

Enriching Life Through Care

National Roundtable Program Final Report

March 2023



Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

The views and experiences of providers as regulated entities are important to us. Understanding the realities of delivering care and services in a challenging operating environment is vital to the Commission's effectiveness in supporting aged care providers to improve performance across the sector.



J. M. Anderson

Janet Anderson PSM
Commissioner

About the program

In 2022, the Aged Care Quality and Safety Commission (Commission) conducted the national ‘Enriching Life Through Care’ roundtable program to explore the sector’s pathway to transformation through the lens of consumer experience.

We held 22 roundtables across all states and territories, engaging over 320 senior executives, board chairs and directors across around 230 services, including residential, in-home and community aged care.

The roundtable forums provided a valuable opportunity for the Commission to connect with senior sector leaders and hear directly how providers are responding to the consumer expectations for a different and better experience of aged care.

The discussions focused on an exploration of three key issues:

- understanding and enabling a great aged care experience
- measuring performance in aged care
- engaging with continuous improvement.

Through the discussions, providers shared many positive stories reflecting the good work underway to change the experience of care to be more flexible, personal and relationship-based. We asked providers to tell us about work that they were particularly proud of and you can find examples [here](#).

Our conversations also acknowledged the highly complex issues in the operating environment that make aged care hard, particularly staffing shortages, financial pressures and the pace of reform.

A key aim of the roundtables was to hear directly from the sector about your experience of engaging with the Commission and to gather your ideas on how the Commission can better add value to the sector through our regulatory functions. There were some very useful insights for us around opportunities to improve what we do and how we do it.

This report documents the key observations and learnings shared by participants around changing the aged care experience and how the Commission can better support sector capability uplift. We have included details of steps we are taking to respond to the feedback that you provided as we continue to invest in our journey to become a world class regulator.

I would like to thank all participants for their contributions during the roundtable discussions.



A handwritten signature in black ink, appearing to read 'Lisa Peterson'.

Lisa Peterson PSM
Assistant Commissioner

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Summary of roundtable discussions

This section provides a summary of the key issues discussed across the national roundtable series.



Understanding and enabling a great aged care experience

- Providers hear that what consumers most value in their care experience is the quality and continuity of relationships with staff and being treated with kindness and respect. Physical surroundings are less important. Consumers say that the food and dining experience is a vital part of the experience of care.
- Consumers expect to be partners in designing their care and want an individualised experience of care with autonomy and support to participate in the relationships and daily activities that give meaning to their life.
- Consumers and families don't always value the same things or share the same expectations. There is often a disconnect between what is important to the consumer and to the family. Open communication and trust between the provider, the consumer and families is needed to acknowledge these differences and to prioritise the consumer voice.
- Sharing expectations at the beginning of the care experience is critical. The experience of ageing is not well understood in our community. Providers also report that many consumers and families have difficulty in navigating the aged care system and are not sure what to expect from their care service.
 - Residential care providers report common misconceptions around capacity to provide 24 hour one to one care and the challenges of balancing expectations of a home-like experience within a congregate setting.
 - Home and community service providers see a disconnect between the government messaging to consumers around the flexibility of funding and guidance issued to providers, creating challenges in meeting consumer expectations.
- Great care requires regular, consistent and continuous engagement at all points of a consumer's journey. This includes in-depth discussions with consumers and family members while selecting a service through to service commencement and ongoing care planning. Daily conversations are important – people can feel differently about their preferences and care needs day to day. Conversations must include expectations around dignity of risk.

