# The Plug-in.

## Quality Standards + draft Guidance Material – a consumer perspective

A report for the Australian Aged Care Quality Agency

The Plug-in.

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## Document Control




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| Overview: | Qualitative research undertaken by The Plug-in, COTA SA, in South Australia was commissioned by AACQA to support their national public consultation process on the draft Guidance Material which will support the single quality framework for the new Aged Care Quality Standards.<br><br>For national context, this research should be read in conjunction with submissions received throughout the public consultation process run by AACQA. |
| Related Documents: | Full detailed report for the AACQA – published 15 June 2018 |

# Contents

# Executive Summary

"These standards are much more targeted than its previous version."

Gayle, family member

"Generally happy with the layout of the material per requirement and feel that the sub headings address the right areas."

Maria, family member and CHSP consumer

# Executive Summary

The Plug-in was contracted by the Australian Aged Care Quality Agency (AACQA) to hear specifically from a consumer perspective their thoughts and expectations of the draft guidance material for aged care service providers that support the new Single Aged Care Quality Framework.

The engagement encompassed consumers from the Commonwealth Home Support Program (CHSP), Home Care Packages (HCP) and Residential Aged Care Facilities (RACF). It also included family members, carers and other supporters of aged care consumers.

The engagement, conducted by The Plug-in over a period of 3.5 weeks in May 2018, was designed to gather qualitative information with consumers and to complement the formal public consultation process run by the AACQA.

Overwhelmingly there was a positive response to the new Standards, associated Requirements, and the detail within the guidance material from a consumer perspective. There is a definite feeling that the guidance material is headed in the 'right direction' and going into detail in the 'right areas'.

We will explore into detail the feedback gathered for each one of the Standards but there are some areas of concern that are worth highlighting:

+ Residential aged care facility focus (unclear of relationship to CHSP and HCP consumers
+ Consumer involvement in decision-making processes around recruitment and within organisational governance structures
+ Definitions of the terms of 'quality' and 'timely'
+ Oral and foot care (for Standard 3)
+ Unannounced visits and independent monitoring of service providers
+ Staffing ratios and Agency Staff ratios
+ Provision of culturally appropriate care and support for both consumers and workforce
+ Inclusion of individuals who have formerly been institutionalised as a disadvantaged cohort to recognise the diverse care needs and appropriate training of workforce

An interesting observation of our interaction with participants from rural, regional and metropolitan communities was an obvious difference in levels of trust associated with aged care service providers.

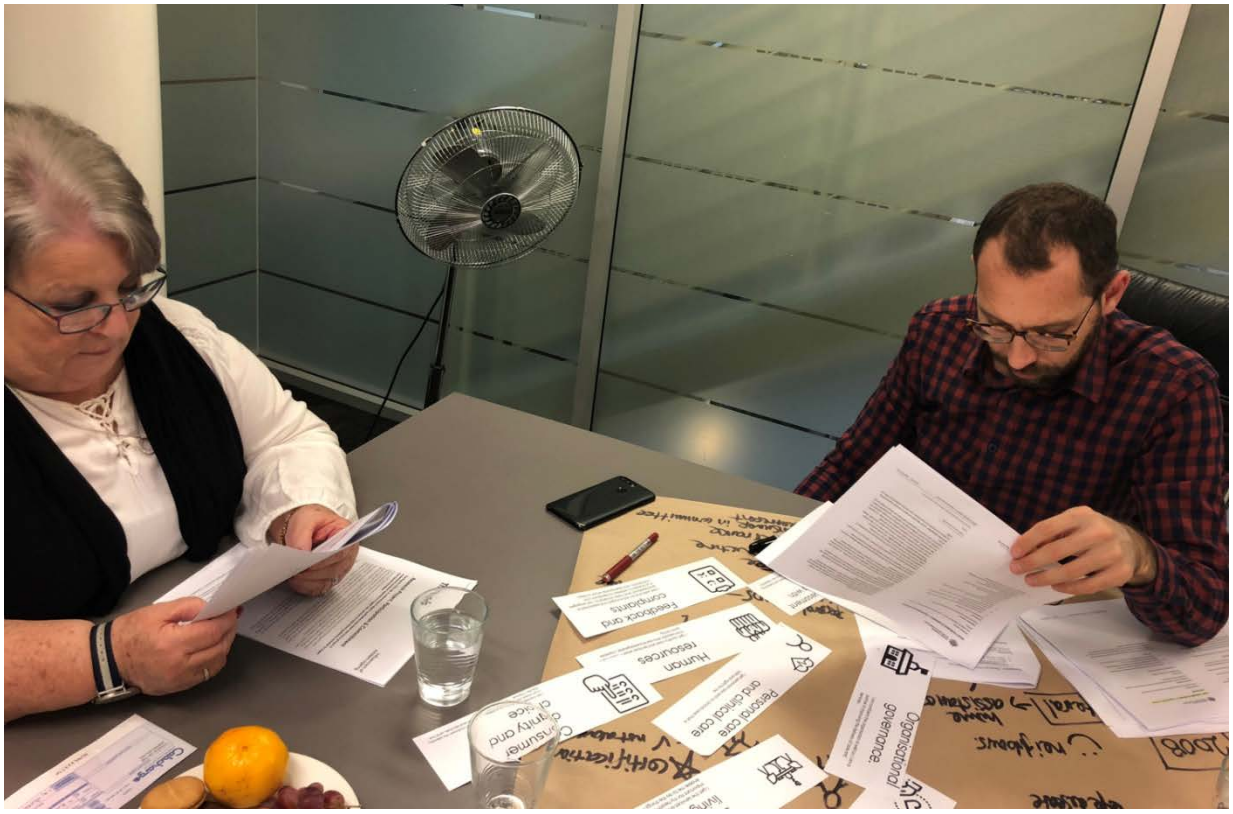
Rural and regional community members tended to be less concerned about what might happen within a service. When sharing experiences, they tended to focus on the adjustment an individual consumer needs to make within a service, and didn't express as many concerns about neglect or possible situations of abuse that may be associated with staffing ratios, or the recruitment of the right staff. There was a sense that rural and regional community members knew the service providers well, and the individuals working within the service(s).

Participants from metropolitan regions had very different experiences and expressed strong views based on those experiences within focus groups and interviews.

This observation doesn't change participant feedback, but it was interesting to note and make the comparison. Our interpretation is increased population within metropolitan areas and increased numbers of aged care service providers creates a sense of being lost within the aged care system.

**Recommendations**

Given the extensive material and detailed feedback per Standard, consumer recommendations for each Standard are highlighted throughout the body of the report. These recommendations are based on areas that participants highlighted as being important to them, and felt the guidance material needed further clarity.



Interview

# Who participated + engagement methods

“Thank you for listening and coming to my home!”

Rachel, residential aged care facility

# Who participated + engagement methods

The AACQA engaged The Plug-in to understand the consumer perspective of the draft guidance material for aged care service providers that will support the implementation of the new Quality Standards (single quality framework) from 1 July 2018 to 30 June 2019.

The consumer cohort identified for engagement by the AACQA were family members, carers and other supporters of aged care consumers, and consumers of CHSP, HCP and residential facilities (RACF), all representative of the diversity of older people.

The following provides an overview of our approach to recruit participants, demographic information of participants, and the methods of engagement used to collect insightful learnings from the consumer perspective, what information is helpful, and identify any gaps in information in the draft guidance material.

