particularly so when considering supporting consumers with advanced care planning which we believe should be a shared responsibility between consumers, their families and the broader health sector and undertaken by appropriately trained and skilled staff.

We also note that assessment and planning processes for lower level aged care support is undertaken by Regional Assessment Services (RAS) who then determine the appropriate service type.

Specific examples regarding Standard 2 include:

Requirement 2.1:

- Page 28: The '*Supporting strategies*' section refers to '*considering the availability of consumer representatives'*. We recommend inserting '*as possi*ble' so the statement reads '*how to make it as convenient as possible for everyone to take part'*.
- Page 28: We seek further clarity of what is meant by the '*Supporting strategy'* statement '*offer innovative service solutions to meet the consumer's needs, goals and preferences even where this may not be a part of the standard service offering (or known to the consumer*)'.

Requirement 2.2:

- Page 31: It is recommended that '*comprehensive*' is a superfluous description for a care plan and by removing this descriptor, the guidance materials are more appropriate across various service/program types as, for example, a CHSP provider would not be required to complete a 'comprehensive' care plan for a consumer who is only receiving gardening services.
- Page 31: In relation to the '*Reflective questions*' section we recommend removing the '*if not, why not*' questions as this is an implicit component of reflection and will make this section congruent with other reflective questions throughout the guidance materials.

Requirement 2.3:

- Page 33: The '*Intent*' statement incorrectly refers to Requirement 2.2 rather than Requirement 2.3.
- Page 33: The '*Supporting strategies*' section refers to '*practice assessment and care planning*'. We are unclear on what this means and recommend the guidance material defines this statement and associated requirements.

STANDARD 2: ONGOING ASSESSMENT AND PLANNING WITH CONSUMERS

- Page 34: Under '*Workforce experience*' we recommend removing the reference to '*including those with diverse needs/diverse cultural backgrounds*' as this is covered in the foundational standard of Standard 1.
- Page 34: The '*Reflective questions*' refer to '*end of life'*. We suggest this question may be more appropriately placed within the context of Requirement 3.4 and recommend it is moved.

Requirement 2.4:

- We recommend this requirement be removed as the intent of this requirement is covered within the foundational standard of Standard 1.

Requirement 2.5:

- Page 38: Under '*Supporting strategies*' we recommend removing the word '*strong*' from networks as this term is open to interpretation and may be particularly difficult for those in regional and remote areas to attain.
- Page 39: Under '*Workforce experience*' the statement '*describe …ways…to provide more joined up care*'. We recommend the use of a more self-explanatory term such as '*streamlined care'*.

Requirement 2.6:

- Page 40: The '*Intent*' statement refers to '*be updated as the consumer's needs, goals and preferences change*'. We suggest this question may be more appropriately placed within the context of Requirement 2.7 and recommend moving it to that section.

Requirement 2.7:

- Page 42: Under the '*Intent*' we suggest adding '*significant*' to incident as not all incidents will warrant a care plan review. We recommend adding an additional point to the intent statement that indicates a review would be expected following a care transition.

STANDARD 3: PERSONAL CARE AND CLINICAL CARE

ACSA found that much of the Standard 3 guidance material difficult to navigate. The combination of Requirements 3.1, 3.2 and 3.3 coupled with the use of the 'A to K' sections caused 'real confusion' among members we spoke with. We recommend combining Requirements 3.1, 3.2,3.3 into just one Requirement.

We also recommend the incorporation of a flowchart or diagram of the structure of this standard. ACSA would welcome the opportunity to work with the Quality Agency on this. Additionally, we are concerned the amount of education to be provided to the workforce, staff and consumers/families throughout Standard 3 may be overwhelming for many providers.

KEY THEMES

Relevant to type of service or program: We believe the content of Standard 3 is not reflective of CHSP and low-level HCPs as some support service types do not require the identification of clinical pathways.

Personal versus clinical care: ACSA is concerned there is a huge leap between personal care and clinical care and having both personal and clinical care as part of the same Standard was sometimes confusing. We recommend having separate Requirements for personal care and clinical care with consideration given to renaming Standard 3.