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- Great care means listening to consumers. Success in these conversations requires the building of strong interpersonal relationships with management, staff, consumers and all partners in care. Issues of trust and ability to take time to build relationships can be particularly important for diverse communities and people who have experienced trauma.
 - The best approach to effective consumer care partnerships is a flexible mix of different tools and ongoing opportunities for consumer consultation, feedback and decision making. Consumers must feel supported, encouraged and empowered to speak up when they want something to change. Ideally any staff member who interacts with a consumer can observe an issue or hear a complaint and act to fix it or pass it on to someone who can deal with it quickly.
 - A great care experience typically involves volunteers and partners in care to provide social connections and pastoral care.
 - A great care experience recognises diversity and is culturally safe. Culturally safe services are planned and delivered in a way that is spiritually, socially, emotionally and physically safe and respectful for the person receiving care.
 - First Nations providers discussed the importance of services being embedded in community and connected to local leaders to provide care that is informed by local cultural practice, knowledge and priorities. A great care experience is best delivered by people who are part of community. Fly in fly out models of staffing are particularly challenging because of barriers to connection and trust.
 - Factors such as language, cultural and community connectedness and diet are critical to the experience of care of culturally and linguistically diverse (CALD) consumers. CALD providers reflected on the challenges of meeting needs across the breadth of CALD populations in Australia including awareness and appropriate management of cultural sensitivities.
 - Delivering a great aged care experience means getting the right balance between high quality clinical care, being respectful of the consumers' dignity of risk and providing safe home care, and care that feels home like in a residential setting. Providers reflected on "*shifting the dial*" back to place more emphasis on delivering a homelike experience.
 - Workplace culture was identified as the most important factor in delivering a great aged care experience and the hardest thing to get right. A strong, supported workplace culture is one where every person who interacts with consumers is empowered and expected to be responsive to consumer wishes.
 - Strong relationships with staff are critical to delivering a great care experience. Skilled staff who feel supported and valued deliver great care. The ability for staff to build trusting relationships with the people they care for is closely linked to job satisfaction.
 - Relational models of care are highly valued by providers, aged care workers and consumers. Success requires time for carers and consumers to interact and get to know each other. This is harder to achieve in the current environment of staffing pressures and significant staff turnover.

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- Many providers are prioritising shifting from a transactional model of care that relies on traditional hierarchies to models that are outcome focused and provide carers with greater autonomy to manage their responsibilities flexibly. These shifts require significant investment in cultural change and a different approach to leadership that involves capability building across all roles. Some providers report that flexible models of care are costlier.
 - Some providers say that the ongoing stressors of managing through COVID-19 and workforce pressures mean that they don't have scope to focus on organisational change. Financial costs of investment in change are also a barrier.
 - Culture comes from the top – governing body members and service leaders must set clear expectations and ensure that decisions, governance frameworks and resource allocation reinforce culture. Leaders must be visible and accessible for both workers and consumers.
 - Trauma-informed care training is essential for all staff caring for vulnerable consumers such as Aboriginal and Torres Strait Islander consumers, veterans, people who spent time in care as a child and CALD consumers previously from a country impacted by war and conflict.
 - Great care requires flexible care models to meet the needs for diverse groups which can be difficult to achieve due to structural barriers. For example, typical funding models for home and community care assume that consumers have a fixed location and do not readily accommodate First Nations people who are transient.
 - Great care is difficult to deliver in isolation from the broader health services. Providers noted the challenges in accessing appropriate and timely primary and allied health care. These issues can be particularly difficult in regional and remote areas. Providers spoke of experience of ageism associated with medical care, reflected in active decisions by clinicians around provision of timely and available interventions.
 - Great care requires joined-up, integrated and continuous care for consumers as they transition through different parts of the health and aged care systems. Providers identified the need to improve integration and information sharing, particularly where elderly people are discharged from hospital into residential care or a home setting with support. Homecare providers noted the challenges with timely ACAT re-assessments where consumer needs change rapidly.



