Submission to the Australian Aged Care Quality Agency Online Consultation: Draft Guidance Aged Care Quality Standards

Prepared by COTA Australia

June 2018

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About COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

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Permission is provided to publish the full submission of COTA Australia. We operate in all states and territories with offices located in Canberra and Melbourne.

Introduction

COTA Australia regards the draft Standards Guidance as a comprehensive guide to the delivery of the core standards which focus not only on the quality of care and safety standards expected of services, but also on the delivery of services that meet the 'quality of life' expectations of consumers and carers. Of particular importance is that the Standards Guidance materials will identify how an aged care provider will be assessed on delivering the eight 'consumer outcomes' as they apply to each of the organisational requirements as well as the relevance of the Consumer Experience Reports (CER) as they pertain to specific standards areas including how the interviews and CER's collected from consumers will be considered as part of the Standards Guidance Material.

Based on feedback, from a consumer perspective the Standards Guidance Materials do not explain how the standards will be monitored and enforced. We would urge the Agency/Commission to ensure explanatory information specifically for consumers is included within any area where the materials on the standards are provided.

We welcome the introduction of a risk based approach identified in the introductory section of the Guidance materials, including consideration of effective quality systems. We recognise these introductory remarks also discuss that the standards allow a quality assessor to monitor processes to focus on 'consumer outcomes' but we are concerned that this distinct and measurable concept, as outlined in the proposed standards, has been blended with the much broader and further reaching concept of 'consumer experience'. While we recognise the benefits of incorporating consumer experience into the assessment process, the materials must not do so in a way that diminishes the principal role of the Consumer Outcome Statements.

We would propose a clear definition, outlining the purpose of the Consumer Outcome Statements, the Organisation Statement and the Requirements, is included in either the introductory or definitions section. Should the concept of 'consumer experience' also be retained within the materials a clear definition should also be included. COTA's view is that consumer experience is broad and should encompass more than 'satisfaction' or 'quality of life', but we recognise that within the sector there is a range of views as to how far 'experience' should be considered. Without a clear and common understanding within the sector of the role of the Consumer Outcomes (and the Organisation statement), COTA is concerned that the future of the standards will inappropriately focus solely on the assessable requirements and diminish the purpose of the outcome and organisational statement.

COTA is further concerned that the guidance materials are too long and complex. The guidance acknowledges on page 2 that it 'does not cover all possible strategies or sources of evidence that could be used by an organisation' and that 'each organisation should interpret the guidance considering its own service delivery model'. Furthermore, it suggests 'outcomes, and the manner in which they are demonstrated, will be unique to individual services' responses to their consumers' needs'. Consultations conducted with consumers identified that consumers are happy with the intent and direction of the Guidance Material but felt the language is not appropriate for on the ground staff to understand.

There are concerns by consumers that the guidance materials provide a lack of clarity on the way these will be implemented, measured and assessed. COTA understands the difficulty in creating guidance materials that can be used by aged care organisations of varying size and structure. Nevertheless, it is concerning that, because the guidance is too broad and lacks a clear structure, the obligations on providers could become lost. It is worth noting that Victoria is in the process of developing a set of performance measures

for its Public Sector Residential Aged Care Service providers. Once finalised, this might be a useful resource to be included in the materials.

The materials would also benefit from more work to improve readability and to make them more accessible and user-friendly for a range of staff and stakeholders. This could entail moving some of the material into supporting appendices.

COTA welcomed 'Consumer dignity and choice' as a new standard and considers this should be used to provide an overarching framework for the delivery of services which would be welcomed by service recipients. Indeed Standard 1 fits well with consumer expectations around 'quality of life' measures and is described as a 'foundation' standard. However, the current draft Guidance materials fail to create or clearly demonstrate the link between Standard 1 and the remaining standards. It should, in our view, be made more directly obvious that other standards cannot be met unless in doing so there is full compliance with Standard 1. This is particularly evident in the area of responding to diversity. COTA is concerned to hear that providers appear to lack capacity to respond to diversity and that quality assessors do not feel equipped to assess how providers are responding to this need.