**Recruitment**

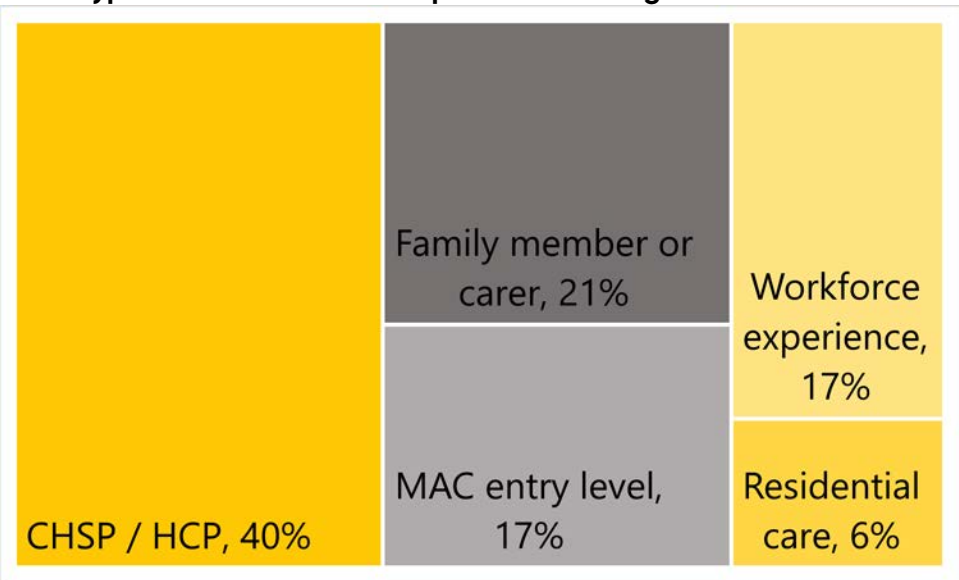
We ensured our advertising and recruitment material targeted the above identified cohorts, and promoted the opportunity to be involved directly to The Plug-in community and through our COTA SA networks. We also have strong relationships with other community organisations and aged care service providers who we directly contacted to ensure strong diversity within participants, and access to consumers residing within residential facilities.

We recruited the interest of approximately 50 people, 44 of which actively participated in the engagement processes run by The Plug-in.

**Participant information**

**44 participants** from diverse backgrounds shared their experiences with aged care services either as family members, carers and other supporters, or as direct consumers of CHSP, HCP and RACFs.

**Graph 1.**
**Type of consumers and experience with aged care services**

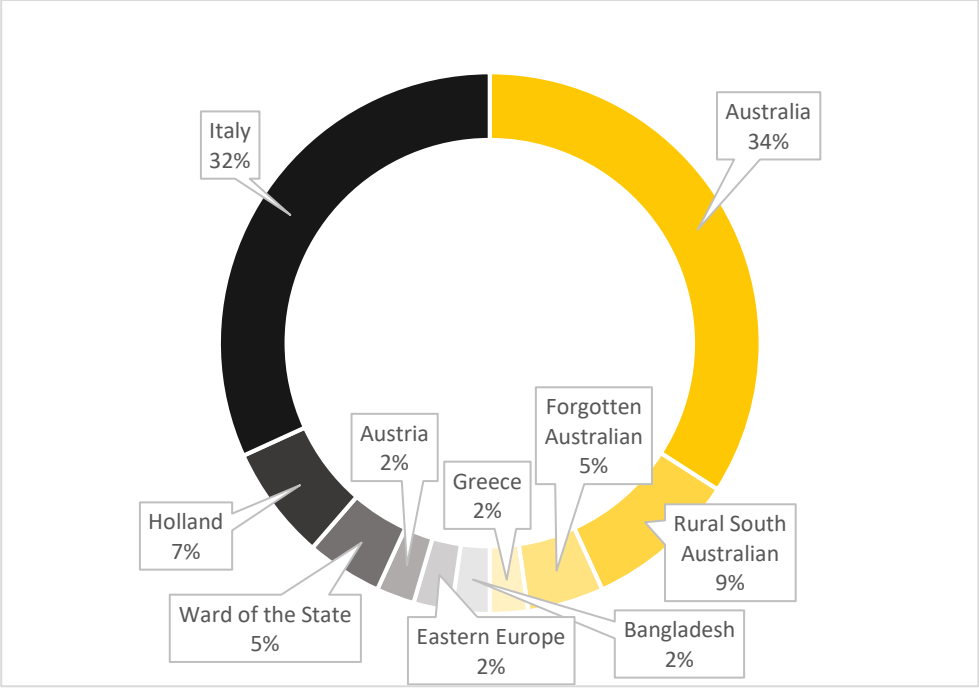



MAC = My Aged Care, CHSP = Commonwealth Home Support Programme, HCP = Home Care Packages.
**NOTE**: Some participants could fall into two categories simultaneously. For example, being a Family member and having workforce experience in the aged care sector.

**Diversity of participants**

We spoke to a range of people in metropolitan Adelaide suburbs and rural areas from diverse socio and cultural backgrounds.

**Graph 2.**
**Participant's socio-cultural background**




Workshop with CHSP and HCP consumers at a Residential Aged Care Facility

**'Forgotten Australians'**

During the delivery of one of our focus groups, a participant shared the importance of involving Forgotten Australians as one of the disadvantaged/excluded groups within Requirement 1.1. After this, we sought out the perspective of people who have had the experience of having lived in an institution during a period of their lives. We had the opportunity to interview four people with this lived experience; two (2) of them identified themselves as Forgotten Australians while the other two (2) preferred to be identified as former Wards of the State. One participant expressly provided the following definition to refer to individuals who had formerly been institutionalised:

*"... should be referred to as former Wards of the State, Stolen Generation, Migrant Children, and those who identify as Forgotten Australians."*

For the ease of reading in this report, we will refer to this cohort as "*Forgotten Australians*", but it is important to note this term does not sit comfortably with all individuals who have been institutionalised.

Focus Group 1 with CHSP consumers, family members and carers

**Engagement Methods + Tools**

Throughout our engagement with participants, a variety of tools were used to gain qualitative insights. We started each process by discovering what was important to each participant for each Standard at a high level. We provided visual tools and aides to give a quick overview of each Standard, associated outcome, and Requirements – this helped ensure the collection of qualitative information in focus groups and interviews covered the key areas of the guidance material.

Participants were also provided with copies of the guidance material to review in detail as they discussed their experiences and priorities, and to highlight areas that worked well, and what could be improved. It was through this process we started to hear positive reinforcement that the guidance material was focusing on the right areas. This helped shift participants from focusing on past experiences into considering what the future might look like. This also assisted us to narrow down the qualitative feedback into key areas that participants still felt were either missing from the guidance material, or needed to be strengthened.

To encourage participation, we adapted our engagement approach to suit different consumer groups and venues. We used five (5) different methods to engage with participants; focus groups, unstructured interviews, a workshop, direct written feedback and 'conversations' at an event.

The detailed, in-depth analysis primarily came from focus groups, interviews and written feedback. The other methods provided us with broader information about consumer priorities that helped confirm the deep insights gained through our more structured methods.

1. **Focus groups:** Most of the interactions (37%) occurred in focus groups delivered with a co-design approach. Over a period of 2-3 hours we designed a series of activities to hear the experiences, views, priorities and preferences of participants (see Appendix 1). This method provided detailed insights to the guidance material.

2. **Unstructured interviews:** 16% of participants were interviewed in one to one setting and generally lasted between 1-2 hours. We prepared an outline of structure to guide interviews, however most interviews flowed naturally (see Appendix 2). Interviews allowed us to meet with participants who may not have been able to attend a focus group and meet people in locations they were comfortable, for example coffee shops and residential aged care facilities.

Interview, Residential Aged Care Facility

3. **Workshop.** This was an on-site 1.5-hour workshop held within a residential aged care facility with 15 people from culturally and linguistically diverse backgrounds, who were CHSP or HCP consumers. Primarily these consumers accessed the program for social reasons.

   We broadly presented them with the eight (8) new Standards and outcomes and sought their experiences, capturing what was important for each Standard.