Measuring performance in aged care

- Providers recognise performance measurement as a key element of good corporate governance. Understanding performance is complex and typically includes consideration of clinical, financial, human resources and cultural indicators. Smaller providers reported less systematic collection and analysis of performance metrics.
- Data sources include: financial metrics, efficiency ratios, occupancy rates, service delivery and non-delivery occasions, rating systems for consumers, net promoter scores, resident and family surveys, focus groups, compliments/complaints, performance reviews, staff engagement measures, satisfaction rates and turnover, social impact measures, cultural indicators, clinical indicators and rates of confidence in care governance.
- Some providers value a balanced score card approach to performance measurement, looking at the domains of financial, customer needs, internal processes, learning and growth.
- Providers identified a gap in terms of outcomes-focused measurement and reporting that considers enablement and the importance of practical, tangible consumer experience goals and measures that cascade through all organisation levels. Providers observe tensions between reporting measures that fit within a medical model of care but don't necessarily reflect a consumer centered care model and the importance of shifting from a "deficit mindset".
- Home Services providers noted the complexities of measuring consumer outcomes where they are responsible for supporting only some aspects of a consumers' daily life.
- Providers use a range of Quality of Life Measurement tools including Adult Social Care Outcomes Toolkit [ASCOT](#), personal wellbeing indexes, qualitative and quantitative indicators, clinical governance reporting, compliments and complaints, consumer experience surveys and consumer goal achievement reporting.
- Clinical performance frameworks, measurements and reporting give a good general overview of quality of consumer care, but do not necessarily provide insight into individual consumer experience. There is opportunity to include social, emotional and wellbeing measures in clinical governance frameworks.
- There are opportunities for greater use of predictive data across the sector, especially in the use of data that predicts good care outcomes. The key challenge is effective triangulation of data to make predictions which can drive care choices and interventions.
- Some providers are using commercial benchmarking services to measure both financial performance and quality of care. Information received isn't always comparable. Smaller providers discussed affordability issues, with service fees an access barrier for some providers. There were very few reported instances of benchmarking across informal provider networks. Stand-alone services are less likely to benchmark.

- Providers consider that cultural context should be considered in performance assessment, particularly in relation to care services for First Nations people.
- Many participants reported that data collected for mandatory reporting is also used in their own internal reporting while noting the complexities and inefficiencies associated with multiple reporting frameworks and mechanisms across data points and service types. Providers also noted the cumulative impacts of rapidly expanding reporting requirements on information management system requirements.
- Providers noted the importance of the Commission sharing qualitative and quantitative data to support a clearer narrative around sector performance, including identifying where performance is strong and a greater level of detail around those areas where there are opportunities for improvement.



Engaging with continuous improvement

- Workplace culture is recognised as the most critical driver of continuous improvement. Key indicators include:
 - a no blame culture where staff feel safe to report mistakes or near misses
 - lessons learned are shared and celebrated
 - a strong customer service focus where consumers are encouraged and supported to voice their views and requests are acknowledged and responded to
 - staff are empowered to identify and act on opportunities to improve the delivery and experience of care.
- Providers value their staff highly and are concerned about the level of exhaustion and burnout in the sector including impacts on the capacity of staff to engage positively to drive change.
- Providers noted the demands on aged care workers were compounded by COVID-19 and staff shortages, observing that the highly pressured operating environment makes it difficult to find space for staff education.
- Providers strongly recognise the value of connecting with all the actors in the sector to share good practice including other providers, the Commission, the Department of Health and Aged Care, jurisdictional local health networks, public health and primary health networks.

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- Providers affiliated with large religious or charitable organisations and those with multiple services benefit from opportunities to benchmark and share learnings across their internal networks. Single service providers find it harder to make connections across the sector.
 - Provider-led networks appear to be more common in residential aged care and most examples shared were in regional rather than metropolitan areas with WA and SA reporting the most active networks. Some regional models highlighted opportunities to work collaboratively around staff training and developing a regional rather than provider led career path. Many providers noted the need to rebuild networks following a reduction in networking activity through COVID-19.
 - Providers see a strong role for peak bodies in fostering peer to peer networks. Sector conferences, industry networking and peer reference groups are effective vehicles to share information and build connections.
 - Several providers are partnering with universities and commissioning research projects to improve the practice of care. Providers noted that these activities are self funded and there would be value in government funding opportunities to generate greater investment in innovation and aged care-related research.
 - Many providers partner with their local TAFE or RTO to contribute training opportunities and access potential employees. Providers observe considerable variation in the learning outcomes for students across different education providers.
 - Providers are looking for more opportunities to identify and share good practice including in relation to aged care quality standards. Some providers particularly focused on the challenges of staying up to date with contemporary evidence based clinical practice in an aged care setting and identified an absence of detailed guidance. Providers see an important role for the Commission in identifying and sharing examples of good practice.
 - Several providers are participants in the [Governing for Reform program](#) and provided very positive feedback. Participants spoke of the importance of engaging multiple board members in the program to drive change.

