



LET'S TALK ABOUT QUALITY

Shaping the future National consultation report December 2015



Australian Government

Australian Aged Care Quality Agency

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FOREWORD

From August to October 2015 the Quality Agency conducted a “Quality Dialogue” with the aged care community. This dialogue was all about the concept of quality in relation to aged care. People were invited to share with us their thinking and questions, and to explore and debate the best possible ways to describe, encourage, measure and monitor quality in aged care services. This report captures this dialogue and reflects more than 16 hours of forums and meetings with stakeholders, 15 written submissions and 152 contributions made on line from consumers, consumer advocate groups, providers (managers and frontline staff), carers, peak bodies, researchers and others interested in the quality of aged care in Australia. It explores new or different concepts of quality that are beyond just meeting the standards.

The Australian Aged Care Quality Agency (the Quality Agency) provides a framework for ensuring that all residential and home care services meet minimum standards of care. The accreditation system has set clear expectations for residential aged care and, over time, systems and practices improved and fewer and fewer residential aged care services failed to receive full accreditation or meet the Accreditation Standards. As of December 2015, less than one per cent of aged care homes have identified failures.

The picture for aged care services is changing. An improvement in health means that older Australians are more likely to remain active for longer. People are choosing to stay in their own homes if the circumstances are right. This is reflected in the growth of home care services which are growing at 13% per annum (much higher than residential aged care). Performance against home care standards is variable, as services adjust to meet the challenges of a changing demographic and policy environment.

In the meantime, consumer expectations of quality in goods and services has grown. Consumers are now more empowered to determine for themselves what constitutes quality; and more adept at accessing and sharing information about the quality of services they receive.

The Government is reforming the aged care sector to offer competitive, high quality services that meet the needs of an ageing population. Several changes were announced in the 2015-16 Federal Budget to improve aged care in Australia, to reduce regulation and to provide the individual with greater choice over their future.

The Government has committed to work with the aged care sector to identify opportunities to improve the quality assessment and risk management system. The question of quality is now live.

It was important and timely to have a conversation with older Australians, their representatives, experts and service providers to better understand expectations of quality in aged care, and how it is defined and measured.



Nick Ryan
CEO



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EXECUTIVE SUMMARY

"....maintaining personhood is an essential component of healthy ageing that allows for better communication and connectedness within the care network. Maintaining personhood involves treating individuals with dignity and respect, maintaining independence and autonomy, and ensuring an overall high quality of life"

Let's talk about quality –Alzheimer's Australia's submission 2015

Understanding what is important to consumers and designing aged care services to meet their preferences and strengths is critical. It can transform older Australians and their families from passive recipients of aged care services into one where they can be partners in defining quality.

The Government is progressively reforming the aged care sector to offer competitive, high quality services that meet the needs of an ageing population. The current standards for quality in aged care are under review. The question of quality is live.

The quality conversation

This report follows a series of engagements with the aged care community to develop a shared understanding of quality in aged care. We hope it can help to shape and inform the key strategic and policy directions in aged care – building a future that places consumer choice and flexibility at the heart of the quality framework for aged care in Australia.

We were thrilled with the richness and the scope of the input we received. It is evident that there are many perspectives and no single definition of quality in aged care. However, ensuring consumer safety, choice and flexibility, with consumers being treated with dignity and respect, were identified as central platforms for a quality framework for aged care.

The following themes emerged from the dialogue:

✔ Rethinking quality care – moving mindsets

A consumer directed future in aged care services requires a shift from a negative mindset of ageing. Consistent themes related to the need to shift the focus from service delivery tasks. This means moving from a mindset of 'doing for' to 'doing with'. There was support for more holistic, flexible, co-design models of service delivery and strong endorsement of "active ageing" principles.

Choice and autonomy is central to overall health and wellbeing. There is a need to balance management of risk to older persons with preserving their autonomy and right to choose. The concept of "dignity of risk" emerged from the dialogue. Consumer choice and decision-making must involve transparency, inclusiveness, cultural and emotional safety, and an individual and holistic approach.

✔ **Board to bedside’ – creating a quality culture that encourages excellence**

Quality is as much to do about culture as it is about safe systems. It is a way of working that translates from the board to bedside in the provision of aged care services. Service excellence is underpinned by a culture of high performance and leadership in relation to aged care governance, meaningful consumer engagement and an effective approach to quality improvement.

We heard strong views that quality inputs (care and services) don’t always equate to quality of life. While health status impacts on quality of life, it does not define quality of life for the older person. Psychological and spiritual wellbeing and social inclusion were regularly cited as key factors in quality care.

Aged care must have adequate numbers of skilled, qualified staff, committed to person centred care. The dialogue noted also that to attract and maintain the right workforce, issues such as pay, conditions, training and career paths required improvement.

Trusting, connected relationships, effective communication and an ongoing dialogue is at the heart of quality. Overwhelmingly family members wanted their loved ones to be cared for compassionately and humanely, and they selected a service based on their assessment of the ability of the staff to deliver this.

✔ **A coordinated effort – an integrated experience of care for consumers**

Consistency in service quality across the continuum of aged care is important to families and consumers navigating between multiple services and/or providers in aged care. This includes the quality of whole aged care system – including pathways to care, information flows, and relationships between services. Services need to speak to each other and give greater focus to continuity of care.

Older Australians want a system that they can understand and use. Many proposals focused on the complexity of the aged care service system and the fragmented consumer experience in navigating and accessing services. A number of proposals made suggestions for streamlining the system and better integration and reduced silo across services such as different aged care services, health and disabilities. The need to draw on what works here and overseas was highlighted.

✔ **Innovation in aged care – how can this drive quality**

Quality in aged care services has historically been focused on preventing poor quality care and ensuring safety. There is clear support for a shift from perceptions of quality of care based on compliance with minimum standards to broader notions of innovative, high quality care.

Government regulation and setting rules may not be the best mechanism to drive quality and innovation at the same pace as other mechanisms. Competition will challenge traditional service models and encourage providers to innovate their services and systems to drive quality improvement. Government is not the final arbiter on quality, although it is seen to have a role in promoting innovation and helping to support the environment in which it can occur.

A significant number of submissions and forum respondents noted that Government could encourage innovation via mechanisms such as additional funding for innovation or reducing regulatory burden that can inhibit innovation.

Implications for the quality framework

There was overwhelming agreement that Government must play a role in maintaining an effective safety net for consumers by setting the core or minimum standards for aged care service provision. However, knowing that a service is accredited or meets minimum standards does not help consumers to ascertain whether the provider is delivering high quality care or just passing minimum standards.

A greater focus on outcomes for consumers within core standards and effective mechanisms to monitor the consumer experience of quality and the level of satisfaction with service choice and delivery was cited as a key factor for success. The review of the quality framework should involve direct consumer consultation; work closely with a broad range of stakeholders; look to international models and best practice; and seek to achieve consistency with standards in intersecting industries such as health care, disability and other community services.

There was support for a common set of core minimum standards for service delivery across aged care. These standards should be outcomes-focused, reflecting the different nature of residential and home care services in practice, and shifting provider focus from compliance to quality.

SUMMARY AND ANALYSIS OF SUBMISSIONS AND CONSULTATIONS

2.1. Overview

2.1.1 The quality conversation

"Older persons should be able to enjoy human rights and fundamental freedoms when residing in shelter, care, or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives".

United Nations Principles for Older Persons, 1991

The Quality Agency initiated a discussion with our aged care community to develop a shared understanding of quality in aged care. A key intent is to engage in 'authentic' consultation in which government and the aged care community work together to shape and inform the key strategic and policy directions in aged care – building a future that places consumer choice and flexibility at the heart of the quality framework for aged care in Australia.

A discussion paper – "Let's talk about quality – developing a shared understanding of quality in aged care services" – was developed as a way to get the conversation started and was used to invite feedback from the aged care community about concepts of quality and what this may mean for quality aged care provision.

Discussion forums were held in Sydney, Brisbane, Adelaide and Melbourne in September 2015 with approximately 140 attending these events. Attendees from consumer groups, consumers and carers, aged care providers, peak bodies, researchers and practitioners led to rich discussion on the question of quality. In addition, our online discussion forum yielded 152 online responses and 15 written submissions from across the aged care community, including peak bodies, consumer advocate groups, providers (managers and frontline staff), carers, consumers and others interested in the quality of aged care in Australia.

Five main themes were outlined in the Let's talk about Quality discussion paper and designed to promote exploration of "quality in aged care" and what themes emerged that could help shape the future of aged care in Australia, including:

1. Putting consumers front and centre;
2. Safety is essential but not enough - shifting our focus from safety and minimum standards to a broader notion of quality;
3. Integration across the aged care experience;

4. A quality culture that encourage excellence; and
5. Leadership and innovation.

Underpinning these themes a number of questions emerged within our quality conversation:

- ✔ What is quality? What is the consumer experience of quality?
- ✔ What factors influence quality? What are the 'enablers' for quality?
- ✔ What are barriers to achieving quality in aged care?
- ✔ What are some of the ways that quality can be achieved (including the role of 'innovation' in aged care and its role in driving quality)?
- ✔ What is the role of consumers, their families, carers, providers and government in achieving quality of care and quality of life for older people?
- ✔ What conclusions can we draw to support us to build an effective, single quality framework that includes revised standards for aged care?

Our discussion paper talks about moving from the authority of experts to the authority of experience. In reality the responses we received clearly indicated that both are required.

"A fundamental aspect of quality is to understand that consumers and providers come to the partnership with different perspectives. We also need to recognise that families and supporters (who may or may not identify as "carers") also play a significant role.... the bottom line is that consumers speak about wanting to be genuinely listened to and have their opinions respected. They want genuine, mutually respectful partnerships with their provider.... In addition, consumers want to choose the level of involvement they have..."

Let's talk about quality – COTA submission, 2015

2.1.2 Why is this conversation important now?

"...there is a need for a shift away from mere accreditation but a strong move towards ensuring a standard of care that improves quality of life and wellbeing is achieved throughout the aged care sector".

Let's talk about quality – Alzheimer's Australia NSW submission 2015

The Government is progressively reforming the aged care sector to offer competitive, high quality services that meet the needs of an ageing population. Several changes were announced in the 2015-16 Federal Budget to improve aged care in Australia, to reduce regulation and to provide the individual with greater choice over their future.³

The Government committed to work in partnership with the aged care sector to identify opportunities to improve quality assessment and the risk management system to:

³ Information about 2015 Federal Budget: Aged Care Quality Agency Fact Sheet https://www.dss.gov.au/sites/default/files/documents/05_2015/2015_budget_fact_sheet_-_aged_care_quality_agency.pdf

- ✓ reduce complexity and red tape for providers
- ✓ deliver private market provision of accreditation services
- ✓ expand cost recovery arrangements for accreditation services for residential aged care providers.

We are seeing a shift in the perceptions of quality of care based on compliance with minimum standards, to a more sophisticated definition of quality to ensure the expectations of older Australians are met or exceeded.

In the context of such factors a review of the current quality framework and standards for aged care services is underway. The “Let’s talk about quality” outcomes will help inform this review, for a single quality framework that will measure high quality care and quality of life.

The Government is moving to work with the aged care community to develop a more sophisticated definition of quality, to ensure the expectations of older Australians are met or exceeded. Consumer choice is at the centre of the Aged Care Statement of Principles, developed by the Aged Care Sector Committee and the Australian Government to guide improvements in the aged care sector.⁴

Consumers need to be involved in the development of a revised quality framework for aged care and new standards for aged care services. They should also have a say in the ways in which they engage and communicate their expectations and experience of quality.

2.1.3 Purpose of this report

“It is important to not lose sight of the experience of the individual related to their quality of care and quality of life. And what matters to them.”

Let’s talk about quality – online provider response 2015

This quality conversation has been driven by the thoughts, ideas and experiences shared by our aged care community. This has given rise to a rich dialogue and meant that our “Let’s talk about quality” discussions explored issues beyond the themes detailed above. Through this paper, we hope to share the diversity of these many insights and draw some conclusions to inform the future of aged care in Australia.

This report summarises the conversation and key themes from the “Let’s talk about quality” consultations, including the main points made in written submissions.

This report is structured against four key themes that aim to consolidate the rich dialogue that our quality conversation has generated to date. They include:

1. Rethinking quality care – moving mindsets
2. ‘Board to bedside’ – creating a quality culture that encourages excellence
3. A coordinated effort – an integrated experience of care for consumers

⁴ Aged Care Sector Statement of Principles, Aged Care Sector Committee and the Australian Government (Feb 2015)

4. Innovation in aged care – How can this drive quality?

The report aims to distil and outline the key issues that were raised throughout the consultation process that can inform the future policy and practice directions of aged care in Australia. Current issues shaping national aged care policy include:

- ✔ **drivers for change** (red tape reduction, end-to-end aged care, consumer choice and flexibility, the aged care market and a single quality framework, including revised standards for aged care);
- ✔ **central role of choice and flexibility** in the aged care system of the future. Government's objective is to move to a system that better empowers older Australians to choose their own care services (based on improved information about quality) through a market-based system that drives quality and choice;
- ✔ proposed **single aged care quality framework** which is intended to:
 - include a consolidated set of aged care standards;
 - enable streamlined quality assurance across residential and home care in line with creating an end-to-end aged care sector; and
 - ensure the frequency and extent of quality assessment processes are risk based, proportionate and targeted (consistent with best practice regulation).

2.1.4 Aged care in context

"Dementia is one of the major chronic diseases of this century. With the continued ageing of the population and the growing numbers of people with dementia, quality care for people with dementia must be core business for the aged care system, including both home based care and residential care."