There is some ambiguity in the Guidance materials about the term 'consumers' (notably in the definition on page 4) and when this includes a person's representative, carer, family member or substitute decision maker or not. This is of particular concern when COTA hears that often relatives are being kept out of the loop, especially when this occurs in residential care where consumers may be experiencing cognitive decline, or have language differences or speech difficulties. A clear definition of 'who is the consumer' should be included within the materials in a way that ensures the focus is provided to the aged care resident or client, but recognises when it may be appropriate to include the substitute decision maker, family/friends or other representative.

COTA Australia is pleased to see consumers are expected to be involved in the planning, design, delivery, measurement and evaluation of services and that this expectation is incorporated into the guidance materials. However, this seems to be mostly in relation to the care and services they receive as an individual and the customer/consumer 'voice' as a whole seems to be missing from the materials. COTA would have expected to see the materials set a methodology for the aged care sector to work more systemically and systematically with consumers to build a more responsive and effective aged care system across the board and not just in the individual delivery of services. We believe consumers and providers would welcome best practice ideas from the new Commission on how to build and deliver effective consumer partnerships and propose that this be an addition to the guidance materials. This could also help consumers better understand how they can work together with providers to create change within their organisation.

Similarly, the guidance is largely silent on strategies to help consumers to improve their health literacy and build their understanding and capacity to support organisational and service sector design. COTA believes consumers would welcome training and support from providers in this area.

Finally, the guidance materials seem heavily geared towards residential aged care services with little explicit or obvious consideration of what guidance materials are required in a community or home care setting. While COTA appreciates the historical context and that bringing community and home care providers into a new compliance regime is a complex change process, we believe these standards and their materials need to be developed in a manner that reinforce change and improve service delivery for the whole of the aged care service system. While some standards will be similar across the service settings (e.g. Human Resources) others require specific consideration for the service settings in which they are

performed (e.g. personal care and clinical care). Strategies and ideas for either home care or community care as distinct from residential care would be helpful within the Guidance materials to ensure these providers have the tools and resources necessary to fully meet their requirements.

COTA Australia provides feedback below to each of the Standards:

Q1-4 - Please provide your name, role and organisation, with your email address and phone number for ease of follow up.

This information is included on page 3 of this submission.

Q5. Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice? If so, what are they?

We note from our previous conversations with the agency that the intention of Standard 1 is to be foundational and will apply across all the remaining standards. We note that the current Guidance materials does not clearly reflect this but that we have been assured this will be updated to include this statement to ensure the consumer dignity and choice is filtered, as appropriate, across the standards.

We understand from our discussions that Requirement 1.2 will be updated to incorporate "culturally safe" delivery of care and services.

Consumer Empowerment

COTA Australia considers that providers need the capacity to partner with consumers and carers in the delivery of aged care services and that the empowerment of consumers should be a key driver of service improvement. Consequently, the following point under Purpose and Scope of Standard 1 should be given greater emphasis:

- The standard recognises that in all cases consumers should be empowered to exercise choice and to influence the provision of care and services to the extent that they wish. The workforce needs support to enable them to involve, listen to and respect the views of the consumer, and seek to support the consumer to live the way they choose and enhance quality of life.

Examples of how consumers can be empowered to exercise choice or the support workers need to help them enable consumers would be useful.

Additionally, we would suggest that there be consideration of the competing needs of two residents within the reflective questions such as "Does the organisation encourage flexibility in delivering on individual consumer preferences and address on a case-by-case basis when conflicts or inability to deliver efficiently arises, or does the organisation limit choices to a predefined menu or process approach?"

Potential to limit consumer choices

COTA believes that the phrase "choice will be subject to the care and services that the organisation is required to provide" under Purpose and Scope of Standard 1 lacks clarity and on the face of the statement appears to provide a justification for limiting consumer choices. The guidance should make it clear that this does not exempt organisations from brokering services provided by other organisations to meet consumer choice and expectations and organisations should have relevant referral pathway processes in place to

facilitate this requirement. COTA sees this as a particular issue in regional locations and areas of 'thin' markets.

The issue of best interests (highlighted on page 15) versus consumer choice is a live issue and consumers with cognitive issues such as dementia or similar conditions need to be supported to express a view, regardless of whether that view is deemed in their 'best interests'. In addition, under 'Examples of Evidence' under Standard 1, the workforce needs to understand and be enabled to treat consumers with dignity and respect as well as being able to embrace diversity in older Australians. Feedback tells us that, while a challenging area, the importance of diversity, dignity and respect must be emphasised. It is equally important that consumers feel able to make choices that involve an element of risk and have those choices respected by staff.