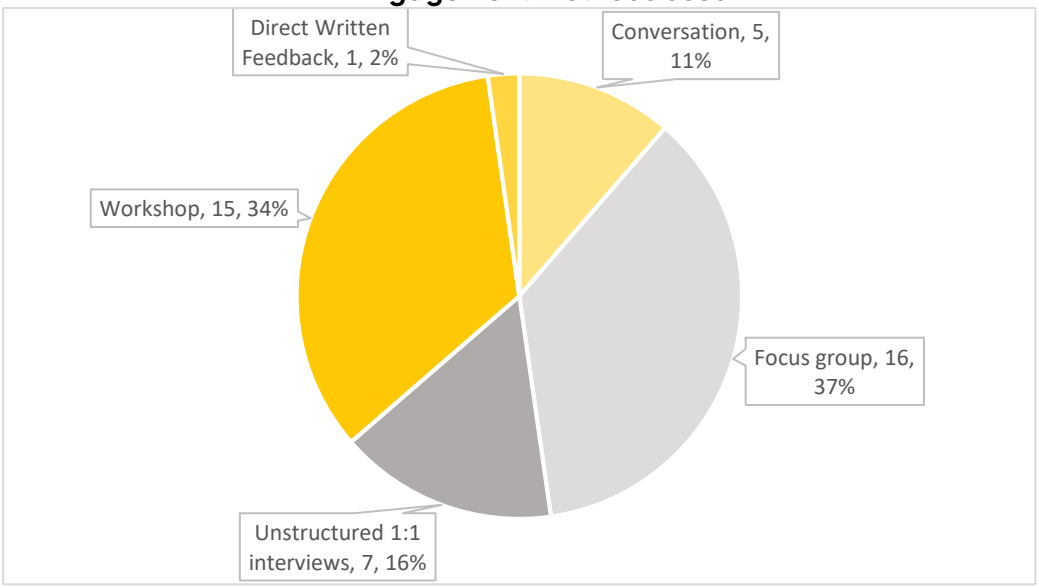
4. **Conversation.** We labelled this approach as 'conversation' to differentiate it from unstructured interviews because, while our interaction was based on similar questions, the context was very different. We joined an information event being run by another COTA SA government funded program which targeted people over 60 years old wanting to gain further information about the My Aged Care system and ACAT processes. We had unstructured conversations with participants who shared their own experiences in relation to the Standards which we captured and analysed post the event.

5. **Direct Written Feedback.** We received detailed written feedback from a community member and former health professional who was unable to participate in a focus group or interview.

   We also received some written feedback from a couple of participants following their attendance at a focus group after they had further considered the guidance material.

The following graph shows in detail the method of involvement for the participants who were part of our research.

**Graph 3.**
**Engagement methods used**



# Key Findings

“When I got here, I thought ‘why can’t I have a glass of wine with dinner?’. I asked them, and they listened. Now we can have wine with our dinner.”

Rachel, residential aged care facility

# Key Findings

### Subjective definitions

There were a couple of terms that were repeatedly mentioned throughout the document that participants felt could be interpreted very subjectively. 'Quality' is one of these words and it is used throughout the guidance material, but is not defined.

'Timely' is also used frequently throughout the draft Guidance Material raising concern amongst participants that it is a subjective term and could be interpreted very differently both by individuals working within an organisation, and between aged care service providers. A definition would be beneficial, however as 'timely' is referenced multiple times throughout the material for different Standards and Requirements, providing specific examples each time it is used within the guidance material may be more appropriate.

### Focus CHSP or HCP consumers

Participants overwhelmingly felt the material focussed on residential care consumers and services. It was unclear to participants in some of the guidance material, how the Standards may apply to CHSP or HCP consumers.

Standard 5 declared it did not include *'a person's privately owned/occupied home through which in home services are provided'*; both CHSP + HCP consumers felt this could also apply in other settings such as the home, with a focus on how the service provider ensures their service complements and fits in around a consumer and their environment.

### Consumer involvement in decision-making

Across Standards 7 and 8, there was a definitive push toward *ensuring* (rather than considering) consumer involvement in decision-making, whether that be in recruitment, leadership or representation within an organisation's board. This was explained as a way of keeping service providers accountable and focused on the people they are delivering services to.

### Oral + Foot Care

Oral and foot care was identified as an area that is currently lacking within the Requirements for the Standard and the guidance material, particularly for consumers of RACF's.

There is concern about the structure of the guidance material for Standard 3 being confusing, particularly for Requirements 3.1, 3.2 and 3.3. This is covered in more detail in the body of the report for Standard 3 but we thought worth mentioning it in our opening statements given the caveats with which this Standard was published.

### Unannounced visits

Whilst the guidance material pushes organisations toward creating a culture that supports feedback and complaints to assist continuous improvement within Standard 6, there is still much fear expressed about retribution, and worry for those individuals who may be unable to advocate for themselves.

Participants spoke about independent monitoring outside of accreditation processes, a holistic system for monitoring *all* complaints, and that all visits should be unannounced.

### Individuals formerly institutionalised (Forgotten Australians)

Following early identification by a participant in our second focus group, we sought out the perspective of people who have had the former experience of living in an institution during a period of their lives.

These individuals, as well as other participants, felt that 'Forgotten Australians' needed to be referenced throughout the guidance material, particularly as a specified cohort within Standard 1, Requirement 1.1. It was also strongly suggested that specific training and understanding of complexities surrounding the impact of past experiences on future care should be expressly mentioned within Standard 7, particularly within Supporting Strategies and Training sections of the document.

### Staffing Ratios + Agency Staff

Staffing ratios are still a topic that is discussed at length. Participants weren't convinced that Standard 7 would deal with shortages in staffing. There was also extensive discussion of the use of agency staff; participants had strong views on the impact to personalised care and the development of relationships between consumers and staff if a large number of agency staff are working within residential settings. Not only did this relate to Standard 7, but participants felt this would impact outcomes for Standards 1, 3, and 4.

### Cultural Appropriateness

Participants discussed at length their observation of barriers between different cultures, whether that be a consumer's cultural background, or an individual within the workforce. Generally, participants felt this wasn't addressed within Standard 7 and saw it as a key component to organisational and workforce capability. Participants felt that cultural diversity is needed, however that strategies need to be implemented to better assist both staff and consumers, particularly when integrating care with individuals from different cultural backgrounds that either party may never have had experience with before.


Focus Group 2 with CHSP consumers, family members and carers

# Structure of the Guidance Material

"Ah! The reflective questions are quite probing and give me confidence..."

Stewart, family member and former experience nursing within a residential aged care facility

## Structure of the Guidance Material

Most participants felt the structure of the draft guidance material provided a lot of information that really started to help paint a picture of what elements of aged care services would be looked at and assessed. Most felt the material would help aged care service providers, however some participants expressed concern that the material was too legalistic and lengthy to be of use for daily reference, particularly by the workforce.

A significant number of participants mentioned they really liked the 'Reflective Questions' within each requirement, and that these questions gave a clearer picture and more tangible examples of what would be monitored and assessed.

Particularly highlighted as very useful sections, were:

+ Supporting Strategies
+ Reflective Questions
+ Examples of Evidence
+ Policy and Practices (within Examples of Evidence section)

Participants were also very interested to review the Training sections of the material.

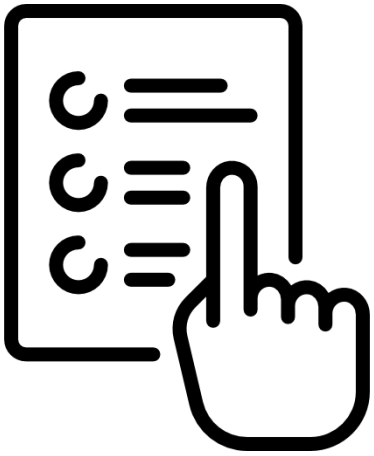
Aside from the length and use of some language within the guidance material, there was a concern around how each Requirement per Standard would be assessed, measured and monitored. Participants felt the material did not give clear indications of what the outputs were for each one of the 'outcome' for the Requirements. This potentially created some ambiguity for service providers in *how* they would be expected to meet the requirements. There was also some sentiment that the amount of information contained within the guidance material may lead to bureaucratic processes that could deter service providers from providing the care that consumers really need.

Length and structure of Standard 3 was the one that raised more attention. We understand the guidance material for this Standard was published for the public consultation with a caveat that further work would be undertaken. Participants did find that the structure of the material, particularly for Requirements 3.1, 3.2 and 3.3, was confusing.

Overall, participants did provide feedback that the intent of the material was headed in the right direction.

> *"They're on the right track. You've got to start somewhere… it's encouraging. Still, I wonder though, how are they going to make sure it's happening?"*
>
> **Julia, CHSP and family member of a residential aged care consumer**

# Participant feedback on the draft Guidance Material for the new Quality Standards



# Standard 1

# Consumer dignity and choice[1]

We understand that Standard 1 is a foundational standard. In focus groups and interviews, this was framed as the Standard that underpinned the other seven (7) Standards and of particular note through feedback in engagement, Standard 4 - Services and Supports for Daily Living, and Standard 7 - Human Resources. For example, participants felt that if the 'right people' are recruited and there is good training that complements this, then Consumer Dignity and Choice will naturally be supported within service delivery.