Clinical deterioration management: We are concerned the clinical requirements in Standard 3 may result in:

- An increase in consumers presenting to hospital emergency departments;
- An additional reliance on medical officers and after hours supports, particularly in relation to clinical deterioration management;
- Consumers and providers expecting staff to provide hospital level care and services;

Specific examples regarding Standard 3 include:
Requirement 3.1, 3.2, 3.3:

- Page 52: The '*Supporting strategies*' refers to the clinical care '*pathway*'. We recommend 'pathway' be replaced by the word '*protocol*' be used as referred on page 58 for consistency. Additionally, we suggest adding the word '*protocol*' to the definitions list.
- Page 53: ACSA believes prescribing of medicines, including antipsychotics, are the preserve of medical practitioners. Whilst clinical staff within aged care facilities can contribute to clinical discussion it is medical officers who rightly make prescribing decisions based on their clinical judgement. When prescribed appropriately many medications, including antipsychotics, have legitimate clinical efficacy. ACSA supports an approach that eliminates the inappropriate use of psychoactive agents.
- Page 54: In relation to the section '*Minimising risk of falls'* ACSA recognises the inherent tension between 'safety' verses the promotion of independence and the '*dignity of risk'*. We acknowledge the appropriateness of programs that minimise the risk of falls, including the injuries sustained from falls, but would ask the Quality Agency takes a balanced approach when assessing risk against quality of life and self-determination outcomes for consumers.
- Page 56: This section refers to 'Minimising *choking risk'* with the '*Reflective questions*' indicating that all staff involved in mealtime care or food service being able to manage a

choking episode. We believe this is outside the scope of some of the workforce. We recommend this be reworded to reflect *'all care and nursing staff involved in mealtime care'*.

- Page 57: The '*Supporting strategies*' in the '*medication misadventure'* section refers to *'generating current and accurate medicines lists for each consumer'. We recommend* adding '*where this information is known to the provider*' as there may be circumstances where the consumer actively chooses not to share with the provider the list of medicines they are consuming or prescribed.

Requirement 3.5:

- Page 68: In the '*Intent*' there is reference to '*this requirement mandates'* which is a directive term. We recommend the use of a less prescriptive term.

Requirement 3.6:

- Page 71: In '*Reflective questions*' there is a reference to '*structured documentation*'. We are unclear what is meant by this term. We recommend a definition be inserted into the definitions section of the guidance material.

Requirement 3.7:

- Page 73: The opening statement refers to '*timely referrals*'. We believe this is a subjective term and open to interpretation by providers and the Quality Agency. We recommend the removal of the word '*timely*' or alternately a definition provided in the guidance material.

Requirement 3.8:

- Page 75: In relation to the references to '*antimicrobial stewardship'* we note Requirement 3.8 includes the statement '*practices to promote appropriate antibiotic prescribing'*. We would refer to our earlier comments regarding clinical prescribing being the preserve of treating medical practitioners. We would be concerned about measures that seek to alter the relationship between a provider's clinical staff and visiting medical practitioners and which place altered responsibilities onto providers in relation to what are fundamentally medical decisions. ACSA is also conscious of a view held by many visiting medical practitioners of the ever-increasing level of burden and scrutiny in the aged care environment, reducing the attractiveness of providing services into aged care facilities.
- Page 77: Under '*Workforce and others experience*' section, we recommend removing the third bullet point that indicates staff promote '*appropriate prescribing of antibiotics'*, see our immediate point above.

STANDARD 4: SERVICES AND SUPPORTS FOR DAILY LIVING

We believe there are elements in the Requirements of Standard 4 that appear to be duplicated or similarly worded in other sections of the Standard which we found can sometimes be confusing.

KEY THEMES

Broad statements: We believe that some broad or general statements such as '*access to food at all times of the day or night*' may be both problematic for providers and additionally may put some consumers at risk (due to health requirements or behavioural/cognitive issues such as gorging). Meals/food provision and assistance with preparing meals within the in-home environment is based on consumer choice and engagement. There are resource implications to meeting all the expectations of consumers as well as compliance requirements relating to Food Safety legislation.