Let's talk about quality - Alzheimer's Australia NSW Submission 2015

Throughout the consultation process a number of key factors were highlighted that are currently shaping the aged care environment:

Demand for services

- ✔ Our population is getting older. The Intergenerational report tells us that Australians continue to have one of the longest life expectancies in the world. In 2054-55, life expectancy at birth is projected to be 95.1 years for men and 96.6 years for women, compared with 91.5 and 93.6 years today.⁵
- ✔ The increasing demand for care and support services from a population that today has 455,390 people over the age of 85 but in 2044 is likely to have 1,655,997 people over the age of 85;

⁵ Intergenerational Report, 2015. The Treasury, Commonwealth of Australia 2015
<http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report>

- ✓ There has already been a significant change over the past 40 years in the number of people accessing aged care services. Australian Government expenditure on aged care has nearly quadrupled since 1975. Expenditure is projected to nearly double again as a share of the economy by 2055, as a result of the increase in the number of people aged over 70.⁶
- ✓ 20% of Australia's total population of people aged 65 and over were born in non-English speaking countries. By 2020, 30% of the population aged 65 and over will be from CALD backgrounds.⁷
- ✓ The role of 2.7 million unpaid carers in Australia; and
- ✓ Some key trends in aged care including that: 80% of Australians over 65 will use at least one aged care service; 46% use both community and residential care services; the rise in dementia and the impact for services; and the diversity of aged care consumers.
- ✓ Also vision impairment impacts older Australians at rates far greater than their younger peers and this will increase as the population ages and lives longer (ABS data referenced in Vision Australia's submission, notes that the incidence of blindness and low vision is currently 1 in 16 for those 70-79 years of age, with this increasing to 1 in 10 for those 80-89).

Living with dementia

In addition, there are currently more than 340,000 Australians living with dementia, and over a million people involved in their care, with that number expected to increase to 400,000 in less than five years.⁸ Dementia is the single greatest cause of disability in Australians aged 65 and over. According to the Australian Institute of Health and Welfare, 69.9 per cent of Australians in residential aged care have a diagnosis of dementia, with only 23 per cent of residents in aged care free from a diagnosis of mental illness or dementia.⁹ Each week there are 1800 new cases of dementia in Australia, and this is expected to increase to 7,400 cases each week by 2050.¹⁰

As the prevalence of dementia increases, it is essential that aged care services are equipped with the knowledge and resources to provide high quality care to both people living with and without dementia.

Ageing redefined

Ageing itself has been redefined because improvements in health means that older Australians are more likely to remain active for longer. 'Active ageing' presents great opportunities for older Australians to keep participating for longer. Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.¹¹

⁶ Intergenerational Report, 2015. The Treasury, Commonwealth of Australia 2015
<http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report>

⁷ FECCA 2015, Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds

⁸ Australian Institute of Health and Welfare (2012) *Dementia in Australia*

⁹ Australian Institute of Health and Welfare (2011) *Dementia Among Aged Residents: First Information from the Aged Care Funding Instrument*

¹⁰ Access Economics (2009) *Keeping dementia front of mind*. Report for Alzheimers Australia

¹¹ WHO | What is "active ageing"? http://www.who.int/ageing/active_ageing/en/

These changes and expectations flow into the aged care sector. We see them reflected in the growth of home care packages and service provision.¹² This form of aged care service is growing at 13% per annum (much higher than residential aged care) and reflects the preference of many older people to remain in their own home, and be cared for in the home environment, if possible.

In the meantime, consumers' expectations of quality of goods and services has also grown. The power of consumers and influence of consumer opinion has surged, enabled by accessible digital and media platforms. Consumers are now more empowered to determine for themselves what constitutes quality; and more adept at accessing and sharing information about the quality of services they receive.

New models of service delivery are needed to meet an increased demand for services, more complex-care needs, reduced growth in funding, and the expectations of consumers.¹³

Diversity

The Australian Institute of Health and Welfare references the Australian Government's Living Longer Living Better reforms which highlight the importance of addressing the needs of a diverse older population, and reflects growing acknowledgement that some populations are at risk of marginalisation and are likely to require additional support within the aged care system to ensure equitable access and care.¹⁴ In particular they note:

- ✓ The Aboriginal and Torres Strait Islander population of Australia - is not ageing in the same way as the non-Indigenous population. Although the number of Indigenous older Australians is rising, the population still has a relatively young age structure when compared with the non-Indigenous population.
- ✓ Culturally and Linguistically Diverse older Australians - Not all older Australians were born in Australia or have English as their preferred language. Language barriers can lead to difficulties in communicating individual needs and preferences or understanding about the type and availability of aged care services on offer.
- ✓ Lesbian, gay, bisexual, transgender and intersex older Australians (LGBTI) - The Productivity Commission Inquiry report Caring for Older Australians raises awareness of the implications of gender identity and sexual preference for aged care service provision in Australia's diverse older population. The report notes that many LGBTI older Australians currently accessing aged care services have, at some time in their life, experienced real threat of discrimination on the basis of sexual identity.
- ✓ Younger Australians in aged care - Where appropriate services are not locally available, a younger person with disability (aged less than 65 years) may be eligible for community aged care or accepted into residential aged care. In addition the needs of people with early onset dementia require particular attention with the health and aged care system.
- ✓ Socially disadvantaged older Australians - Caring for Older Australians (2011) identifies a number of groups of older Australians who experience access difficulties or even exclusion

¹² <http://www.corrs.com.au/thinking/insights/five-aged-care-trends-to-watch-in-2015/>

¹³ CSHISC 2015 EScan

¹⁴ Australian Institute of Health and Welfare (2015) <http://aihw.gov.au/aged-care/diversity/>

from services, as a result of a range of factors including homelessness, incarceration, disability, alcohol and/or drug dependencies, and or long term illness. Australians experiencing social disadvantage can require aged care services at an earlier age than the general population, are less likely to have support networks or an informal carer and may be challenging for service providers to engage with.

- ✔ Veterans and their families can be affected physically and psychologically as a result of their service experiences. In addition this group have specific social needs that include attendance at commemorative events and observance of special days. Currently eligible veterans are able to access services through the Department of Veterans' Affairs in addition to those services available through mainstream aged care. However, there may be difficulties for veterans related to accessing services provided across various departments.

2.2. Rethinking quality care - moving mindsets

2.2.1 What is quality?

Perspectives on quality vary depending on an individual's view point. An individual's culture, values, personal experience and immediate concerns are all influential.

Different areas of expertise or professional groups also influence perspectives on quality in aged care. For example these may be:

- ✔ **clinical models** – meeting identified needs to defined standards of care such as administering medicine or pressure care;
- ✔ **social models** – looking at the person in their entirety, including individual strengths and preferences. This model recognises the importance of relationships, and participation in meaningful activities.
- ✔ **organisational excellence frameworks** – management systems such as those to improve business, service delivery quality, and bottom-line results;
- ✔ **risk management systems** – preventing adverse outcomes such as falls or burns;

It was consistently reiterated across all responses that there is no single or agreed definition of quality in aged care. However, there was a strong and shared understanding about the key factors that positively influence quality of care and, in turn, quality of life.

"At home we have the right to smoke, have pets, get fat and have sex if we want; but in aged care facilities we become captive in a controlled environment where we are 'protectively disciplined'... Shouldn't we be able to have the small aspects of our life considered? Whose schedule is it? Whose choice? I might like to sleep until eight or nine and have soft poached eggs on toast for breakfast. I'd like to think I could get out on the golf course. I don't want to conform to a set schedule and set activities decided for me without my wishes and choices being considered and I wouldn't put up with it."

HammondCare's CEO, Dr Stephen Judd

A commonly expressed view was that quality inputs (care and services) don't always equate to quality of life. By far the strongest theme related to consumer choice and flexibility, and consumers being treated with dignity and respect. It was also acknowledged that while health status impacts on quality of life it does not define quality of life for the older person.

"CDC put Mum and I in a much stronger position to plan and direct the services we received."

Let's talk about quality – online family member respondent 2015

There was strong support for and reference to the concept of active ageing. Many respondents supported the 'Active Ageing' framework and noted that it has been widely adopted by the Australian Government to frame ageing as a positive experience with continued opportunities for health, participation and security. This was seen to have clear linkages to quality in aged care in terms of quality of life and wellbeing of the older person receiving care services.



UnitingCare Ageing Centres for Healthy Ageing

UnitingCare Ageing's Centres for Healthy Ageing are over 60s senior gyms promoting the health, fitness and independence of older people. Their clientele includes people with a diagnosis of dementia or mild cognitive impairment. They offer individual and group training, education about health and fitness, regular evaluation of clients by exercise physiologists on staff.

The exercise programs are tailored and individualised to target the specific needs of members with a range of chronic diseases. However, it is important to note that with the Home Support Programme funding changes, clients will need to be over 65 and require a GP referral to be eligible for this service.

Another consistent theme that emerged was that ongoing communication (and responsiveness to consumer preferences and needs) is at the heart of quality of care.

Much of what consumers experience as ‘quality’ is individual, influenced by a wide range of factors (e.g. cultural, environmental, perceptions, experiences) and may change over time with changes in expectations, needs, interests and abilities. A significant number of respondents acknowledged that an individual’s sense of quality changes over time, consistent with their expectations, needs, interests and abilities. Consumers reported they look for honest, genuine, robust services. They used terms such as reliability, confidence, honesty, reputation, trust, genuine, equitable to describe this and indicated they want to know they’ll be safe but that they would also have choice and autonomy.¹⁵

This was variously described as:

- ✔ shifting the focus of service delivery from ‘doing for’ to ‘doing with’.
- ✔ shifting from ‘power over consumers’ to ‘power to consumers’ - treating people as citizens first – acknowledging their strengths and contributions, not as “clients” who are a “burden” on the system, remembering that in the near future the provider will need to be chosen by the consumer to remain in business
- ✔ the importance of consumers having choice and flexibility and capacity to take risks
- ✔ listening to the voice of older people - the need to value the consumer perspective, to listen to consumers and to give genuine choice and flexibility to consumers
- ✔ being responsive to consumer wellbeing - supporting their wellbeing and enablement as part of responding to their needs and preferences
- ✔ Co-design - the importance of directly and constantly engaging consumers, families and carers in decisions and choices about their care
- ✔ Informed decision making and timely information - many respondents stressed the importance of being able to have access to information about their loved one and to answers to any questions they may have for the provider.

What do you look for when choosing a provider?

Many and varied responses were received to the issue of what was important when choosing a provider.

¹⁵ *Let's talk about quality – Anglicare SA submission, referencing their consumer forum 2015*



Staff and environment were key areas of focus for the majority of respondents. They overwhelmingly agreed that trusting connected relationships, effective communication and an ongoing dialogue is at the heart of quality. While ‘value for money’ was often included as a factor in choosing a service, it was not repeated as often as those factors cited above and others such as staff, atmosphere of the service, food choices, cleanliness, clinical care and professionalism, and ability to bring own belongings into the service (in the case of residential services).

Of respondents who identified as family members, key points were that they wanted their loved ones to be cared for compassionately and humanely, and that they selected a service based on their assessment of the ability of the staff to deliver this. One respondent noted that key considerations are:

"Clean surroundings, dedicated staff, and a philosophy which remains mindful that the resident is the most important consideration."

Let's talk about quality – online family member respondent 2015

Areas noted as important when choosing a provider include:

- ✓ The service should have a holistic wellbeing approach, incorporating social, physical, emotional and spiritual wellbeing
- ✓ A high standard of services, including clinical care, delivered by appropriately skilled, consistent, sufficient and qualified staff who are friendly and committed to their work (one submission also addressed the issue of additional services such as telehealth options being available)
- ✓ Genuine, mutually respectful partnerships with their provider that foster trust and includes a positive approach to risk

"Will they allow me to decide what it is that I need? ... How much risk will they allow me to take – I have strong feelings about my autonomy and want it preserved – if I make a bad decision, then that is my issue."

Let's talk about quality – online consumer response 2015

- ✓ The service was recommended by a friend, family member or acquaintance
- ✓ The service is accredited and regulated by a government authority
- ✓ The service provider has a significant amount of experience providing aged care services
- ✓ Clear information, willingness by the provider to respond to their information requests
- ✓ Choice, autonomy, responsibility, socialising and relationships, participating in meaningful activity, respite, feeling safe and secure, and being treated with dignity and respect. There was general agreement amongst stakeholders that while all these factors can impact on quality, no one factor is more important than another.
- ✓ A welcoming, safe and clean 'home like' environment in the case of residential services
- ✓ Feeling safe and secure gives people the opportunity to be themselves, and decreases the risk of isolation – this included cultural safety (CALD, ATSI, LGBTI, etc).

"People need safety and security to be their authentic self".

Let's talk about quality – Sydney forum 2015

- ✓ Participation in meaningful activity - providing a sense of purpose and the opportunity 'to be inspired' was seen as important to wellbeing
- ✓ Flexibility and tailored support
- ✓ Consistent staff
- ✓ Regular, open and honest communication.

Food choices and nutrition were mentioned in a number of responses as a factor in their choice of aged care services. Detailed commentary was provided on the lack of food choices in a number of residential services using outsourced catering services.

An extract from one online submission is included below because it articulates the importance of food in the quality of care discussion and is representative of many other respondents views:

"Food is not just about basic nutrition. Food has a centrality in old age that it does not have at any other time of life, except perhaps infancy. As consumers being continually asked to 'pay more for their own care', we ought to have the right to make some choices about that care, including what food and at what price and quality, we should accept."

Let's talk about quality – online consumer response 2015

Other quality factors cited that may influence the choice of a service provider included the frequency of adverse events and the provider response; the standard of clinical care; the standard of environmental factors (e.g. physical environment); the perceived satisfaction of current service users and their carers/ family members; support to remain engaged in existing relationships, hobbies and community groups; staff models (with 'dedicated staffing models' / choice of carer being regularly cited as key indicator of quality).

