



Australian Government

Aged Care Quality and Safety Commission

National Aged Care Provider Conference 2024

Getting in on the Act!

Working together for better aged care

23 – 24 April 2024 | Adelaide Convention Centre

Address and open forum

Janet Anderson PSM

Aged Care Quality and Safety Commissioner



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Address and open forum

Towards excellence – aged care on the move

Janet Anderson PSM
Commissioner





The aged care sector

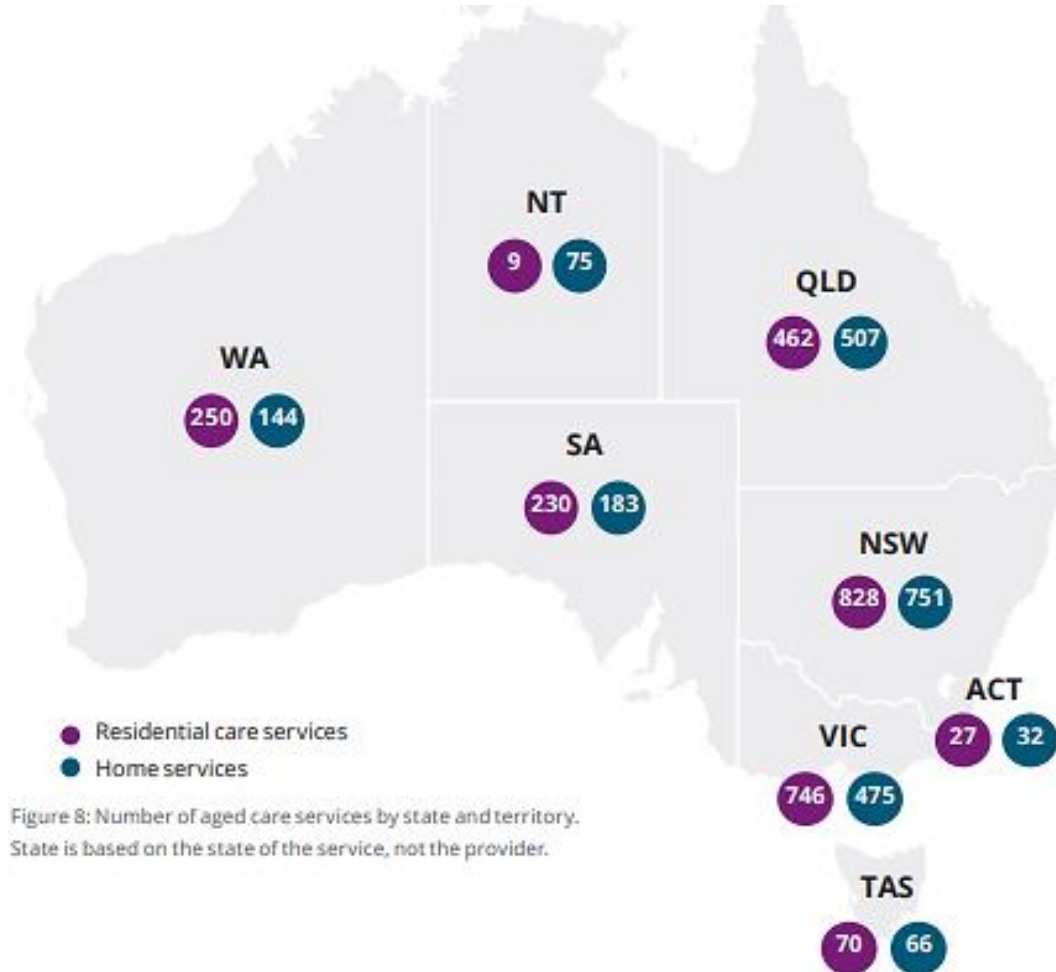


Figure 8: Number of aged care services by state and territory.
State is based on the state of the service, not the provider.



1,279,252

More than 1.27 million older Australians receive aged care services

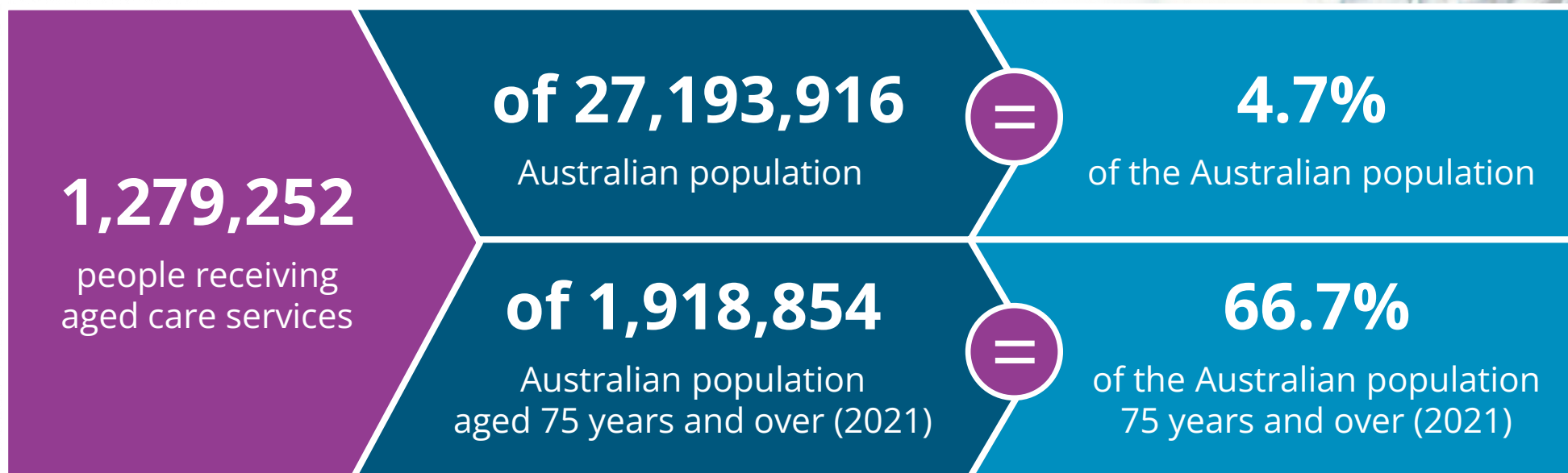
● **195,512***
Residential care

● **267,608****
Home Care Packages (HCP)

● **816,132****
Commonwealth Home Support Programme (CHSP)



The aged care sector



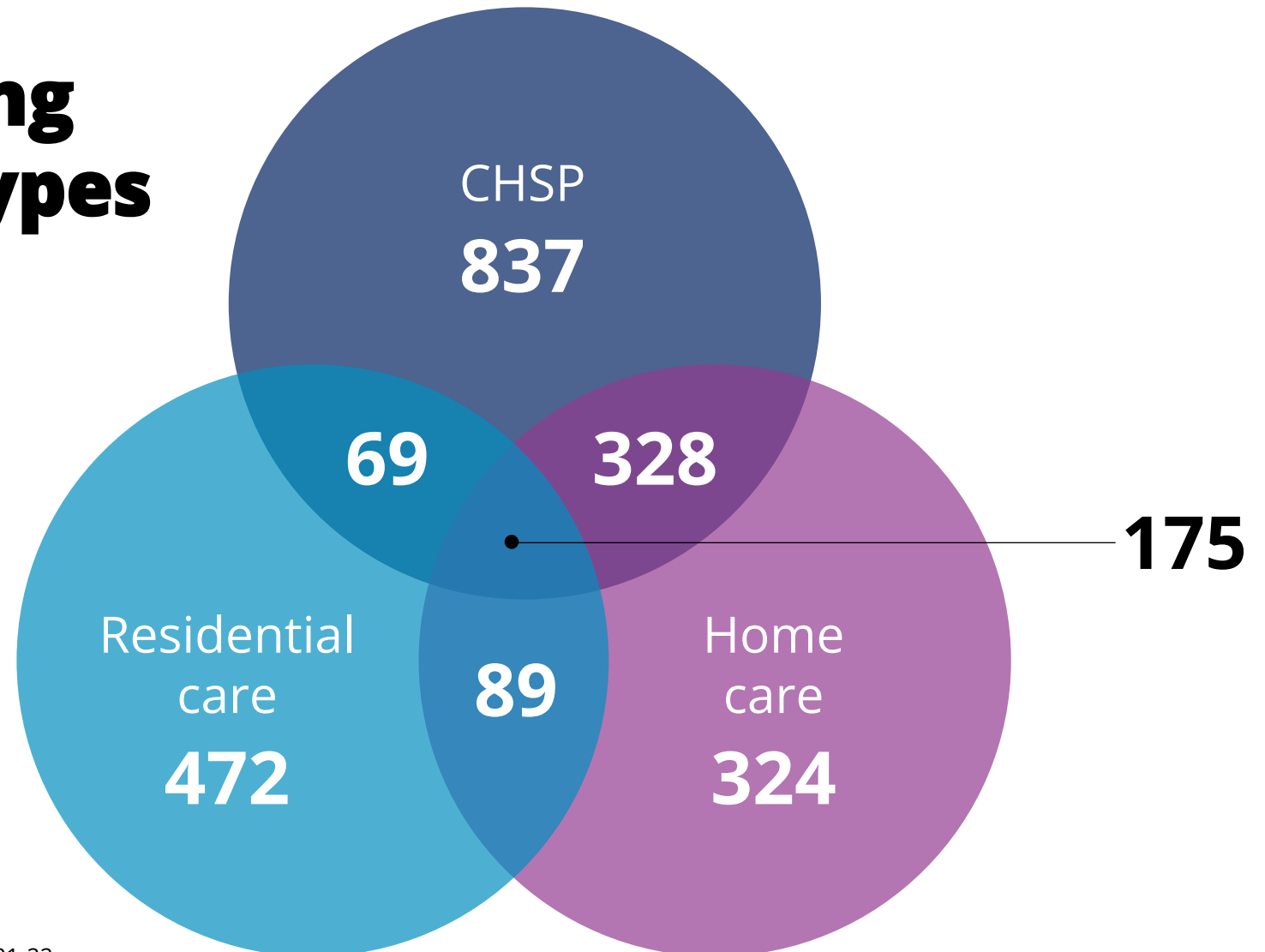
Provider numbers by service type and location

MMM classification	Residential services		Home Care services		Commonwealth Home Support Programme services	
	Number	Per cent	Number	Per cent	Number	Per cent
1. Metropolitan areas	1,596	61.0	1,473	61.8	940	54.1
2. Regional centres	231	8.8	222	9.3	157	9.1
3. Large rural towns	155	5.9	202	8.5	103	5.9
4. Medium rural towns	81	3.1	56	2.3	59	3.4
5. Small rural towns	489	18.7	324	13.5	339	19.5
6. Remote Communities	44	1.7	54	2.3	70	4.0
7. Very remote communities	20	0.8	54	2.3	68	4.0
Total services	2,616	100.0	2,385	100.0	1,736	100.0

Source: Data extracted from the Department of Health data portal, 27 March 2024



Providers delivering multiple service types



Source: Financial Report on the Australian Aged Care Sector, 2021-22



Workforce

Home support

86,251

Paid **76,096**

Volunteer **10,155**

Home care

89,088

Paid **80,340**

Volunteer **8,748**

Residential care

289,651

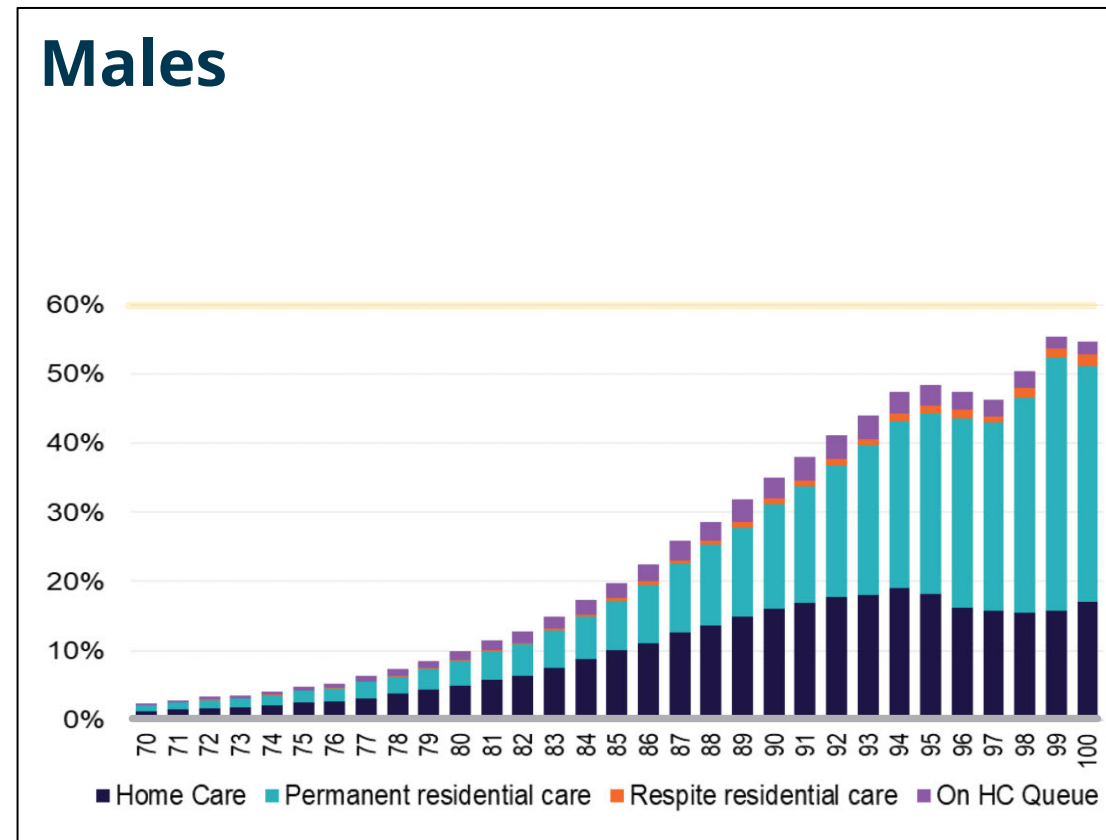
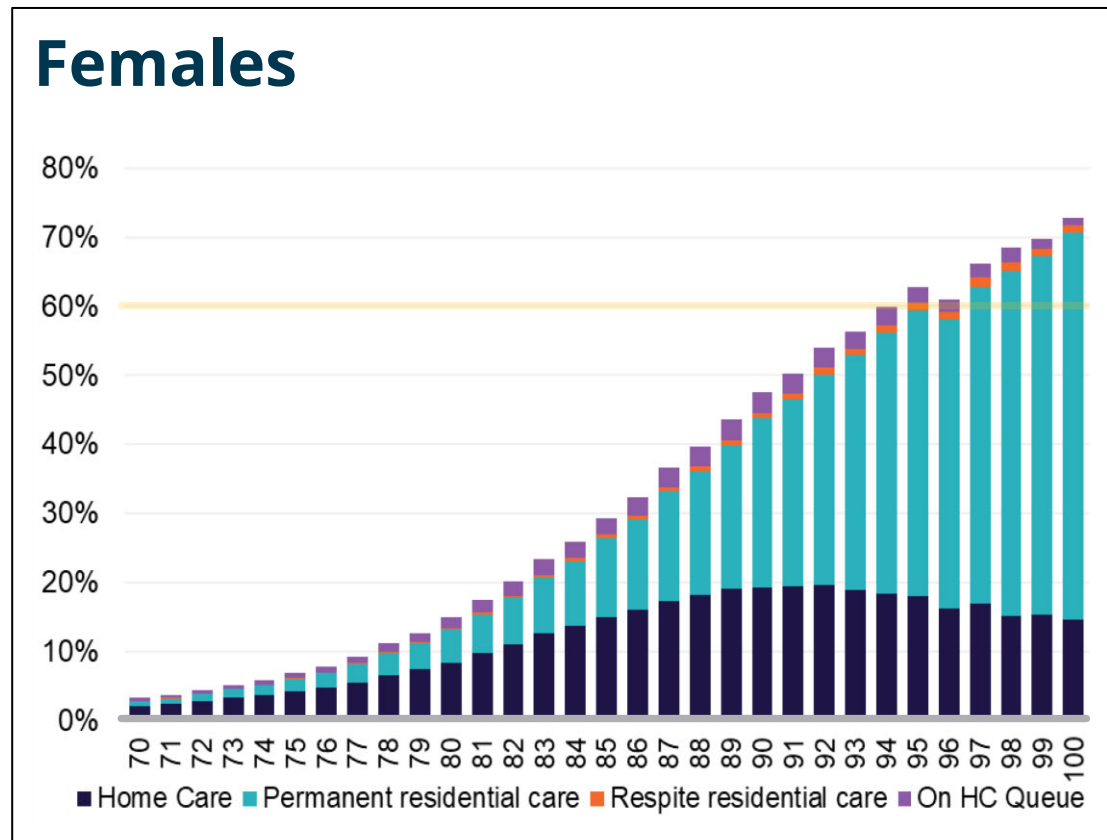
Paid **277,671**

