

# Newsletter - June 2019



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# Commissioner's message

Across the country, my staff and I are seeing evidence of aged care providers working hard to get ready for the introduction of the new Aged Care Quality Standards from 1 July 2019.

Close to 20,000 people have now viewed the "[Aged Care Quality Standards](#)" video - made in collaboration with Altura Learning to support providers with the transition to the new Standards. We have also heard that a number of providers are running "[What the new Aged Care Quality Standards mean for you](#)" for their consumers and family members.

In addition, there was strong participation by providers in a webinar held recently in partnership with the Department of Health. As well as focusing on the introduction of the new Standards, the webinar, which drew more than 1,800 concurrent viewers, considered the single Charter of Aged Care Rights and the Open Disclosure Framework. If you missed the webinar, you can view it [here](#).

There is more information about these important reforms in this edition and providers are encouraged to familiarise themselves with this material.

Alongside producing information, guidance and resources on the new Standards for the sector, the Commission has been working to ensure that our own staff are ready too. Continuing Professional Development workshops have been held for our quality assessors and a special training program is also being rolled out for our complaints officers.

I am confident that through the focused efforts of aged care providers, and with the active involvement of consumers and their representatives, the sector will successfully transition to a more consumer-centred model of aged care that improves the experiences and quality of life for all people receiving care.

**Ms Janet Anderson PSM**  
**Commissioner**

## Meet our new Minister

Tasmanian Senator the Hon. Richard Colbeck has been appointed Minister for Aged Care and Senior Australians. (His other ministerial responsibilities are Youth and Sport.)

Minister Colbeck has confirmed the Government's commitment to ensuring that senior Australians are supported to age with dignity and receive the care that they deserve. Addressing the community's changing expectations of aged care will also be a key focus of the

Government and is expected to be picked up by the Royal Commission into Aged Care Quality and Safety. Other issues of interest identified by the Minister to date have included the aged care workforce, and social isolation among senior Australians.

Following the 19 May 2019 Federal election, the former Minister, the Hon. Ken Wyatt, became the first Indigenous person to be named Federal Minister for Indigenous Affairs and to become a member of Cabinet.

## Assessment against the Aged Care Quality Standards

The Commission begins monitoring and assessing provider performance against the Aged Care Quality Standards from 1 July. The overall structure of this process remains the same.

Each site assessment begins with an entry meeting between the person in charge of the service and our assessment team. During this meeting, the assessment team will introduce themselves and explain how the assessment will be conducted. The assessment team will interview consumers and staff, undertake observations of care and review relevant documents. At the end of the visit, the assessment team will communicate any key issues identified.

Following the site assessment, the assessment team prepares a written performance assessment report which makes recommendations of whether the requirements of the Standards are met. The Commission then provides the report to the provider who has an opportunity to understand the recommendations and provide any response before a decision is made.

The Commission has recently released a new [Regulatory Bulletin](#) on our website which explains how we will respond to identified areas for improvement and non-compliance with the new Standards. The Commission's response to non-compliance is proportionate to the level of assessed risk and the potential consequences of that risk for consumers.

## Single Charter of Aged Care Rights

The single Charter of Aged Care Rights takes effect on 1 July 2019, replacing previous charters of care, rights and responsibilities.

The new Charter provides the same rights to all people receiving aged care services, regardless of the type of subsidised care and services they receive.

Providers have key responsibilities to support consumers to understand the new Charter. This includes:

- giving consumers a copy of the Charter signed by the provider;
- assisting the consumer to understand the Charter (how this is achieved will be up to providers and will depend on the needs of individual consumers); and
- ensuring that the consumer or their representative has been given a reasonable opportunity to sign a copy of the Charter.

People receiving aged care services are not required to sign the Charter and can commence, and/or continue to receive care and services, if they choose not to sign it.

To help providers meet the signing requirements, a Charter of Aged Care Rights Template for Signing has been developed and is available in 18 languages (see link below).

The Commission and Department of Health have released resources to support consumers understand the Charter. They are available to download [here](#).

## Open disclosure framework now available

A document detailing a new *Aged Care Open Disclosure Framework and Guidance* is now available on the Commission's website.

Open disclosure is the open discussion that an aged care provider has with people receiving aged care services when something goes wrong that has harmed or had the potential to cause harm to a person receiving aged care service.

With more than 1.3 million people receiving care in Australia, this is a crucial activity for providers to support continuous improvement within their service.

When done well, it can build collaboration and trust.

Executive Director, Regulatory Policy and Performance Christina Bolger said: "Open disclosure includes listening to a consumer's experience of what has happened, apologising and explaining the steps the provider has taken to address any immediate issues, and is taking to prevent it from happening again.

"This may also involve the consumer's family, carers, other support people and representatives, if the person receiving care would like them to be involved."

The open disclosure document is in two parts:

- **Part A** describes when open disclosure should be used, principles, elements and case studies of open disclosure, organisational enablers to promote open disclosure and the requirements of the Aged Care Quality Standards, while
- **Part B** provides practical guidance to support providers to practice open disclosure.