Ensuring diversity issues are not consumed by 'dignity and respect'

COTA notes that there are differing views about the continued combination of 'dignity and respect' with 'identity, culture and diversity' in Requirement 1.1. We appreciate that these concepts have been split in the 'purpose and scope' explanation on page 9, but we continue to be concerned that assessment processes outlined in Requirement 1.1 will not consider these items distinctly.

If 'identity, culture and diversity' are integral to consumers being 'treated with dignity and respect' then it is critical that how 'identity, culture and diversity' are valued is specifically and distinctly assessed. It is also critical that such assessment recognise that intrinsically 'identity, culture and diversity' have essential collective features and attributes and that how those are valued requires more than a focus on the individual consumer but also a recognition of the need for, and the provision or support of, activities that facilitate connection and interaction with the collective lived experience of shared identity, culture or attributes of diversity.

Such activities are important when considering how to make an environment welcoming to particular diverse populations. For example, this is relevant when providing services to Aboriginal and Torres Strait Islander consumers or prior to an individual's self-disclosure. Further, understanding the common barriers, concerns or problems that diverse cohorts experience can help provide a systematic approach to training by which staff can develop a broad awareness of some of the barriers and solutions they may experience when interacting with particular diverse populations.

In addition, under policies and practices of requirement 1.1 we would suggest that "non-discrimination policies are published and prominently made available to consumers" be incorporated.

Driving best practice behaviour for Diversity within aged care providers

COTA Australia strongly supports the work of the Aged Care Diversity Framework and its associated action plans. It is unclear how the standards guidance materials will assist in the implementation of actions to improve the inclusion of diverse populations within the standards guidance materials.

COTA Australia would suggest that under requirement 1.1 under examples of "Monitoring, reporting and performance" that the evidence examples be updated to require providers to demonstrate how plans for their diversity activities within their organisational documentation are part of a continuous improvement process. This may be as part of strategic plans, operational plans or through a dedicated action plan. Reference could be made to the Diversity Framework and associated action plans to outline the type of activities they may consider undertaking, based on their particular client or geographical diverse population profiles.

Defining the role of 'representatives'

The term 'representatives' should be added under Consumer Experience in section 1.2 as many consumers will need or want representatives to speak for them. All too often we hear that relatives are kept out of the loop – particularly in residential care where consumers may be experiencing cognitive decline, speak a language other than English or have speech difficulties. Particularly where dementia is involved, it can be the long term partner or friend who recognises or knows the consumer's preferences/wants. Yet we know of several situations where a Public Guardian has been appointed to support a consumer's entry into residential care even though it is against their wishes as expressed by a partner or friend, with such representatives excluded from the decision-making process.

Additionally, recognising the role of a customer's chosen 'advocate' whether formally from the NACAP program or informally their family or friend is important and of particular concern to Forgotten Australians.

Ensuring choice is informed choice

COTA appreciates the inclusion of Requirement 1.2 towards improving informed choice within the broad aged care customer population. COTA was dismayed to note that under this requirement there appeared to be no suggestion that a provider would be required to present information in a fashion that was suitable for or well understood by their customers. Providing information about fees, charges etc in a schedule of a complex contract for example is insufficient. There should be stipulated examples setting expectation that written materials provided to consumers are of a sufficient plain English level. It may be sufficient that this requirement references a link to Requirement 1.4 which currently is seen as distinct from the informed choice elements contained in Requirement 1.2

Ensuring duty of care does not trump dignity of risk

COTA appreciates the inclusion of Requirement 1.3. We would suggest the supporting materials could be strengthened by bringing the final sentence of point four under 'supporting strategies' to the intent of this requirement – identifying that the onus is on the provider to work with consumers to find other ways to achieve the outcome they seek.

We are also concerned by the absence of discussion about "duty of care" in the guidance materials. COTA's experience is that legal obligations about 'duty of care' and how to balance these with 'dignity of risk' obligations are not well understood. Accordingly, we would strongly suggest the guidance materials lack of focus on discussing duty of care and appropriately placing it in the context of this requirement may lead to the continuation of the 'duty of care trumps everything else' mentality held within significant parts of the sector.