Use of language: Standard 4 refers to consumers to '*confirm*', '*outline', 'report'* or '*describe'*; providers may have all the appropriate information systems in place and keep consumers fully informed yet, when asked, consumers may not recall their involvement. How will this be taken into consideration by the Quality Agency?

Specific examples regarding Standard 4 include:
Requirement 4.3:

- Page 89: Under '*Supporting strategies*' it identifies that organisations are to keep '*records of when consumer information is shared with third parties such as contractors'*. We would like clarification on this statement, including whether this includes contracted agency nurses and/or allied health professionals?
- Page 89: The '*Reflective questions*' refers to '*effectively*' communicated which we believe is a subjective term and is different to when information has not been communicated and different to when information is '*inappropriately shared'*. We recommend deleting the word '*effectively*' and adding in '*and*/or inappropriately shared' to capture both elements of privacy of information.

Requirement 4.4:

- Page 92: The '*Reflective questions*' refer to '*how inappropriate referrals are addressed with staff*'. The term '*inappropriate referrals*' is subjective, and we question the relevance of this measurement as we believe it is more important that referrals are made. We recommend the removal of this dot point.

STANDARD 5: ORGANISATION'S SERVICE ENVIRONMENT

The guidance materials state Standard 5 relates to the physical environment for residential care, respite care and day therapy centres however it is unclear if CHSP social support group in a fixed base facility and CHSP respite under Care Relationships and Carer Support are included. We believe clarification is needed around the exact service environments that Standard 5 relates to and request this be addressed.

KEY THEMES

Use of language: We request clarity on what the Quality Agency would require of an environment for visitors to know service provision is '*inclusive'.*

We ask the Quality Agency to consider the view that a '*home like'* environment is unlikely to have visual cues such as posters, flags and brochures addressing all diversity and interests.

Balanced consideration of the physical environment: Whilst we support strategies that address contemporary built-form and design outcomes for new builds and for significant upgrades we would highlight that this can be a challenge to achieve, particularly for smaller and older facilities to provide. We believe there will need to be a balanced approach by the Quality Agency when auditing against this criterion.

Specific examples regarding Standard 5 include:
Requirement 5.3:

- There is concern that Requirement 5.3 does not address residential care services secure environments and clarity regarding evidence that will be required by the Quality Agency needs to be provided. ACSA requests clarity around what would be considered '*good reason'* to limit a person from moving about '*freely'*?

STANDARD 6: FEEDBACK AND COMPLAINTS

ACSA believes that the focus of the guidance material should be to assist all providers meet the consumer outcome statement as well as the organisation statement. We are concerned that this may be difficult for certain service types such as CHSP providers. As an example, to what extent is a CHSP provider who provides only gardening services expected to seek regular input and feedback from consumers, carers, the workforce and others to inform individual and organisation-wide continuous improvements?

KEY THEMES

Use of language: We recommend the language used in Standard 6 be supportive and encourage best practice rather than being focussed on the negative. For example, in Standard 6 use '*things go wrong'* in place of '*mistakes*'; use the workforce is '*open to hearing and addressing complaints*' in place of '*trained in eliciting feedback'*. We believe the guidance material needs to encourage people to work together to resolve issues and to move forward.

Broad application: We recommend consideration be given to ensuring the guidance material is broadly applicable to all service types without being administratively burdensome for smaller/stand-alone providers or providers of low level services such as CHSP.

Scope of complaints: ACSA is concerned with the suggestion in the guidance material that providers are expected to respond to complaints from consumers about any topic including how other care recipients and/or other care recipients' family/carer/representatives treat them. The expectation providers will mediate these types of complaints, particularly given the complexity of community and family relationships, may extend beyond the responsibility of certain providers, depending on the type of service they deliver.