Provider observations on the experience of engaging with the Commission and how we are responding to what we heard

A key purpose of the roundtables was to hear from aged care providers about their experience of engaging with the Commission. Drawing on the observations shared by participants we identified four key themes. These are set out below, along with actions we are taking to better support the sector in our shared goal of delivering a great aged care experience for older Australians. You can keep up to date with new initiatives and opportunities to be involved in future consultations [here](#).

Theme 1: Connecting with the Commission and sharing good practice

Providers want more opportunity to connect with the Commission outside of formal regulatory interaction. Providers are interested in hearing directly from the Commission about how we work, and what we observe in the sector including what is working well and issues that cause us concern.

Providers would value more transparency around Commission processes. They are particularly interested in how we approach approvals, complaints, performance assessments, re-accreditation, monitoring, and compliance and enforcement actions.

Providers want more clarity about what they should expect from the Commission's regulatory activities. A common concern was that timeframes are often unclear and resolution of some matters takes too long, particularly in relation to complaint handling and compliance matters. Providers would like to better understand how we detect and respond to risk at a provider, service and whole of sector level. They would like to be able to access local Commission staff at a regional level for help where providers are experiencing an issue or challenge and see benefit in staff having some knowledge of local conditions.

Providers see a role for the Commission in connecting into local health and aged care networks to share information and better understand whole of system issues. Providers see a big opportunity for the Commission to play a facilitation role in developing communities of practice where sector representatives can learn from each other and other experts. Providers also spoke about the value of conferences and similar forums as a mechanism for the Commission to connect with the sector as well as promoting sector networks.

Commission response

We appreciate the importance of building stronger connections with the sector and providing greater transparency around the work that we do and what we see in the sector. We continue to explore the best mechanisms to engage and share information with the sector and welcome your views.

We were delighted with the high levels of participation in our [1 December reforms webinar series](#). In 2023, we introduced a regular program of webinars to be held on the 3rd Tuesday each month to share information about how we work and what we observe in the sector. We began our series on 21 February 2023 where our team shared our approach to site audits in residential aged care. The March webinar will focus on early lessons from SIRs in home services. You can find more information [here](#) and we welcome your feedback on future topics.

We are excited to be planning a national sector conference on 8-9 June 2023 with the theme of *Working together – our journey through aged care reform and regulation*. This will be a great opportunity to hear from the Commissioner, meet our executive team and network with your peers. You will hear from inspiring change leaders, providers and government representatives as well as older Australians. We will also share the latest on the reform program. Please keep an eye out for more information through our social media channels. For more information, including on how to register, go to our [conference webpage](#).

The work ahead for both the Commission and providers on the implementation of the strengthened quality standards provides an opportunity to work closely together to ensure that providers have the content and support needed to understand new requirements and evidence performance. Our engagement program will include consideration of First Nations providers and other service types that may need targeted support, to make sure we meet their needs. We know that transparency is key to getting sector support right. You can read more about this work under Theme 4.

We are increasing our focus on supporting capability uplift. We recently initiated a [food and nutrition campaign](#) in response to ongoing concerns about the quality of food in aged care. The campaign was informed by analysis of two years of food-related complaints received by the Commission. We convened an expert advisory group to assist in the design of the campaign approach and the development of resources for providers and consumers. We are holding webinars with guest speakers including industry experts, clinicians, dieticians and providers sharing best practice initiatives as well as information from the Commission about food-related issues and practices we see in the sector. We will be using this approach more widely moving forward to provide opportunities to share good practice. We are also developing a pilot program to support a community of practice around infection prevention and control and look forward to sharing more on that shortly.

We are also committed to building a greater understanding of the benefits of the prudential standards in supporting providers to build more robust financial governance processes. We have developed a range of new information and education products. These have been developed drawing on intelligence from targeted activities involving providers focused on understanding barriers to compliance. The Executive Director of Financial and Prudential Regulation Group has also commenced a blog series titled [Financial and Prudential Insights](#). This channel is aimed at building awareness of some of the principles that underpin this part of the Commission's regulatory model.

We are interested in finding ways that we can leverage existing provider and aged care system networks to share learnings and build connections. If you are part of an aged care network and see value in a Commission representative joining you for a discussion, please contact us [here](#). We will do our best to accommodate requests noting that with our busy program of work, we may not be able to accept all invitations.