Volunteer **11,980**

In 2020, the Department estimated that the actual number of aged care workers employed across residential care, home care and CHSP was over 370,000. The aggregate number of workers overstates the size of the workforce given staff may work for multiple providers across the same or different care types.

As people age, they are more likely to enter residential care

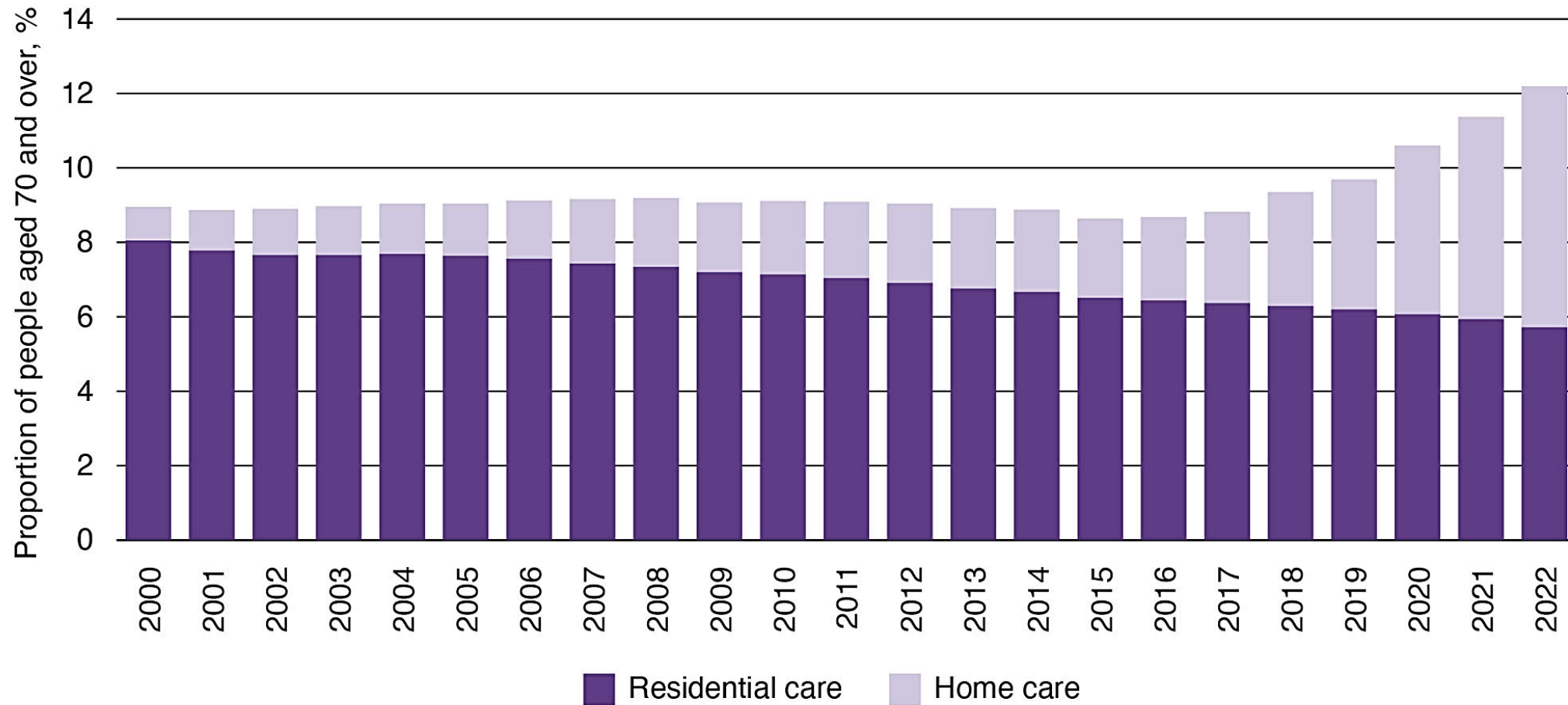
Proportion of people of each age using residential care and home care, 30 June 2022



Source: Financial Report on the Australian Aged Care Sector, 2021-22

A greater proportion of older people are now using home care

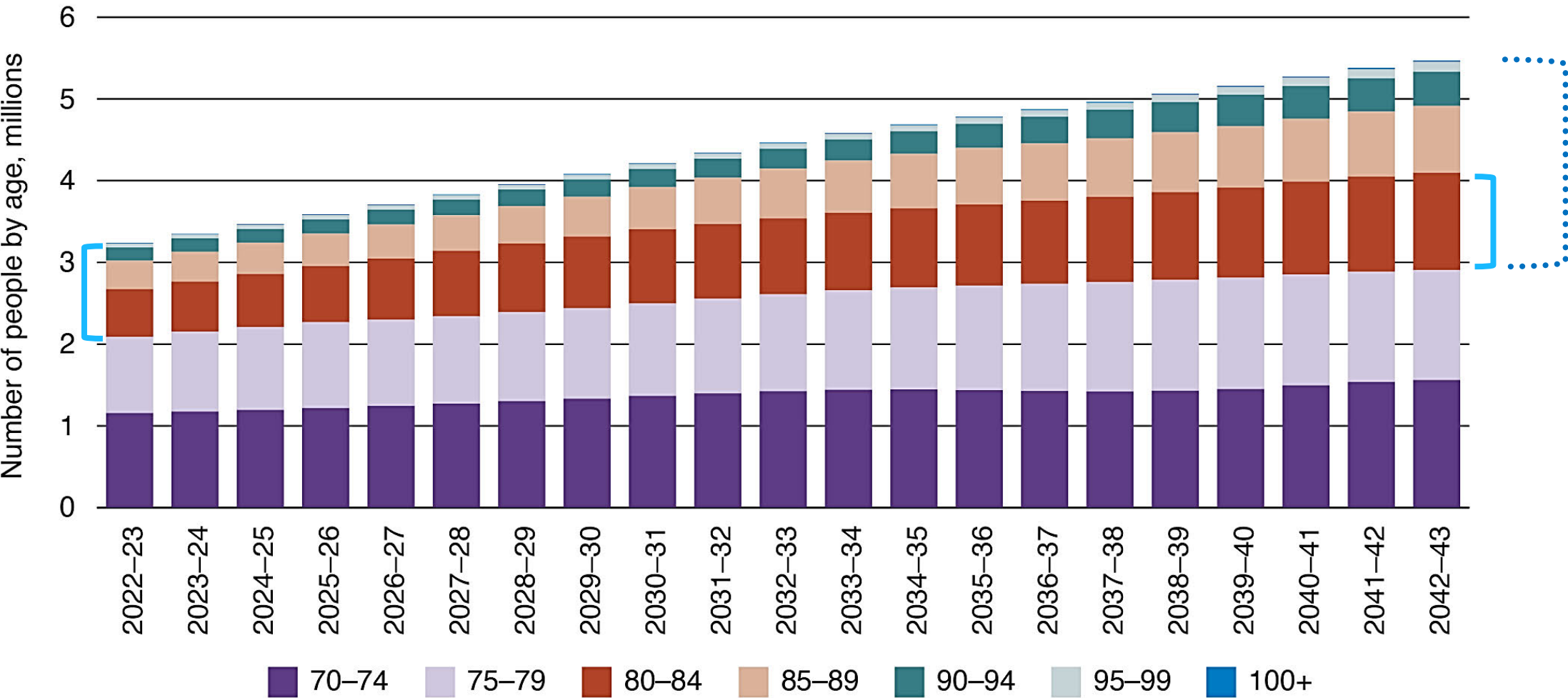
Use of home care compared with residential care, people aged 70+, 2000 to 2022



Source: Final Report of Aged Care Taskforce (March 2024); data from the Department of Health and Aged Care, 2023

The number of people aged 80+ in Australia is expected to double in the next 20 years

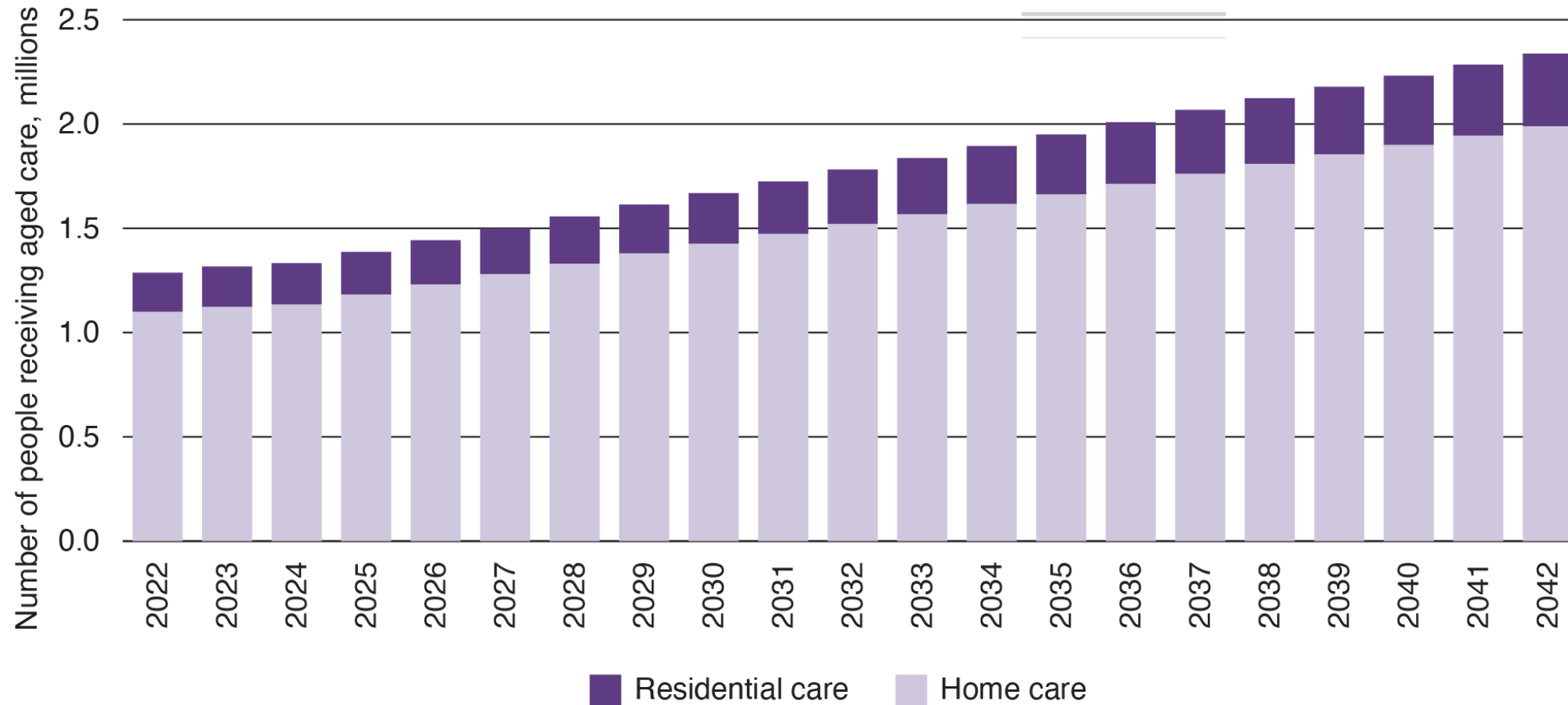
Population by age 70 years and over, 2022-23 to 2042-43



Source: Final Report of Aged Care Taskforce (March 2024); data from Australian Government, *Intergenerational Report 2023* – National Population Projections by Age and Sex, 2022-23 to 2062-63

Increased numbers of older people will access home care and residential care in the future, with stronger growth in home care utilisation

Projected use of aged care by care type, 2022 to 2042



Source: Final Report of Aged Care Taskforce (March 2024). Table drawn from Department of Health and Aged Care, *Financial Report on the Australian Aged Care Sector 2021-22*, pp 110-111

New Aged Care Act

Exposure draft of the bill for the new Act released for public consultation on 14 December 2023. Consultation closed on 8 March 2024.