"It's really difficult to choose an aged care service provider because you don't really know what the place is like until your loved one has been there for a while-some of the first things I look for are things like empathy in those who work there, whether the staff look happy to be working there, whether all staff seem genuinely interested in the residents and have time to spend with them individually through the day and how many staff (especially nursing and care staff) are on duty across day and night shifts. I also look to see if room/bed/chair alarms are responded to immediately, and what the wait time is if residents are calling for or needing other types of assistance"

Let's talk about quality – online carer response 2015

"Some consumers look for specialisation in a certain area or a service that is particularly responsive to the needs of an identified target market. That could mean a service that has a particular focus on providing excellent restorative care or supporting people with dementia"

Let's talk about quality – HammondCare submission 2015

Our findings are consistent with the findings of a number of studies that have investigated quality of life from the perspective of consumers and found the issues that are most important are: choice, participation in meaningful activities, socialising with others, feeling safe and secure, the environment and relationships with staff and others.¹⁶ Others^{17 18} have reported looking for a caring attitude, respect for the individual and emotional support.^{19 20}

¹⁶ MacKinlay, E. (2006). *Spiritual Growth and Care in the Fourth Age of Life*. London and Philadelphia: Jessica Kingsley Publishers

¹⁷ Department of Health and Ageing (DoHA), 2007, *Evaluation of the impact of accreditation on the delivery of quality of care and quality of life to residents in Australian Government subsidised residential aged care homes*, Australian Government, Canberra.

¹⁸ Kane, RA, Long-term care and a good quality of life: bringing them closer together, *The Gerontologist*, 41: 293-304

¹⁹ Murphy, K, O'Shea, E, & Cooney, A. 2007 Quality of Life for older people living in long-stay settings in Ireland *Journal of Clinical Nursing*, 16: 2167-2177

²⁰ Chao, SY & Roth, P, 2005, Dimensions of quality in long-term care facilities in Taiwan, *Journal of Advanced Nursing* 52(6):609-618.

2.2.1 What is quality? - Key messages

A clear message from the consultations was that there is no single or agreed definition of quality in aged care. However, there was a strong and shared understanding about the key factors that positively influence quality of care and, in turn, quality of life. There was strong support for and reference to the concept of active ageing. Consistent themes related to the need to shift the focus of service delivery from ‘doing for’ to ‘doing with’, facilitating holistic, flexible, co-design models of service delivery. The need to ensure consumer safety, choice and flexibility, with consumers being treated with dignity and respect, were highlighted as central platforms for a quality framework for aged care and the delivery of services within it.

2.2.2 The need for a cultural shift – ‘nothing about me without me’

When people lose the ability to have choice over their lives it makes them unhappy and can make them sick. Based on large comparative studies we know that choice and autonomy is central to overall health and wellbeing.²¹ There are implications for how we can enable older Australians who receive care to participate in decisions that affect them. The evidence is clear that doing so will increase their overall health and wellbeing. Ultimately, a consumer directed future in aged care services requires a mindset shift, reflected in the following quote:

“So the paradigm shift we are beginning to see is from a situation where providers manage their consumers to one where consumers, if they so wish, manage their own affairs and as a consequence, providers are becoming the clients of the consumers.”

Let’s talk about quality – consumer and carer advocate cited in COTA Submission 2015

The challenge for providers will be to demonstrate how the service recognises and meets individual needs and preferences. This will undoubtedly be challenging and require a shift in thinking.

In discussing the need for a cultural shift, stakeholders identified the need to change perceptions of ageing and aged care, and the risk appetite of consumers, their family and providers. A constant

²¹ Marmot, M. G.; Smith, G. D.; Stansfeld, S.; Patel, C.; North, F.; Head, J.; White, I.; Brunner, E.; Feeney, A (1991). “Health inequalities among British civil servants: The Whitehall II study”. *Lancet* 337 (8754): 1387–93. doi:10.1016/0140-6736(91)93068-k

theme was the need for aged care to have an individual and holistic approach where ‘relationship matters’ and where enablement, restorative and wellbeing approaches, in partnership with consumers, underpinned quality care.

“People, even old people with cognitive issues, can be reasoned with. Old people largely want to be cooperative. They know when you are in a rush. They know the answer you want. Aged care facilities mostly supply the physical needs that are measured and almost none of the non-physical ‘care’ needs that are not measured. You have a system where the pay is very low and there is no staffing ratio. Hence, they rush in, they rush out. The care bit involves the conversation. That almost never happens.”

Let’s talk about quality – online provider response 2015

Autonomy and a degree of independence were considered essential by many of the survey respondents, as reflected in the following quote:

“It is my life and I want to continue to be responsible for my own actions and decisions. As an older person, I want to be able to make some decisions that might result in my life not being as long as it might otherwise have been but that is my decision. Duty of care should never be a reason for opposing my autonomy - it is my life!”

Let’s talk about quality – online consumer response 2015

Some submissions noted that the provider’s understanding of disability can also be a strong factor in their ability to facilitate consumer choice and decision making.

“In our experiences working with older people who are blind or have low vision, Vision Australia has encountered few aged care providers who demonstrate a strong understanding of blindness and low vision. Demonstrating a knowledge of the needs of people who are blind or have low vision can often be a key factor in their decision making process regarding aged care services”.

Let’s talk about quality –Vision Australia submission 2015



Vision Australia

It's important that people working within the aged care sector and the community are able to put themselves in the place of older people with medical conditions and disabilities. Virtual Dementia Experience (VDE) developed by Alzheimer's Australia is an innovative technology. The VDE is an interactive environment that provides an experiential learning exercise for healthcare professionals on what it's like to live with dementia.

InTouch living is an innovative technology that has the potential to alleviate social isolation by providing a digital tablet platform through which older people can use a portfolio of tools to communicate, share, stay informed and remain socially engaged.

However, it is important that innovative service delivery tools, like InTouch living are accessible for older people who are blind or have low vision and that they are provided with adequate user training. Any new and innovative service delivery methods or technology needs to be developed with universal design principles in mind.

While there are an increasing number of technological advancements in the aged care sector, some respondents indicated that there is little incentive to increase quality standards in service delivery. The prices being offered by the Government for aged care services are in some instances below the cost of delivering the service. This coupled with the ineffective processes governing the access to and delivery of aged care services is likely to stifle innovation.

Alzheimer's Australia NSW cited research with their consumers in their submission that indicated the following as core aspects of quality care. They aligned the Seven Domains of Wellbeing²² to their consumer responses:

- ✓ Employees who are both carers and companions (Connectedness)
- ✓ Personalised and individualised care (Identity)
- ✓ Doing with, not doing for (Meaning, Autonomy)

²² Power, A. G. (2014). *Dementia Beyond Disease: enhancing well-being*. Health Professions Press, Inc., Baltimore, Maryland

- ✓ Meaningful activities (Meaning)
- ✓ Flexibility/Choices/Freedom (Identity, Security, Autonomy, Growth)
- ✓ Comfort (Security, Joy)
- ✓ Focus on Quality of Life and well-being, not just Quality of Care (Meaning, Autonomy, Joy, Connectedness, Growth, Identity)
- ✓ Effective communication (Meaning, Growth, Security, Joy)

Our “Let’s talk about quality” forums, submissions and online responses reinforced these themes and added the issue of cultural and emotional safety – in which the diversity of clients’ needs and preferences are addressed by the aged care provider in a way that encourages them to express them, to feel safe in doing so and to be their ‘authentic self’.

Other areas of note – consumers have a right to ‘opt in’ or ‘opt out’ of activities; providers need effective consumer engagement to offer meaning choice relevant to an individual consumer’s needs and preferences; and recognising the importance of empowering consumers (informed choices) – culture shift in aged care provision from ‘doing for’ to ‘doing with’ consumers.

“Years have been added to years. Now, its time to add life to years”.

Let’s talk about quality – Adelaide forum 2015



Grafton Aged Care Home (GACH)

GACH educates staff and equips them as leaders with a focus on understanding dementia, the needs and wants of those with dementia, and how to best apply person centred care practices.

GACH has an ‘open doors’ policy in their secure dementia unit, an afternoon café and friendship morning – providing an opportunity for residents to participate in meaningful activities while assisting staff workloads. Staff members have witnessed a reduction in wandering and an increased appetite in residents when involved in the preparation of food. The home no longer uses plastic cups and plates for tea, coffee, and meals. They use STAR charts as a tool to provide staff with important information about a resident’s history in order to help staff better engage with the resident.

In terms of driving cultural change, the following issues were identified as significant to build a culture of quality that is truly focused on a positive consumer experience of ageing:

- ✔ Thinking has to be adapted such that aged care is viewed as restorative and even an opportunity for a person to improve in terms of health outcomes and life enjoyment, rather than as a down hill run;
- ✔ Government and providers needs to play a greater role in positive ageing – positively framing aged care through public statements and communication;
- ✔ Consumers and providers could be encouraged to develop life plans that establish how consumers want to live, in the same way that advance care directives are put in place to determine how individuals wish to manage end of life;
- ✔ A number of the forums identified a need to shift from a culture of working in a hospital mode to instead working in hospitality mode;

“We have taken away choice and control and built a system with targeted interventions and discrete services rather than a holistic social model”.

Let’s talk about quality – Adelaide forum 2015

- ✔ There needs to be greater engagement with the concept of risk and tolerance of risk from all parties – consumers, families and providers – in order for providers to not only support genuine consumer directed care, but also to innovate. Expectations of families and consumers needs to shift such that there is an increased understanding of the need for providers to ensure the safety of consumers, while at the same time balancing this with independence and autonomy for the consumer; and the need to balance consumers’ ability to engage with risk, with the role of providers in minimising or helping consumers to manage risk in a way that maximises their quality of life;
- ✔ Stakeholders also noted that in order to build a quality culture there needs to be an environment for providers that:
 - streamlines and reduces the amount of regulatory expectation so that innovation can occur (including a level of acceptance that at times people will get it wrong); and
 - focuses on transparency around the delivery of quality care and services (and responsiveness to consumers), rather than focusing on complaints.

An example given is that a provider could have a complaints system that records complaints and changes in the number of complaints, but the existence of a complaints mechanism does not tell us anything about how the provider responded to the complaints in order to address the concerns of consumers. There was a call for providers to implement more transparent mechanisms for demonstrating how they adjust and improve their service models based on feedback from consumers.

2.2.2 The need for a cultural shift – Key messages

Responses strongly supported the findings we already know from large comparative studies that choice and autonomy is central to overall health and wellbeing. Respondents supported the assertion that a consumer directed future in aged care services requires a mindset shift. Many of the submissions and responses identified that we need to change perceptions of ageing and aged care, and the risk appetite of consumers, their family and providers. Core aspects of quality were identified that were considered essential to effect such change. Facilitating consumer choice and decision-making must involve transparency, inclusiveness, cultural and emotional safety, and an individual and holistic approach where 'relationship matters'.

2.2.3 Incentivise what matters - Safety is essential but not enough

"A nursing home director said it to me very poignantly: 'You know what, the children of the adult parents, of the aged parents, are the ones who actually decide which place they are going to choose, and they invariably want to know: 'Is it safe for my mother here?' They want to look at the safety ratings. They don't ask whether they'd be lonely here or whether they have real choices. They said, safety is what we want for those we love, and autonomy is what we want for ourselves."

Atul Gawande on facing death, ABC Health report, Monday 22 June 2015 4:43PM. edited transcript of a conversation between Atul Gawande and Norman Swan at the Sydney Writers' Festival

The discussion explored how quality in aged care services has historically been focused on preventing poor quality of care and ensuring safety.

When governments and experts talk about quality, traditionally they are really talking about safety. Of course this is critical, but is it the only or even the most important way of defining or measuring quality?

The most common complaint, what you hear them say over and over is, 'When do I get to go home?' And you realise, what is home? Home is ultimately a place where you get to make the choices, where you get to make choices about the risks you want to take.²³

²³ Atul Gawande on facing death, ABC Health report, Monday 22 June 2015 4:43PM. edited transcript of a conversation between Atul Gawande and Norman Swan at the Sydney Writers' Festival <http://www.abc.net.au/radionational/programs/healthreport/atul-gawande-on-facing-death/6564010>

The majority of respondents agreed that while any definition of quality must encompass much more than safety it is essential that care is provided in a safe manner that minimises the risk of avoidable harm. Psychological and spiritual wellbeing and social inclusion were regularly cited as key quality factors in responses, as well as consumers feeling safe, comfortable and relaxed.

To enable a safe culture, it is essential that services and organisations have a consistent approach, an empowered workforce and a strong feedback loop that considers the views of service users as well as data that is recorded to monitor and improve safety.

Let's talk about quality – HammondCare submission 2015

Traditionally, measures of safety have focused on physical safety and the absence of adverse clinical events, which stakeholders agreed is critical. However they also agreed that quality of care is more than this.

"Too often safety is used as a reason (or maybe an excuse) to restrict a person so much that they have no life left at all."

"It's difficult... providing personal choice does not always allow for high quality - except in allowing resident preference. Safety is paramount - however individual choice involves taking personal risks which can be in conflict with personal safety."

"In my experience residential aged care limits older people's choices and freedom as a routine. Only those who are very strong and determined can resist this and continue to make their own choices...it is easier for the staff and management to suppress residents and 'keep them safe' and quiet."

Let's talk about quality – online consumer/ provider respondents 2015

On the other hand, a number of provider and family/ carer respondents held views that individual choice should not be exercised if it impinges on safety/or is not in the consumer's best interests:

"It is difficult to balance the desire to provide a safe environment and reduce falls or injury with the individual's choice to be and do, as they have for a lifetime. If someone is used to being outdoors a majority of the time, keeping them safely inside to prevent falls will limit their quality dramatically. If a person chooses to eat foods that are clinically considered dangerous, where does the older person's right to choice end and the clinical consideration begin. In an environment where compliance is measured by the KPIs of clinical & falls indicators, providers find it increasingly difficult to determine the line between risk versus choice."