We are focused on building high-trust, robust relationships with senior leaders across the sector to inform our understanding of the sector and shape our efforts to promote and enable capability uplift. Key areas of focus for engagement over the coming year will be the implementation of the strengthened quality standards and financial and prudential regulation.

We welcome opportunities to engage with provider Boards. These discussions provide a chance to hear from you about what is working well and your priorities for uplift. We can share our observations about how we understand your performance through our regulatory lens. If you are interested in meeting with us please contact us at secretariat@agedcarequality.gov.au.

Theme 2: Building capability through communication and education

Providers say that Commission communication and education products should be in plain English, easy to consume, role based and differentiated by service type. Home service providers would welcome more dedicated resources. Static education products presented as lengthy chapter-based documents are difficult to consume.

Providers invest significant time and resources in recasting Commission products to make them fit for purpose for aged care workers and consumers. Timely access to new information is critical to support the sector to implement change as the reform agenda progresses. Translated materials should be prioritised for aged care consumers and workforce.

Information and education products in language should be available for First Nations workers and consumers in audio visual formats. Communication products for consumers should better reflect needs of diverse groups including people with cognitive or visual impairment. Providers are overwhelmed by the volume of government communication to the sector and would welcome more clarity where content is new. Co-design with consumers and providers is critical to delivering information and education that hits the mark.

Providers see an important change management role for the Commission to support the Government's reform program. Providers requested that content on the Commission's online learning platform [Alis](#) be accessible for providers to lift into their own learning platforms for integration with existing learning and development programs.

Commission response

We recognise our important role in supporting capability uplift across the sector and we have a program of work underway to improve the delivery of education and communication functions. Our [Commission website](#) is our primary online communication channel and we know it needs improvement. We have started a website redesign project with a focus on improving the user experience for older people and providers. We are engaging with users throughout the project and expect to release a public beta site for cross sector testing in mid-2023. The website redevelopment includes a re-fresh of our written content with a focus on plain English and more accessible formats.

We are changing the way we deliver education products to move from static to more contemporary presentation. We know that communication and education needs are different for providers, aged care workers and older Australians and their families and we are targeting our products for our various stakeholders. Our new [Your role in SIRS](#) tool is an example of a new service type and role based online learning tool.

We are investing in translation services to better reach older Australians and aged care workers from diverse cultural backgrounds and developing more audio visual resources to increase accessibility. In 2022 we established our [Consumers and Families panel](#) with the objective of hearing directly from people who are accessing aged care services. Our panel members are helping to shape our consumer-focused education and communication products.

We have established an informal network of providers to test and provide feedback as we develop new products. If you are interested in participating or want to provide feedback including topics where more resources would be helpful, please visit our [Engagement Hub](#) on our website.

In July 2022, we made our online learning platform [Alis](#) free to all workers from Commonwealth funded aged care providers. We know that providers value managing staff education within their own environments and we are currently looking at options to provide Alis content files directly to approved providers to upload into their own learning management systems.

We are looking to extend our education functions with further opportunities for in-service education. Our current pharmacy outreach program targets residential services in remote and regional locations. Accredited pharmacists travel with a Commission staff member to deliver medication-related training and support. Alongside this we have work underway on an exciting pilot activity to provide in-service education on Infection Prevention and Control to a targeted group of services where we want to support uplift. We look forward to sharing more information on that shortly.

We are committed to making sure that providers and older Australians understand what is coming in the aged care reform agenda and that you know what to expect from the Commission in its role as a national aged care regulator.

For the 1 December 2022 reforms (Code of Conduct, expansion of SIRS into home services, provider governance and restrictive practices consent provisions), we delivered an extensive program including 9 webinars and over 90 education products with positive feedback from the sector.

Part of the continuing work is to check in with key stakeholders across the sector in March 2023 to understand how the reforms have been implemented and where additional information might be required. We are delivering information and education to support implementation of new reforms as they roll out, with the 24/7 nursing requirement for residential aged care as our next priority. Content will be available in March 2023.