Practical examples: We believe the guidance material should include practical examples of what providers could put in place to evidence requirements. For example, in relation to '*a range of methodologies to seek and understand the consumer experience*' under Requirement 6.1, a provider could undertake surveys, have easily accessible complaint forms available, and regularly advise consumers to call the relevant manager if they have any concerns. We recommend the guidance material includes a range of examples so there is something of relevance for all providers regardless of where they are located, their size and service type.

Specific examples regarding Standard 6 include:
Requirement 6.1:

- Page 113: The second sentence of the '*Intent*' statement, we suggest replacing with '*organisations should also confirm that everyone feels safe regarding making a complaint or providing feedback'*.
- Page 113: The last point under '*Supporting strategies*' we recommend making it less prescriptive so replace '*establish a code of conduct for'* with '*make available information for'*.

Requirement 6.2:

- Page 116: The second sentence of the second paragraph in the '*Intent*' section we suggest replacing '*evaluate*' with '*identify*'. This would be in keeping with the Aged Care Complaints Commissioner Best Practice on complaints management.
- Page 117: The first point under '*Training*', we suggest replacing '*eliciting*' with '*responding* to' feedback. This is in keeping with the Aged Care Complaints Commissioner Best Practice on complaints management.

STANDARD 6: FEEDBACK AND COMPLAINTS

- Page 117: Under '*Training*', the second point refers to '*key staff are trained in mediation*', we believe this is prescriptive and recommend this be removed.

Requirement 6.3:

- Page 119: The last point in '*Supporting strategies*', we recommend replacing '*education*' with '*information*'.

Requirement 6.4:

- Page 121: We recommend a definition of '*open disclosure'* be included in the definitions section.

Requirement 6.5:

- Page 123: '*Supporting strategies*' refers to '*establish a comprehensive organisation wide complaints management system*'. We are uncertain what constitutes '*comprehensive*' and how this would be defined by the Quality Agency? We recommend removing the word '*comprehensive*'.
- Page 124: Under Training, it refers to '*workforce orientation, education and other records show the workforce is trained in effective complaints management'*. We are uncertain what constitutes '*effective*' and how this would be defined by the Quality Agency? We recommend removing the word '*effective*'.

STANDARD 7: HUMAN RESOURCES

ACSA believes the guidance material on Standard 7 'overreaches', in that it appears to direct providers in how to manage their human resources rather than focussing on providing guidance on the actions providers could consider to meet the consumer outcome and organisation statement. We are concerned that as currently written the material may stifle innovation, ultimately limiting consumer choice and increase administration costs.

KEY THEMES

Non-mandatory requirements: We are concerned that supporting strategies, reflective questions and examples of evidence in this standard have been written and presented in such a way that they appear to be mandatory rather than guidance. We recommend material be clearly written and presented as guidance material.

Broad application: As suggested in Standard 6, we recommend consideration be given to ensuring the guidance material is broadly applicable to all service types without being administratively burdensome for smaller/stand-alone providers or providers of low level services such as CHSP. As an illustrative example Requirement 7.1 refers to '*utilising a comprehensive system for planning and managing the workforce', 'making every effort to employ staff that reflect the diverse characteristics of consumers', 'staff, volunteers and others are confident that there is a sustainable workforce plan'* which may not be relevant or practical for smaller providers or CHSP providers.

Privacy for the workforce: ACSA questions whether expectations which require evidence of a diverse workforce are appropriate as while they are to collect statutory declarations from staff about staff living and working overseas since 16 years of age, there is no obligation for aged care workers or providers to disclose such information in a wider sense.

Additionally, ACSA is concerned about potential issues of discrimination during recruitment processes, for example on the basis of gender, so that rosters can be designed and planned to ensure *'the right number of people'* from a specific gender are working. We believe this is also likely to be problematic across differing geographical locations.

Reduce duplication: We recommend the removal of guidance material that is across multiple standards as well as removing duplication within each of the Requirements 7.1 to 7.5. Guidance material should be located in the most appropriate Standard and Requirement rather than being in multiple Standards and Requirements.

