Feedback on draft guidance material for the Australian Aged Care Quality Standards

Followed by specific feedback on the new guidance material: *Services and supports for daily living promote each consumer's emotional, spiritual and psychological wellbeing*

1 June 2018

Contents

Part 1:
Feedback on the draft guidance material for the Australian Aged Care Quality Standards, using the AACQA template. Please note this was completed before we received advice about the inclusion of the National Guidelines for Spiritual Care in Aged Care.

Part 2:
Specific feedback on the new guidance material: *Services and supports for daily living promote each consumer's emotional, spiritual and psychological wellbeing.*

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Thank you for taking the opportunity to read and consider the draft guidance material that has been developed to support providers of aged care services to meet the new aged care quality standards.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 *(This information will not be published)*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 Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice?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 Do you have any specific suggestions in relation to draft guidance for Standard 2: Ongoing assessment and planning with consumers?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 Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care?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 Do you have any specific suggestions in relation to draft guidance for Standard 4: Services and supports for daily living?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?

Australian Government

Australian Aged Care Quality Agency

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?

Australian Government
Australian Aged Care Quality Agency

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?

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.

Feedback on new draft guidance material for *Services and supports for daily living promote each consumer's emotional, spiritual and psychological wellbeing*

1. Congratulations for choosing to increase the profile of each person's spiritual needs in the Guidance Material overall and especially by creating specific accountability by added this new element to the Standards; and making use of the federally funded National Guidelines for Spiritual Care in Aged Care.

2. This document should be read in the context of our feedback on the previously published guidance material, included at the beginning of this document, and using the template provided by AACQA.

3. Thank you for the request to provide comment on the new draft guidance material for *Services and supports for daily living promote each consumer's emotional, spiritual and psychological wellbeing* sent to us on 30 May 2018. Below is our response to the new material.

4. General comments:
4.1 Much of the material does a good job of making clear that each person is unique, that their spirituality is a significant component of quality of life and that staff need to be adequately prepared to work in this space.

There is a tendency, however, to focus on a "clinical process" and "skills development" approach to spiritual care needs assessment, consumer/resident engagement and staff development. The critically relational nature of spiritual care needs to made clearer.

4.2 The language of 'customer satisfaction' is surprising. At the 2017 AACQA Better Practice conferences one of our members, Baptcare, presented on the work they had done that showed 'satisfaction' is a measure of gratitude and does not sufficiently capture the quality of the experience of the person. This is the case with measuring spiritual care – it is centred on whether the person feels supported, understood, seen and heard. The link with quality of life is very important as this is also more than 'satisfied'.

4.3 Workforce training: ongoing mentoring, monitoring and modelling are the best way to ensure that the workforce build capability around spiritual care. It is as much or more about attitude and quality of relationships of staff to customers/residents as it is about measurable skills and competencies. Traditional aged care training modalities will simply not ensure quality when it comes to this standard although it is a start. The culture of the organisation has a critical role to play (see 4.6 below).

4.4 Care planning needs to reflect a relationship-centred approach including "co-design" of individualised care plans. This is not the same as care plans which simply "incorporate information provided by residents/representatives".

4.5 Communication and action about spiritual needs in the care team is vital. This needs to be made clearer.

4.6 Responsibility for integrated spiritual care sits with the organisation. The carer may want to prioritise their relationship with the older person but if their manager wants them to just hurry up, or their performance review only values task, the whole culture is undermined. How has the organisation framed their expectations of all staff? What is in position descriptions? How are rosters managed? What are role expectations? How is 'care' framed? It is important that this Standard does not sit in isolation from organisational systems and supports. These expectations may be articulated elsewhere in the Standards – such as 7 and 8.

4.7 Regarding consumer satisfaction with *the identification and review of their emotional, psychological and spiritual needs and preferences in relation to support provision.*
 "Spiritual care" and "spiritual needs" are terms that are not yet widely understood by consumers. Given this gap in understanding, a consumer could easily currently rate an organisation as sufficient with regards to their spiritual needs and preferences if there is evidence that the organsation asks, *Do you have a religion?* And if the answer is "*No*" or "*Yes*" and there is one religious support enabled, such as a visiting priest. As you are aware, this is not enough to understand someone's spirituality. For this reason we recommend putting the onus on organisations to make sure that consumers understand what SHOULD be included in terms of support for spiritual wellbeing. The consumer can then make a meaningful assessment of organisation's performance.

Below is the text you provided, with our ==comments== *inserted in italics*.