From a consumer perspective, we heard positive feedback that centred around two main areas, **relationships** and **communication**.

Participants appreciated the inclusion "supporting consumers to maintain their intimate and social relationships as they choose" as part of the purpose and scope of Standard 1. Supporting existing relationships allow individuals to be connected to their past and continue their social connections which provides confidence throughout every day decision making. Likewise, supporting new relationships helps individuals continue to develop social networks. In both situations the ability to continue existing or new intimate relationships was happily received by participants.

> *"If someone has managed to find a partner in their life after all the abuse, and suddenly is living in a setting that it can't be supported or is taken away, that would be terrible."*
>
> Jess, Forgotten Australian

During our discussions, we captured positive feedback about Requirement 1.4 towards including current, accurate and timely communication. Also, we observed that consumers strongly support communication done using a wide range of documents and methods that are both adaptable (e.g. websites, brochures and videos) and accessible to diverse consumers (e.g. interpreters and braille print).

In addition to relationships and communication, it was greatly appreciated that this standard considers not having a standardised set of rules for everybody recognising in Requirement 1.3 and understanding there are different risks associated with different situations for different consumers, but balancing risk with the right to make an informed choice.

Some of the gaps identified by consumers and participants fall into the following topics.

[1] Icon made by https://www.flaticon.com/authors/freepik from FlatIcon

**Ensuring safety**

Participants suggested that, in addition to the supporting strategies suggested for Requirement 1.5, there must be a specific one that ensures the privacy, confidentiality and safety of vulnerable individuals' information.

There was a repeated pattern in participants' comments and opinions that guidelines should explore alternatives to ensure dignity. A common example expressed by participants was using video surveillance as a safeguard against abuse.

> *"Film them when it comes to personal care! I know there is worry about people's privacy, but the threat of abuse is greater. And it's just for monitoring to make sure things don't happen!"*
>
> Julia, family member

**Family involvement**

While Requirements 1.2 and 1.3 mention consumers should be able to make decisions about their care with family, friends, carers or others there was a repeated concern about keeping them in the loop. This was a worry particularly for those consumers who are not necessarily in contact with close relatives or friends and for those whose ability to make their own decisions has been diminished.

We heard mainly two different suggestions from participants in this regard. The first one is to allocate a special advocate to those unable to contact friends and/or family. The second one targeted to those who do have family support, is to consider creating clear engagement to commit their participation in a relevant way during their relative's ageing process.

We note this is covered within the 'supporting strategies' in Requirement 1.2. One participant, however, made an interesting observation based on her time working within a remote residential aged care facility:

> *"There should be greater responsibility for families to be involved in care. Residential facilities become the place where families absolve their own responsibility. I think that resourcing pressure within homes would be alleviated if there was more involvement from family."*
>
> Janine, former nurse within a residential aged care facility

The observation is that consumers should be able to make decisions about their own care and involve family, friends, carers and other advocates, but that the ability to involve others is dependent on availability or willingness to be involved within care. This is not the experience for all consumers, but Janine certainly felt from her own observations there can be a lack of commitment from family which could be a limiting factor to outcomes for Requirement 1.2.

**"Forgotten Australians"**

This particular cohort had a strong position regarding Standard 1, particularly for Requirement 1.1. Participants noted with appreciation that some disadvantaged groups were mentioned in the 'purpose and scope of the standard' and in the intent of the requirement but there was a concern that assessment processes outlined in this requirement will not consider those members of the community who had been

institutionalised such as Stolen Generation, Migrant Children, Wards of the state and those who identified as Forgotten Australians.

They wished to make sure the guideline not only mentions and considers them as a disadvantaged group but also to emphasise in specific aspects of the assessment procedures. We have mentioned earlier that some people do not have access to family nor friends, and this group repeatedly mentioned this being one of its main issues.

**End of life**

Some of the participants involved in our engagement process were troubled not only with the right to *live* with dignity but also to *die* with dignity. This was reflected in suggestions such as giving people the choice to openly discuss how and where they wish to die. Dying needs are just as varied as psychological, medical, social or caring needs and each consumer should be able to openly express them with whomever they find relevant or necessary.

> *"Dying with dignity includes choosing to die with your normal smells and sounds, supported by your family."*
>
> James, Former Ward of the State

Although this is part of Standard 2 Requirement 2.3, it was strongly recommended that Standard 1, being a foundational standard, must also talk about end of life planning as part of choice and dignity procedures and guidelines.

**Drive best practice behaviour for Dignity and Choice**

People we interviewed expressed their concerns about making sure that best practices around dignity and choice are taken care of in the guidelines. The main aspects highlighted during our engagement process include:

+ *Finding the right balance between dignity and practicality.* Ensure that providers design services making sure that the aspects of solving common daily issues, such as incontinence, are correctly balanced between getting things done fitting in well with a person's needs, involving little trouble or effort and keeping an adequate sense of pride for consumers.

+ *Emphasise the importance of having a wide range of offerings and not a set 'menu of choices'.* Participants were interested in finding in the guidelines arguments that help service providers give consumers the chance to access a varied and dynamic set of activities and not a limited set of choices.

+ *Include the choice for having pets.* Companion animals have come to play an important part in the lives of many people. For some, pets improve their wellbeing and have become part of their everyday lives.

+ *Addressing consumers appropriately and accordingly to their age.* Participants felt the guidance material would benefit from being clearer about addressing people appropriately.

> *"I don't like being called 'darling', 'dear' or 'my dear.'"*
>
> Lydia, CHSP consumer

# Standard 2

# Ongoing assessment + planning with consumers

Standard 2 was generally well received by participants as it expresses good practices that they feel sometimes can be overlooked by service providers. Assessment and planning is an important matter that raised interesting questions that revolved mainly around the processes that will underpin this standard.

There was a common opinion about needing to repeat a life story or care needs over and over; a number of participants explained that so much paperwork is completed on admission to a residential aged care facility, then when a consumer enters care, they are asked to go through it all again. Participants greatly appreciated the 'supporting strategy' for Requirement 2.3 which is about minimising the number of times a person unnecessarily needs to repeat their story and felt this could occur as the workforce develops relationships with consumers, particularly in residential settings.

Also, it was very well received that this standard considers an *ongoing* approach to assessment and planning of care and services needed for consumers' health and wellbeing given that a plan that may be appropriate for 'now' will change in the future. Participants welcomed ongoing reviews as being critically important to ensuring care plans remain relevant.

Assessments happen on admission and often not afterwards as conditions change. It is important and relevant to revisit consumers' status (Requirement 2.7) because on top of physical circumstances changing, consumers also change the perception about themselves (some participants mentioned that initial plans usually have a bravado effect on consumers and family).

Some of the gaps identified by consumers and participants fall into the following topics:

**Assessment and planning processes**

While the ongoing assessment was highly encouraged and welcomed, there was a concern about *who will be the assessors?* Clare, for example, mentioned:

> *"I've seen Clinical Directors in the role of reviewing care plans and they have no idea because they spend no time on the floor with residents".*
>
> Clare, family member and former experience working within aged care

Personnel in charge of assessing consumers' care and services must have the proper training and skills including planning, organising, conducting and validate each case. Also,

[2] Icon made by https://www.flaticon.com/authors/freepik from FlatIcon

staff in charge of this process must establish direct contact with consumers to understand their needs, preferences and context.

While families, carers and others are mentioned in Standard 2, participants suggested to make emphasis on involving them in special cases when the consumer is not capable of providing any input (e.g. physical or mental constraints). In a similar way, Forgotten Australians recommended to clearly include in the guidelines involving specific advocates for those who do not necessarily have a close group of friends or a family.

Of note, Requirement 2.7 highlights 'regular reviews'. We heard decisively that the 'timing' of regular reviews could be subjective and the guidance material could be more specific about timeframes.

**End of life planning**

End of life was a very relevant topic for participants. It was firstly observed that 'advance care planning' is missing in Requirement 2.2 despite being noted as expressly mentioned in Requirement 2.3.

We heard participants repeatedly raising concerns about euthanasia being available which they recognised is a broader political issue, but it was mentioned as an area of concern as part of end of life planning and a hope that legislation around this matter would change in the near future.