The new Act will:

- outline **the rights of older people** who are seeking and accessing aged care services
- create a **single-entry point** for older people, with clear eligibility requirements
- include a **fair, culturally safe single assessment framework**
- **support the delivery** of quality aged care services
- establish **new system oversight and accountability arrangements**
- increase provider accountability through a **new regulatory model**
- **strengthen** the aged care regulator.



A new Aged Care Act: exposure draft

Consultation paper No.2

health.gov.au/aged-care-act-consultation

December 2023

EXPOSURE DRAFT

2023-2023

The Parliament of the
Commonwealth of Australia
HOUSE OF REPRESENTATIVES

EXPOSURE DRAFT

Aged Care Bill 2023

No. , 2023

(Health and Aged Care)

A Bill for an Act about aged care, and for related
purposes



A new Aged Care Act: exposure draft

Consultation paper No.2 –
summary
Plain English version

health.gov.au/aged-care-act-consultation

December 2023

EXPOSURE DRAFT



New regulatory model



**A New Model for
Regulating Aged Care
Summary Report 2023**

 agedcareengagement.health.gov.au



**A new model for regulating aged
care and new Aged Care Act –
Frequently Asked Questions**



**A new model for
regulating Aged Care**

**Consultation Paper No.2
Details of the proposed new model**

agedcareengagement.health.gov.au

April 2023

Answers to Frequently Asked
regulating aged care –
ails of the Proposed New Model.
ory model page to find details on how to share
regulatory model for aged care
y Commission.
providers in the new model?
g Commonwealth subsidised aged care will
categories. This requirement will cover all
(SP)
Flexible Aged Care Program

New regulatory model will incentivise providers to deliver safe, quality care and good outcomes for older people by encouraging continuous improvement in service delivery, increasing protections for older people, and mitigating the risk of harm to them

Safeguards	How
Becoming a provider – the way entities will become an aged care provider and remain suitable to continue delivering services to older people	Registration and registration renewal in specific provider categories; assessing and confirming suitability
Supporting quality care – focuses on working with people receiving aged care and their providers, and helping the sector to lift the quality and safety of aged care service delivery	Information, guidance, education; complaints resolution (including restorative justice pathway)
Responsibilities of a provider – the obligations that providers must meet to facilitate the delivery of quality care and enhance the protections, rights and delivery of services to older people	Universal and category-specific obligations; strengthened Quality Standards applying to some provider categories; conditions of registration
Holding providers accountable – the ways in which outcomes for older people will be achieved by facilitating quality care and deterring poor performance through monitoring, compliance and enforcement activities	Graded assessment of conformance; new compliance powers



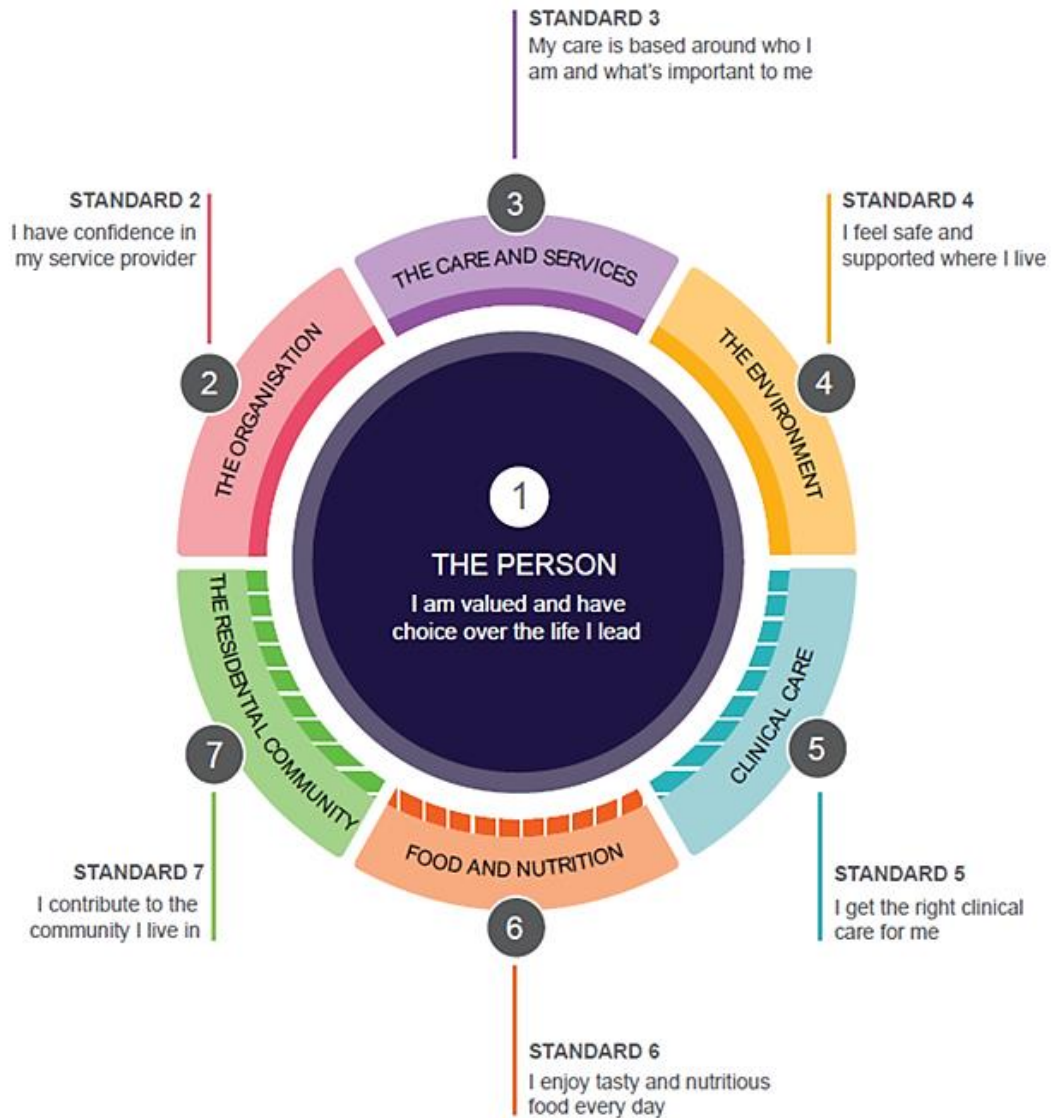
Key regulatory changes

- Registration and renewal of registration of providers
- Registration categories x 6 (draft) – universal and category-specific obligations, and conditions of registration
- New governance obligations including annual provider assessment and confirmation of suitability of key personnel
- Strengthened Aged Care Quality Standards – and new audit methodology including graded assessment of conformance
- Complaints resolution to include explicit restorative engagement/justice pathway
- New compliance powers

DRAFT – Proposed registration categories

Provider registration category	Description	Service types	Application to registration categories			
			Provider obligations	Code of Conduct	Aged care quality standards – core 1–4	Aged care quality standards – module 5–7
Category 1	Home and community services	<ul style="list-style-type: none"> Domestic assistance Home maintenance and repairs Meals and nutrition Transport 	✓	✓		
Category 2	Assistive technology and home modifications	<ul style="list-style-type: none"> Goods, equipment and assistive technologies (non-digital) Home modifications 	✓	✓		
Category 3	Advisory services	<ul style="list-style-type: none"> Care management (basic) Assistance with care and housing Specialised supports 	✓	✓		
Category 4	Personal and Social care in the home or community (including respite)	<ul style="list-style-type: none"> Transition care services Allied health Personal care Social support and community engagement Flexible, Centre-based and cottage respite 	✓	✓	✓ <i>Standard 1: The Person</i> <i>Standard 2: The Organisation</i> <i>Standard 3: The Care and Services</i> <i>Standard 4: The Environment</i>	
Category 5	Nursing and complex care management	<ul style="list-style-type: none"> Nursing Care management (complex) 	✓	✓	✓ <i>Standard 1: The Person</i> <i>Standard 2: The Organisation</i> <i>Standard 3: The Care and Services</i> <i>Standard 4: The Environment</i>	✓ <i>Standard 5: Clinical Care</i>
Category 6	Residential care	<ul style="list-style-type: none"> Accommodation Services Care and services Residential respite 	✓	✓	✓ <i>Standard 1: The Person</i> <i>Standard 2: The Organisation</i> <i>Standard 3: The Care and Services</i> <i>Standard 4: The Environment</i>	✓ <i>Standard 5: Clinical Care</i> <i>Standard 6: Food and Nutrition</i> <i>Standard 7: The Residential Community</i>

Strengthened Quality Standards



- Simplified, comprehensive, measurable
 - from 8 to **7 standards**
 - from 42 requirements to 34 outcomes with **146 supporting actions**
- Strengthened **focus areas**
- Each standard has:
 - **intent** and **expectation statement**
 - **outcomes** and **actions**



Getting ready for new legislative provisions

The Commission is supporting sector readiness for the new Aged Care Act, new strengthened Aged Care Quality Standards and new regulatory framework



For **older people**

to understand what to expect from their care and how the Commission can help when their aged care experience falls short



For **providers**

to understand their obligations, what we expect to see in the delivery of care, how we will assess performance and how we will regulate



For **workers**

to understand their obligations, what is important in delivering quality safe care and how the Commission can help them to raise concerns



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We have explored how our education and communications materials can help the sector to get ready

During consultations, representatives asked us to:

1. Focus on what is new

2. Tailor content based on role and type of service

3. Translate changes into actions, with practical examples

4. Clearly articulate expectations and evidence required

5. Prioritise accessibility and simplicity

Sector representatives also told us they need as much time as possible to get ready

Taking this into account, we are:

1. Providing access to **draft** versions of guidance products as early as possible – released in February 2024
2. Developing ways to tailor materials, for example, by role or service type
3. Developing new types of learning products
4. Consulting with the sector about our materials to make sure they are what people need

Key Commission products

Aged Care Act and Standards

Standards Guidance

Information to understand provider obligations and how to achieve outcomes under the Standards

Evidence mapping framework

Evidence we will look for when assessing performance against the Standards

Audit methodology

The processes we will use to assess provider performance

Audit preparation tool

Information to enable providers to assess their own performance and achieve continuous improvement

Request for information

Information that providers will need to send to the Commission as a first step in the audit process

Framework analysis

Comparison of current Standards and strengthened Standards

National Conference

Fact sheets

Webinars and videos

Online modules

Train the trainer

Facilitated Workshops

Training slides

Checklists and Tools



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Uplifting our engagement and support for CALD and First Nations providers, workers, older people and their communities

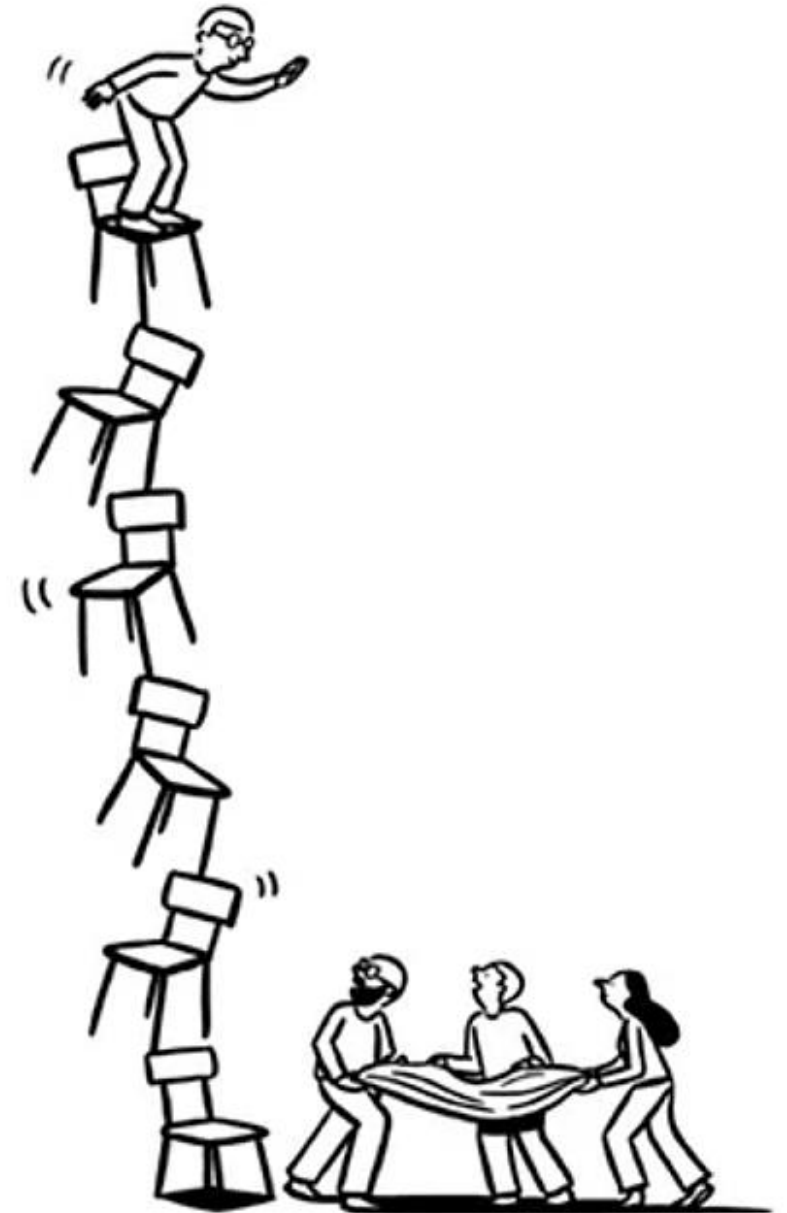
- The Commission is working with experts to co-design and support delivery of communication, engagement and education products for CALD and First Nations providers, workers, older people and their communities
- Working groups including sector representatives will oversee the development and implementation of the Commission's First Nations and CALD approaches and delivery



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Let's talk about trust



© Matt Blease

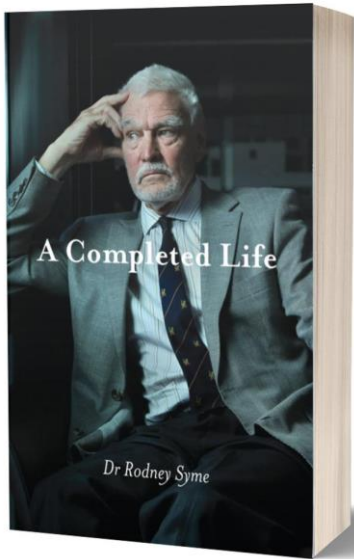


The Commission's purpose

To protect and enhance the safety, health, wellbeing and quality of life of aged care consumers. **We aim to ensure that older Australians trust and have confidence in aged care services.**

Source: ACQSC Corporate Plan 2023-24





Published by Dying with Dignity
Victoria, November 2023

“ The wonders of medical science have now advanced the average life expectancy in Australia into the early 80s, and it is rising. While beneficial in many respects, it also means that **as we age we will suffer from a number of crippling degenerative diseases that can lead to dependency – the inability to look after ourselves, which opens the door to the aged-care home.**

There is no doubt that the vast majority of Australians view such an outcome with horror. Only 1 per cent of Australians [express a wish to die in aged care](#), yet 90 per cent of Australians who enter aged care die there, while the remaining 10 per cent die after acute transfer to hospital. ...