Practical examples: We recommend guidance material include practical examples of what providers could put in place to evidence requirements. For example, in relation to '*a range of examples to seek and understand the consumer experience*' under Requirement 7.1, a provider could undertake surveys, have easily accessible feedback forms available, and regularly advise consumers to call the relevant manager if they have any concerns. The guidance material should include a range of examples so there is something of relevance for all providers regardless of where they are located, their size and service type.

STANDARD 7: HUMAN RESOURCES

Specific examples regarding Standard 7 include:
Requirement 7.1:

- Page 128 (and other pages): ACSA has concerns with the proposed reference to '*the number and mix of staff*', we recommend this is changed to '*a sufficiently skilled and qualified workforce to deliver quality care and services*' as in the organisational statement for Standard 7.
- Page 128: In the '*Supporting strategies*' section, we are unclear what '*evaluate the systems for making sure the organisation has enough staff to provide safe and quality care and services. Keep records of these evaluations'* means? We recommend this be clarified for the sector.
- Page 129: In relation to the '*Reflective questions*' section, we believe it may not always be realistic to expect the aged care workforce will necessarily reflect the diverse characteristics of consumers for several reasons including that consumers may not stay with a provider for a long period of time and aged care workers may be transient. We recommend the wording of this be reviewed. Additionally, the comment '*is the organisation making every effort to employ staff…*' we are unclear what 'every' means, we seek clarification on this.
- Page 130: Under '*Consumer experience'*, we are unclear what constitutes '*continuity of staff*'? We recommend this be clarified in the guidance material.

Requirement 7.2:

- Pages 132 to 134: In relation to this section, we believe this should be part of Standard 1. We recommend consideration be given to this.
- Page 132 and 135: In '*Supporting strategies*', references to '*provide management and the workforce with'*, '*make behavioural expectations explicit in'* and page 135 refers to '*develop a workforce plan'*. This language indicates the use of directive terms rather than terms to provide guidance. We recommend this use of language be reviewed.
- Page 132: In the '*Supporting strategies*' section there is a reference to considering how consumers can be involved in the selection processes for the workforce. ACSA has concerns in relation to the potential industrial and '*discrimination*' implications of this proposed strategy should consumers exhibit such behaviour. We recommend close consultation with the sector to further discuss this issue.
- Page 134: In relation to '*Training*', we raise concerns regarding potential training cost implications for providers, particularly providers of small services, particularly given recent sector data which continues to indicate an increasing number of providers are making a loss[3].

Requirement 7.3:

- Page 135: In the '*Supporting strategies*' section a reference is made regarding '*clinicians and health professionals are credentialed*'. We believe guidance material should include the reference documents that credentialing of clinical staff will be assessed against and request that this information is included.

[3]Aged Care Financial Performance Survey, December 2017 Summary Results Analysis, StewartBrown, 2018

STANDARD 7: HUMAN RESOURCES

Requirement 7.4:

- Page 139: In '*Supporting strategies*', ACSA is unclear what '*cultural preference'* means in the statement '*engage members of the organisation's governing body to respond to the Aged Care Quality Standards through a process of interpretation, cultural preference and embedded continuous improvement'.* We recommend clarification be provided in the guidance material.
- Page 140: In '*Reflective questions*', ACSA does not understand what is meant by '*In high risk areas, what resources have been allocated to support strategic responses to the Standards strategic such as training initiatives, role differentiation and monitoring*?'. We recommend the wording of this statement be reviewed for 'plain English' readability.

Requirement 7.5:

- Page 142: In '*Supporting strategies*' ACSA does not believe it is appropriate or practical for consumers to be involved in the assessment, monitoring and review of the workforce at all levels of the organisation. We recommend this strategy be reviewed.
- Page 142: In the '*Reflective questions'*, regarding the first bullet point, we question is this suggesting a language standards test? ACSA has concerns regarding this point and recommend it be reviewed for appropriateness.
- Page 142: In the '*Reflective questions*', second bullet point we suggest replacing '*type*' with '*attributes*'. The term '*type*' is subjective and can be discriminatory.
- Page 143: In '*Consumer experience*' ACSA does not support the second bullet point that requires '*through various examples consumers (including their representatives where relevant): report that they are genuinely engaged in the performance review of the workforce and that the organisation regularly assesses, monitors and reviews the workforce's duties, accountabilities and performance'*. We recommend this be reviewed for appropriateness.