End of life and advance care planning were a concern mainly for two reasons. The first one was making sure the guidelines reflected families, carers and others involvement must happen (currently vaguely mentioned in Requirement 2.3), either directly participating in the planning process or being able to access counselling and support.

The second one was about making sure that timing was the correct one to talk about end of life planning. For example, some consumers may not want to discuss end of life choices on admission.


Interview, Residential Aged Care Facility

# Standard 3

# Personal care + clinical care

[3]

Standard 3 was proved to be more difficult than other Standards for participants to digest due to its structure and length. Some participants found it hard to read and navigate because the constant reference to other Standards, the consolidation of Requirements 3.1, 3.2 and 3.3, and additional subsections with its own supporting strategies.

Nevertheless, participants expressed the guidance material for Standard 3 is critically important, relevant and necessary for consumers of aged care services and for providing clarity to family members and other consumer supporters. Participants were particularly happy to see that skin care, minimising risk of falls and harm from falls, and optimising nutrition and hydration were all explicitly covered within the Requirements and guidance material.

Participants expressed their concerns about the following:

**Workforce (Human Resources)**

While some of this concerns might also be mentioned in the feedback provided for Standard 7 – Human Resources, participants considered relevant to mention its importance for this standard as well.

+ *Adequate staff to consumer ratios.* One of the key elements to provide 'quality' personal and clinical care relies on the organisation's capacity to deliver these services and this is only possible when there is enough staff to attend the needs of consumers. It was highly recommended to strengthen this standard highlighting the importance of having an adequate staff to consumer ratio.

+ *Strategies for reducing workforce turnover.* When it comes to personal and clinical care consumers expressed how important it is to build a relationship based on trust and respect with individuals within the workforce. This is something hard to achieve with high turnover rates of staff. Participants considered necessary to ensure the guidance material outlines organisation strategies to properly engage with staff members to reduce turnover rates. This is related to the value of workforce and is mentioned within the findings for Standards 7 and 8.

+ *Cultural and gender sensitivity.* In order to facilitate more comfortable experiences for consumers receiving personal or clinical care, participants suggested that care needed to be culturally appropriate (e.g. language, ethnicity) and be sensitive to a

[3] Icon made by https://www.flaticon.com/authors/pixel-buddha from FlatIcon

consumer's gender whether it be for cultural reasons or personal preference. This observation is linked closely with Standard 1.

**Mitigating infection-related risks**

A key concern of participants was ensuring guidelines mitigate risks involved with spreading infections. While it is broadly mentioned in this standard (Requirement 3.8), vaccinations and hygiene measures, consumers strongly recommended highlighting the following:

+ *Mandatory influenza vaccinations.* Participants supported the provision of influenza vaccination programs to all staff working in aged care residencies or homes to be compulsory[4]. Also, it should be mentioned that family and visitors should be sent home if sick or have not had the flu shot to prevent and minimise the spread of infection.

+ *Ensure good hygiene practices.* Participants felt the guidance material should be more specific with hygiene measures. For instance, staff should wear rubber gloves as standard procedure and an adequate supply must be kept by the organisation.

**Inclusion of oral and foot health**

Participants mentioned two key areas that are not currently included in Standard 3. It was highly recommended to include oral and foot health within Requirements 3.1, 3.2 and 3.3.

+ *Foot health.* Foot pain and foot disorders were common concerns for participants. It was recognised that foot pain makes it harder to walk and carry out daily functions, and can interfere with activities such as getting out of a chair or climbing stairs. So, it is very much encouraged to include it as part of the guidance materials and provide adequate training for staff to assist foot care between podiatry visits.

+ *Oral health.* Similarly, adequate dental health care can improve daily life functions and activities such as eating or socialising. Workforce should be trained and given adequate time to provide basic oral hygiene care and know the risks and potential impact on pain by undiagnosed dental or oral disease.

**Weight and hydration**

While this Standard adequately addresses monitoring changes in eating patterns or weight loss (E. Optimising nutrition and hydration) it was strongly recommended that the supporting strategies also consider weight gain. We received direct written feedback for this section suggesting that weight gain can be an indicative of decompensated heart failure or acute or chronic kidney injury, hence it should be considered as part of the guidance materials.

Similarly, while Standard 3 recognises that addressing hydration needs is important, it is necessary having a supporting strategy which recommends that all consumers (particularly in residential care) have their daily maintenance fluid volume calculated on admission and then as necessary with changes in either weight or clinical condition.

[4] We recognise there is a mandatory influenza program for staff at place, so the guidance material should refer to them directly within the supporting strategies for Requirement 3.8 or as part of the "Key resources and relevant legislation" section for Standard 3.

**Polypharmacy**

Generally, adults over 65 years use four or more medications simultaneously. Therefore, Standard 3 should include that staff members who administer medication must possess knowledge of the actions of each drug, reasons administered for each resident and constantly monitor the efficacy or side effects impacting on consumers who need so.

**'Forgotten Australians'**

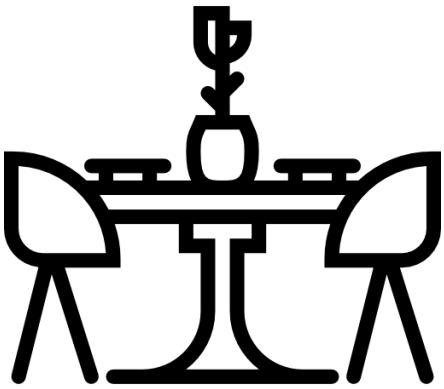
Participants from this cohort considered that service providers need to be aware of the particularities their past experiences have, how it impacts physical and emotional health, and this should be reflected in the guidance material. We heard the importance for service providers to know that personal care can be a big issue, especially for those who have been abused. Jess explains:

> *"Being touched is still very sensitive and people can react very badly."*
> Jess, Forgotten Australian

Another Forgotten Australian shared her experiences and the impact of abuse within an institution to her emotional and physical health:

> *"It is important to understand that a lot of Forgotten Australians suffer from post-traumatic stress disorder or complex post-traumatic stress disorder and might need things clarified more than others. We might seem difficult – it's important for workforce to understand why we may need extra time and support."*
> Pink, Forgotten Australian


Focus Group



# Standard 4

# Services and supports for daily living

Standard 4 was a challenging one in terms of finding a clear line between residential aged care and community or home care services. Participants identified that the guidance material seems heavily geared towards residential care.

Daily living activities represent a key element for participants as it constitutes one of the underpinning components of wellbeing. Mabel, a resident in an aged care facility mentioned *"There are sing-alongs here – you can see their faces light up for one hour. Even if they forget it afterwards, it is important for that moment in time."*

Rachel, a 92 years old resident enjoys having the freedom of choosing her own daily activities. Her main hobbies include writing a personal diary, reading, listening to music, having regular family and friends visits and daily video chats with her sister:

> *"…I have Wi-Fi here and I chat with my sister in Holland! I have my glass of white wine and talk to her. We can show each other things by moving around the room with the computer".*
>
> Rachel, Residential Aged Care Facility

These are two stories that reflect the weight people give to services and supports for daily living.

The main areas where participants believed the guidance material could be strengthen include:

**Social and personal interactions**

Being one of the fundamental elements of daily living, social interaction was one of the topics mentioned the most among participants. While Requirement 4.2 covers adequately participants' main concerns regarding social interaction, spontaneity, accurate individual assessment, volunteers and cleanliness are areas that could be strengthened.

- *Spontaneity.* Usually, institutions standardise a set of activities that leave no room for innovative and creative options. Making sure that guidance materials guarantee workforce and others experience reflects the skills necessary to create new and tailored group activities was an important element that participants raised. For example, activities being provided at different times of the day to support consumer choice in how the structure their daily activities, not being limited by a set schedule of activities.

[5] Icon made by https://www.flaticon.com/authors/smashicons from FlatIcon

- *Accurate assessment*. Staff members must have the skills to accurately assess and evaluate if consumers are physically and mentally capable to move or ambulate in the building to socialise with others. This is not currently reflected in Requirement 4.2.
- *Volunteers involvement*. Being aware that staff are sometimes not capable of having one on one interaction the whole time, participants suggested including in the guidelines to encourage volunteers to participate in social interactions.
- *Cleanliness.* An element that sits across CHSP, HCP and residential care recipients is cleanliness. Participants mentioned this is a key component for socialising and it should be emphasised in the guidelines.