... Some find the aged care experience to be better than they anticipated, some tolerate it since they have no alternative, but a number rail against it, while a very few end their own lives to escape it. My own counselling indicates that many more would take this last option if they had a dignified and secure way of doing so.

Why do they consider this? Because by the time they have reached a state of dependence requiring such care, they have reached a stage of completed life. ...

The concept of a completed life is not difficult to comprehend, but many of the frail aged find themselves exhorted to keep going, despite the varying combinations of blindness, deafness, loss of (or painful) mobility, incontinence and declining cognition, not to mention **poor food, boredom and loneliness.** ...

Do you think you are providing benefit to your frail aged or cognitively impaired relative when you commit them to residential aged care, particularly if they have expressed **a clear and persistent wish not to enter that prison** (of course, that is probably not how she or he would express it)? ”

Aged care nurses call for accountability

Arshmah Jamal

Around 60 aged care nurses and carers from across Australia travelled to Canberra to address “ongoing failures” by providers, and to call for accountability.

The group stood together to call out aged care providers, saying “they can't be trusted” to uphold the standard of care for older Australians.

Aged care nurses and carers also arranged meetings with politicians in hopes of providing a first-hand account of the workload pressures they faced.

Australian Nursing and Midwifery Federation (ANMF) secretary Annie Butler said many providers were “cutting corners” and not complying with the mandatory care minutes.

“Our members are reporting that many providers are failing to meet the mandatory staffing requirements and are instead rearranging rosters to appear compliant,” Ms Butler said.

“They are removing roles like enrolled nurses and replacing them with less qualified positions, which is unacceptable.”

“Providers are also placing increased pressure on staff by asking them to perform non-care work like serving meals and washing dishes.”

Ms Butler said that the providers needed to “step up”, be meeting obligations and be held accountable.



The quality of aged care is the issue

Editorial

IF ELDERLY Australians are to be slugged even more for aged care they are entitled to ask what they will be getting for their money.

Community aged care is still a basket case in many ways despite three years having elapsed since the Royal Commission into Aged Care Quality and Safety handed down its scathing report.

While the government is to be commended for getting nurses into nursing homes more than 95 per cent of the time by last August, just a month after the original deadline set by the Prime Minister during the election campaign, this is just the tip of the iceberg.

An unintended consequence has been the closure of a significant number of nursing homes which couldn't comply with the nurse-on-site requirement. A disproportionate number of these were in regional areas where it is difficult to source qualified staff.

Cuts to food quality should be off menu

A mark of a civilised society is the kind and compassionate treatment of the elderly, and it is to our shame when we fail our vulnerable seniors.

Yet we do fail them, and that is obvious to most of us who have had personal experience with the quality of food served in aged care.

A story in The Courier-Mail today reveals that as many as three-quarters of the residents of one aged-care facility in this state reported problems with the food they were served.

It may seem trivial to those of us who have never had direct or even indirect experience of life in an aged-care facility.

But, as dietitian Cherie Hugo from the Lantern Alliance, which goes into aged-care homes to help improve the food experience, says in today's story: "Food is the foundation of most of the woes in aged care."

It is so true.

A good meal is often one of the last few pleasures available to residents who are often dealing with limited mobility along with limited financial resources, and unable to access options other than what the kitchen dishes up.

We can't expect aged-care facilities, which often struggle to make profits even with government subsidies, to provide five-star dining for breakfast, lunch and dinner.

But with such an abundance of food available, and with such creativity coming into the art of food preparation in the past few decades, most would assume that a variety of palatable meals made with fresh ingredients could be arranged.

Yet the brutal truth is that there are some aged-care homes where the menu is still the first target of budget cuts.

"My friend forgot her French cuisine and accepted white bread and margarine because that's what she was getting from the carer that she had. But when I brought her occasional croissants or brioches, she cried with joy. She remembered. She looked at it and she kissed it."

Danijela



Danijela Hlis

Member of the National Older Persons Reference Group, Older Persons Advocacy Network



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Preferences matter

- People don't forget the experience of their favourite food
- Effort must be made to find out what the person likes
- Talk to family, friends and neighbours
- Combine lifestyle and leisure with food



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agedcarequality.gov.au/food

Food, nutrition
and dining hotline
1800 844 844



0:02 / 1:10



<https://youtu.be/hMJAAYYFMbs>



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Aged Care Quality and Safety Commission

The Australian, 11 March 2024

'Grin and bear': The daily life of the aged care residents held back by an understaffed sector

James Dowling

Kip Kuiper is one of many aged-care residents who hesitates to ask much of staff, but as worker shortages hit the sector he has seen the highs and lows of assisted living. Mr Kuiper, from Albany in Western Australia, is a father of three who found himself quite surprised to be entering care after all other options were exhausted.

Five years ago, Mr Kuiper, 83, suffered a fall that left him unconscious for three days. With much of his family focused on caring for his wife, who suffered from Alzheimer's, and Mr Kuiper's own diagnosis uncertain, it became clear he would have to enter assisted living.

Mr Kuiper and his daughter chose the first facility he stayed in because it would mean he could stay close to his wife. But he found the home dispiriting and was forced to live in shared accommodations that often fell short of expectations. "I didn't mind it but I had nowhere else to go," Mr Kuiper said. "It wasn't what I would have pictured. It was pretty tough. "I didn't know what to expect, I've always regarded myself as being fairly active."

He spent four years in his first aged-care home, which The Australian has chosen not to identify. "(The last facility) would be one of the last resorts I would ever put anyone into because you've got rooms which have two beds in it, and you've got a toilet and a shower which serves four people," Mr Kuiper said. "You get a lot of these old codgers and they can't control their urine, and they piddle on the floor. I was starting to get pretty disheartened. It was not for me."

He hit a low point when his wife died one year ago, and has begun to rebound after moving to a new facility. He's been living [there] for the past five months. He especially appreciates having a self-contained unit with his own shower and bathroom. "They look after you pretty well," Mr Kuiper said. "If you're losing mobility, this is the place to come. There's no two ways about that because they look after you if you've got a walker or wheelchair.

Even at the new aged care home, Mr Kuiper still often sees the staff under stress.

"I don't know what the problem is, whether it's lack of money or what, but they've always had trouble getting staff and especially on weekends," he said. ...

What is good care? And how do we value it? I've been reflecting on this question after a difficult year for my dear dad, who recently celebrated his 83rd birthday. ... He's a glass-half-full kinda guy, which is a gift for his two daughters. However, the magic is beginning to fade. Dad spent much of last year in and out of hospital after repeatedly falling over in his home.

Each time we secured emergency respite beds through the government-funded Carer Gateway program. Once he was back at home, my sister and I were able to boost his home care from level two to three. But he really needed level four.

One day he fell out of bed and couldn't get back on his feet. Fortunately, the home carer found him an hour later. This incident sparked a belated conversation about the next stage of Dad's life: aged care.


My sister and I both offered to have Dad in our homes, but there are far too many stairs. These practical considerations are driving more elderly people into formalised aged care facilities.

[D]uring the festive season ... Dad contracted Covid-19 in his new home, a lovely aged care facility near the family home. He had to spend Christmas in isolation, which was devastating. Given his worsening emphysema, we feared the worst.

The carers were utterly brilliant. They got him on to antivirals quickly and transferred him to hospital when his blood oxygen levels dropped.

After several days on oxygen, Dad returned to his room with a spring in his step. He's back doing fun activities with his new friends and enjoying three delicious meals a day, plus a steady stream of coffee and ice-cream. Suddenly, everything is "magic" again.

During almost every conversation, he says how much he loves living at the facility, and wishes he'd made the decision years ago.



Joy

Aged care resident

*"It's good fun here. I love it. I really do love it. A lot of people think I'm crazy – 'Oh, fancy saying that!' – but I **do**! I've made such a lot of friends since I've been in here."*

Joy



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What good care means to me

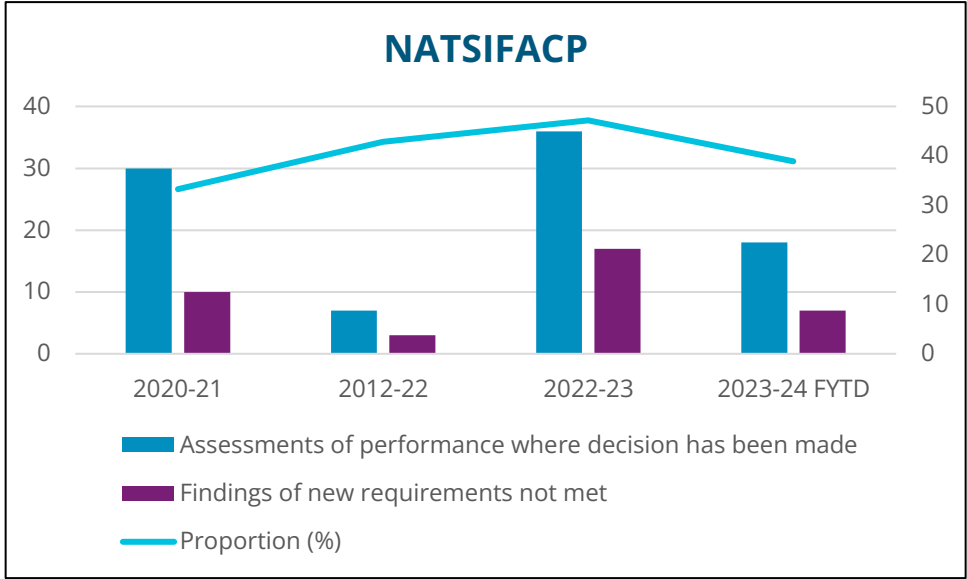
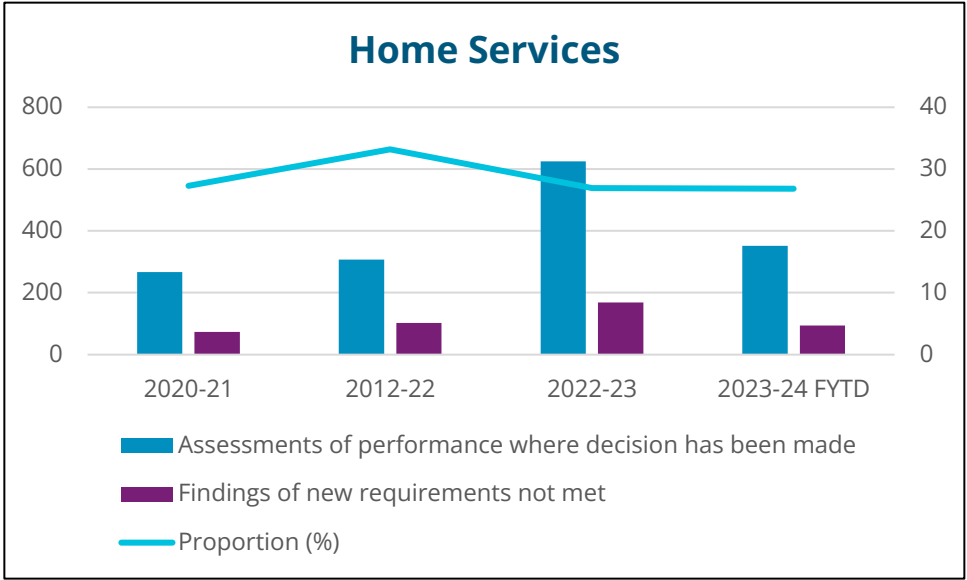
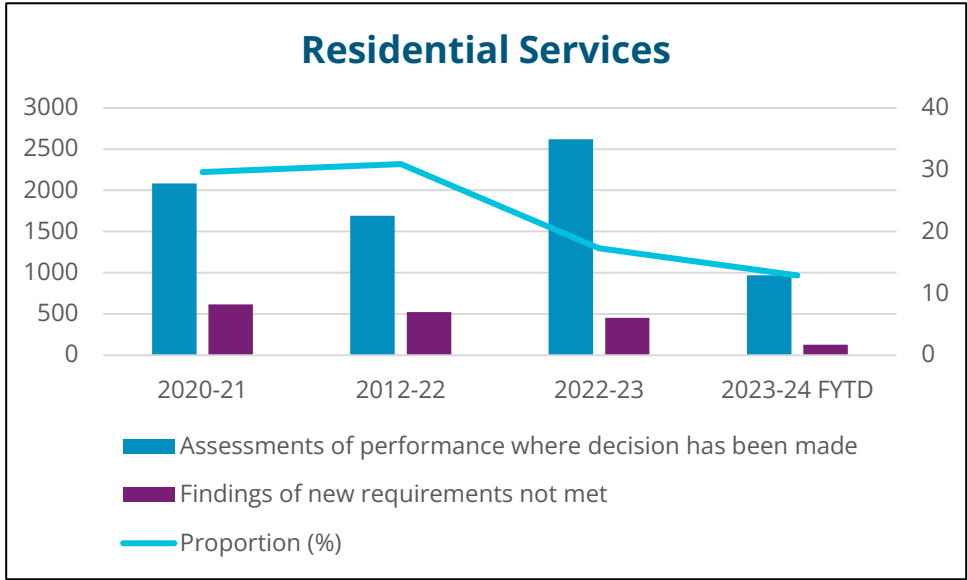
Perspectives of people receiving care and services