STANDARD 8: ORGANISATIONAL GOVERNANCE

ASCA has concerns how small, or rural and remote providers, with limited 'governance' resources will implement the comprehensive nature of the *supporting strategies, reflective questions and examples of evidence* sections in the guidance materials.
We believe that while the information in purpose and scope provide a comprehensive outline regarding governance and recognises there is no 'one size fits all', there is a lot of information in the preamble and much of it could be reduced and included in the definitions section.

KEY THEMES

Smaller, less mature providers: ACSA is concerned for smaller service providers and the challenges they will face in transitioning to the new governance standard. We are keen to engage with the Quality Agency and the Department of Health to determine how a portion of the $50 million transition fund announced in the 2018-19 Budget can be used to help service providers address the transition to this governance standard.

Clinical governance versus broader governance: ACSA has a view that this standard appears heavily tilted towards, and focussed on, matters that might be described as clinical governance. Whilst acknowledging the importance of clinical governance, there are much more broad aspects to governance of organisations. We are not convinced the current format of this standard adequately reflects a broader perspective of governance or presents as weighting other non-clinical areas of governance with equal importance.

Referencing of documents: ACSA notes an apparent referencing of only government documents as reference material in the guidance materials, we believe there are likely many other non-government resources that are readily available and currently used within the sector.

Duplication of six concepts: We suggest giving consideration that references to monitoring by governing body as outlined in every previous Standard could be consolidated into Standard 8 in clear concise language, thus reducing excessive duplication throughout the material, but that this expectation be at a level appropriate for a 'governing body' and not simply at a service management level.

Specific examples regarding Standard 8 include:
Standard 8:

- Page 146: The '*Purpose and scope*' section, in the first paragraph defines what governance means. We also note there are explanations of governance on page 4 as well as page 163. We are not certain these definitions are all consistent. We recommend these are reviewed for consistency.

Requirement 8.1:

- ACSA questions whether Requirement 8.1 is a repeat of the content in Standard 2. We recommend that consideration be given as reducing any duplication across Standards 2 and 8.
- Page 149: In '*Supporting strategies*' we believe, as previously stated, that to involve consumers in workforce recruitment, training and review could be problematic and we note this strategy does not appear to be written as if the consumer or provider has a choice. We recommend this be reviewed.

STANDARD 8: ORGANISATIONAL GOVERNANCE

Requirement 8.2:

- Page 153: The first two sentences of this page use the words *'governing body'* and *'oversight body'* interchangeably. We recommend wording be consistent throughout the guidance materials.
- Page 153: In '*Supportive strategies*' there is reference to establishing '*line of sight'* for the governing body. ACSA recommends defining this term in the definitions section of the guidance materials.
- Page 153: In '*Supporting strategies*' the following is stated, '*avoid a routine response to compliance that may eclipse the intent behind regulations*'. ACSA suggests this is not clear and recommends the wording be reviewed.
- Page 153: In '*Supporting strategies*' there is reference to the governance body supporting '*the workforce by creating time for active engagement with consumers in conversations that foster cultural change and help put good ideas into practice. Consider the use of technology such as the internet, media and mobile devices to further engage consumers and their representatives'*. ACSA questions whether this language begins to mix governance with management? We recommend consideration be given to this observation.
- Page 155: In '*Monitoring and reporting*', we note a reference to '*a diverse range of consumers including Aboriginal and Torres Strait Islander people* (ATSI)'. We believe this may be the first reference to this special needs group and would ask why they have been listed for reference at this point of the guidance material and as an extension of this observation why they have been listed over other special needs groups, as the risk is then by omission excluding other needs groups? We recommend keeping this broad at '*diverse range of consumers*'.