> *"Really for me, the cleaning aspect is about feeling assured that you can invite someone without being embarrassed about your home."*
>
> Lydia, CHSP consumer

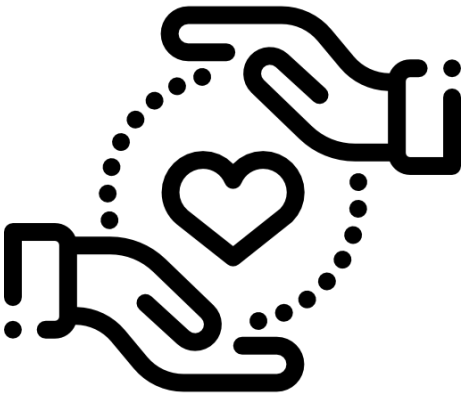
**Choking hazards**

Participants (residents) would appreciate if the guidance materials mentioned that organisations must be are aware of the most common choking hazards for the elderly (an aspect currently not mentioned in Requirement 4.5). Shaun told us:

> *"I've had problems in the past with bony fish and small bones in chicken so these should be monitored in food preparation and any seeded foods like grapes, mandarins, or passionfruit."*
>
> Shaun, entry level MAC and former volunteer within a residential facility

**Laundry**

We heard opposite opinions regarding laundry services - it either works well or it doesn't and participants shared stories of organising their own laundry. Participants expressed that feeling good about appearance helps with confidence to socialise – given its importance, this aspect of daily living services should be emphasised in the guidance material which is only mentioned in the purpose and scope of the Standard.



# Standard 5

# Organisation's Service Environment

[6]

Standard 5 was generally welcomed positively by residents of aged care facilities mainly. Being geared towards residential care, participants expressed their opinions based on their own personal experiences (if residents) or based on a family member or friend.

Prior to delving into the detail of the guidance material in focus groups and interviews, most participants expected this Standard would cover a clean and safe environment, and ease to move around in the environment.

Generally, participants were happy with the focus of the guidance material.

The main areas where participants believed the guidance material could be strengthen include:

**A respectful environment**

Some participants would like to see Standard 5 cross over more with Standard 1 to ensure the guidance material is clearer about the environment being respectful of individual consumer's specific cultural, linguistic, religious, spiritual, psychological and medical needs (Requirement 1.1).

In the 'supporting strategies' for Requirement 5.1, we heard that this was not strong enough and participants described opportunities for consumers to be alone or with others. In one focus group, a participant felt this wasn't strong enough described respect as allowing residents to have privacy and not be disturbed.

> *"I would like to see some regulation about being interrupted in rooms. Promoting the use of "do not disturb" signs on doors…"*
>
> Jim, family member of a residential aged care consumer

Alternatively, a resident within an aged care facility described her experience of a different approach to this 'supporting strategy' which was based more around the leadership and workforce of an organisation:

> *"It's my home and staff respect my space, ask to enter my home. They care and are welcoming."*
>
> Rachel, Residential Aged Care Facility

[6] Icon made by https://www.flaticon.com/authors/freepik from FlatIcon

**Ease of wayfinding within residential aged care facilities**

Whilst Requirement 5.3 covers freedom to move, the experience of some participants was different, or they felt the outcomes of this Requirement would be limited by the physical structure of existing buildings.

A number of participants expressed concern about a consumer's ability to easily find their way around 'their home'. This was often limited by long corridors; family members shared stories of their loved one not being able to find their own way to a common area, or back to their room.

This was of critical importance to individuals living with dementia. Participants wanted the guidance material to be more specific about how the service environment supported residents to easily find their way around their home, perhaps by using artwork or better designed homes that reduced multiple long corridors.

> *"Old homes are full of corridors. Residents can't find their way around, particularly in individuals with dementia. In new homes, this is much better."*
>
> Patricia, family member of an individual within aged care residential facility

**'Appropriate' levels of freedom**

Freedom of movement was incredibly important to consumers, family members and carers. We heard this freedom needing to be balanced according to a consumer's individual circumstances and capacity.

Whilst reviewing Requirement 5.3, Jenny explained her concerns around mental health and freedom may need to depend on an individual's mental capacity. She described her mother-in-law's circumstance:

> *"My mother-in-law used to get into bed with everyone! Not everyone would have liked that. She didn't mean any harm, but she needed someone with her all the time, not to be moving about freely."*
>
> Camille, family member of an individual within aged care residential facility

Freedom to move around needs to be complimented by appropriate resourcing to ensure no unnecessary distress is caused to other persons within a service. Participants felt this should be reflected within the guidance material.

**Standard 5 to include CHSP and HCP consumers**

Participants appreciated this Standard focused on residential aged care settings, however felt it should also cover CHSP and HCP consumers given that a person's experience within an 'environment' is very dependent on the interaction between consumers and workforce. Participants would have liked to see this Standard include a Requirement that focused on the integration of a service provider into the home of CHSP and HCP consumers. It was important to participants that the service was respectful, and also centred around the themes of Standard 1.

# Standard 6

# Feedback and Complaints[7]

This Standard and draft guidance material was very important to participants. Consumers, family members and carers still highlighted the fear of retribution associated with submitting complaints. This was of particular note for individuals who identify as a Forgotten Australian, were part of the Stolen Generation, Migrant Children or those who grew up as Wards of the State.

This Standard is a point of contention for consumers, family members and carers.

Rachel, a resident of a residential aged care facility, reflected positively on an instance of her service provider listening to her feedback.

> *"When I got here, I thought, 'why can't I have a glass of wine with my dinner?' I asked them that and they listened. Now we can have wine with our dinner."*
>
> Rachel, Residential Aged Care Facility

Participants welcomed Requirement 6.4 as a way of supporting open and transparent processes and reporting on outcomes of complaints and feedback. Part of this was also being able to easily access reporting.

> *"There has always been an open door to give feedback. It is always easy to express concerns to the Chief Executive + other staff members."*
>
> Rachel, Residential Aged Care Facility

> *"We weren't happy we weren't hearing back from our weekly meeting about the outcomes from issues raised at a previous meeting. Now we have regular reporting and updates each week about why something was or wasn't actioned. It's good!"*
>
> Jack, Residential Aged Care Facility

The main areas where participants believed the guidance material could be strengthen include:

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**Proactive investigation based on observation (fear of retribution)**

Participants raised concerns about consumer capacity to complain. This extended from instances where capacity may be limited by health and cognitive decline, right through to consumers who would choose not to complain based on their personality or previous life experiences.

From the perspective of an individual who had been institutionalised as a child, Jess described the importance of observation as a way of determining if something 'wasn't right'.

Jess spoke about her own experiences of systemic abuse. She explained whilst she could now openly discuss her past experiences and she felt empowered to ensure these types of events never happened again, that was not the same for others with similar upbringings. Jess' understanding of working alongside other individuals who had experienced abuse within an institution was that a complaint was often not recorded and was then followed by further punishment.

For this reason, she spoke of the need for workforce to be observant and read body language, not just waiting for complaints to come in because a complaint may never be made. Given different personalities and backgrounds, Standard 6 should be strengthened to complement others instigating a check or investigation without a formal lodged complaint.

It would be appreciated if there be some focus on proactive identification (from workforce and organisational perspective) that a framework for supporting improvements or investigation occur *without* the need for a formal complaint or feedback form to be completed and lodged.

Another participant, Camille, explained a similar scenario based on her experiences with her mother currently living within a residential aged care facility 'not speaking up' if she didn't like the way she was receiving services. Camille's mother had had not been institutionalised as a child, but described her father as being a hard and controlling husband to her mother and that her mother was used to putting up with her living situation and not providing feedback or complaints.

> *"My Mum will not complain! She just accepts her situation even if she's not happy with how things are being done. I think that is similar for a lot of women, maybe of my Mum's generation."*
>
> Camille, family member

Whilst supporting strategies for Requirement 6.2 address good practices, participants suggested it would be very beneficial for the guidance materials to mention proactive investigation as part of the supporting strategies.

**Workforce perspective + cultural barriers to complaint processes**

Within a focus group, one participant who had supported family members through residential aged care services and had worked within the industry for many years brought a different perspective that we didn't hear from any other participant.