We are investing in our social media presence to provide quick and easy alerts, so providers know when things change, and new information is available. You can follow us on [Facebook](#), [Twitter](#) and [LinkedIn](#). Please also [subscribe](#) to our [Quality Bulletin](#) for a monthly update on key changes, upcoming reforms, new tools and resources and education and training.

Theme 3: Re-accreditation audits for residential aged care and quality audits for home services

Providers report a mixed experience with audit teams. Some providers perceive that the Commission's approach is punitive and focused on finding weaknesses with less attention given to identifying strengths. Providers say that sometimes engagement with audit teams is difficult and staff can feel intimidated. Providers would value assessors asking services to showcase what they are doing well as part of assessment activities.

Providers also say they would value a greater education focus and more opportunities for knowledge transfer through the audit process. Providers want governing body members and executive to have the opportunity to meet with audit teams when requested.

Providers query the time gap between notification of accreditation outcomes and follow up from the Commission around any non-compliance findings. Providers find unannounced visits difficult to manage in terms of conflicts with other service priorities. Providers say that 48 hours' notice would greatly assist them to manage the requirements of site audits while delivering on the intent of unannounced visits.

Providers note the importance of nuanced communication with consumers and workers who do not speak English as a first language and the importance of cultural awareness particularly for First Nations peoples and CALD communities. Providers suggest that geographical context needs to be considered in performance assessment of services in regional and remote settings alongside cultural considerations particularly for First Nations peoples. Providers would like more transparency about what to expect in their audit process. They see an efficiency opportunity in audit teams speaking with providers about non-compliance findings prior to the draft report being issued.

Commission response

We recognise the importance of providing a transparent, consistent and high-quality audit service. All Australian Public Servants are required to demonstrate respectful and courteous behaviors in the performance of their duties. In addition to these responsibilities, Quality Assessors are required to comply with the Commission [Quality Assessor Code of Conduct](#) as a condition of their registration as an assessor. The Commission expects all representatives of the organisation, including Quality Assessors, to maintain respectful behaviours at all times and welcomes [positive feedback and complaints](#).

The Commission maintains a separate investigation team who will undertake a rapid follow up of all complaints received relating to Quality Assessors undertaking field work, including providing feedback to complainants about the process. Complaints received about the Commission's performance often lead to constructive feedback being provided to individual staff members which helps us build our capability through continuous improvement.

Significant effort is underway to implement improvements in the recruitment, training, registration, supervision and performance monitoring of the Quality Assessor workforce. All Quality Assessors must currently meet the Commission's registration requirements including completing the Quality Assessor Training Program (QATP) and ongoing professional development. We are building a more robust evidence base that allows us to track and improve performance. In 2022 we stood up a business improvement project to identify opportunities to improve training and support for quality assessors. We monitor consistency of decisions across all assessment functions to identify and investigate anomalies. We have established an independent sampling program to identify improvement opportunities including in evidence gathering and reporting.

New business processes have been established to engage with providers sooner on any non-compliance finding. We have reminded our assessment teams that providers have the right to include their selected governing body or senior executive representatives in meetings with the audit team. Recent changes to audit documents used by assessment teams and delegates have expanded to explicitly include information from providers that showcase their successes.

All providers have the opportunity to provide feedback on their experience in a post-audit survey. Response rates are lower than we would like and we are revisiting our survey design to encourage a greater level of feedback.

Revision of the Aged Care Quality Standards was a key recommendation of the Royal Commission into Aged Care Quality and Safety. The Department of Health and Aged Care is in the process of finalising its review and advising Government on the outcomes including a strengthened set of Quality Standards. The Commission is working closely with the sector on the implementation of the strengthened Standards. The goal is to ensure a robust, fair, effective, transparent and repeatable audit process.

From April, we are conducting a [pilot program](#) with providers to test how the strengthened Standards will apply in practice and how best to assess performance against the Standards. This is the first in a series of engagement opportunities for the sector. When the pilot is complete we will share the learnings and consult on next steps including on how we work together to develop the right resources to support the sector to transition to the strengthened standards. All feedback around the current audit processes is being considered. You can find more information including how to get involved [here](#).