Let's talk about quality – online provider respondent 2015

There is no denying that there are further discussions to be had regarding the complex issues surrounding decisions of safety, risk, choice, independence and autonomy, irrespective of whether it is within the context of a community care or residential setting. However a key determinant in this quality conversation is 'whose decision is it?' – when does 'safety' override 'autonomy' and a consumer's right to choice, flexibility and a personally-defined sense of 'wellbeing'? whose right is it to choose in circumstances such as these where risk and choice come head to head? These questions cut to the heart of the philosophy of consumer directed, person centred aged care. The responses indicated that there is considerable diversity amongst providers in terms of where they

are on the journey to creating a quality aged care culture that offers genuine consumer choice and flexibility and places the consumer's needs, preferences and wellbeing at the centre of service provision and decision making.

Beyond minimum standards – the consumer experience and expectations of quality

There was strong support for a shift from a narrow focus on standards and accreditation to a broader focus on delivering real quality in aged care. This was seen to include support for carers, including the provision of respite care. Linked to this, many respondents cited the need for providers to clearly articulate their philosophy of care.

As the aged care sector moves towards a market approach, it is important for providers to clearly articulate their vision and philosophy, outlining where they have come from and the purpose they are seeking to achieve. This broader narrative will enable prospective residents and clients to understand the service and place it within its proper context.

Let's talk about quality – HammondCare submission 2015

Comments also noted that measures of quality in the aged care system must seek to ensure access to appropriate, high quality care for the most vulnerable consumers, including those with dementia, Aboriginal and Torres Strait Islander people, those from CALD backgrounds and LGBTI older persons, as well as those from other vulnerable groups.

A strong message across the quality dialogue was that *quality inputs (care and services) don't always equate to quality of life.*

"Quality of care will only impact on quality of life if quality of life is the focus of care".²⁴

There was clear support for a shift from perceptions of quality of care based on compliance with minimum standards to broader notions of high quality care that ensured an inclusive, consumer driven model of care.

"It should be recognised that while the failure to address clinical needs will detract from quality of life that adequately addressing them alone will not add to quality of life"

Let's talk about quality – ACSA submission 2015

Whilst choice and dignity of risk is important, there needs to be appropriate protections in place for vulnerable older people and those with cognitive/ other impairment that impacts their decision making. Health and safety has a different meaning for many people and communities and cultural safety needs to be considered.

A dominant focus on biological and physical care can detract from the importance of the spiritual, mental, and general well-being of a client.

Let's talk about quality – AANSW submission 2015

²⁴ Dr Lee-Fay Low, Associate Professor in Ageing and Health – University of Sydney in address to Better Practice 2015 Conference, Adelaide, for residential aged care and home care. *Quality –Through the looking glass*. Australian Aged Care Quality Agency

Measuring quality – ‘what gets measured gets done’

“The level of consumer choice and control is key when measuring quality of services. It is suggested that aged care service providers encourage quality reviews by consumers and their families. Service providers should have a holistic understanding of the consumer and their needs and have the capacity to respond to the person’s cultural diversity”.

Let’s talk about quality – FECCA submission 2015

There was strong support for measuring quality of life which was expressed with the view that “what gets measured gets done”.

“Aged care is expensive. I should feel like the value I gain is worth what I have spent. My goals and outcomes should be measured, not just accreditation”.

Let’s talk about quality – online consumer respondent 2015

Alzheimer’s Australia’s submission noted that measures of quality in community-based aged care should be based around the provision of holistic care, in conjunction with other services, whereas in residential care they saw quality measures to be more focused on providing a home-like environment, ensuring flexibility, and demonstrating a resident focused approach to care.

“Measuring consumer satisfaction is a vital element in measuring service quality, and consumer involvement in the process is also critical. Consumers and carers should be engaged as key partners in aged care quality and compliance processes....It is important that measures are in place to ensure that the consumer voice can be heard without fear or favour”.

Let’s talk about quality – Alzheimer’s Australia submission 2015

A range of submission respondents also noted specific measurement tools they would recommend. These included:

- ✔ The Institute for Research in Healthcare in the Netherlands’ Consumer Quality Index.²⁵
- ✔ England – ASCOT – Adult Social Care Outcomes Toolkit, e.g. cleanliness and comfort, good nutrition, safety, control over daily life, social interaction, occupation, accommodation, and dignity from the perspective of the care recipient.²⁶ The ASCOT tool was also cited by a number of other respondents in our forums and online responses/ submissions. Many felt this provided clearer indicators of quality to support informed choice.

²⁵ Hjertqvist, J. (2008) Netherlands: The Reluctant Health Champion of Europe. *Health Consumer Powerhouse*

²⁶ Netten, A., Burge, P., Malley, J et al. (2012). An assessment of the construct validity of the ASCOT measure of social care-related quality of life with older people. *Health and Quality of Life Outcomes*, 10, 21

- ✓ Care Fit For VIPs (CFFV)²⁷ is a toolkit to help care homes improve the quality of their dementia care.

- V** A value base: asserts the absolute value of all human lives regardless of cognitive ability
- I** An individualised approach, recognising uniqueness.
- P** Understanding the world from the perspective of the service user.
- S** Providing a social environment that supports psychological needs.

The issue of ‘rating’ aged care providers was frequently raised. HammondCare’s submission captured the sentiment of many such discussions when stating:

“While it may be problematic to label one provider better than another, there is great benefit in rating services according to their performance in key areas. These ratings could become the focus of accreditation audits and could be incorporated into accreditation reports. Ratings could be based on direct observations from qualified external observers as well as feedback from service users and staff and other information, such as data from quality indicators and examples of innovation.

Using these factors to rate services will provide a strong incentive for services to provide the highest quality possible. At the same time, it will give consumers more meaningful information on which to base their choices between services, along with other considerations such as organisational philosophy and price”.

Let’s talk about quality – HammondCare submission 2015

2.2.3 Incentivise what matters – Key messages

A clear message was that quality in aged care services has historically been focused on preventing poor quality of care and ensuring safety. There was clear support for a shift from perceptions of quality of care based on compliance with minimum standards to broader notions of high quality care that ensured an inclusive, consumer driven model of care. However, while the majority of respondents agreed that any definition of quality must encompass much more than safety, they considered it essential that care is provided in a safe manner that minimises the risk of avoidable harm. Psychological and spiritual wellbeing and social inclusion were regularly cited as key quality factors. While choice, autonomy and dignity of risk was clearly seen as very important in meeting consumer expectations of quality care, there was strong agreement that there needs to be appropriate protections in place for vulnerable older people.

²⁷ www.carefitforvips.co.uk

2.2.4 A new language – supporting informed choice for consumers

"The use of language in aged care services is a critical aspect of quality in many respects, which often conveys underlying attitudes about the older person".

Let's talk about quality – COTA submission 2015

There was a consistent view that from a consumer perspective, minimum standards and assessment processes have served to reassure customers that providers who do not deliver quality care over time can be dealt with. However, there was an equally strong view that knowing that a service is accredited or meets minimum standards does not help consumers to ascertain whether the provider is delivering high quality care or just passing minimum standards.

The need for consumers and their families to have access to "the right information at the right time", from trusted sources, to facilitate genuine choice and flexibility was regularly cited as an area of high priority. There was considerable feedback, especially in the face-to-face forums, that current systems led to information "over load" – with consumers reporting that much of the current government information is hard to navigate, understand and compare. Many also noted that older people are less likely to be able to use technology effectively. As such many suggested that any attempts to improve the information provided should be 'customer facing' and engage relevant consumer groups in the process.

"Older people looking for care services are often in crisis; this affects their ability to make informed decisions. It is often their first encounter with residential and home care services and the pressure to make a quick decision may affect their ability to rate the quality of the service they choose. We suggest that better information about how well services are performing and what options people have should be made readily available in an open, transparent and measurable way".

Let's talk about quality – NSWNMA submission 2015

"It is difficult for someone who has little or no experience of aged care to know "from the outside" what is going on "inside". It is difficult to know what you are comparing and how to make judgements about various aspects".

Let's talk about quality – online consumer response 2015

Stakeholders suggested that a consumer's ability to make the choice that is right for them is highly dependent on whether they receive the right information at the right time.

"Irrespective of who is doing the choosing, consumers will approach the exercise with different levels of health literacy and understanding of the aged care system. Quite often they will not know the questions to ask. Even worse, they will assume the provider will always do the right thing by them".

Let's talk about quality – DutchCare submission 2015

A number of respondents also referred to reports and information on relevant websites (Quality Agency, Department), and information gleaned through social media to make an assessment of

whether one service is better than another. There were a number of comments directed specifically towards the Quality Agency indicating that some of their information is not really helpful if trying to compare on service to another

"You're unable to properly assess homes with comparative basis as the quality agency reports are general and repetitive and do not show the good work being achieved on site".

Let's talk about quality – online consumer response 2015

On the topic of choice, one of the detailed online responses highlighted the limitations in assuming that consumers even have a voice, or are able to exercise choice in a competitive market in some cases:

"In reality, many frail older people may not have capacity or an advocate to voice their choices, dissatisfaction or report serious issues, and there are many areas where there is only a limited selection of services and clients have no reasonable choice to move services."

Let's talk about quality – online provider response 2015

This issue of limited (or no) choice, for example in rural and remote locations, was raised by a number of respondents and is also addressed in the section on 'the role of government' later in this report.

Additional key points made were:

- ✔ people who are informed about the interface between care types and understand how to access different care types are better able to make informed choices as to the care that is best for them;
- ✔ the right time for people to get the relevant information (to exercise informed choice) is before a time of crisis;
- ✔ there needs to be a more integrated approach for information provision by using other service providers such as doctors, other health practitioners, advocacy services and the Department of Human Services. This would ensure that people have better access to information through their lifetime and allow for the focus to be on healthy ageing; and
- ✔ transparency and independence in the information people can access is important. Stakeholders suggested that this might be best achieved through an advocacy or information service that is independent of providers.

"Information should be transparent. No one should have to read the fine print to get to the real substance of what's on offer".

Let's talk about quality – DutchCare submission 2015

While Government was seen to have a clear role in the provision of public data as a 'trusted source of information' there were many respondents who also felt other consumers, providers and aged care organisations had a role to play here. A number of submissions, in particular, noted that aged

care advocacy organisations had an important role to play in supporting consumers and providing targeted, timely and accessible information.

Aged care literacy for advocacy, health sector/professional, citizens, special need groups (eg ATSI and CALD communities) was considered an important consideration if genuine informed choice in aged care is to be achieved.

"Choice will bring about positive changes for consumers, but there will remain groups of people who could be disadvantaged by this approach – those with reduced capacity, those living alone and/ or without a carer/ partner or advocate to assist in decision making, those from culturally and linguistically diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander people, and others who have faced institutionalised discrimination (eg LGBTI people)".

Let's talk about quality – Alzheimer's Australia submission 2015

A number of submissions indicated that current information to support 'choice' can be overwhelming, unclear and feedback from both online responses and submissions indicated that consumers appeared to be generally not aware of any helpful measure that enables comparisons among providers

Many respondents addressed the issue of language and noted that it needs to:

- ✔ be "person first" – conveying the positive identity of the person as a citizen with a unique identity and right to receive appropriate supports, not labels related to their condition
- ✔ convey that the consumer is in charge
- ✔ connect with the consumer's life experience, not use jargon and acronyms
- ✔ make a real commitment to being in the person's court.

Based on the feedback, ongoing and effective communication, responsiveness (consumer-directed care), choice and flexibility are obvious areas for focus in terms of:

- ✔ new or revised standards across all care types;
- ✔ communications and aged care policy more generally.

Strong support was evident for accreditation reports to consider using a ratings system to provide meaningful feedback to consumers, services and Government on their performance. It was suggested that these ratings be based on observations from qualified external observers, feedback from consumers and staff, quality indicator data and examples of innovation.

2.2.4 A new language – Key messages

Submissions, online feedback and forums all acknowledged that minimum standards were important to reassure that a baseline for quality care is met. However, an equally strong view was that knowing that a service is accredited or meets minimum standards does not help consumers to ascertain whether the provider is delivering high quality care or just passing minimum standards.

The need for consumers and their families to have access to “the right information at the right time”, from trusted sources, to facilitate genuine choice and flexibility was regularly cited as an area of high priority. There was considerable feedback, especially in the face-to-face forums, that current systems led to information “over load” – with consumers reporting that much of the current government information is hard to navigate, understand and compare. Access to this information in a form that met individual needs and requirements was also very important. Also it was emphasised that aged care advocacy organisations had a key role to play in supporting consumers and providing targeted, timely and accessible information.

2.3. ‘Board to bedside’ – creating a quality culture that encourages excellence

“It is unreasonable to expect care staff to listen to service users if their supervisors do not listen to them; it is not possible for staff members to take the time to get to know the people they are caring for if they are expected to complete tasks as quickly as possible; and a willingness to learn accounts for little if there are no opportunities for taking part in continuing education”.

Let’s talk about quality – HammondCare submission 2015

Service providers use broad quality frameworks, beyond those required by the aged care standards. These include management system type accreditation to assess and improve aspects of their business performance, addressing areas such as leadership, strategy, people, information and knowledge, environment, safety, service delivery, product quality and bottom-line results.

When an organisation goes beyond meeting minimal requirements and strives for excellence, it is referred to as a quality culture - the capabilities, habits and beliefs, which enable the design and delivery of services that can meet customer needs and be successful in the market place over the long term.²⁸

In a market where consumers have choice and flexibility, successful aged care providers are likely to be those who can meet and exceed their customers’ expectations for high quality care and quality

²⁸ Juran Institute <https://www.juran.com/>

of life. Service excellence is underpinned by a culture of high performance and leadership in relation to aged care governance, meaningful consumer engagement and an effective approach to quality improvement.