Although Requirement 6.2 encourages regular feedback from consumers, carers, the workforce and others about services, Joe had observed some barriers to staff providing feedback and complaints.

> *"I think it is a cultural thing that certain cultural groups naturally won't want to complain. The Indian ladies working within the residential facility would never complain. I encouraged them to and always told them it was anonymous, but they would never do it. I tried to explain things wouldn't change without a complaint. It is not within their nature."*
>
> Joe, family member and former staff within a residential aged care facility

Whilst resolution to this is unclear, it is an interesting insight that should be noted, particularly for assessment and accreditation processes.

**Independent and unannounced assessment of aged care service providers**

Unannounced assessments were discussed by all focus groups at length. There is still great concern amongst consumers, family members and carers, particularly for those who may have some limited cognitive capacity, to be able to advocate for themselves.

In two (2) separate focus groups, participants raised The Community Visitor Scheme as a successful example where independent monitoring of services has been implemented in an effective way and provides an independent view of how a service is performing and whether it is meeting individual needs. The Community Visitor Scheme is an independent statutory scheme that monitors mental health facilities, emergency departments of hospitals, disability accommodation, supported residential facilities (SRFs) and day options programs.

Participants felt this type of monitoring would complement formal accreditation processes and be an independent pulse check of what was happening within aged care services.

**Monitoring and surveillance**

Video surveillance as a preventative tool to discourage staff from mistreating or abusing consumers was mentioned throughout the engagement in interviews and focus groups. Other participants felt this was intrusive to individual's privacy and that there needed to be a balance. There was no consensus as to what type of system would mostly prevent any instances of mistreatment of consumers that participants felt comfortable with.

Despite the differing opinions, participants agreed that the guidance material was headed in the right direction but needed to be stronger around timeframes, repercussions for workforce and organisations, and more specifically that a complaints management system should be established by the Australian Aged Care Quality Agency, not left to individual organisations to set (this is in reference to the 'supporting strategies' for Requirement 6.5 to establish a comprehensive organisation wide complaints management system).

**Timeliness**

We consistently heard across Standards how the use of the word 'timely' was an issue for participants. In the case of this Standard, Requirement 6.5 repeatedly mentions the word 'timely'. Being a very subjective word, participants recognised it could be = hard to standardise but having more clarity around timeframes was important. As it has no definition in the guidance material, participants suggest addressing and clarifying it with specific examples appropriate to each Requirement.

**Fudging the numbers**

Requirement 6.2 talks to a positive culture of using complaints as a way of informing continuous improvement in services and practices.

Reluctantly, a participant mentioned concern about practice he had observed for a short period of time in the organisation he worked in for 20 years following a change in leadership. Part of his role was logging, investigating, and responding complaints. He noted the organisational reporting wasn't aligning with his statistics.

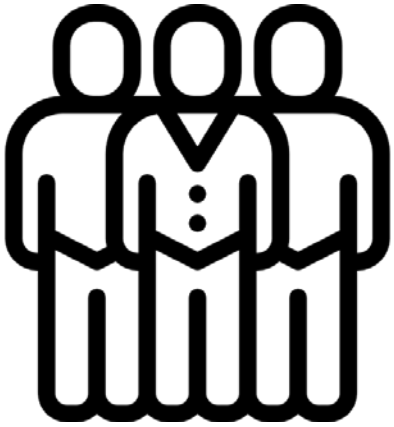
He explained he raised this with leadership and it eventually stopped, but he felt it was about appearances and trying to reduce the numbers of complaints being reported so it made the organisation look good to family members and potential consumers. At the same time, this participant spoke very proudly of his organisation and felt that the complaint's process was very important and led to good outcomes for consumers and family members.

His observation was that the organisational leadership saw complaints in a negative way for attracting potential consumers to the service.

> *"Good outcomes come from investigating complaints! I saw good results and thankful consumers and family members when situations had been investigated and outcomes explained."*
>
> Jim, family member of a residential aged care consumer

The observation is that whilst complaints and transparency in reporting should be encouraged, there is a tension between transparency and fear of creating bad perception of a service that still may lead to some organisations 'fudging the numbers'. Participants felt that greater involvement or oversight is needed by one governing body to monitor *all* complaints and in particular, pay attention to the types of repeated complaints to provide greater insight into where an organisation may be consistently deficient.

> *"This should be a straight forward and comfortable process for all included. Organisations should be professional enough to take on board feedback and improve where necessary and appropriate. Consumers shouldn't feel intimidated in any way or fear retribution for providing feedback. If concerns aren't addressed the consumer should be able to take their care package and belongings elsewhere."*
>
> Shaun, entry level MAC and former volunteer within a residential facility



# Standard 7

# Human Resources[8]

Focus on training, skillsets, the types of appropriate interactions with consumers, focus on culturally appropriate services and regular assessment monitoring and review of staff were all areas that participants were pleased to see reflected in the requirements of Standard 7.

In relation to Requirement 7.1, there was still much discussion about the ratios of staff to consumers and an expressed lack of trust that the new Standards and draft guidance material would change participants previous or current experiences of a lack of resourcing to provide adequate care to consumers.

The main areas where participants believed the guidance material could be strengthen include:

### The 'right' people

Participants spoke at length about experiences with staff and the qualities that were important. Overwhelmingly, participants expressed that empathy, compassion, and a sense of humanity were the most important qualities for the workforce to have. There was a general feeling that these types of qualities were inherent to an individual's personality – the skills required for caring for others with compassion and empathy is not a role that any person could walk off the street and do.

This was accompanied by a requirement for those workers to have enough time to spend with residents without being rushed – staff ratios is still discussed at length. Participants experiences differed depending on the service provider they'd had interactions with. Some were very confident about the service provider's capacity to deliver 'quality care' but others were very sceptical and disappointed that there is no mandate for the numbers of staff to residents.

> *"I'd rather be cared for by a person with no training who is empathetic and actually cares about me, than a trained carer or nurse who doesn't give a [blank] about me."*
>
> Stewart, family member and former experience nursing within a residential aged care facility

### Agency Staff

This is a controversial matter and that causes concern and participants felt should be covered within this Standard.

[8] Icon made by https://www.flaticon.com/authors/freepik from FlatIcon

Some participants expressed that no agency staff should be used. Others said there should be ratios of how many agency staff are being used within an organisation, and that organisations should build ways of dealing with staff shortages into their own resourcing pools by way of casual staff. This primarily spoke to concerns of ensuring continuity of care with familiar people.

There was also a feeling that rations of Agency Staff to directly employed workforce should be monitored – agency staff hoping from one place to the next, or lack of consistency around regular interactions with workforce and building relationships if too many agency staff are engaged.

**Systems to support accountability + consequences**

In separate focus groups, 2 participants who had worked within the industry expressed concern about the commitment of Agency Staff. Both participants shared examples of Agency Staff not having the right level of empathy or care for consumers, and that if they did something wrong, they would move on to the next home. This scenario was also discussed with staff in general just moving on somewhere else if they had been in trouble.

This ultimately led to participants expressing there needs to be repercussions for staff who do the 'wrong thing'. One participant wanted a paid annual licensing system so there was a tangible consequence and something to lose as a way of preventing certain workers from being able to continue to work within aged care services if a serious allegation had been founded.

**Training**

The aged care workforce makes an extremely valuable contribution to the daily lives of consumers. For such reason, participants felt that training is an area that should receive a special focus within the guidance material.

Also, participants observed a potential to strengthening the 'training' section for the Requirements within this Standard (particularly within Requirement 7.2) with the following:

+ The importance of emphasising and recognising vulnerable groups is one of the key aspects that participants observed for this Standard and Standard 1. For instance, there is a strong link between Requirements 7.2 and 1.1 in the sense that it should address at risk or disadvantaged groups such as Forgotten Australians and train workforce accordingly.
+ Opportunities for staff to increase skillsets, be supported to pursue professional development opportunities
+ Cultural and gender sensitivities
+ WHS + fire and evacuation training –Some participants expressed they had observed good organisational and staff responses in evacuations. Others, however, were very concerned about their experiences and had observed a lack of understanding by staff how to handle these situations, and a lack of follow up and accountability at an organisational level. Participants were searching for information within the guidance material for Standard 7 around WHS, fire and emergency evacuation training. Although it is mentioned within the material for Standard 5, participants felt the emphasis wasn't clear, should be strengthened and should be mentioned within Standard 7.