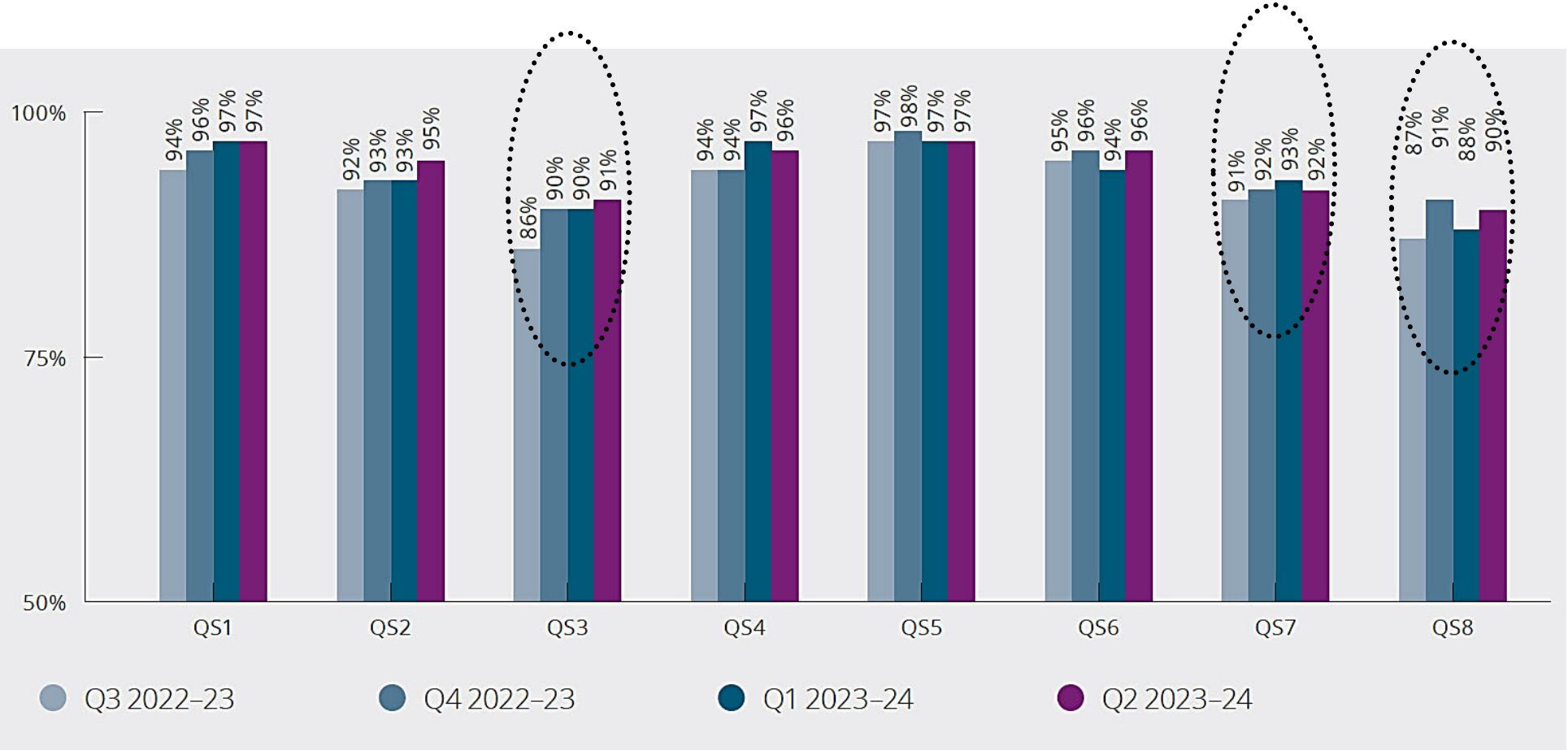
Outcomes of assessments of performance by year

2020-21 to 29 February 2024



RESIDENTIAL CARE

Quality Standards 8, 3 and 7 have the lowest compliance rates in Q2



Standard 1
Consumer dignity and choice

Standard 2
Ongoing assessment and planning with consumers

Standard 3
Personal care and clinical care

Standard 4
Services and supports for daily living

Standard 5
Organisation’s service environment

Standard 6
Feedback and complaints

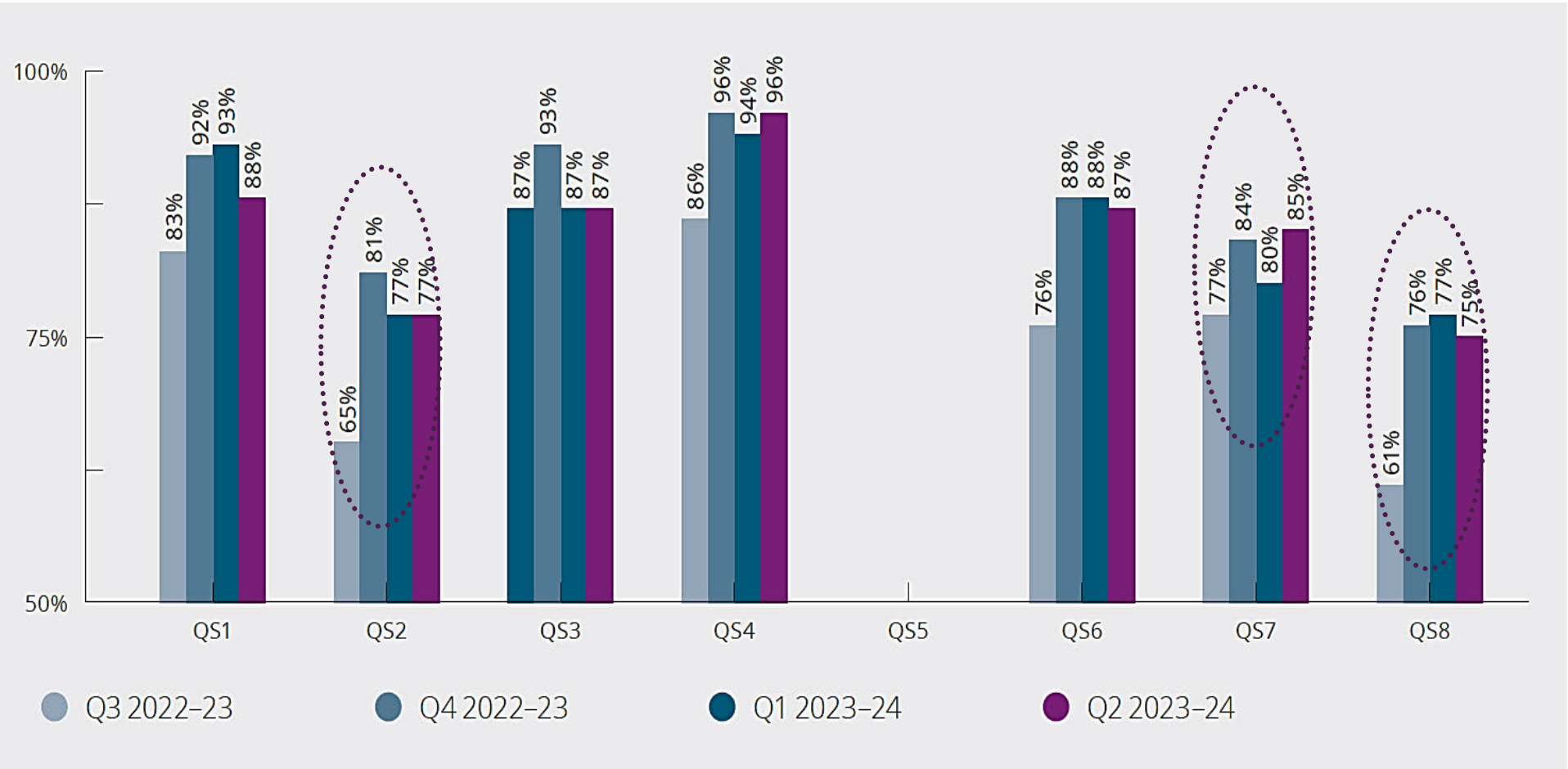
Standard 7
Human resources

Standard 8
Organisational governance

Overall compliance (Q2 Oct-Dec 2023): **85%** of audited services complied with all 42 requirements

HOME SERVICES

Compliance rates were lowest in Quality Standards 8, 2 and 7 in Quarter 2



Standard 1

Consumer dignity and choice

Standard 2

Ongoing assessment and planning with consumers

Standard 3

Personal care and clinical care

Standard 4

Services and supports for daily living

Standard 5

Organisation’s service environment

Standard 6

Feedback and complaints

Standard 7

Human resources

Standard 8

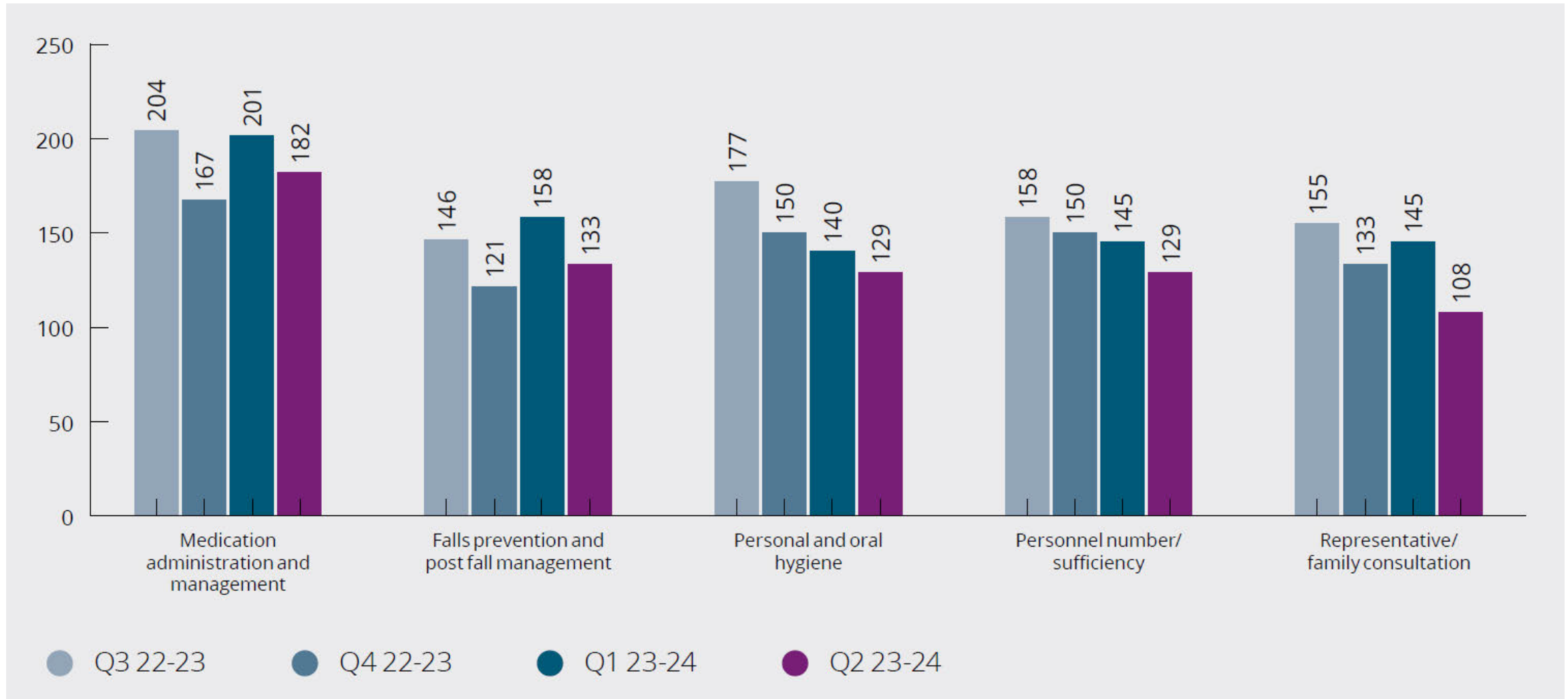
Organisational governance

Overall compliance (Q2 Oct-Dec 2023): **66%** of audited services complied with all relevant requirements

RESIDENTIAL CARE

Top 5 complaint issues across last 4 quarters

January – December 2023



Serious Incident Response Scheme: Priority 1 notifications by incident type, by month