An important part of a quality culture is the people at the frontline of service delivery.²⁹ The attitudes, behaviours and skills of aged care staff are critical. Aged care is relationship based. That's what differentiates it.³⁰



DutchCare

DutchCare was a “first” in keeping decision making on lifestyle and care matters as close as possible to the consumer, reorganising its residential care facilities into households of 15 residents and making small teams of Personal Care Assistants and Homemakers, responsible for these units. It is known as the Polder model which is now being taken up by mainstream services years after DutchCare introduced it.

2.3.1 What factors influence quality – what are the ‘enablers’ for quality in aged care?

Successful aged care services know that meeting minimal requirements will not necessarily encourage excellence nor will this spell success in the market place over the long term. Providing support for consumers of aged care services to live the best life possible involves a clear focus on both quality of care and quality of life outcomes. It also involves a commitment to innovate and continuously improve. Services are also more resilient when they have a culture that prioritises openness, learning and continuous improvement, supported by governance and consumer engagement processes so that organisations and staff learn together in partnership with their consumers. This is particularly true when it comes to delivering safe and innovative care.

“Treating people with dignity and respect and as an equal partner in the support relationship is at the heart of quality care and should never be compromised”.

Let's talk about quality – COTA submission 2015

There was overwhelming support from respondents for aged care to work towards a quality culture that encourages excellence, is genuinely ‘consumer centred’ and moves away from a medical and task focussed model.

²⁹ Aged Care Leadership Development Project Strategy Paper, 30 June 2013, ACSA, Commonwealth Government through the Department of Industry http://www.cshisc.com.au/media/374222/Aged_Care_Leadership_Capability_Framework.pdf

³⁰ Aged Care Leadership Development Project Strategy Paper 30 June 2013., ACSA, Commonwealth Government through the Department of Industry



Anglican Retirement Villages Rhythm of Life Program

The Rhythm of Life (RoL) Philosophy of Care is an organisational wide program of work which is being implemented, over a five year period, to embed the principles of person centred care in a very practical way. The main goal is to improve the quality of life and care outcomes for our residents, families and staff by enriching lives as we have discovered – one person at a time. We have moved from an organisational 'task' driven method to starting the day when people wake up naturally and delivering care and services how and when residents want it as much as possible. Duty of care, risk and resident choice are all considered in any decision making and plans for each day.

The success of this program is in the development of staff in leadership and change so each person can overcome the barriers and work towards a 'can do' attitude. The program will be further developed through the 'bottom up' input as we learn more about our residents. It will be sustained by ongoing recognition and reward to staff as well as updating policies and procedures which reflect the intent and actions needed to deliver RoL.

The organisation has developed a scorecard covering all areas of care and management to monitor the impact of RoL. A combination of validated tools and local indicators have been used for ongoing evaluation, demonstrating improvements in quality of life, clinical care, staff perception and behaviours and satisfaction of residents, families and staff.

What aspects of quality are essential and should never be compromised?

Respondents were asked what were considered to be core aspects of quality – the ‘non negotiables’ that acted as enablers for quality care. Responses included:

- ✔ Enablement in the form of ‘doing with’ – choice, flexibility

“...aged care staff and management should foster a culture of caring that focuses on a person’s attributes (and strengths) rather than on a person’s deficiencies”

Let’s talk about quality – FECCA submission 2015

- ✔ Consumer Engagement and partnership – the importance of directly and constantly engaging consumers, carers and families in identifying and meeting the consumer’s needs and preferences
- ✔ Effective governance and leadership – strong leadership, strategic vision and planning, financial accountability, regulatory compliance, risk assessment and management, consumer engagement
- ✔ Effective approach to care – adequate numbers of appropriately skilled staff, focus on individualised, person centred care, including the ability for the older person to maintain personhood, independence, and decision making
- ✔ Evidence base – monitoring the effectiveness of care in meeting a consumer's goals; evidence-based practice and research to support innovation and quality improvement
- ✔ Respect, compassion and dignity

“Respect for the individual and their personal story is essential. Getting to understand people is the best way to establish trust and build relationships”

Let’s talk about quality – FECCA submission 2015

- ✔ Relationship-centred approach to care³¹ – a skilled, respectful workforce who are enabled to develop a continuous relationship with the consumer / carer to provide continuity and build trust - ensuring that ‘task’ does not happen at the expense of ‘relationship’

“...staff need to have respect for consumers and the ability to communicate and engage in positive relationships that reflect such respect. ... Consumers need to be able to exercise some choice about the staff who support them, recognising the workforce constraints of the provider”

Let’s talk about quality – COTA submission 2015

³¹ Woods, B., Keady, J., & Seddon, D. (2008). *Involving families in care homes: a relationship centred approach to dementia care*. University of Bradford, Jessica Kingsley Publishers, London.

- ✓ Social inclusion and community engagement - being supported to participate in community life, to make a contribution and to be as well and independent as possible
- ✓ Respect for the diversity of consumers in all its forms, ensuring equal access to information and services for diverse groups. This includes provision of culturally appropriate care
- ✓ Carer support – including the provision of respite care for carers of people with dementia were seen as a key part of quality in the aged care system



3Bridges Community

3Bridges Community is a community service organisation partnering with aged care providers that provides a carers program for those needing respite or additional help in a caring role. This allows a dementia counsellor working there to provide training for residential staff on behaviour management; have one-on-one meetings with new family members who have a loved one with dementia moving into residential aged care and; facilitate a support group for the families of residents at the provider.

- ✓ Regular, honest, open communication and trusted information – government, provider, consumer, carer/family and across the care network. Many expressed the view that if these are effective it enables a quality culture to flourish and supports a culture where consumers are ‘front and centre’ throughout their aged care experience. Importantly, this involves providing information that is clear and can be easily understood by a range of consumers to support informed choice
- ✓ Transparency and accountability – this includes transparency and fairness in costs and charges for services, and how government funding and the consumer’s contribution is spent – quality includes value for money
- ✓ Specialist supports - Appropriate access to services and specialist support, including appropriate end of life care

"Access to specialist psychogeriatric assessment and advice is important in providing good care for people with dementia. The advice of other allied health professionals such as physiotherapists, occupational therapists, speech pathologists, dieticians, and psychologists may also be very helpful".

Let's talk about quality – Alzheimer's Australia submission 2015

"Within the aged care system there must also be greater access to appropriate specialist vision rehabilitation supports to increase the independence of older people who are blind or have low vision.

Let's talk about quality – Vision Australia submission 2015

- ✔ Consultation and feedback processes - consultation with consumers (in their own language) and provision of assistance to consumers to help them to understand choices available to the consumer; incorporation of consumer feedback into how care and services are delivered (e.g. responsiveness to consumer feedback); an effective complaints system
- ✔ Training and education for staff
- ✔ Effective pain management and minimal use of restraints.

What do you look for when choosing staff?

"According to the findings of the 2012 Moving into Residential Aged Care Survey, more than 95% of survey respondents expected staff to have a person-centered approach, to have specific training in dementia care, to value the carer's knowledge of the person with dementia, and to include the carer in decisions about the person with dementia – additional survey data revealed that these expectations were not always met.

In our survey of consumers for this submission, AANSW consumers added that they expect staff to be compassionate, empathetic, respectful and effective communicators; to maintain the dignity of individuals when caring for them and; to get to know their clients and their history in order to offer personalised care"

Let's talk about quality – Alzheimer's Australia NSW submission 2015

Consumer views mirror many of the submission, forum and online responses from providers as to what skills, attributes and experience they considered important in their staff. Responses included:

- ✔ Committed to ensuring better lives for older people
- ✔ Staffing mix that represents the cultural mix of the population they serve and represent a range of ages
- ✔ Skills, experience and qualifications mix – including emotional intelligence, a positive approach, friendly, helpful, empathetic, compassion, dignity, flexible, caring, listen as well as talk
- ✔ Person centred approach - staff treat consumers as adults and respect them and their choices

- ✓ Ability to build capacity in consumers and families rather than staying with the ‘do for’ mindset
- ✓ Mature approach to ‘positive risk’
- ✓ Team players
- ✓ Customer service, relationship management and mature communication skills

Capable of developing relationships that enhance a consumer’s sense of wellbeing

Let’s talk about quality – ACSA submission 2015

- ✓ Robust knowledge of the aged care and community sector and the availability of the range of services that can be accessed by consumers with the ability to inform the same
- ✓ Maintain the level of professionalism required including good documentation skills
- ✓ Open attitude to accessing education and training in true ‘consumer directed care’
- ✓ Where relevant, demonstrated previous experience working with Indigenous people
- ✓ Respectful, inclusive and supportive of cultural and spiritual differences.

“Fundamentally, staff need to have respect for consumers and the ability to communicate and engage in positive relationships that reflect such respect. Respectful behaviours include taking people seriously, being responsive to their needs, using common sense, treating people as adults (not infantilising people) and being able to communicate clearly. A respect for diversity is crucial”

Let’s talk about quality – COTA submission 2015

Importance of relationship – ‘right training and experience’

Many respondents highlighted workforce and training as key issues for achieving a quality culture. As noted by Alzheimer’s Australia, to deliver quality care, aged care must have adequate numbers of skilled, qualified staff, committed to person centred care. They noted also that to attract and maintain the right workforce, issues such as pay, conditions, training and career paths required improvement.

Sufficient skilled staff in sufficient numbers was identified as a major barrier to being able to allocate time and therefore personalised quality care to clients. Alzheimer’s Australia NSW suggested in their submission that the introduction of mandatory dementia education and setting of staff to resident ratios would help to overcome this issue, particularly overnight and on weekends.

“Training and education for aged care staff should never be compromised. It is education that equips staff members with the skillsets needed to care for clients with dignity, respect, empathy, and compassion”.

Let’s talk about quality - Alzheimer’s Australia NSW Submission 2015

A common response was also the need for mandatory dementia care training and ensuring staff understood the 'continuum of care' which people will experience as they age.

"It is education that equips staff members with the skillsets needed to care for clients with dignity, respect, empathy and compassion".

Let's talk about quality - Alzheimer's Australia NSW Submission 2015

In relation to engagement with consumers, families and carers it was suggested that:

- ✔ when someone first comes into care the need for detailed conversation between providers, consumers and their carers and families, is critical to ensuring individual consumer needs are understood;
- ✔ educating and building the knowledge of carers and family members is important when talking about the consumer's right to choose and the standards for delivery of care. This conversation allows carers and family to better appreciate why consumers have the right to engage with risk when making decisions about their lives;
- ✔ quality relies on continued communication to confirm consumer needs are being met over time;
- ✔ understanding the consumer is about asking the right questions and genuinely listening so that a person's experience of aged care can be tailored to what is necessary for them to have a purposeful and meaningful future;



COTA

Some providers have engaged in a process of co-production or co-design with consumers to develop their service models, such as with the transition to CDC. Consumers have the opportunity to not only be consulted or surveyed, but to actually participate in the design process alongside staff and managers of the service.

- ✔ carers and families play an important role in ensuring providers understand consumers (while also noting that it is imperative to engage with the actual consumer and not just the consumer's representatives);
- ✔ there has to be a collaborative approach to care planning with consumer input that enables them to incorporate goals and aspirations; and

- ✓ consumers could be engaged to co-produce training and education programmes for staff.

While there was some discussion about the difficulties that can be experienced when a carer or family member's views as to what is best for the consumer are not consistent with that of the consumer, it was generally agreed that engaging carers and families on the journey is the best way to achieve quality outcomes for the consumer.

Providing consumers with the security to engage, and creating an environment of empowerment, is essential to the consumer having a voice. On this point, some stakeholders raised the importance of consumer advocates (either formal advocates or family/carers) to enable people to be heard.

2.3.1 What factors influence quality – Key messages

There was strong support for building industry capacity and shifting mindsets to ensure that aged care service delivery goes beyond meeting minimal requirements and strives for excellence – many submissions detailed factors (the 'non negotiables' of quality) that they considered essential to building a quality culture. A consistent theme was that service excellence is underpinned by a culture of high performance and leadership in relation to aged care governance, meaningful consumer engagement and an effective approach to quality improvement.

There was overwhelming support from respondents for aged care to work towards a quality culture that encourages excellence, is genuinely 'consumer centred' and moves away from a medical and task focussed model. Creating an environment of empowerment, was seen as essential to a consumer having a voice.

2.3.2 Challenges to the achievement of quality in aged care

"Achieving a culture of quality throughout the organisation is also a challenge, where complaints are used to identify improvements rather than to blame staff or consumers for being 'difficult'. This requires positive leadership at all levels of the organisation".

Let's talk about quality – COTA submission 2015

The ability to articulate a philosophy of care but being unable to implement can be a major challenge for service providers in achieving quality. Successful implementation of a quality culture requires a 'whole of organisation' approach.

"The management has to realise that there is more to quality improvement than meeting accreditation standards. This mind set change has to start at the top and cascaded through out the organisation before a truly culture of quality improvement takes hold and becomes part of the fabric of the organisation. This is a huge challenge"

Let's talk about quality – online provider respondent 2015

A number of barriers to achieving this were identified, including:

- ✔ Workforce related issues – for example, ageing workforce, attracting new entrants (including creating more pathways for younger people), difficulty finding the right staff with the right attitude and aptitude, maintaining staff education and training standards and effectively monitoring staff performance
- ✔ Lack of resources and capacity to cater to individual preferences, including engagement in community life



COTA

Another example of good innovation is the use of technology to help manage isolation. Providers are identifying isolated clients, purchasing tablets (such as iPads), upskilling direct care staff in the use of technology then enabling regular times for the direct care worker to pass on the skills necessary to contact family and friends. Here is an example of organisations using their current resources to meet needs. It is also respectful of staff and offers skill development opportunities.