> *"There were power cords in a hallway that was flooding with water, and a staff member up on a ladder looking into the situation. That staff member was not a skilled plumber…"*
>
> Shaun, entry level MAC and former volunteer within a residential facility

**Recruitment + consumer involvement**

Recruiting individuals who can demonstrate empathy, compassion and a sense of humanity was a priority, and participants felt these qualities should be reflected within Quality Standards and guidance material.

It was understood that naming certain personal attributes or qualities within the guidance material may not be desirable, but participants did feel that consumer involvement would better assist recruitment of the 'right people' and was a recurring point of discussion in focus groups.

Some participants were happy the guidance material did mention within the 'supporting strategies for Requirement 7.2 for organisations to consider about how to involve consumers in recruitment processes. Others wanted it to be a stronger mandate, more so as a must rather than a 'consideration' to ensure the right people are working within the industry.

**Foot care + oral care**

Some participants expressed that foot care and oral care is an area of significant concern and an area that can be deficient in care, particularly within residential aged care settings. This is heavily linked and mentioned within the findings for Standard 3.

We heard this could be an area of opportunity for professional development and extra training. One participant particularly spoke of the need for tailored skillsets in these areas. In her mind, this met two needs:

1. Providing opportunity for workers to undertake additional study, upskill, and perhaps be remunerated at a different level; and
2. Better outcomes for consumers whose health and quality of life would benefit from extra support and care in between professional visits (podiatrists and dental support).

**Knowledge of the Quality Standards and integration into services**

At the ground level of service delivery to consumers, some participants were very concerned that there seemed to be a lot of onus on workforce to understand the 'ins and outs' of the guidance material to be able to meet the requirements. Also, that having a focus on knowing the detail within the 166 pages could detract the workforce from delivering care services.

In Focus Group 1, Stewart described his personal observation based on experience working within the industry:

> *"Accreditation is so poorly understood by direct staff and it's not until accreditation happens that any thought is given to it, and then everyone is scrambling."*
>
> Stewart, family member and former experience nursing within a residential aged care facility

**Cultural appropriateness – workforce + consumers**

Participants discussed at length their observation of barriers between different cultures, whether that be a consumer's cultural background, or an individual within the workforce.

Some participants felt that some individuals entering the aged care workforce were doing it for the 'wrong' reasons, or being employed for the wrong reasons. We heard varying opinions on this subject. Some shared their view that individuals were looking to improve their English, or using it as a stepping stone to other work. Other's thought people were being employed for their ethnicity or language skills rather than their attitude, personal attributes and care qualities that are appropriate for aged care services.

We heard it was important for organisations to consider how services are delivered in a way that integrates individuals from different cultural backgrounds that a consumer may not have previously come into connection with in their lifetime. One participant explained her perception from working within the industry:

> *"When it comes to cultural matters, political correctness is not important. The differences in culture between residents and those caring for them needs to be managed. There have been instances of consumer's screaming when a worker with [physical attribute] has come to shower them. I observed this with one woman in particular when it came to showering – eventually she didn't want anyone else to look after her because he was so gentle! But initially, there needed to be better assistance. If a female carer had been with him initially that may have changed the initial reaction to put the resident at ease."*
>
> Maria, family member and former staff member within a residential aged care facility

Participants thought the guidance material did not address culturally appropriate services and care strongly enough. More clarification would better support consumers, and importantly would better support the workforce.

Interview

# Standard 8

# Organisational Governance[9]

Generally, participants expressed views that centred around the importance of transparency around fees, where money is spent, and consumer involvement at Board levels or within organisational governance structures to ensure the organisation has a consumer lens and focus and it isn't lost to shareholders.

Participants also expressed some concern that the amount of regulatory burden associated with aged care service providers needing to implement the new Quality Standards would detract from delivering care to consumers accessing services.

The main areas where participants believed the guidance material could be strengthen include:

**Valued workforce + consumer-focused**

Value of workforce was discussed quite heavily in a number of focus groups.

There was a sense that workforce is not valued for the incredibly important role they have in supporting their personal care, having time to build relationships, supporting social interactions within and outside the workforce, and also their daily activities.

A feeling that organisations are top heavy and that frontline staff/workforce are respected and valued for the work to ensure the right people are attracted more broadly to work within aged care industry - also should be reflected in remuneration. Other participants expressed their personal views that organisations were greedy, top heavy, or more focused on their shareholders than the care of individuals within their services.

It is recognised that Standard 7 discusses strategies to be implemented around staff and volunteer retention, however participants feel there should be more emphasis at an organisational level and it is appropriate to be included in Standard 8.

Participants discussed the critical role of leadership and how this sets the tone and expectations of the rest of the workforce.

> *"Profit margins and greed of organisations lead to neglect. Profit motive minimises care. [The organisation] has to be care focused on the people who are accessing services, not business focused."*
>
> Janine, former Ward of the State and former nurse within a rural residential aged care facility

[9] Icon made by https://www.flaticon.com/authors/freepik from FlatIcon

Participants expressed a desire for consumer representation in Boards, leadership structures and/or recruitment processes to be key in ensuring strong commitment and accountability to focusing on outcomes for consumers accessing aged care services.

**Transparency of organisational finances + communications**

Overwhelmingly, participants expressed concern around transparency of fees and the finances of aged care service providers.

Some participants discussed wanting to be assured that money was being spent in the right areas. This linked closely to transparency and clear and accessible reporting on fees.

One participant felt that 80% of the money that comes from a consumer accessing services should be directly linked to the care of individuals and 20% should go to the organisation and how it is run.

> *"I would like to know more about decision-making when it comes to big purchases or decisions [by the service provider]. If major money has to be spent, I want to know. Some things have to happen, like new mattresses, but other things if they are too expensive and not necessary, maybe we should have a say in that."*
>
> Jack, resident within an aged care facility

Another participant described her experiences as a CHSP consumer:

> *"The organisation is very poorly run – there is a lack of communication within the organisation. Service is sent when it has been cancelled in advance, and I have to keep emailing them to stop charging me."*
>
> Aadya, CHSP consumer

Participants felt anything around reporting on finances and good communication was completely missing from Standard 8 and should be covered by a Requirement, in particular within the 'policies and practices' and 'monitoring, reporting and performance improvement' sections of the guidance material.

**Regulatory burden**

When facilitating any kind of engagement process that focuses on aged care services, participants become very passionate about sharing their experiences. At the same time, participants for the most part are also objective when considering how it is a service provider might meet the Quality Standards and Requirements.

There was a general feeling that the single framework and guidance material were all headed in the right direction but that the material could be simplified, or should generally provide clear measures and outputs for the outcomes of each Standard and associated Requirements.

> *"If I am being very objective and kind to service providers, there is a regulatory burden here that may come at a cost to the level of care that residents may receive. The language is very legalistic as per Commonwealth practices."*
>
> Samantha, MAC entry level and family member of aged care consumer

# In Summary

"The biggest issue I have seen from my experiences is what is in policy and procedure does not necessarily happen on the floor."

Kent, formerly in leadership in a residential aged care facility

## In Summary

Through the engagement with consumers, family members or carers, participants were generally satisfied with the direction of the Standards and the content of the guidance material. We heard numerous times that participants felt like it was headed in the 'right direction'.

We also heard regularly throughout engagement that the guidance material was detailed, complex and not easily digestible for the average consumer. Participants thought, however, it was important for consumers to be aware of the material and to be able to easily access it so they clearly understood the Standards, requirements and had a clear picture of how aged care services should be delivered.

When the complexity of the guidance material was mentioned in focus groups and interviews, we clarified that the AACQA would be creating draft material specifically for consumers – participants were happy to hear this.

Whilst there was a general feeling of relief as participants delved into the detail of the guidance material, there was still a sense of trepidation and lingering question of how the Standards and associated Requirements would be implemented, measured, and monitored.

Consumers will watch with great interest how the new Standards will unfold over the coming 12 months through implementation. There was an evident interest of consumers in being involved in the development of material to be able to express, comment, or raise concerns on the quality of their care.


Interview, Residential Aged Care Facility

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