1 February 2023 – 29 February 2024

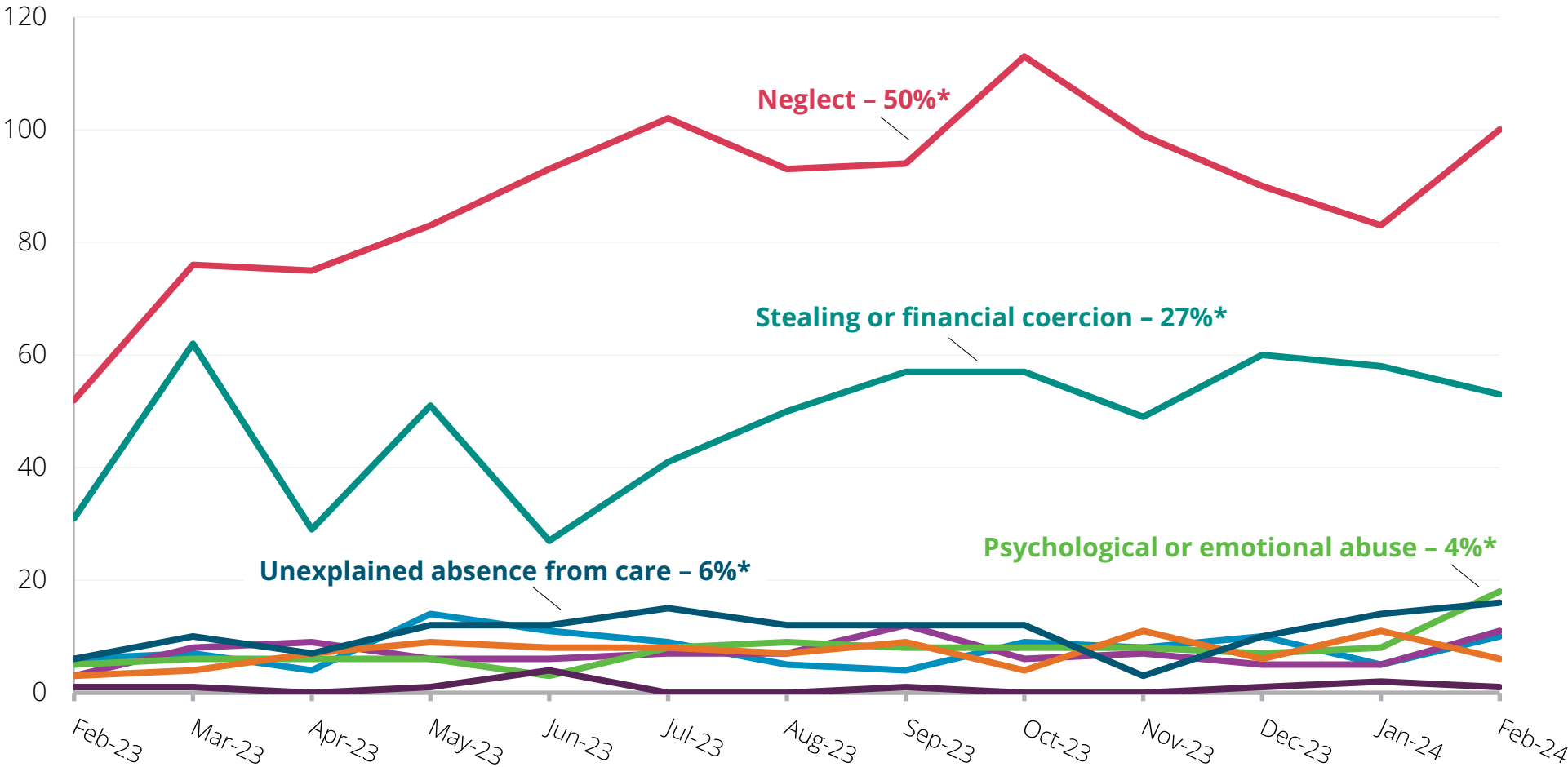
4,834

notifications

Priority 1	48%
Priority 2	49%
Out of Scope	3%
Total	100%

Legend

- Neglect
- Stealing or financial coercion
- Psychological or emotional abuse
- Unexplained absence from care
- Unlawful or inappropriate sexual contact
- Unreasonable use of force
- Unexpected death
- Restrictive practices



* 13-month average



People using aged care *want care that :*

1. is available
2. is accessible (location and cost)
3. is safe (does not harm me)
4. is high quality
5. meets my needs and is shaped by my preferences
6. enables and supports me to live the life I choose, as far as possible



REGULATION

People providing aged care *want :*

1. minimum market constraints (easy entry, freedom to choose type and location of services, fee arrangements, number of consumers . . .)
2. a funding arrangement that ensures financial viability (at least), including where costs are higher because of location or consumer needs
3. to be able to find staff with the right capabilities (at an affordable cost) to provide and support the provision of care
4. low friction/low burden regulation – minimum mandatory requirements and unfettered scope for innovation



Expect the system governor to ensure 1 and 2,
and the **regulator to ensure 3, 4, 5 and 6**

Expect the system governor to ensure 1 and 2, and
to help with 3, and the **regulator to ensure 4**



Older people, providers, workers, the Commission and the Department together

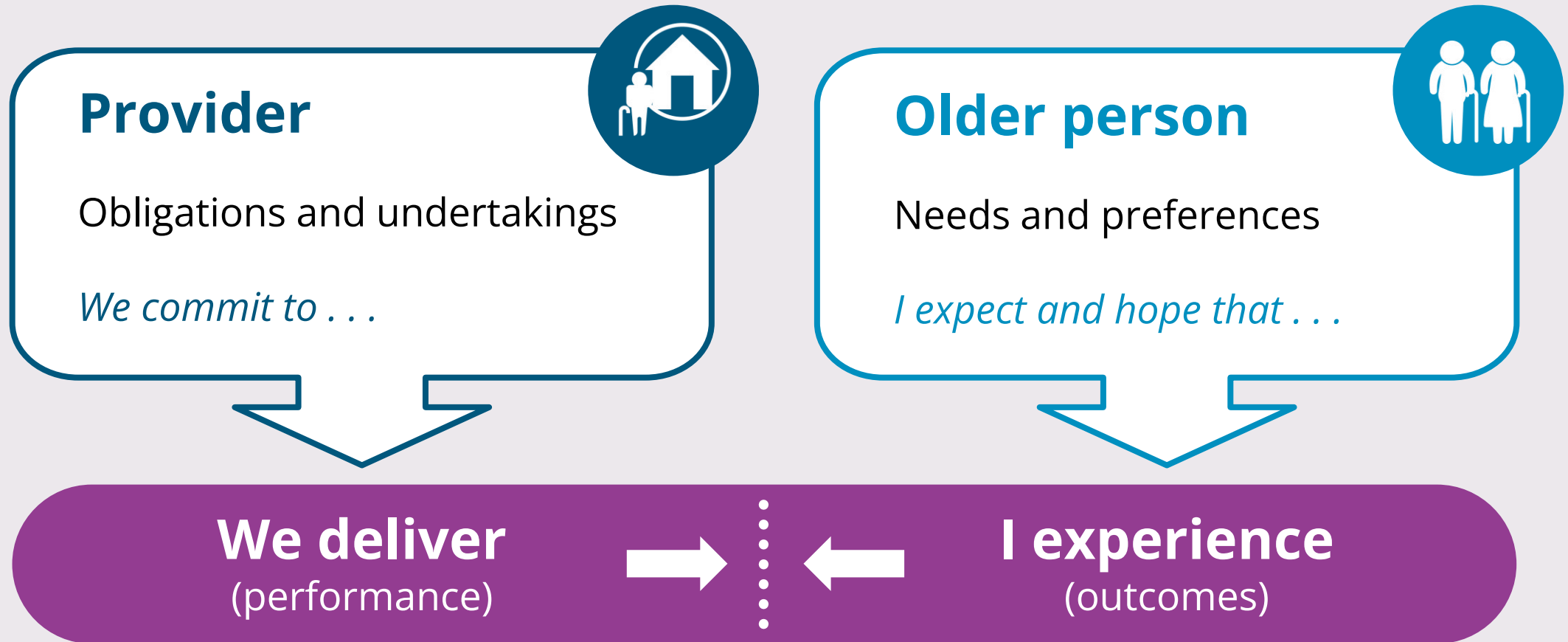
Our shared goals:

- A **great aged care experience** for every older person using these services.
- A **thriving aged care sector** that accepts and delivers on the social license that comes with being an aged care provider.
- A **regulator that has impact and delivers value** for older people, providers and the wider community.





Building trust and confidence



High match = **high trust**
Low match = low trust



Building trust and confidence #2

Commission



Obligations and undertakings

We commit to ...

Provider



Needs and preferences

I expect and hope that ...

We deliver
(performance)

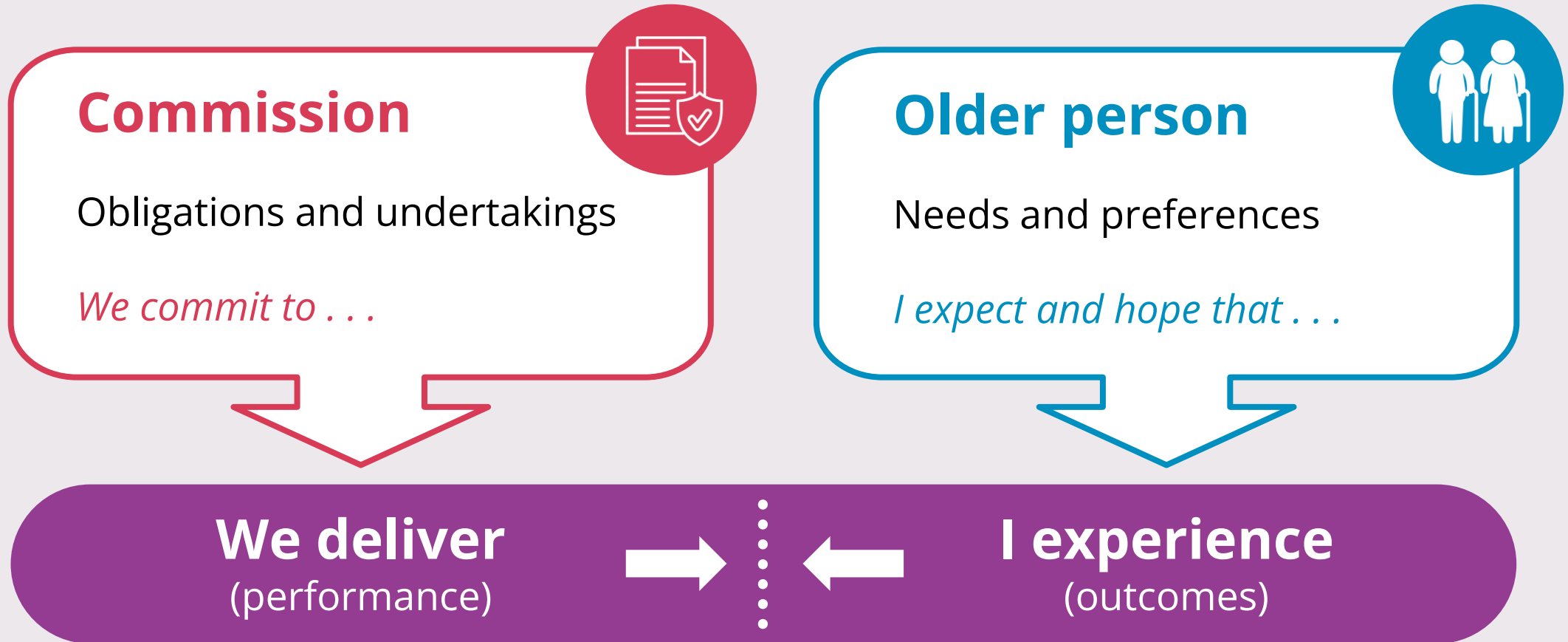


I experience
(outcomes)

High match = **high trust**
Low match = low trust



Building trust and confidence #3



High match = **high trust**
Low match = low trust



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**Trust is
built in drops
and
lost in buckets**



Principles of best practice regulation*

Best practice principle 1:

Continuous improvement and building trust

Regulators adopt a whole-of-system perspective, continuously improving their performance, capability and culture to build trust and confidence in Australia's regulatory settings

Best practice principle 2:

Risk based and data driven

Regulators manage risks proportionately and maintain essential safeguards while minimising regulatory burden, and leverage data and digital technology to support those they regulate to comply and grow

Best practice principle 3:

Collaboration and engagement

Regulators are transparent and responsive communicators, implementing regulations in a modern and collaborative way



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* Regulator Performance (Resource Management Guide 128), Department of Finance

Independent Capability Review of the Commission (2023)

- The review looked at whether the Commission has the appropriate resources, workforce and skills to:
 - meet its legal and regulatory responsibilities
 - accredit aged care providers
 - deliver education activities to ensure the protection, safety and welfare of older people using aged care services
 - investigate complaints to ensure providers comply with the Aged Care Quality Standards and take action if required
 - work closely with aged care providers
 - promote an aged care experience that our community expects, and older Australians deserve.
- Government released the report on 21 July 2023 and is preparing its formal response

REPORT OF THE INDEPENDENT CAPABILITY REVIEW OF
THE AGED CARE QUALITY AND SAFETY COMMISSION
DAVID TUNE AO PSM
31 MARCH 2023

Home > The Hon Anika Wells MP > Minister Wells' media

Release of the Independent Capability Review of the Aged Care Quality and Safety Commission

I welcome Mr David Tune's independent Capability Review of the Aged Care Quality and Safety Commission. The full report is now available on the Department of Health and Aged Care's website.



The Hon Anika Wells MP
Minister for Aged Care
Minister for Sport

Media event date: 21 July 2023

Date published: 21 July 2023

Media type: Statement







Audience: General public

Quality and safety in aged care is of utmost importance.

I welcome Mr David Tune's [Independent Capability Review of the Aged Care Quality and Safety Commission](#). The full report is now available on the Department of Health and Aged Care's website.