- ✔ Challenges associated with balancing risk and supporting an individual's choice - the issue of 'dignity of risk' emerged as a consistent theme – balancing safety and risk of harm against the right of consumers to have autonomy, control and make their own choices. One submission respondent noted that enabling consumers to flourish by pursuing their choices is made more difficult in a risk-averse culture in which the use of litigation is growing
- ✔ Provider fear of what can happen 'if something goes wrong' – noted that this acted as a brake on innovation and provider willingness to allow consumers to take greater risks and for them to exercise freedom to engage in community life. Staffing limitations and concerns for the safety of consumers were seen as key factors that could contribute to social isolation of consumers

- ✓ Competing interests and expectations of family members, consumers and providers

"A consumer may not wish to bathe every day but family members may perceive this as inadequate provision of care".

Let's talk about quality – online provider response 2015

- ✓ The necessary focus on clinical care for people with serious health issues, could result in decreased focus on social and spiritual needs (impacting quality of life)

"Spirituality should be given a high priority in terms of ensuring the care context incorporates meaning, purpose and connectedness in a way that is relevant to the older person."

Let's talk about quality – online provider response 2015

- ✓ The influence of fees and aged care costs on expectations surrounding service and quality
- ✓ Some Forum participants suggested that the Aged Care Funding Instrument (ACFI) – with a focus on tasks -can mean that care becomes task driven rather than focusing on those factors that drive quality for individuals (i.e. communication, engagement, choice, caring etc)
- ✓ Forum participants noted that regulation can limit consumer choice, stifle innovation and create a monotone experience for consumers. Other compliance and accreditation challenges were also noted, including challenges linked to:

"...administration time spent on meeting the requirements of all of the Accreditation Standards"; "...meeting accreditation outcomes that do not link to ACFI funding outcomes"; "...flawed clinical indicators to monitor quality in aged care – many aged care services under report incidents, or have different measurement tools".

Let's talk about quality – online provider response 2015

- ✓ Barriers identified from the consumer perspective included: locational/ financial disadvantage; sexual orientation; ageism; inability of some staff to engage with consumers as individuals.

Overwhelmingly, online respondents (the majority of whom were staff, families of consumers or consumers) emphasised staff as being the key to quality of care and also the single biggest barrier to quality of care. Barriers described in online submissions included: poor wages, lack of staff training, lack of time to talk to consumers, too much focus on routines and tasks (that work for the provider but not for the consumer), inadequate staffing levels and overworked staff.

On the topic of the way aged care services approach quality of life and wellbeing, one of the challenges noted was that the current standards and methodology – and the culture of aged care service provision – is not sufficiently weighted to wellbeing and quality of life.

2.3.2 Challenges to the achievement of quality in aged care – Key messages

Responses suggested that there were some significant differences between providers in terms of their understanding of, and commitment to, quality of care. Some providers clearly understood the concept of quality, and had views about how it was being (and could in the future be) integrated into care. Others seemed to focus on the barriers to quality of care and did not see themselves being empowered to drive quality – they appeared to feel constrained in terms of their capacity to empower consumers, by factors that they saw as being beyond their control, that it would increase cost pressures, or by fear of the consequences if they did empower consumers.

However there were alternate views expressed by other providers who described examples of how they had innovated, improved quality, provided consumers with flexibility and choice and done so within existing regulation and funding.

2.4. A coordinated effort – an integrated experience of care for consumers

2.4.1 A coherent model for aged care – navigating the aged care system

"Older Australians want an aged care system that they can understand and use."

Summary report on the conversations on ageing, COTA 2012 cited in Let's talk about quality - FECCA Submission 2015

Consistency in quality across aged care services is important to consumers. This is because they may need to access care at different times and from multiple services.

Eighty percent of Australians over the age of 65 will use at least one aged care service in the eight

years before their death. The majority will first access services in the community. Nearly half (46% of program users) will use both community care and residential care in their last years of life.³²

The system needs to support the whole person. Services need to speak to each other across community services, health, mental health, palliative care, and disability services³³ as well as recognise the different stages of their aged care journey.

A clear message was that consumers want an aged care system that is seamless across the range of services they may require as they age.

Our quality conversation indicates that the current aged care system is still seen by consumers and carers to be complex to navigate as they attempted to understand, make choices about and move through the system. Responses also indicated that many people continue to experience large differences in the quality of care they receive – with variations in quality evident both between different services from the same provider and between different providers.

Many respondents who participated in our forums identified the lack of a coherent model across aged care, health and disabilities – which for an ageing population, often presenting with multiple chronic conditions, resulted in a complex and fragmented consumer experience. This can result in services across the sectors acting as a barrier to, rather than facilitator of, active ageing and quality of life for aged care consumers.

“A common language for quality care across residential and home care services would help consumers and their families to better understand the quality of these services. To do this we need to consider whether people define and value quality in the same way in these different settings and how we might measure quality across the continuum of aged care services”.

Let’s talk about quality - FECCA Submission 2015

A number of submissions highlighted the need to ensure that in developing a coherent quality framework for aged care services that it is important to connect with similar work happening overseas and in related sectors such as health to ensure consistency and minimise unnecessary duplication. For example:

“The Australian Commission on Safety and Quality in Healthcare has developed an Australian Safety and Quality Framework based on three key areas, consumer centered, driven by information and organised for safety. As a result a National set of healthcare standards was mandated for acute care in January 2013.

Earlier this year, wide consultation was undertaken to develop guidelines for primary care setting that align with these National Standards with a plan to implement these around 2017. In developing a quality framework for aged care services it is important that no duplication occurs and perhaps having the model complement one another is an option”

Let’s talk about quality - RDNS Submission 2015

In addition particular consumer groups needed additional support to effectively navigate the system and exercise informed choice about their care:

³² Australian Institute of Health and Welfare, 2015. *Use of aged care services before death*, Data linkage Series no. 19. Cat. no. CSI 21. Canberra: AIHW.© <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550411>

³³ Aged Care Sector Statement of Principles, Aged Care Sector Committee and the Australian Government

"Older people from CALD backgrounds need ongoing support to navigate and negotiate ageing and aged care services. Access to information on CDC and consumer choices among CALD communities needs to be improved significantly considering the size of the CALD population aged 65 and over (605,000). FECCA recommends communicating messages of consumer choice through channels of trust such as ethnic media and CALD organisations".

Let's talk about quality - FECCA Submission 2015



FECCA

One example can be the North East Multicultural Association (NEMA) Cultural Advocates program. This concept is based on a network of community leaders acting as advocates in the community on behalf of older people from CALD backgrounds who are less able to represent their own needs.

Community leaders have been trained on a range of skills such as communication and leadership. The Cultural Advocates are represented on local health and community advisory committees where they act as conduits between older people from CALD backgrounds and service providers. The leadership training was delivered across 5 rural and regional Local Government Areas (LGAs) in the North East of Victoria.

The aim has been to provide information on available services to CALD communities, increase linkages to health and aged care services, and advise service providers on culturally-specific care needs.

Consistency in quality across the continuum of aged care is important to families and consumers navigating multiple services in aged care and to service providers who must meet the required standards. A more coherent and accessible model for aged care includes having timely, accessible, useful information to support service selection and informed choice.

COTA's submission noted that:

"Consumers have told us that they want to compare and rate providers in a public forumwhereby individuals can say what is important to them and how well their provider was able to meet those needs. Secondly, consumers want to measure the quality of providers by things like:

- ✓ can they choose their direct service providers?
- ✓ can they participate in decision making, both at a personal level and an organisational level?
- ✓ does the provider provide information in an understandable format?"

2.4.1 A coherent model for aged care – Key messages

Given the complexity of the aged care service system and the fragmented consumer experience in navigating and accessing services, it is not surprising that many proposals focused on improving and streamlining the system.

A number of proposals made suggestions for better integration and reduced silos across the system, citing the current lack of a coherent model across aged care, health and disabilities. It was clear that many of our respondents still saw the need for some fundamental changes to deliver a more coherent and accessible model for aged care includes having timely, accessible, useful information to support service selection and informed choice. Such changes need to ensure support for particular consumer groups to ensure they can understand and access appropriate services. The need to ensure connections with similar work both here and overseas was highlighted as essential to delivering a coherent quality framework for aged care services in Australia.

2.4.2 The role of Government in aged care

"Where there is no choice, there is no market to drive quality improvement.....It is critical that policy settings are in place to ensure an appropriate balance between profit and community responsibility. Quality standards and processes in the aged care system can play a part in achieving this".

Let's talk about quality - Alzheimer's Australia submission 2015

The quality conversation generated some clear messages about Government's role in aged care in relation to clinical care and safety but differing views about Government's role in relation to facilitating quality of care.

There was overwhelming agreement that Government must play a role in maintaining an effective safety net for consumers by setting the core or minimum standards for aged care service provision. These standards were seen as relating to those things that are non-negotiable and must be present in all services. These factors related to issues such as clinical care and safety, freedom from discrimination and cleanliness. Specifically, some also suggested that quality indicators need to be

assessed nationally and consistently by Government (i.e. a trusted source that is independent of providers) that included a focus on 'quality of life' performance.

On the question of quality and Government's role in facilitating, ensuring or enforcing quality there were more varied responses. Many respondents indicated that because quality of care is so individual (person-centric) Government was not best placed to attempt to define this, to legislate for this, or to monitor this.

They variously noted that:

- ✔ Quality should mainly be driven by consumers and providers rather than Government
- ✔ Quality cannot be defined in a single standard or outcome
- ✔ Systems and processes relating to quality of care do not ensure quality of care for individuals
- ✔ Government regulation in relation to quality can stifle innovation; and
- ✔ Competition will drive quality more than Government regulation

"Consumers may also seek value for the money they pay directly from their own pockets or from the Government subsidies they receive. As service users are required to contribute more to the costs of their care, this will become an increasingly important consideration".

Let's talk about quality – HammondCare submission 2015

Having said this, many did see a role for Government in:

- ✔ Revising and simplifying the current standards, with a consumer outcomes focus
- ✔ Trying to effect a cultural shift, by placing consumers (and outcomes achieved for them) at the heart of Government communication and regulation. Stakeholders also saw a role for Government working with providers, consumers, and others, to try to change attitudes towards risk-taking in care (which supports the empowerment of consumers) and also promoting a message of 'positive, active ageing'
- ✔ Ensuring appropriate 'safety nets' are in place to ensure quality services are accessible and provided to those who are most vulnerable within the system (e.g. special needs client groups such as those indicated below as well as those with disabilities, homeless or at risk of becoming homeless older persons and rural / remote)

"Measures of quality in the aged care system must seek to ensure access to appropriate, high quality care for the most vulnerable consumers, including those with dementia and especially those with significant behavioural and psychological symptoms of dementia; Aboriginal and Torres Strait Islander people, those from CALD backgrounds, older people who are lesbian, gay, bisexual, transgender or intersex, and those from other minority groups: and low income/ low wealth older people, including pensioners".

Let's talk about quality –Alzheimer's Australia submission 2015

- ✔ Consumers diagnosed with early onset dementia were identified as a particularly vulnerable group. A number of online and forum respondents were consumers or carers within this group and indicated that they often 'slipped within systems' and failed to have their particular preferences and needs addressed

- ✔ Facilitating or encouraging innovation either implicitly (through lifting regulation that is inhibiting innovation and supporting innovation as part of a quality conversation), or explicitly, through additional funding for innovation. Linked to this was a common response that Government could provide incentives for high performance
- ✔ Lifting or changing regulation or practice that is contrary to the achievement of quality outcomes for consumers
- ✔ Monitoring of consumer satisfaction with aged care services eg. surveys administered by the Quality Agency
- ✔ Focusing core standards on outcomes for consumers. For example, it was suggested that rather than trying to set a single standard for 'quality', existing standards could be revised so that they have more of a focus on consumers, outcomes for consumers, communication with consumers and choice and flexibility
- ✔ Supporting or facilitating the development of a 'service excellence' framework to recognise providers that are providing quality services. On this point, there were varied views put by stakeholders. Some felt that Government could drive this, others thought that it should be driven by the sector but potentially with some support from Government
- ✔ Many also saw a clear role for Government in aged care to address consumer choice and quality care in areas where there is no or very limited choice (rural and remote).

2.4.2 The role of Government in aged care

– Key messages

There was overwhelming agreement that Government must play a role in maintaining an effective safety net for consumers by setting the core or minimum standards for aged care service provision.

More varied responses were held in relation to Government's role in facilitating quality of care and driving innovation. There was broad agreement that Government had a clear role in ensuring appropriate 'safety nets' are in place to ensure quality services are accessible and provided to those who are most vulnerable within the system.

A significant number of submissions and forum respondents noted that Government could encourage innovation via mechanisms such as additional funding for innovation or reducing regulatory burden that can inhibit innovation. Most agreed that a greater focus on outcomes for consumers within core standards for quality care could contribute to a 'service excellence' framework. Effective mechanisms to monitor the consumer experience of quality and the level of satisfaction with service choice and delivery was cited as another key factor for success.

2.4.3 A single quality framework and revised standards

A consistently expressed view was that the review process should involve direct consumer consultation; work closely with a broad range of stakeholders; look to international models and best practice; and seek to achieve consistency with standards in intersecting industries such as health care, disability and other community services.

"The current accreditation system has undergone little changes since its inception despite the significant changes that have been occurring to the aged care system and the growing ground-swell to ensure that consumers are put front and centre. There is significant opportunity for the accreditation process to move beyond compliance, either meeting or not meeting the standards to a system that acknowledges services that go the extra mile in ensuring that consumers receive the very best, tailored services to meet their needs".

Let's talk about quality – Wesley Mission Brisbane submission 2015

"The quality standards should not be constructed in a 'siloed' across the continuum of aged care. There should be a common quality standard applicable to all forms of care. The common themes are quality of life, health, safety and right to choice supported by care providers with the right skill sets".

Let's talk about quality – online provider response 2015

There was overwhelming support for revising the quality system for aged care and the multiple sets of standards within it. However some questioned assumptions that high quality care is linked to sound systems and processes alone:

"The assumption that high quality care will result if the systems and processes are sound has just about been abandoned in the United Kingdom. The Care Quality Commission and CSSWI in Wales have moved to a much more consumer-focused process where much more weight is placed on the consumer experience to determine compliance".