Ensuring privacy and confidentiality reflects the care setting

COTA suggests that Requirement 1.5 needs to consider the needs of consumers using home care services in relation to privacy and confidentiality. While residential aged care settings are specifically noted, more details about how this requirement applies to the providers of home care and community services would be useful.

Additional comments

COTA notes concern by FECCA with the lack of materials being provided in a format consumers can understand or where appropriate in their preferred language other than English. We would encourage appropriate updating of the guidance reference materials to include FECCA's suggested improvements for culturally and linguistically diverse populations.

COTA suggests that the population groups of 'care leavers' (e.g. former Stolen Generation, Wards of the State, Migrant children, and those who identify as Forgotten Australians) should be added to the list of

people who may have experienced disadvantage or exclusion in their lives in Requirement 1.1 (and arguably should include all of the former 'special needs groups' contained within the Aged Care Act).

In Requirement 1.1, it is important to emphasise that training for the workforce should clearly include all areas of the business, including hospitality staff, cleaners, gardeners, administration staff etc. as well as staff with a hands-on caring role.

Having written end-of-life 'wishes' is important in this Requirement 1.1, in addition to being included in Standard 2, the material should be updated to reflect this fact.

Q6. 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?

In relation to Requirement 2.1, COTA points out that partnerships most often imply reciprocity of communication, a "feedback loop" and an understanding of shared responsibilities. However, concrete expectations or strategies about how consumers might prefer to participate, or can rate or register their satisfaction in this regard, appear to be minimal. The provider, in general, is compelled to form partnerships, give information, plan discussions, support conversations around assessment/planning and review; also to ensure timely responses to a consumers' change in circumstances being reflected in usual assessment and service planning processes. Furthermore, the provider is to check in on the extent the consumer (and their representative) wishes to be involved in planning and review of care and services and the provider is asked to reflect on consumer experience and may supply 'examples of evidence'. However, rather than collecting loosely defined examples of evidence, it would be preferable that the Guidance materials set an expectation that customer feedback on their experience be collected systematically (via various methodologies). Best practice would seem to be that such feedback be incorporated into a feedback loop for continuous improvement for the individual consumer and the larger model of assessment, planning and service delivery.

'Advance care planning' is missing in Requirement 2.2, despite being noted as an inclusion in this requirement in Requirement 2.3 on page 8.

We are surprised to find that the focus on end of life planning is not more developed within requirement 2.3 materials. We felt such practical things that might be included is clear understanding of the hierarchy of documents relating to end of life planning (i.e. the relationship between such things as legally binding advanced care directives by the consumer, delegated/substituted decision maker through enduring guardianships, nominated representative under the Aged Care Act and non-legally binding "aged care wishes") commonly used to document a consumer's preferences for decision makers to consider. Consumer consultations on the Guidance Materials consistently raised concerns about 'euthanasia' further bolstering the need to ensure providers are confident in supporting end of life planning discussions with dignity and choice.

COTA would recommend the new National Palliative Care Standards: 5th Edition (2018) should be included in the Key Resources section under Standard 2. In addition, this paper maps the palliative care standards across various sectors including aged care and health, 'to assist services to identify intersections and avoid duplication of effort'. This is worth noting and would be a useful addition to the aged care Guidance Material in the future.

COTA welcomes the inclusion of requirement 2.5 but would suggest that the Guidance materials insufficiently express how this is to be done in accordance with the wishes and privacy considerations of the consumer as identified in requirement 1.5. COTA would suggest that clearer linkage between these requirements will enhance the guidance materials objectives.

Requirement 2.6 appropriately identifies that the care plan is "readily available to the consumer", however we are concerned that point 2 in the reflective questions on page 41 would imply that the onus is on the consumer to ask for the care plan to be provided. While this may be appropriate at random points, the guidance materials should signal some level of the provider sharing these documents with the consumer at regular intervals.

Requirement 2.7 discusses that care and services are reviewed when circumstances change, incidents occur or the "goals or preferences of the consumer" change. COTA is dismayed to find that this final aspect of "goals or preferences" is largely absent from the Guidance materials. Arguably, a consumer may request a change in home care and pay for the redoing of their care plan at any time, however best practice would be to ensure that providers confirm with consumers their "goals or preferences" at regular intervals. No examples of evidence appear to speak to this final element of the requirement.