32 recommendations into 6 workstreams

Better outcomes for people accessing aged care services			Stronger corporate capabilities		
1.	Operational function maturity - Provide a better regulatory service to the community by delivering matured regulatory and operational functions		4.	Governance and funding - Strengthen the Commission's governance and funding arrangements	
2.	Data and intelligence - Better understand and respond to the risks to aged care consumers by strengthening the Commission's data and intelligence		5.	Workforce management - Maximise the potential of the Commission's workforce	
3.	Stakeholder engagement - increase understanding, trust and respect with stakeholders through enhanced engagement		6.	ICT systems - Evolve the Commission's ICT systems to be robust and user-focused	




















Commission blueprint for change

Corporate Plan 2023-24

6 workstreams



To fulfil our role...	...we will build on our solid foundations...	...lift our capabilities in key areas...	...contribute to aged care sector reforms...	...and deliver better community outcomes.
<p>Purpose</p> <p>To protect and enhance the safety, health, wellbeing and quality of life of aged care consumers</p> 	<p>Functions</p> <p>Engagement with older Australians</p> <p>Complaints resolution</p> <p>Education</p> <p>Regulation</p>  <p>Strategic priorities</p>  <p>'One Commission' approach</p> <p>Values</p> <p>Impartial</p> <p>Committed to service</p> <p>Accountable</p> <p>Respectful</p> <p>Ethical</p>	 <p>Operational function maturity</p>  <p>Data and intelligence</p>  <p>Stakeholder engagement</p>  <p>Workforce management</p>  <p>Governance and funding</p>  <p>ICT systems</p>	 <p>New Aged Care Act and regulatory model</p>  <p>Stronger Aged Care Quality Standards</p>  <p>24/7 Registered Nurse coverage and care minutes</p>  <p>Additional provider governance responsibilities and more</p>	 <p>Improve quality, safety and choice in aged care</p>  <p>Provide a better regulatory service</p>  <p>Better understand the risks to people accessing aged care services</p>  <p>Increase understanding, trust and respect</p>



How we regulate

Risk surveillance of all providers

Preventative regulation

Data analysis

What we do

- Sector education and campaigns targeting specific areas for improvement
- Targeted monitoring of specific issues with groups of services or providers
- Evaluate effectiveness and impact of prevention

Outcomes

- Confirm risks and manage any non-compliance
- Identify areas for sector capability uplift and publish insights
- Update data analysis and inform future regulation

Strategic Purpose

- Prevent, where possible, future failures in care
- Improve sector performance for targeted issues



*Improved care
for older people*

Responsive regulation

Contacts and events

What we do

- Supervise risk and failures in care:
- Engage with providers to seek quick responses
 - Request information/visit site
 - Manage non-compliance
 - Apply enforceable consequences

Outcomes

- Regulatory effort is focused on unmanaged risks and stopping harm
- Providers remedy non-compliance, restore trust, and prevent harms to older people

Strategic Purpose

- Reduce risks, and manage non-compliance
- Deter future non-compliance



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What we expect from providers all the time

- Genuine partnership with older people that respects and animates their rights
- Meeting obligations and reaching for high quality care
- Looking for opportunities to improve



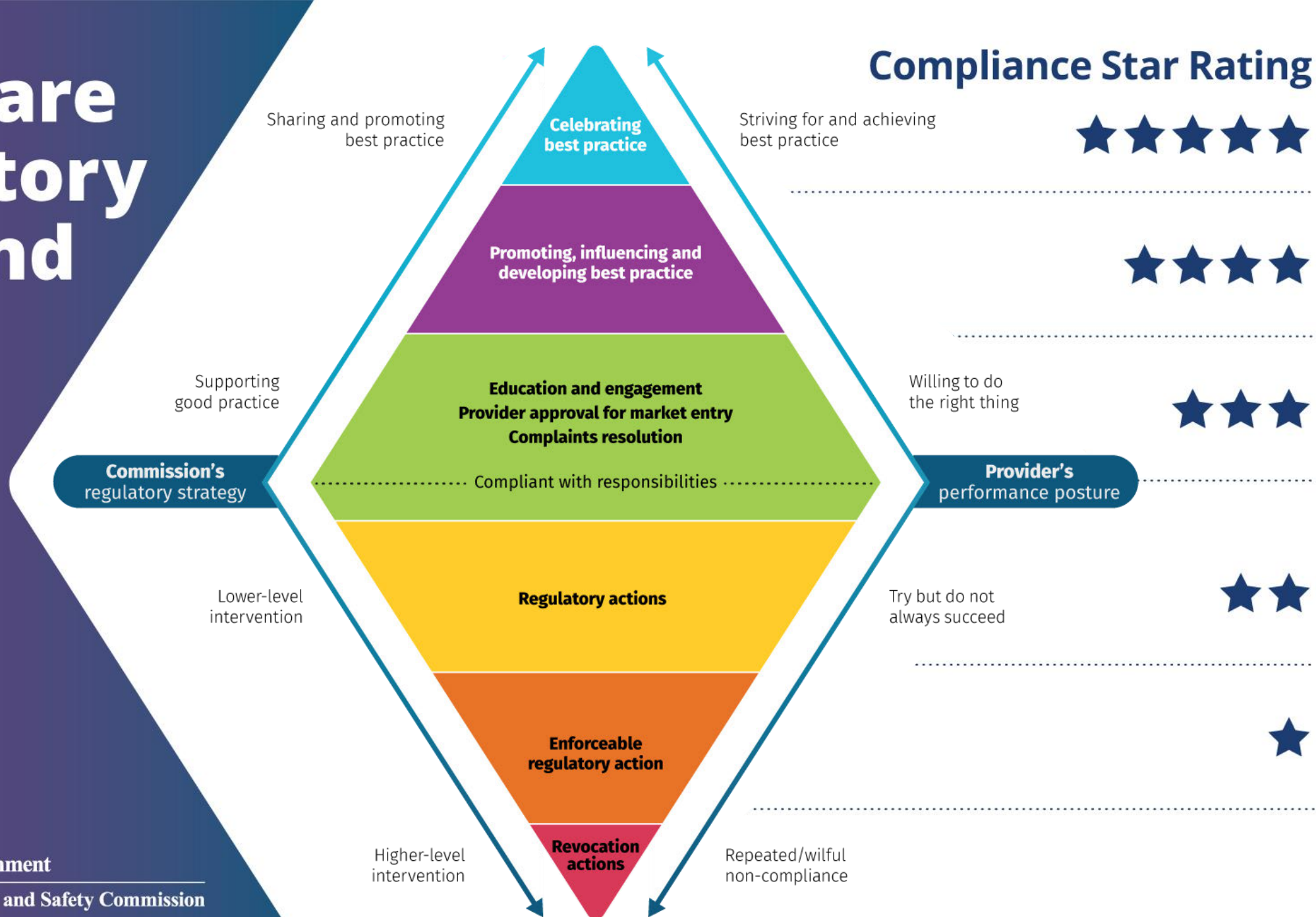
Aged care regulatory diamond

Risk-based proportionate regulation (2023)



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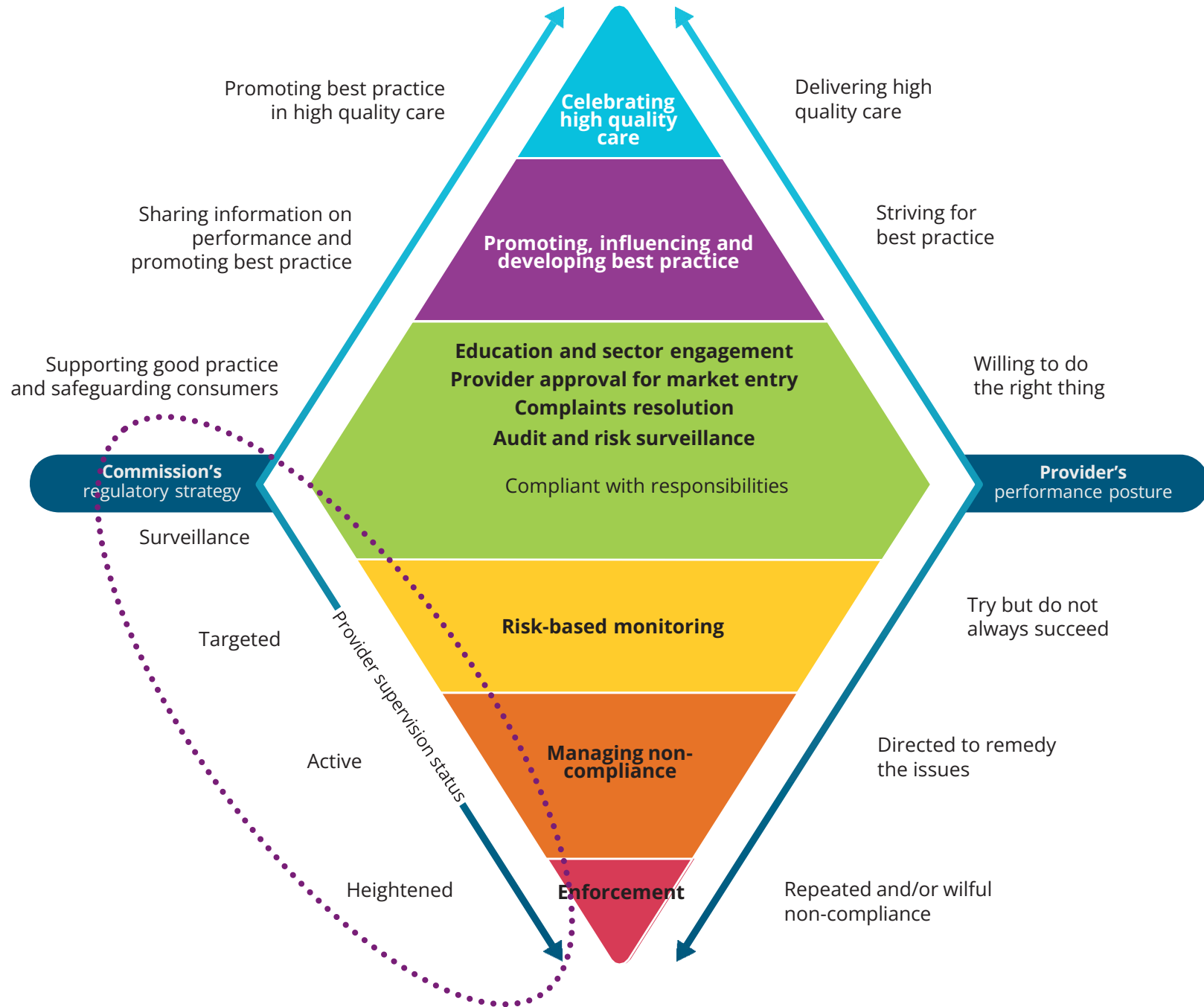


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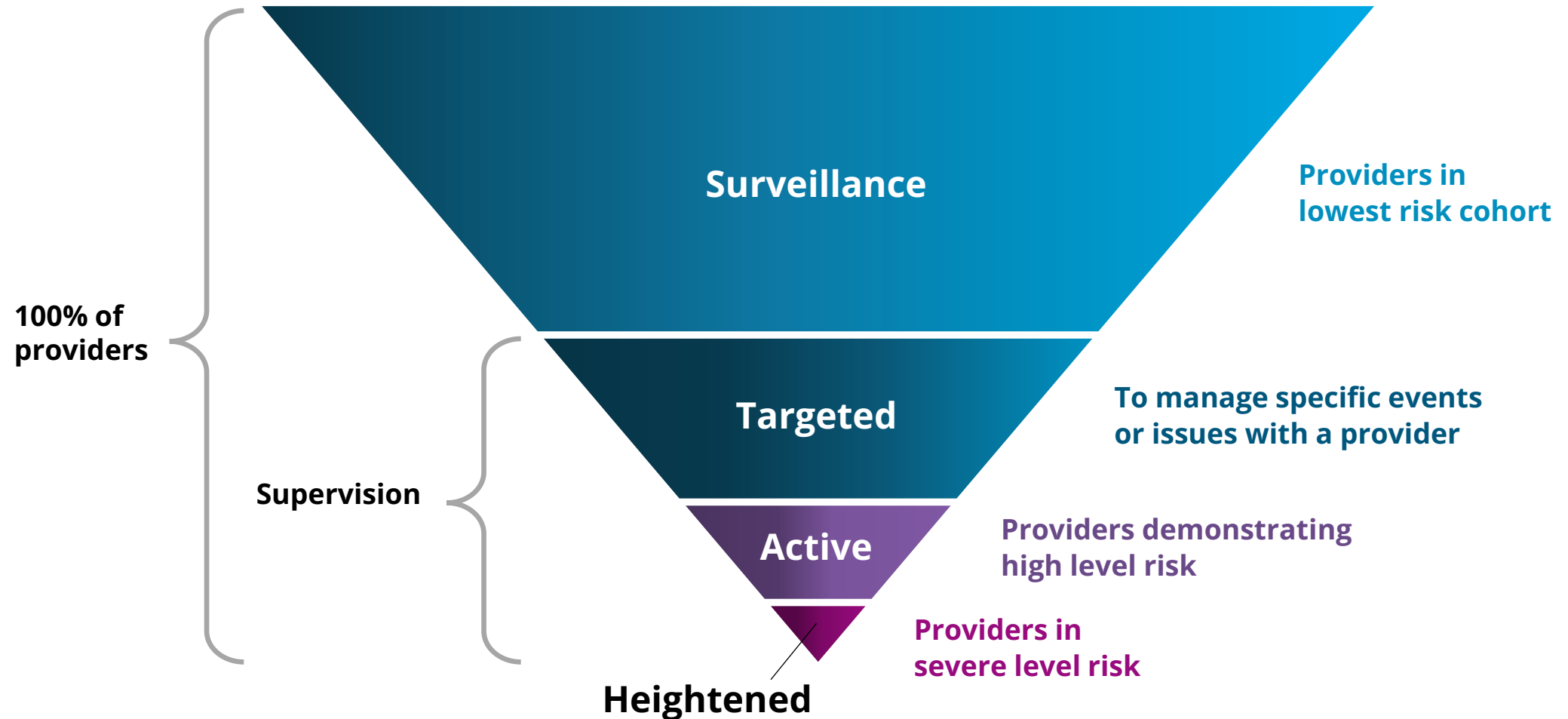
Aged care regulatory diamond

(improved version – 2024)





Regulatory response tailored to level of risk





Provider supervision status



Surveillance

Providers who only require surveillance represent the lowest risk cohort.



Targeted supervision

Targeted supervision in most circumstances will involve the Commission taking regulatory action to manage specific events or issues.



Active supervision

Providers are assigned an active supervision status where high-level risks are identified that are most effectively dealt with at a provider level.



Heightened supervision

Only a small number of providers will be assigned into heightened supervision, representing a cohort that is the highest risk caseload and one the Commission has most concern over.



Our regulatory approach

Surveillance

Ongoing oversight of all providers using intelligence and analytics to support the early detection of risks and trends.

Involves constant scanning of data gathered through, e.g. mandatory reporting, complaints, serious incident notifications, audits, information exchange with other regulators, media reporting. Also risk profiling to identify patterns of concern.

Enables us to intervene quickly through engagement with a provider/s to ensure the ongoing and sustainable delivery of quality care.

Supervision

Where we find a risk or a failure of care, we act. The action we take will depend on whether we are seeking to prevent a failure or are responding to a failure of care.

We work with providers to ensure that they **remedy** the problem, **restore** the trust of the people impacted, and take steps to **prevent** the issue from happening again.