Services and supports for daily living promote each consumer's emotional, spiritual and psychological wellbeing.

Intent of this requirement

This requirement is focussed on how an organisation can promote the emotional, spiritual and psychological wellbeing of consumers within the context of its service provision.

The facilitation of emotional, spiritual and psychological wellbeing involves a holistic style of providing support for a person, with consideration of needs relating to the ==mind and spirit, as well as to the body==.

==Our comment==
This framing suggests that these elements of a person exist separately.
Suggested wording: "…with consideration of the needs of the whole person, understanding them as someone with a story first, who has physical needs."

Such a holistic approach is aimed at enhancing overall wellbeing, health and quality of life.

Support that promotes emotional and psychological wellbeing is multi-faceted, individualised and context dependent, including consideration of the service environment and the service type being provided to the consumer. However, regardless of the service context, it would consistently be characterised by the provision of person-centred, relational care which promotes empathy, compassion and authentic connection between the consumer and the ==care provider==.

==Our comment==
This is not clear, it is the organisation or the individual carer?
How is the mutuality of the relationship recognised?

Another important outcome of services and support which promote emotional, ==spiritual== and psychological wellbeing is the ==minimisation== of a consumer's stress, depression and anxiety in relation to their ==experience of aged care==.

==Our comment==
Need to insert 'spiritual'.
This sentence is overall problematic, as the person may have good reason to feel depressed and anxious – engaging with aged care is a challenge to our identity, and so we will feel a level of distress. That said, our expectation is that if the organisation attends to the person's needs in a holistic way, they are overall less likely to be depressed and anxious and will experience increased resilience in the midst of life's challenges.

Support that promotes spiritual wellbeing is also multi-faceted, individualised and context dependent. Consumers may locate their spirituality in a range of factors which could include official religious rituals, representatives and groups; less formal faith and belief supports; family, friends and other community connections; contact with nature, including animals; involvement in creative arts, and other sources.

Overall, spiritual wellbeing recognises and responds to a person's spiritual needs by supporting them to find meaning, purpose, hope and transcend loss, grief, disability, illness and pain (see Meaningful Ageing Australia - National Guidelines for Spiritual Care in Aged Care).

For organisations providing residential care and home care packages, the facilitation of spiritual wellbeing is likely to require the identification and assessment of a range of personal, clinical and lifestyle care considerations. For organisations providing specific service types, such as meals or transport, it may involve asking particular questions around, for example, how the consumer's spirituality affects their dietary preferences or whether transport is required to attend regular faith services or meetings.

Our comment
Insert - For all organisations it means the relationship between staff and each older person is prioritised.

Supporting strategies

- ~~Talk~~ to each consumer to understand them as a person and build engagement and trust to find out their preferences and needs in terms of their emotional, psychological and spiritual wellbeing in the context of service provision. Create~~,~~ ~~and~~ update records and communicate within the care team in relation to consumers' emotional, psychological and spirituals needs and preferences.

Comment
Insert 'Listen' instead of 'talk'
Insert 'and communicate within the care team'

- Identify, put in place and manage strategies that respond to the consumer's emotional, psychological and spiritual needs and preferences in the context of service provision.

- Train the workforce in a relational approach and processes that will enable them to facilitate the emotional, psychological and spiritual wellbeing of consumers.

- Provide resources, activities, equipment and products that promote consumers' emotional, psychological and spiritual wellbeing, including in response to illness, critical life events and end of life care.

- Engage and make referrals as appropriate to relevant practitioners who can assist in supporting consumers' psychological, emotional and spiritual wellbeing. These may include medical officers, psychologists and other allied health professionals; faith representatives, pastoral or spiritual care practitioners, and/or other relevant individuals/groups.

- If desired by the consumer, acknowledge and observe sacred, cultural, religious and other special days that are meaningful to them. ~~which are relevant to the consumer~~.

- Evaluate staff practices and processes for relating to and supporting consumers in terms of their emotional, psychological and spiritual wellbeing.

Reflective questions

- How <mark>satisfied</mark> are consumers
  - with the identification and review of their emotional, psychological and spiritual needs and preferences in relation to support provision?
  - that staff show concern for their emotional, psychological and spiritual wellbeing in a caring and meaningful manner?

<mark>Comment</mark>
See above for our query about the language of 'satisfied'. The measure for consumers could be 'They know me, they understand me, they respond to me'. Or use the Most Significant Change method, which taps in to each person's experience. Prof Yvonne Wells from La Trobe University has expertise in this area. See below, 'Examples of evidence'.