Let's talk about quality – online provider response 2015

This respondent was not alone in this view. Many of the forum discussions and the submissions received referenced the UK Care Quality Commission that focused more strongly on broader indicators of 'quality' in care, that included quality of life and well being, measured through the consumer experience of quality.

Some respondents questioned the current quality system's effectiveness in promoting a culture of continuous improvement and innovation:

"There seems to be a feeling that getting through the accreditation process without any failures in the 44 outcomes is the ultimate achievement. Quality improvements made are usually superficial. There is a lack of attention given to facility wide processes and systems. Most quality activities are "fire-fighting" and not preventative/proactive. This is the real challenge if this is also the feeling in the other aged care facilities".

Let's talk about quality – online provider response 2015

Many responses also noted that the system should encourage a high standard of quality, underpinning the delivery of 'supportive care'. Alzheimer's Australia noted in their submission that for the person with dementia this involves :

"...a full mixture of biomedical dementia care, with good quality, person centred, psychosocial and spiritual care under the umbrella of holistic palliative care throughout the course of the person's experience of dementia, from diagnosis until death, and for families and close carers, beyond".

Let's talk about quality - Alzheimer's Australia submission 2015

Regarding a single quality framework across different care types, some stakeholders supported the idea but others expressed concern about how it might be achieved and applied.

One important theme was the need to ensure we maintained an equitable system that provided 'quality care for all' – this comment from a submission respondent captures this view:

"The quality of care a person receives shouldn't diminish if their capacity to pay is limited. In a residential setting, the introduction of optional care and services at additional expense might decrease social cohesion among residents where it results in a distinction between 'haves' and 'have nots'. In Home Care the undersupply of packages, particularly at levels 3 and 4, results in consumers compromising the care they need".

Let's talk about quality – Anglicare SA submission 2015

Similarly a number of respondents raised the issue of ensuring adequate safeguards were in place to address equality of access and equality of consumer experience, especially for special needs and vulnerable consumer groups.

"The redesign of aged care in becoming a free market place should focus on equality of access and equality of consumer experience. A range of safeguards need to be in place for CALD people who may be vulnerable to market failure. It includes strengthening and modernising market safeguards and protections. Service practices should be benchmarked against access and equity principles".

Let's talk about quality – FECCA submission 2015

There was a consistent view that from a consumer perspective, minimum standards and assessment processes has served to reassure consumers that providers who do not deliver quality care over time can be dealt with. However, there was an equally strong view that knowing that a service is accredited or meets minimum standards doesn't help when making choices.

"When thinking about comparing aged care services, it is crucial to recognise that just as not all consumers are looking for the same thing in an aged care service, not all services are the same. Different services and providers have different purposes and are striving to achieve different objectives. Attempts to evaluate aged care services must be mindful of the different types of services and where comparisons are made, it is important to compare like for like and to recognise the differences in service that may lead to different outcomes. However, from a regulatory perspective, there are outcomes in certain key areas that all services must address. These include key components of service delivery such as safety, clinical care and supporting autonomy and choice".

Let's talk about quality - submission 2015

This area generated significant and varied discussion. This included discussion about how minimum standards might marry with standards of excellence, providing capacity for providers to demonstrate excellence and for consumers to use this information to help to inform their choice of provider. The importance of meaningful data to measure and drive quality was noted.

"We believe that to move away from the current compliance based approach to accreditation and quality reviews, it is necessary to adopt a system that rates the quality and performance of services according to a number of factors. The introduction of such a system would place consumers in a better position to make informed choices between different care services. It could give providers a rating on a set scale against key domains such as safety and clinical care.

....the ratings would be determined based on observations from qualified assessors, user feedback, quality indicators and recognition of any innovative activities. Based on all of these elements, services could be placed into one of the following service bands in the key domains: non-compliant; meeting expectations; very good; or excellent. These ratings would be accompanied by a summary report, using plain language and in a format accessible to consumers, that explains how the results were achieved.

Let's talk about quality - submission 2015

A related issue was discussion about high performing providers. Many attending the forums and a number of the submissions received expressed the view that ratings would support differentiating performance, allowing services that were found to be performing well above the minimum standards to be subjected to less frequent regulatory monitoring. The example of the South Australia Innovation Hub was often cited as an example of this. One submission provided an example of how innovation might be encouraged through standards, as follows:

"It is great to encourage and support innovation and high performance, however it is difficult to define and therefore mandate and assess 'innovation'... Motivating the industry to pursue innovation and high performance could also be achieved through regulatory rewards of earned autonomy i.e. less visits, longer periods or even indefinite accreditation. One aspect of innovation and high performance to be considered is that it is rarely seen across all areas of the standards. Services may excel in a few areas, but in my experience, they are generally on par or occasionally even below par in other non-related areas. This presents problems in terms of equitable regulatory rewards and strengthens the argument for Standards of Excellence to ensure systematic evaluation and rewards for high performance."

Let's talk about quality – online provider respondent 2015

Also identified was the need to ensure that consumers can access 'real choice' in home care package provision, particularly in cases where a provider offers both their own and sub-contracted agencies to provide services. COTA noted this in their submission:

"It is a feature of the NDIS that case management/package service providers that also want to provide services can only do so if they can prove that there is no conflict of interest and, of course, the individual's right to privacy needs to be maintained as it would in any health care setting".

Let's talk about quality – COTA submission 2015

The following issues were noted across the range of responses as impacting on decisions about a streamlined aged care quality framework:

- ✔ An integrated quality framework is supported but it must accommodate not just the common aspects but also allow for the differences between modes of delivery in aged care.
- ✔ Government plays a valuable role as a trusted source of information. Public confidence depends on government involvement and assurance that providers have been ‘tested’ against core standards.
- ✔ Some referred to the issue of ‘contestability’ of accreditation services, noting that that should be developed in consultation with consumers and providers and ensure that consumers are protected.
- ✔ The funding model plays a key role in driving the sector’s response to quality and needs to promote flexibility, innovation and responsiveness among providers in aged care.
- ✔ Informed decision making by all consumers, including those with dementia along with their carers, should underpin quality standards and processes for aged care.
- ✔ Innovation needs to be separated from standards because standards are based on risk minimisation, whereas innovation requires a degree of risk.
- ✔ Seamless funding arrangements across streams.
- ✔ Integration of programs for consumers requiring end of life care, restorative care, palliation and those with an increase in adverse behaviours.
- ✔ There is currently too much focus on compliance rather than quality improvement.
- ✔ Further consideration should be given to the Quality Agency’s role and processes – with perhaps a strengthened focus on ongoing improvement and proportionate, risk based regulation. Within the context of these comments, the "period" of accreditation (linked to performance) and more of a focus on unannounced visits was consistently flagged as potential areas for review.
- ✔ Commonwealth regulation is only one part of the complex aged care regulatory picture that also includes State and Territory legislation, recommendations from Coroners, scheduling of drugs, regulation relating to administration of medication, and food regulation – all of which intersect with aged care.

"Aged Care Facilities should be publicly reported on - given a scorecard across numerous categories"

Let’s talk about quality – online consumer response 2015

- ✔ The importance of data to measure and drive quality:

For example, some noted that:

- there has not been a minimum data set to date, but that one is needed;
- minimum data sets could address matters such as hospital leave, clinical indicators and admission diagnosis;

- collecting meaningful data can drive innovation; and
- good clinical indicators enable planned and preventive care rather than reactive care.

It was broadly acknowledged that to innovate and transform care effectively, it is vital to have the feedback mechanisms to know whether or not changes have been successful. Every provider should have good, benchmarked data for all the services it provides, to assure itself that it is providing safe and effective care and to know where improvements are needed. This is particularly important when looking to share learning effectively at a local and national level. Better data and improved flow of information across all sectors, and across government regulatory and departmental bodies, therefore needs to continue to be developed that is accessible to, and used by, all stakeholders. Without this it is difficult to systematically understand the current quality of care beyond our current assessment processes, or assess the impact that changes and innovative practices are having on quality of care.

Review of the standards

"A standardised measure of assessing the true impact of a provider's systems and practices on consumer lives needs to be carefully considered".

Let's talk about quality – COTA submission 2015

Accreditation Standards and the Home Care Common Standards are the current frameworks for assessing quality in the aged care system. The expected outcomes that flow from these standards are the minimum standards expected of providers. There are 44 expected outcomes required of residential care providers and 18 required of home care providers. Many respondents highlighted the strengths and limitations of the existing standards. There was strong support for revising the standards.

However, they generally did not want Government to 'start from scratch' with some expressing the view that we should draw on existing examples and precedent, including from other systems and other countries rather than reinventing the wheel.

There was broad recognition of the challenges in describing expected outcomes particularly where they relate to quality of care, quality of life and 'those things we value most'. While stakeholders emphasised the importance of any standards or expected outcomes being measurable, they also described many of the challenges associated with measuring or assessing quality – particularly in relation to quality of life. However there was almost universal recognition that any revised system and standards needed to address this area:

"A well balanced, robust, easy to apply Quality of Life survey would be of great value. We would be happier comparing outcomes of a Quality of Life survey than clinical indicator data".

Let's talk about quality – online provider response 2015

A broad range of views were articulated about the review of the standards however consistent messages included:

- ✔ While the current standards had worked well, they were overly process focussed.
- ✔ There was strong support for clearly articulated minimum standards, such as consumer safety and security and personal, medical and clinical care.
- ✔ It may be desirable to separate clinical and quality standards and measurement.
- ✔ The challenge is that the most important things are often the hardest things to measure – this was discussed in particular reference to ‘quality of life’ factors.
- ✔ The standards do not currently provide good indicators of quality of life – the need for ‘quality of life’ to be addressed was often discussed in terms of ‘what gets measured gets done’.
- ✔ Strong support to have a clearer outcomes focus on CDC, including enablement, restorative and wellbeing outcomes for consumers. Related standards should link these to care planning, assessment and review.
- ✔ Quality standards should be continually strengthened to drive continuous improvement.
- ✔ It was noted that competition will open up a range of options that will mean the quality standards will need to be less prescriptive and more outcomes focused.
- ✔ Considerations of quality in aged care, including standards and assessment, must be fully inclusive of issues relating to dementia.

A number of specific recommendations were noted from the forums and submissions regarding review of the standards:

“Residential and home care should be subject to a common set of core minimum standards for service delivery. These standards should be outcomes-focused, reflecting the different nature of residential and home care services in practice, and shifting provider focus from compliance to quality”.

Let’s talk about quality – HammondCare submission 2015

- ✔ The standards need to be more consumer focused. Most stakeholders saw the review as an opportunity to refocus the standards on the consumer and the consumer’s experience.
- ✔ This included improving the language of the standards (plain English; more person centred and reflective of CDC principles eg ‘doing with’ rather than ‘doing for’). This included a shift away from referring to “care recipients” – which was seen as promoting a passive recipient of care rather than an empowered person actively engaged in their own care. Alternative suggestions included consumers, clients, customers or participants in life.
- ✔ The current standards are not adequately integrated – it is possible to meet one standard but not meet another standard that is necessarily related.
- ✔ A number of the standards are not meaningful or duplicate State/Territory laws.

- ✓ Five expected outcomes are essentially the same across the two types of care (continuous improvement; regulatory compliance; human resource management; information management; privacy and dignity) and a further three are similar (equipment/physical resources; complaints; independence).
- ✓ There are discrepancies between the standards that are not explained by the different types of care. The home care standards include requirements around risk management, corporate governance, and care planning and assessment. These are equally applicable in residential care but are inexplicably absent from those standards.
- ✓ Conversely, the residential care standards include requirements around education and staff development, occupational health and safety, and planning and leadership. These should be required in home care but are not included in those standards.
- ✓ The residential care standards are prescriptive and compliance focused. They are also repetitive, with the continuous improvement, regulatory compliance, and education and staff development standards being repeated four times throughout the standards.
- ✓ The home care standards, having been developed most recently, are more streamlined and in practice, better reflect the current focus on outcomes rather than compliance.
- ✓ A single set of standards should be developed covering the core aspects of service delivery that are common across residential and home care.
- ✓ The Dietician's Association of Australia (DAA) and the Palliative Care Australia both referenced in their submissions the current review of the National Safety and Quality Health Service (NSQHS) Standards, currently being undertaken by the Australian Commission on Safety and Quality in Health Care. They cited a number of inclusions in the new standards that heralded a step in the right direction and noted, in particular:
 - ✓ Nutrition has been included in these NSQH Standards. The DAA expressed concern about the prevalence of malnutrition in residential aged care and in the community, and questioned whether the current aged care standards and accreditation processes are sufficient to ensure good health and nutrition. As such they recommended that the review of the standards analyse the NSQH revisions with a view to ensuring similar outcomes are addressed in the aged care standards.
 - ✓ the revised standards aimed to ensure that older Australians receiving care in acute settings have their end of life wishes respected and have access to high quality palliative and end of life care. Other submissions also highlighted the importance of both standards and practice addressing this area. (See their input into the draft at <http://palliativecare.org.au/wp-content/uploads/2015/10/Submission-Palliative-Care-Australia-Version-2-Standards.pdf>)
- ✓ The core standards should be outcomes-focused, reflecting principles of safe, effective, efficient and accessible care delivery and recognising the importance of choice and flexibility.

2.4.3 A single quality framework and revised standards – Key messages

A consistently expressed view was that the review process should involve direct consumer consultation; work closely with a broad range of stakeholders; look to international models and best practice; and seek to achieve consistency with standards in intersecting industries such as health care, disability and other community services.

2.5. Innovation in aged care – how can this drive quality?

"Innovation cannot be mandated or directed by Government, but Government does shape the environment in which innovation occurs. The best way for Government to promote innovation is to create an environment where innovation is supported rather than penalised."