In consultations with consumers feedback was received about the concern with the terms 'timely' indicating that this could mean anything and be interpreted very differently by service providers, consumers, family members + friends. COTA would suggest the Guidance Materials be updated to greater reassurance that timely is a shorter rather than longer period of time.

Q7. Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care? If so, what are they?

COTA believes that the Department of Health's publication 'Guiding Principles for Medication Management in Residential Aged Care Facilities' should be included as a reference in the Key Resources section for this Standard. The draft Guidance for Standard 3 on page 4 states that 'medication errors can result in avoidable hospital admissions, morbidity and mortality, but effective use of policies and procedures supporting quality use of medicines can minimise this risk'. The 'Guiding Principles for Medication Management in Residential Aged Care Facilities' represent an important resource to support action by these organisations to achieve quality use of medicines.

We note the format of these guidance materials is different in that organisational requirements have been combined for 3.1-3.3 and then there are sections A-K on different areas of care. COTA Australia would suggest that an explanation of this different approach be provided. In particular we would suggest that an explanation of how and why the areas A-K were included, whether all items are relevant to both home and residential care settings.

Inclusion of Oral Health

COTA supports the implementation of the National Oral Health Plan, noting that health complications older Australians can face from poor oral health. We would suggest that Oral Health be included within the risk impacts listed on page 47 and noting the potential impact on pain by undiagnosed dental or oral disease on page 58.

Inclusion of foot care

Consumer consultations suggested that risk impacts listed on page 47 could be expanded to discuss 'foot care' and the benefits of upskilling staff to assist foot care between podiatry visits.

Ensuring appropriate clinical approaches for individuals previously abused in institutional care

COTA recommends that individuals who may have experienced abuse in their lives, particularly those abused in institutional care, require unique strategies and interventions. The Standards Guidance material should discuss this and provide examples of the types of policies and procedures the Commission would expect of providers.

Q8. 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?

COTA recognises the unique challenges of delivering food appropriate for all residents for a diverse population within an aged care facility. Nevertheless, we believe the Standards Guidance materials set the standards and expectations of what providers should deliver and provide the space for them to explain or identify why that is unable to be delivered in their particular circumstances. We would recommend that requirement 4.5 be updated to reflect "culturally appropriate" food delivery.

Q9. Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment? If so, what are they?

A key element of developing a welcoming service environment is the friendliness and happiness of staff. We would encourage consideration of how to incorporate staff within this requirement 5.1 given this standard is designed to be beyond the built/physical environment.

COTA is concerned that Requirement 5.1 does not specifically address issues of diversity. We would submit that this is a critical element of developing a welcoming and culturally safe environment. We would suggest the reflective questions and supporting strategies could be more explicit in their consideration of diverse population needs.

Q10. Do you have any specific suggestions in relation to draft guidance for Standard 6: Feedback and complaints? If so, what are they?

COTA notes the opportunity for improvements to service delivery through proactive identification of consumer concerns, without a formal complaint or feedback form being completed. For example - If a staff member notices a change in behaviour and body language and suspects an issue, will they instigate a process to understand the changes observed? It is noted that people with past abuse, whether in an a institutionalised setting or not, may not complain because of past experiences in retribution and such an approach of addressing concerns without formal feedback will assist in resolving such issues.

Q11. Do you have any specific suggestions in relation to draft guidance for Standard 7: Human resources? If so, what are they?

COTA notes however its concern that the Standards Guidance materials do not provide any indication of the elements to be considered for determining the "adequacy of staff numbers" or the "staffing mix and numbers" that will ensure consumers receive high quality care. Key resources to support a provider determining these items should be considered.

COTA, and the consumers we consulted with, identified a particular concern that consumers be involved in the selection processes for staff. COTA would recommend changing the language around consumer engagement in standard 7 from "consideration" to a "will be involved" approach. Consumers were concerned to ensure staff had the 'right qualities' before being employed. These qualities and attributes were typically empathy, respect and desire to care. Of particular concern to consumers was the changing nature of staff (usually due to employment through sub-contracted agencies) and the impact this had on consumers building trust and relationships with a regular workforce. COTA supports measures to ensure an appropriately skilled and quantum of workforce is delivered as part of the expected services delivered through the funding provided.