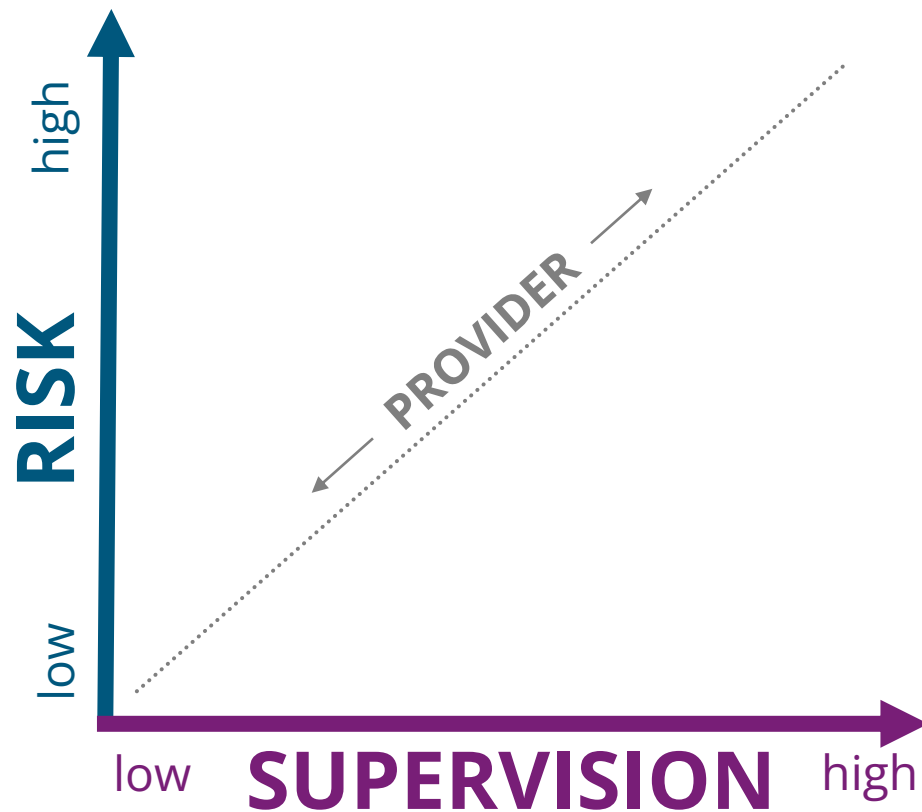
Enforcement

Where we see unacceptable failures of care, we take actions that have very serious consequences for providers or workers.

These actions also uphold the safeguards that protect all older people receiving care.



The Supervision Model



The Commission's Supervision Model operates at the level of the provider.

It ensures a proportionate response to provider risk based on the complete picture.

Supervision status and resourcing scale up or down as the level of risk to older people changes.



Risk surveillance model

Daily

- Enquiries and feedback
- Complaints
- Workers concerns
- Reportable incidents
- Media

Quarterly

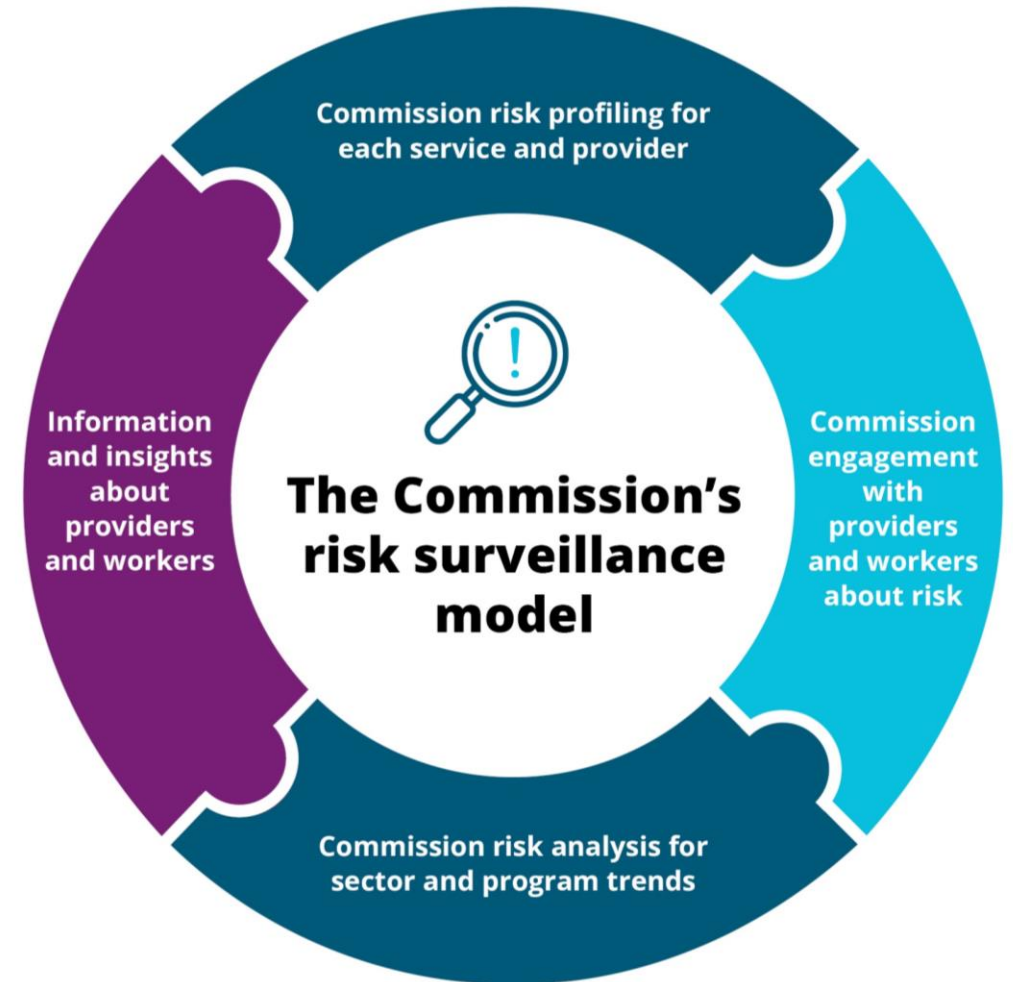
- Financial
- Staffing
- Food and nutrition
- Quality indicators
(e.g. pressure injuries, unplanned weight loss, medication management, physical restraint, falls)

Annually

- Financial statements
- Prudential compliance statements
- Consumer experience interviews
- Provider governance and operations information
- Provider governing body statement

As required

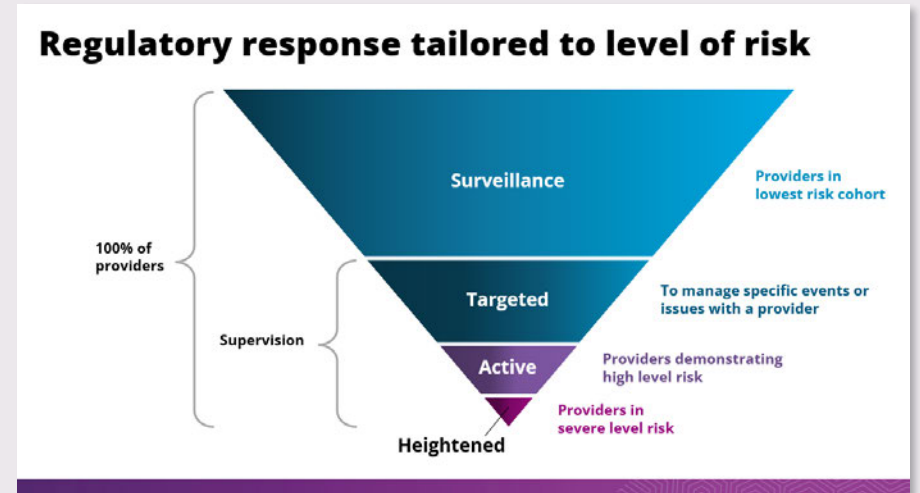
- Site audits
- Risk based monitoring
- Material changes
- Referrals from other agencies
- Research and publications





Provider supervision

- Every provider is allocated a supervision status based on the level of assessed risk
- The four supervisory statuses, in order of increasing risk (and resourcing) are: **surveillance, targeted, active and heightened**
- The assessed risk will determine our intensity of engagement with each provider
- The supervision status of a provider can (and will) change as risks are reassessed in light of new intelligence and information including about the provider's actions and impact
- Providers can move up or down the supervision triangle





What we expect when things go wrong



Providers understand and fix what went wrong

Remedy



Providers listen to and partner with older people to restore their trust in care

Restore



Providers take action to prevent the issue from happening again

Prevent



Enforcement action separate from managing non-compliance

Managing non-compliance – Our approach is designed to:

- incentivise the behaviour we want from providers (remedy the problem/ restore trust/prevent recurrence through sustained improvements)
- protect older people receiving care from further or new failures of care

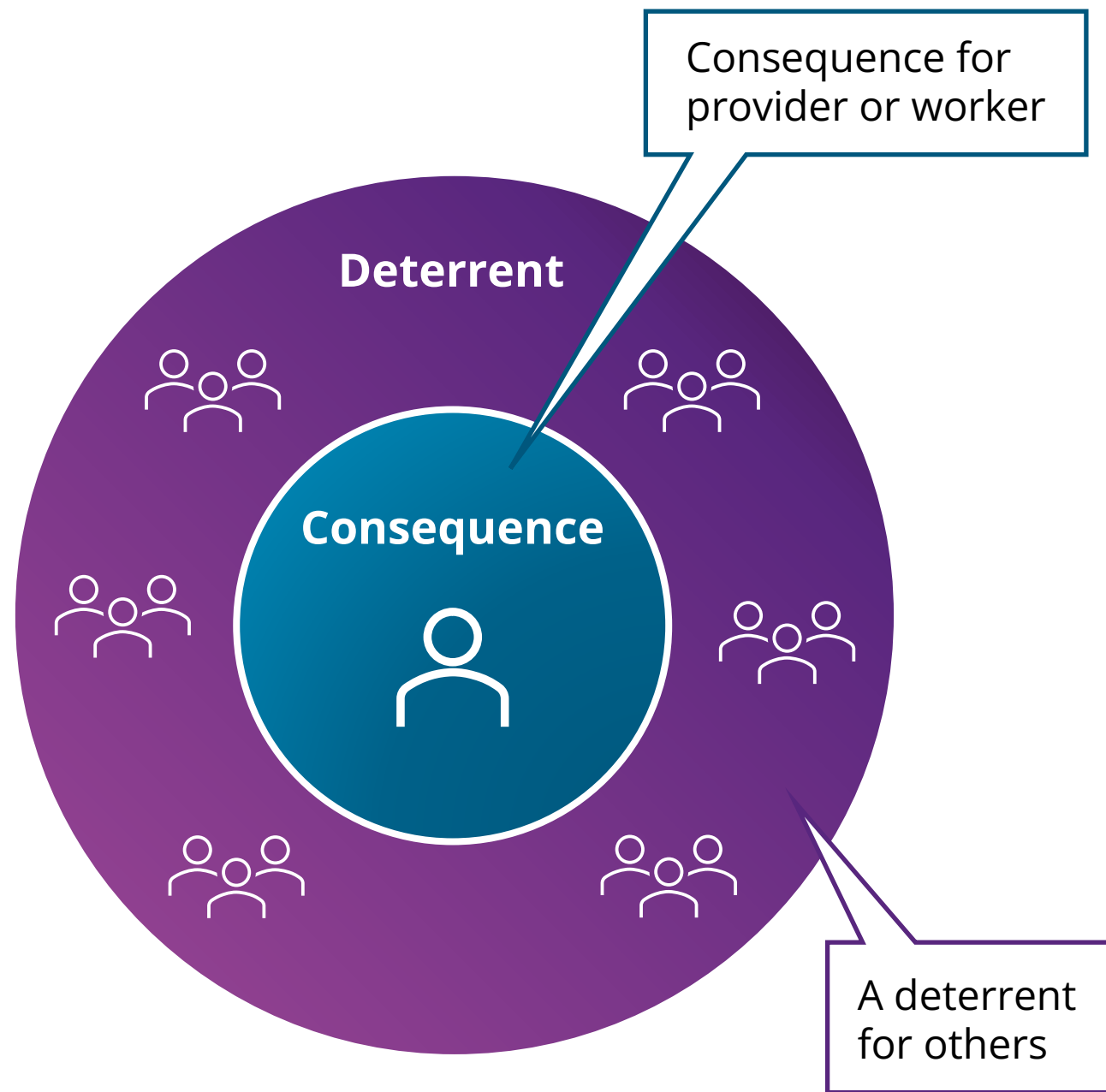
Taking enforcement action – Where non-compliance is associated with unacceptable failures in care adversely impacting older people, we will also (or instead) use enforcement actions to **apply a consequence** that:

- sends a clear signal that all providers and workers must meet their obligations
- deters future non-compliance
- reinforces the safeguards that protect all older people receiving care.

An enforcement response may operate in parallel with management of non-compliance.



Enforcement approach



In summary

1. Providers must comply with their legal obligations
2. Where we find non-compliance, the action we take will be based on the assessed level of risk:

Risk of harm to older people	Regulatory response
Low	Place the provider under targeted supervision, i.e. include in targeted risk-based monitoring, involving engaging with the provider to ensure that they are aware of and are fixing the problem/s
Medium, high or severe	<p>Place the provider under active or heightened supervision. The status they are assigned will depend on their initial and ongoing responses to our engagement following risk detection and assessment</p> <ul style="list-style-type: none">– <i>Are they aware of the problems? What is their explanation for them? How quickly and effectively are they acting to address the problems? Have they discussed the problems and their response to them with the older people and staff affected? Is their remediation successful and sustainable?</i> <p>Take enforcement action where there are unacceptable failures in care</p>
Immediate and severe	Take enforcement action and require urgent remediation of the non-compliance



What we expect from providers all the time

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What we expect when things go wrong



Providers understand and fix what went wrong

Remedy



Providers listen to and partner with older people to restore their trust in care

Restore



Providers take action to prevent the issue from happening again

Prevent

To keep shaping the story of our life in the world

“ Whatever the limits and travails we face, we want to retain **the autonomy – the freedom – to be the authors of our lives**. This is the very marrow of being human.

...

All we ask is to be allowed to remain the writers of our own story. That story is ever changing. Over the course of our lives, we may encounter unimaginable difficulties. Our concerns and desires may shift. But whatever happens, **we want to retain the freedom to shape our lives in ways consistent with our character and loyalties**.

...

The battle of being mortal is the battle to maintain the integrity of one's life – to avoid becoming so diminished or dissipated or subjugated that who you are becomes disconnected from who you were or who you want to be.

...

[W]e have at last entered an era in which an increasing number of [aged care providers] believe their job is not to confine people's choices, in the name of safety, but to expand them, in the name of living a worthwhile life.”



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If we collectively:



close the gap
between promise
and performance

and



close the gap
between expectations
and experiences

Then we will together:

*build trust
and confidence
in aged care
across Australia*



Trust is earned when actions meet words



Thank you



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National Aged Care Provider Conference 2024

Getting in on the Act!

Working together for better aged care

23 – 24 April 2024 | Adelaide Convention Centre