Open disclosure is a requirement under the new Aged Care Quality Standards, which contain two specific references to this process:

- **Standard 6:** Feedback and Complaints - this requires providers to use an open disclosure process when things go wrong.
- **Standard 8:** Organisational Governance - where clinical care is provided, organisations are required to have a Clinical Governance Framework which includes open disclosure.

A number of other Standards are also applicable when considering the value of open disclosure, including Standard 1, Standard 2 and Standard 3.

To view document, [click here](#).

## New legislation introduced to minimise the use of restraints

Amendments have been made to the [Quality of Care Principles 2014](#) to minimise the use of chemical and physical restraints in residential care settings, and to include specific requirements of aged care providers in relation to their use.

Under the amended Principles, a restraint is defined as “any practice, device or action that interferes with a consumer’s ability to make a decision or restricts a consumer’s free movement.”

Where physical or chemical restraints are used, approved providers must meet a number of conditions.

An approved provider must not use any restraint unless:

- the consumer has been appropriately assessed as requiring that restraint;
- alternatives to restraint have been explored;
- informed consent to use restraint has been obtained from the consumer or their representative; and
- relevant documents are maintained to demonstrate these conditions have been met.

The Commission will seek evidence of actions taken by residential services to manage and use alternative strategies that minimise the use of chemical and physical restraints.

The Commission has developed a self-assessment tool relating to chemical restraint which details the type of information that the Commission will seek to review in undertaking assessments against the new Standards.

You can view the self-assessment tool and further information [here](#).

The [Guidance and Resources for providers](#) to support the new Standards has been updated to reflect the new legislation and include helpful resources for providers. Details of these updates can be viewed on the [Updates Log](#).

## Online learning platform coming soon

To complement delivery of our face-to-face education programs, the Commission is currently developing a new, innovative, online Aged Care Learning Information Solution – ALIS. It will be launched later this year.

All Commonwealth-funded aged care service providers will be offered a number of free registrations so they can evaluate the benefits of this new service.

These finite free registrations will be available until the end of 2020, with an option to purchase more registrations to support your organisation's ongoing professional development.

The initial modules will focus on the Aged Care Quality Standards, and will support all types of aged care services providers to:

- meet the Aged Care Quality Standards;
- deliver safe and quality care and services; and
- demonstrate tangible positive outcomes for consumers.

All nominated contacts of approved aged care service providers will soon receive an email invitation to accept the free registrations. Simply reply to the email to accept the offer.

To find out more about ALIS registration, email us at [education@agedcarequality.gov.au](mailto:education@agedcarequality.gov.au) with the subject heading ALIS registration.

## Be part of our consumer engagement project

The Commission has commenced a project to research and develop best practice models for engagement between providers and people receiving aged care services, and their representatives. This work supports the Commission's consumer engagement function, which will see the development of practical resources for providers and consumers on the delivery of consumer-centred care.

To assist with this work, the Commission has engaged mpconsulting to explore better practice models for engagement between aged care providers and people receiving aged care services.

A steering group is overseeing the key phases of the project, including representatives from COTA, OPAN, Dementia Australia, LASA, ACSA and the Aged Care Guild. A final report is expected in October 2019.

To inform this work, mpconsulting is seeking input from aged care providers and people receiving aged care services (including their family, friends and carers) on existing models of engagement and how these work in practice. To do this, they have released two surveys:

- a survey for aged care providers, and
- a survey for people receiving aged care services (and their family, friends and carers).

The information from these surveys will help inform work to co-design better practice models of consumer engagement with providers and consumers.

Providers are encouraged to complete the provider survey. If you are aware of consumers or their representatives who may be interested in participating, please encourage them to complete the consumer survey.

## Improving provider feedback

The Commission regularly seeks feedback from providers on assessment and monitoring visits conducted by its quality assessors.

The existing "site visit confidential feedback form" (the "pink" form) is currently being revised and updated. An improved feedback form will soon be available for residential, home and the National Aboriginal and Torres Strait Islander Flexible aged care program service providers.

The new feedback form will ask a series of questions about the way in which visits are conducted and will also offer providers the opportunity to provide general feedback to the Commission.

The collection of all feedback will be completed by an independent third party, Datatime. The data will assist the Commission in informing our continuous improvement.

## Consumer Experience Reports available soon for home services

From 1 July, service providers receiving a notification about their quality review should expect to have the Consumer Experience Reports (CERs) included as part of the Commission's consideration of consumer feedback.

This will be the first time the Commission will use CERs for people receiving home and community-based aged care services.

The aged care sector is now familiar with the use of CERs in residential aged care, with almost 2,000 CERs having been completed by residents and published since 2017. They show how consumers experience the quality of care and services in residential facilities using a standardised set of questions on areas such as safety, staff and food.

The Commission has worked closely with La Trobe University's Australian Institute of Primary Care and Ageing to develop the CER survey questions for home and community-based care recipients.

This work has been developed in consultation with the Older Persons Advocacy Network and COTA Australia.

The Commission is looking forward to making these surveys available to home and community-based care and further developing them as part of continuous improvement.

Home Care service providers receiving written notices from 1 July about an upcoming quality review will be asked to invite their consumers to take part in the online survey.