Requirement 8.3:

- We note inconsistency in terminology regarding restrictive practices. There is a reference to '*minimising the use of physical and chemical restraint'* however in Standard 3 the term used is '*minimising restrictive practice'*. We recommend the use of consistent terminology.

Requirement 8.4:

- ACSA is uncertain of the meaning of the expectation to '*supervise subcontracted clinical care using formal structures and reporting*'. We recommend clarification be provided in the guidance materials.

APPENDIX 1: USE OF LANGUAGE

Subjective language

ACSA has concerns regarding the amount of subjective language that is used throughout the guidance materials. For example:

- Requirement 1.2: The '*Reflective questions*' references the consumer '*knows that this is encouraged by the service*' when referring to if the consumer wishes to pursue an intimate and/or sexual relationship. We ask what does the term '*encourage*' involve from a provider's viewpoint as this is a subjective term that could be interpreted differently by consumers, their representatives, providers and the Quality Agency? We ask clarity be provided. Additionally, we ask that clarification be provided on where a provider would sit if their religious code has a particular position which may be in contrast to this requirement.
- Requirement 1.2: Refers to '*provide guidance'*. We recommend clarification is provided on what this term means in the context it is used?
- Requirement 2.1: Refers to '*how deftly do the organisation's policies'*. We recommend '*deftly*' is clarified.
- Requirement 2.3: The '*Supporting strategies*' refers to '*offer innovative service solutions'*. What does '*innovative*' mean as the term is open to interpretation by providers and the Quality Agency. We recommend clarity be provided on this descriptor.
- Requirements 2.5 and 3.7: The '*Supporting strategies*' for this requirement refer to '*establish a strong network*' and '*strong clinical care'*. What does '*strong*' mean in both of these situations as the term is open to interpretation.
- Requirement 4.1: Refer to a '*variety of evidence'*. What is defined as a '*variety of evidence'* as the term is open for interpretation? We recommend clarity be provided on this descriptor.
- Requirement 4.2: Refers to '*the organisation is actively involved in community networks'*. We seek clarification on how the Quality Agency defines '*actively*'?
- Requirement 5.1: The '*Requirement statement*' refers to '*welcoming*'. What does '*welcoming*' mean as the term is open to interpretation? We recommend clarity be provided on this descriptor.

Need for more definitions:

We recommend the expansion of the definitions provided in the '*definitions*' section at the front of the guidance materials to provide clarification around some of the terminology used within the guidance materials. For example:

- While partnerships are defined in Requirement 2.1, consideration should be given to adding the terms of partnerships and partnering to the definitions section.
- It is considered the definition of '*person-centred care'* needs to be reviewed ('*with disability'* removed) and possibly refined, so that it can be used more widely as an adjunct when referring to diversity. True person-centred care ultimately includes respecting diversity.

We suggest the following terms be added to the definitions section:

- The difference between '*staff*', '*workforce*', '*relevant staff'* and '*key staff*'.
- '*Open disclosure'*.
- '*Service environment'*.
- '*Workforce plan'* and what such a plan would entail.
- '*Diversity action plan'* and what should be included in such a plan.
- '*Record*' as it is used differently throughout the guidance materials.

Prescriptive language

- '*Must*', '*should*' and '*will*' as in some cases, the guidance materials refer to these terms in the non-mandatory sections of the guidance materials.
- '*Range of methodologies'* as this is referred to in each of the consumer experience sections of the Requirements, including how many methodologies make a '*range*' and what are some examples of the methodologies?
- Requirement 1.2, 7.2 and 7.3 refers to a provider '*tests'*. ACSA recommends clarification on the expectation of '*tests*'.
- Requirements 1.4 and 3.7 refer to *'timely*'. ACSA recommends clarification is provided as to what constitutes a '*timely*' response.

Formatting

In places, the guidance materials are difficult to read as some of the formatting is inconsistent. For example, in several places '*consumer experience'* is not bolded like other elements and some of the dot points do not align under the relevant heading (pages 41, 46, 55, 57, 58, 60, 62) making the guidance materials difficult to read.