We are strengthening the cultural competency of our workforce. Assessors must complete mandatory cultural competency training and annual continuing professional development (CPD) training targeted at critical areas for professional practice to maintain their registration. This includes a focus on consumer engagement and inclusive behaviours. All Quality Assessors are asked to make an Acknowledgement of Country as a hall mark of respect on entry to a service.

We have built specialist teams to undertake assessments at First Nations services which have been positively received and we are continuing to embed this expertise across our regulatory functions. We are expanding the number of Aboriginal and Torres Strait Islander Quality Assessors, including in the Northern Territory.

Issues around audit process arrangements, including where unannounced visits are most useful, are being considered. We are also examining how we better respond to the cultural considerations of First Nations services and geographic complexities for services in regional and remote communities as part of the implementation of the strengthened Quality Standards.

Theme 4: Reflecting back how we understand sector performance

Providers observed that there are low levels of trust and confidence in aged care, particularly in residential aged care. This makes the journey into care more difficult for consumers, impacts negatively on the daily experience of being an aged care worker and creates challenges in attracting people to the sector across all roles from governing body members to personal care workers.

Providers see a role for all actors across the aged care system to contribute to a more positive framing of aging and the experience of aged care. Providers see opportunity for the Commission to be more actively engaged in the public conversation around aged care, including reflecting where we see good work and positive experience as well as shining a light where change is needed.

Providers want more timely and granular information about how we see sector performance, including where we see strength

and where we see room for improvement or need for urgent action. Providers would value greater visibility around how we identify and assess risk and our regulatory priorities.

Providers noted the volume and scope of data now being reported to government and identified the importance of presenting this data back to the sector in a way that allows them to better understand their own relative performance and proactively manage risk. Providers are looking for more narrative to provide context to data and improve understanding of the sector's performance.

Providers reflected on the challenges of identifying appropriate reporting metrics that best reflect the consumer voice and daily experience of care and would like this issue to be further explored.

Commission response

We understand the importance of more extensive publication of data analysis and insights to support provider benchmarking and self-assessment, and to improve transparency for consumers. Our forward program has three key elements: improving our understanding of what data tells us, presenting the data back to the sector in a way that delivers useful insights and learning opportunities, and drawing more extensively on qualitative information and case studies to obtain more in-depth insights.

As provider reporting obligations change, we are investigating how we can best leverage this growing pool of information to better understand the relationship between risk and performance. We are building our knowledge of which data or data combinations provide the most reliable indication of risk and poor outcomes for consumers. We also want to use the data to identify performance indicators associated with a great aged care experience.



One area of focus is developing our understanding of financial and prudential risks to provide a more holistic view of risk at the sector and provider levels, including how financial and prudential risks flow through to quality of care.

We are building our capability to provide context to and share our data. We have taken a new approach in our recent report [SIRS Unreasonable use of force case study insights](#). In this special report, we focus on unreasonable use of force incidents in residential care, which account for around two thirds of all incidents reported to the Commission in the first 15 months of the scheme. The report takes a case practice approach to provide insights and guidance to help providers and their staff better understand response, impact assessment and incident management. You can expect more reports structured around insights, guidance and learning opportunities in coming months. We are also reviewing our sector performance reports to provide more useful data points and insights that can assist providers to monitor their own performance.

Qualitative case studies are a powerful tool to highlight where we see strength or weakness in the sector. We appreciate the importance of our role in sharing stories about the good work that is happening in the sector and where we see excellence. We encourage providers to [contact us](#) if you have an initiative that you would like to share more broadly. We will then find the best mechanism to share that with the sector which might include, for example, inviting you to speak at a webinar or other forum, including your example in guidance material or connecting you to other interested providers who are exploring solutions to similar issues.

Closing observations

These roundtables offered a great opportunity for candid conversations between the Commission and a wide range of providers. The Commission gained a lot from these interactions and the feedback received indicated that other participants also appreciated the sessions.

We look forward to continuing to engage with providers through roundtable discussions and other means, as together we explore how best to leverage the ambitious aged care reforms to achieve a high performing sector that delivers a great experience for every consumer.

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

All information in this publication is correct as of March 2023.



Phone

1800 951 822



Web

agedcarequality.gov.au



Write

Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city