## Safe, accepting aged care for LGBTI people

An online video series has been developed to help create a safe environment for lesbian, gay, bisexual, trans, and/or intersex (LGBTI) people in aged care.

Altura Learning, in partnership with Uniting and the University of Technology Sydney, has created this course, which is funded by the Australian Government.

The course's creators said for LGBTI people, the prospect of entering aged care can generate anxiety. Experiences they have lived through can make them feel cautious about sharing personal details that could help provide person centred care.

This video series features people sharing real stories about their lives and concerns about aged care. It also explores the complexity of the needs of LGBTI people in the context of dementia, as well as the importance of respecting a person's wishes during their end stage of life.

This course is appropriate for all staff who support people in an aged care setting. Its purpose is to empower aged care workers to provide supportive and inclusive care to people from the LGBTI community, including people living with dementia or receiving palliative care who identify as lesbian, gay, bisexual, transgender or intersex.

- explain how to provide inclusive care to members of the LGBTI community;
- describe how to support a person from the LGBTI community who is living with dementia; and
- explain how to support and uphold the wishes of a person from the LGBTI community who is receiving palliative care.

It can be accessed [here](#).

## New herpes zoster (shingles) vaccine available

Shingles can severely affect older Australians. There have been alerts about vaccinating older Australians against high profile winter hazards such as influenza, but shingles is a common but lesser known disease which should also be considered preventable.

The Department of Health says shingles, or herpes zoster, usually affects older people - and the older you are if you get shingles, the higher your risk of being seriously affected.

Anyone who has had chickenpox is at risk of getting shingles later in life. About one in three people who have not been immunised against chickenpox or shingles will get shingles at some time.

The Department of Health says shingles, caused by a reactivation of the chickenpox virus, causes a painful localised blistering rash on any part of the body skin. Most elderly Australians have had chickenpox as children, or as parents of children, before the era of chickenpox

vaccine. Hence they are at risk of reactivation of the virus to form shingles. It is described as a serious disease because it can cause severe nerve pain that can last for months and even years. This has a great impact on quality of life.

Shingles in its early stage is contagious and so also has implications for carers.

It can also lead to:

- serious eye problems, including blindness
- pneumonia
- hearing problems
- swelling of the brain, or
- death.

Shingles immunisation development is relatively recent and is currently recommended for:

- adults aged 70 years to 79 years, free under the National Immunisation Program (NIP)
- adults aged 60 to 69 years
- adults 80 years and older, and
- adults aged 50 or over who live in the same household as someone who has a weakened immune system.

More information about shingles is [here](#).

## Elder abuse, 'insidious and often undetected'

The Australian Human Rights Commission has called on all Australians to be on the lookout for elder abuse, an "insidious and often undetected problem affecting too many older Australians".

It made its call as World Elder Abuse Awareness Day was marked internationally on June 15.

Age Discrimination Commissioner Dr Kay Patterson said elder abuse is now at the stage in public awareness and political consciousness that child abuse was some years ago, and where family violence was until relatively recently.

"Elder abuse is fuelled by ageism and the key risk factors are social isolation and dependence on others for support. The influence of these becomes more critical as we age."

Dr Patterson said elder abuse is often hidden and underreported, women are more likely than men to be victims, and perpetrators are often close family members.

A free Elder Abuse Helpline is accessible on 1800 353 374 (1800 ELDERHelp), where calls are diverted to each caller's state or territory for assistance.

## Former Commission Interim Clinical Advisor honoured

The Commission was delighted to congratulate Associate Professor Michael Murray, our former interim Chief Clinical Advisor, on his recognition in the recent Queen's Birthday honours list. Assoc Prof Murray was appointed as a Member (AM) in the General Division of the Order of Australia for his service to geriatric medicine and as a clinician and an educator.

Dr Murray is Chairperson of the National Ageing Research Institute and Head of Geriatric Medicine at Austin Health in Melbourne.

In an interview with Community Care Review, Professor Murray said: ““It’s been a hell of a lot of fun working towards driving improvements in aged care. ... At the end of the day we need to appreciate the industry has many dedicated people but sometimes they just need a bit of an extra hand.”

## Taking aged care beyond the physical

A research-based guide from Meaningful Ageing Australia aims to support aged care staff in ways to incorporate spirituality – or emphasising people's sources of meaning and hope - into care for frail older people.

CEO, Ilsa Hampton, said the word “frailty” implied vulnerability and weakness, but people interviewed for the guide were proud of their remaining abilities and independence.

“It’s important to focus on the abilities of older people - despite any increasing frailty and chronic conditions - and acknowledge them as people rather than the sum of their symptoms,” she said.

Rather than leaving people feeling as if life is over, Ms Hampton said aged care providers should be encouraged to ignite their imaginations of older people and partner with them for the whole of their lives - beyond when the body will not do what it used to.

The guide encourages aged care staff to actively listen, pause and collaborate in shared ideas sessions such as at working lunches and team meetings. The free guide is accessible [here](#).

**Changed:** Thursday, 27 June 2019 - 3:01pm