- How do management, the workforce and others describe the organisation's contribution to the emotional, psychological and spiritual wellbeing of consumers?

- How does the service ensure that staff are particularly sensitive at times when consumers may need additional caring and compassionate support?

- How do staff build and maintain trust with each consumer? Do interactions between consumers and the workforce show that consumers receive care which responds to their emotional, psychological and spiritual needs and preferences?

- Do records show that emotional, psychological and spiritual needs and preferences are identified and responsive strategies put in place and reviewed to facilitate consumers' emotional, psychological and spiritual wellbeing?
- Do the organisation's governance policies and procedures demonstrate a commitment to consumer care that includes the emotional, psychological and spiritual aspects of a person's wellbeing?

- How does the organisation monitor and evaluate consumer emotional, psychological and spiritual wellbeing? Do records – such as information and resources, review reports, orientation programs or workforce performance evaluations – show how the organisation uses these evaluation results?

<mark>Our comment</mark>
Insert – There are corporate strategies in place to respond to the spiritual needs of older people and staff. Strategies are incorporated into operational plans and quality management systems, and these are measured. (ref National Guidelines 1.2)

Insert - Policies and procedures reflect a culture of recognising the spirituality of those who have contact with older people and carers/representatives. (ref National Guidelines 1.3)

Examples of evidence

Consumer experience

- Evidence of a range of methodologies being used to seek, and understand, the consumer experience against this standard.

- Through a range of evidence, consumers (including their representatives where relevant):
  - confirm how the organisation values and fosters their emotional, psychological and spiritual wellbeing
  - express satisfaction with the initial emotional, psychological and spiritual support they receive when they first partner with the organisation
  - express satisfaction with the ongoing emotional, psychological and spiritual support they receive from the organisation.

==Our comment==
Insert - Evidence that consumers have been educated about what it means for an organisation to understand and respond to their spiritual needs.

Workforce and others experience

- The workforce can describe and provide specific and meaningful examples of how the organisation has supported the emotional, psychological and spiritual wellbeing of different consumers.

- Managers can describe how the organisation facilitates the spiritual, psychological and emotional wellbeing of consumers and how it trains and supports staff to put the standard into practice.

==Our comment==
Insert - The workforce can describe the role of teamwork in the support of each older person's spirituality.

Staff describe how their spirituality is acknowledged by the organisation (ref National Guidelines "recognising the spirituality of those who have contact with older people and carers/representatives" 1.3)

Training

- Workforce orientation, education and other records include:
  - a focus on identifying and understanding emotional, psychological and spiritual wellbeing
  - how to tailor services and supports to the person based on recognition of their emotional, psychological and spiritual needs and preferences.

==Our comment==
Insert - Spiritual training commensurate with role and responsibilities is available for all

personnel who have direct and/or frequent contact with older people, regardless of whether they are employees or contracted through another organisation. (ref National Guidelines 1.5)

Also:

- *understand that spirituality is bigger than religion*

- *understanding the distinctive nature and function of spiritual care*

- *understanding different spiritual typologies that are often defined culturally*

- *knowing the signs of spiritual distress*

- *becoming familiar with basic person-centred spiritual care practices that ameliorate spiritual distress*

- *knowing when and how to refer to subject matter experts*

Policies and practices

- Individualised care plans include information:
  - provided by consumers (and their representatives) about their emotional, psychological and spiritual needs and preferences
  - describing the implementation of services and supports provided by the organisation in relation to consumer emotional, psychological and spiritual wellbeing.

- Strategic documents, policies and procedures that describe how the organisation provides services and supports which promote consumer emotional, psychological and spiritual wellbeing.

Monitoring, reporting and performance improvement

- Evidence of how the:
  - governing body defines, sets indicators and monitors its performance against this standard
  - organisation records and reports on its performance against this standard, including frequency, reporting arrangements and dissemination of information to the workforce
  - organisation continuously improves its performance against this standard, including how it changes its policies, procedures and practices based on available, evidence, experimentation and exploration of new ideas and learning from what's not working.

==Our comment==
Insert

- *the organisation uses recognised measures of spiritual wellbeing to track performance*
- *evidence of strategies to implement systems of care that promote holistic well-being*
- *leadership at all levels demonstrates awareness of spirituality, particularly in relation to supporting staff through the inevitable transitions of their direct care giving role. (ref National Guidelines 1.4)*

Thank you for the opportunity to contribute.
For further information please do not hesitate to contact us.