Government should celebrate innovative ideas that work. The AACQA promotes best practice and innovation through the Quality Standard Newsletter, the Better Practice Awards and the Better Practice Conferences. However, more could be done to promote these activities among service providers and through collaboration with industry media to celebrate successful innovation...innovation should also be acknowledged in accreditation reports (and) unsuccessful innovations should not be penalised".

Let's talk about quality – HammondCare submission 2015

Aged care organisations are navigating unprecedented challenges. The pace of change, meeting the needs and expectations of our ageing population and the demands of running a sustainable service require effective leadership and innovative approaches to service provision.

Government regulation and setting rules may not be the best mechanism to drive quality and innovation at the same pace as other mechanisms. There is a risk that by regulating for quality you necessarily slow progress, contain the market, slow innovation, reduce/undermine the influence of customer satisfaction and so on.

The delivery of aged care, which is more open to competition and subject to the forces of consumer choice, will increasingly challenge traditional service models and encourage providers to innovate their services and systems to keep up with changing market demands.

Leaders of aged care services must not just manage effectively, but also drive and lead innovation and change. This involves thinking creatively and strategically, shaping their services to meet changing requirements and expectations and engaging effectively with stakeholders and staff.

The Quality Agency uses the term ‘better practice’ in relation to its industry conferences and promotes excellence through its Better Practice Awards. Many service providers are ahead of the game and innovating in new ways to provide quality care that enhances quality of life. Indeed, this year has seen a record number of nominees for Better Practice Awards across a range of categories in both residential and home care services.

And what about the bottom line?

Running an aged care service in a modern market system means being competitive, while providing the best possible outcomes in terms of quality of care and quality of life. Providing greater choice to individuals requires a strong focus on quality of care as well as efficient systems to manage costs of service provision.

There is a sense that service providers cannot afford to stand still.

“Future readiness” needs to be part of the thinking within business models and skills mix to support the organisation’s sustainability and readiness for change.^{34 35}

This is important if the organisation is to have the resilience and capacity to support the changes required of the future.

A clear message emerging from the quality conversation is that government is not the final arbiter on quality. Competition will challenge traditional service models and encourage providers to innovate their services and systems to drive quality improvement.

Promotion of innovation and quality practice was another area that featured strongly.

Issues raised included:

- ✓ Does innovation come from continuous improvement?
- ✓ What is the difference between transformational change and innovation?
- ✓ Is innovation better driven by consumer demand and the market (with no Government involvement or monitoring) or should Government also play a role in supporting innovation?
- ✓ What should be the role of sector/ peak bodies in striving for/ driving excellence?
- ✓ How best can we incentivise excellence and innovation?

³⁴ Future Readiness Review, Workforce Innovation Network, 2015 Community Services and Health Industry and Skills Council Ltd
<http://www.cshisc.com.au/develop/workforce-planning-and-development>

³⁵ Workforce Innovation Network, Future Readiness Review, 2015. Community Services and health Industry Skills Council Ltd

Comments included:

"The Better Practice awards are a good start in encouraging innovation".

Let's talk about quality – online provider response 2015

"Promote the examples of excellence in the media not just within the industry. Consumers need to see positives rather than just the negatives that are portrayed in media".

Let's talk about quality – online provider response 2015

A range of suggestions were flagged to support innovation. Suggestions for supporting or achieving innovation included:

- ✔ research 'brave new ideas'
- ✔ sector development funds
- ✔ establishing a centre for excellence
- ✔ providers sharing learning experiences with each other (communities of practice to build capability at an industry level)
- ✔ ensuring effective consumer engagement
- ✔ the need to bring staff and family members along on the journey with respect to any changes or innovations
- ✔ focusing on what consumers want and providing them with opportunities to be engaged in a meaningful way including through day-to-day tasks such as setting tables, buying flowers, assisting in the kitchen, making their own bed
- ✔ creating a culture of empowerment for staff to innovate, take considered risks and learn from mistakes
- ✔ the work occurring through the South Australian Innovation Hub. This experience has highlighted issues such as: the importance of governance; the need to sustain quality; the importance of focusing on outcomes for consumers; and consumer engagement).

2.5 Innovation in aged care – Key messages

Government regulation and setting rules may not be the best mechanism to drive quality and innovation at the same pace as other mechanisms. Competition will challenge traditional service models and encourage providers to innovate their services and systems to drive quality improvement. A clear message emerging from the quality conversation is that Government is not the final arbiter on quality, although it was seen to have a role in promoting innovation and helping to support the environment in which it can occur.

CONCLUSION

This report follows a series of engagements with the aged care community to develop a shared understanding of quality in aged care. We hope it can help to shape and inform the key strategic and policy directions in aged care – building a future that places consumer choice and flexibility at the heart of the quality framework for aged care in Australia.

We were thrilled with the richness and the scope of the input we received. There was overwhelming agreement that Government must play a role in maintaining an effective safety net for consumers by setting the core or minimum standards for aged care service provision. The dialogue has highlighted ways in which we could further facilitate quality of care and support innovation.

A number of key messages for Government emerge from the dialogue. These are summarised below:

Single quality framework

- ✓ Residential and home care should be subject to a common set of core minimum standards for service delivery. These standards should be outcomes-focused, reflecting the different nature of residential and home care services in practice, and shifting provider focus from compliance to quality
- ✓ Reduce/remove duplication in regulatory frameworks and quality assurance practices between health, aged care, and specialised services such as palliative care, and mental health services
- ✓ Recognise /adopt models that work in both health and aged care settings
- ✓ Use standards to drive better integration across episodes of care with the journey of the service user at the centre. Organisations should be rewarded by how well they work well together
- ✓ Consider options to differentiate performance against the standards and recognise better practice.

Ensure the quality assurance system recognises what makes a difference to quality of care.

- ✓ Ensure measures of quality measure emphasise outcomes rather than focussing on discrete areas and tasks
- ✓ Utilise multiple methods of quality assessment (observation, audit, survey, outcome measures) in quality assurance assessments. Capture performance of person-centred care by measuring both culture and systems

- ✔ Promote a shift in the mindset and language from “the done for” to “doing” and embed active ageing and enablement principles in quality measures
- ✔ Ensure quality standards capture the interpersonal, social and relational aspects of quality of care
- ✔ Quality standards address adequate numbers of skilled, qualified staff, committed to person centred care
- ✔ Ensure quality standards address continuity of care to drive service co-ordination across episodes of care and the journey of the service user.

Actively engage service users in driving quality

- ✔ Measure what matters to consumers in quality assessments
- ✔ Develop consumer facing audit reports and simplify the language so that reports - tell it like it is
- ✔ Explore ways to develop greater public awareness and “aged care literacy” – aged care knowledge and skills. Opportunities to enhance aged care literacy at key touch points with the primary health system and public awareness campaigns should be explored.
- ✔ Use consumer information as continuous feedback to rate care and tackle areas for improvement and drive for change
- ✔ Trusted sources of information from audits should be included in tools that enable people to become partners in advancement of safe and compassionate care.

Use partnerships to promote quality innovation

- ✔ Work with industry and researchers to share knowledge of success, disseminate evidence of what works and promote better practice;
- ✔ Manage feedback from consumers and providers about accreditation, and; provide leadership and continuous improvement in aged care service delivery and accreditation practices.

NEXT STEPS

The Agency will be providing the report to the Department of Health, and The Australian Aged Care Quality Agency Advisory Council. The report will be on the Quality Agency website and inform The Quality Agency of priorities and further work including continued engagement with the aged care community on driving quality in aged care.

Many thanks to all who contributed and we look forward to working with you to understand what is important to consumers and promote aged care services to meet the needs of an older Australians.

APPENDIX A

Questions from the discussion paper - for our respondents to online survey and submissions

We want to start a conversation about quality within the aged care community. This discussion is all about the concept of 'quality' in relation to aged care. It is about new or different concepts of quality that are beyond mere compliance with standards and outcomes. The aim is to get people thinking, asking questions, debating and exploring the best possible ways to define, encourage, measure and monitor quality in aged care services.

We are exploring five themes. You are welcome to respond to any or all of the themes. Each theme includes a few questions as a starting point, if you have any other thoughts, suggestions or comments we would also like to capture them.

THEME 1 Putting consumers front and centre - we need to better understand and capture the expectations that consumers have of quality;

THEME 2 Safety is essential but not enough – we are seeing a shift from perceptions of quality of care based on compliance with minimum standards to broader notions of high quality care;

THEME 3 Integration across the aged care experience - consistency in quality across the continuum of aged care is important to families and consumers navigating multiple services in aged care and to service providers who must meet the required standards;

THEME 4 A quality culture that encourages excellence - successful aged care services know that meeting minimal requirements will not necessarily encourage excellence nor will this spell success in the market place over the long term;

THEME 5 Leadership and innovation – Government is not the final arbiter on quality. Competition will challenge traditional service models and encourage providers to innovate their services and systems to drive quality improvement.

Theme 1 Putting consumers front and centre

We need to better understand and capture the expectations that consumers have of quality. In health and aged care services - quality has been traditionally decided by experts and measured and 'certified' by government authority. This is now being challenged. The power of consumers and influence of consumer opinion has surged, enabled by accessible digital and media platforms. Consumers are now more empowered to determine for themselves what constitutes quality; and more adept at accessing and sharing information about the quality of such services.

We are seeing a shift from the authority of experts to the authority of experience.

For example:

Nancy wants to spend less on personal care and more on support to attend carpet bowls with her group of friends in the community. Her aged care service has found a way to enable this choice and

support her priorities to attend the community centre weekly. Service delivery meets her own goals, focused on what is important to her.

1. From a consumer point of view, what do you look for in choosing an aged care service?
2. How do you measure whether one service is better than another?
3. Do you have any other comments or thoughts on this theme?

Theme 2 Safety is essential but not enough

We are seeing a shift from perceptions of quality of care based on compliance with minimum standards to broader notions of high quality care.

The accreditation and quality review processes and related standards set a minimum test that all service providers must pass. This process does not currently measure performance above the minimum standard – that is, high performance beyond compliance.

For example:

Alfred loves gardening. He lives in an aged care facility that has a beautiful herb garden for its residents but the door is kept locked so that residents do not wander out without a staff member. Aged care services are faced with such dilemmas every day such as the diabetic who wants to keep chocolate in their fridge or the older person at home who is at a high risk of falling who refuses to use a wheelie- walker.

1. Aged care should be based on individual choice. What aspects of quality care are essential and should never be compromised?
2. Do you have any other comments or thoughts on this theme?

Theme 3 Integration across the aged care experience

Consistency in quality across the continuum of aged care is important to families and consumers navigating multiple services in aged care and to service providers who must meet the required standards.

A common language for quality care across residential and home care services would help consumers and their families to better understand the quality of these services. To do this we need to consider whether people define and value quality in the same way in these different settings and how we might measure quality across the continuum of aged care services.

For example:

A large provider We Care services Inc. operates aged care services that support older Australians to receive care in their own homes. They also provide residential aged care services and often people will transition to their residential care service when they are not able to continue at home. People in their care may also be receiving palliative care or dementia support services. The provider currently has to meet several sets of aged care standards and demonstrate compliance against each set. There is no integrated quality framework nor is a report on the quality of their services accessible to consumers in a way that they can understand.

1. What core aspects of quality care do you think apply to both residential and home care services?
2. Do you have any other comments or thoughts on this theme?

Theme 4 A quality culture that encourages excellence

Successful aged care services know that meeting minimal requirements will not necessarily encourage excellence nor will this spell success in the market place over the long term.

In a market where consumers have choice and flexibility, successful aged care providers are likely to be those who can meet and exceed their customers' expectations for high quality care and quality of life. Service excellence is underpinned by a culture of high performance and leadership in relation to aged care governance, meaningful consumer engagement and an effective approach to quality improvement.

For example:

Person-centred culture is put into practice through practical measures such as dedicating staff to work with the same care recipients every time they come to work. They aim to put the person and care relationships at the heart of what they do. Whatever the job, first and foremost staff are there to connect with others through building relationships. It is made clear that the particular job role and task is secondary to this.

1. What attributes and behaviours do you expect from staff providing care?
2. Do you have any other comments or thoughts on this theme?

Theme 5 Leadership and innovation

Government is not the final arbiter on quality. Competition will challenge traditional service models and encourage providers to innovate their services and systems to drive quality improvement.

Aged care organisations are navigating unprecedented challenges. The pace of change, meeting the needs and expectations of our ageing population and the demands of running a sustainable service require effective leadership and innovative approaches to service provision.

In a less regulated system aged care providers are open to more competition, challenging the traditional service models and encouraging better practice and innovation to be adaptive to consumer needs.

For example:

The SA Innovation Hub is one example of a group of providers who are engaged in discussion and testing of approaches for quality, high performance and leadership in aged care. A principle aim of the Hub is to develop a new model for collaboration (a Community of Practice) to support innovative models of care and services in line with the increasing demands of an ageing population. New approaches to collaboration and leadership can support networks of providers to collaborate on quality innovation.

1. What is an example of service delivery innovation that stands out to you?
2. What do you think is the greatest challenge for service providers in achieving quality?
3. Do you have any other comments or thoughts on this theme?

APPENDIX B

List of organisations that provided submissions

1. Aged & Community Services Australia (ACSA)
2. Alzheimer's Australia
3. Alzheimer's Australia NSW (AANSW)
4. AnglicareSA
5. Blue Care
6. COTA Australia
7. Dietitians Association of Australia
8. DutchCare
9. Federation of Ethnic Communities Council Australia (FECCA)
10. Hammond Care
11. NSW Nurses Association
12. Palliative Care Australia Incorporated
13. RDNS
14. The Society of Hospital Pharmacists of Australia
15. United voice (NSW Branch)
16. Vision Australia
17. Wesley Mission
18. Wimmera Health Care Group