In relation to requirement 7.3, COTA is concerned that there is potential for this requirement to unjustifiably interfere with consumer choices in relation to their choice of staff member. Increasingly reports are received of requested sub-contractors being rejected by a provider based on consumer requests. The intersection between standard 7, in particular requirement 7.3, and the empowerment of consumer choice and control in standard 1 should more explicitly be discussed. This could perhaps be achieved by enhancing the examples of evidence discussion on consumer experience to include consumer choices. It may also be necessary to discuss this intersection with consumer choice in requirement 7.4 in relation to the "recruitment" of consumer directed staffing preferences from outside the organisation.

Staff training should include an understanding of diverse needs, in particular the impact of delivering care to those who have been abused throughout their lives.

Q12. Do you have any specific suggestions in relation to draft guidance for Standard 8: Organisational governance? If so, what are they?

Service providers and the workforce need practical tools to help them develop, implement and maintain systems to partner with consumers. Therefore, the section on training under this Standard could be expanded to ensure providers and consumers receive the training they need to build effective partnerships. Ways to engage consumers at a systemic level are not made clear and measures to help consumers to improve their health literacy and build their understanding and capacity to support organisational and service sector design are missing.

In relation to the areas that are critical for governing bodies to set values and organisational directions, we would suggest that the issue of supporting consumer choices within their organisation is an area that increasingly Boards should be strategically involved in. This is of particular concern given the potential impact on organisational profitability if changes to workforce are made based on consumers' desires to receive services from a staff member of their preference.

Consumer consultations provided particular feedback for greater transparency around fees, the value of workforce and needing to ensure frontline staff are respected, valued and appropriately remunerated to ensure the right people are attracted to work within aged care. Consumers were keen to ensure their involvement at board or other governance structure to ensure governance maintains a customer focus.

Q13. 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?

The clarity of the guidance material is rated 6 out of 10.

What would make it clearer?

COTA Australia is concerned the materials do not specifically demonstrate the integration of the requirements across standards – specifically the requirements of Standard 1 across the remaining standards.

We also have concerns that the guidance is too broad and that the obligations on providers are ambiguous, lack clarity and may not provide the information providers need to meet the Standards. For example, there are no performance measures or indicators in the materials and providers are expected to develop their own. Simplification and more tangible examples of *what* specifically will be measured, what types of evidence will be sought, etc. to help service providers and staff better understand how to demonstrate that the Standards and associated Requirements are being met. Some providers may already have systems and processes in place to undertake this work, however others, particularly newer players or smaller service providers, may need more assistance to create measures that will help them meet the requirements. As previously indicated, the Victorian government is in the process of developing a set of performance measures for its Public Sector Residential Aged Care Service providers. Once finalised, this might be a useful resource for residential aged care providers.

If the materials were restructured in this way, it could also identify 'stretch' standards for providers that go above and beyond the core standards. We believe this would be appreciated by consumers and carers and that providers would also be open to suggestions in this area also.

The guidance needs to be written in a way that is accessible and user-friendly for a range of staff and stakeholders. It is welcomed that the guidance materials are being piloted with selected stakeholders. COTA Australia is interested in learning the outcomes of the pilot phase.

The guidance materials would benefit from more work on the structure to improve readability and to make them more accessible and user-friendly for a range of staff and stakeholders. This could entail moving some of the material into supporting appendices. The *National Safety and Quality Health Service Standards* could be used as an example in this regard.

Q14. 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?

As highlighted previously, COTA Australia is concerned that the issue of diversity, including responding to disadvantaged groups, is not adequately covered throughout the guidance material. Providers appear to be failing to fully understand their responsibilities in responding to the diverse needs of the people using their services. While Standard 1 provides some expectations on providers to demonstrate how they are responding to diversity in their organisations, expectations around this standard should be more clearly articulated throughout the document.

It is not clear how the guidance applies to services that are currently block funded.

Q15. Do you have any other feedback on the guidance material?

The Quality Agency website notes there will be development of resources to help consumers understand the new Aged Care Quality Standards. COTA would be interested in contributing to this work (We note, for example, that COTA Queensland has already been involved in co-production activity related to the standards.)

COTA notes that while funding is available to transition residential aged care providers to the new Standards, a similar investment was not made for providers of other programs that are subject also to the new Standards. Given they are less familiar with this form of Quality Framework that is a concern.