

Stronger Standards Better Aged Care webinar Q&As

This document responds to participant questions at the webinar held on 20 June 2023. The information provided is current as at 10 August 2023.

Question	Response
Proposed new regulatory model	
Will providers be able to register under multiple Categories?	<p>The registration Category model is outlined in the Consultation paper published by Department of Health and Aged Care.</p> <p>The proposed model will organise aged care services into registration categories, based on similar risk and service characteristics. Providers will be able to register into one or more provider registration category depending on the type of Commonwealth subsidised services they intend to provide. They may deliver all or some of the service types within the category(ies) they register into and they will be assessed accordingly.</p>
The Paper is unclear as to whether (and if so, which) allied health professionals would be required to register under the proposed new model. I understand employees and subcontractors will not be, but what about other allied health professionals providing aged care services in either RACFs or home care?	<p>All allied health professionals delivering Commonwealth subsidised aged care will need to register into registration categories, unless they are subcontracted by another registered provider. In that situation, the registered service provider will be responsible for ensuring the subcontractors comply with relevant obligations that ensure the quality and safety of all services.</p>
When can we expect some clarity around requirements for organisations providing social support?	<p>It is proposed that social support services be classified as category 3. Providers in categories 1- 3 will be required demonstrate the required suitability and capability to deliver aged care services at their time of registration and re-registration but will not be subject to the quality Standards.</p> <p>The Department has recently closed an 8-week consultation period on the new model for regulating aged care and are evaluating the feedback received as it continues to refine the regulatory model. The exposure draft of the new Aged Care Act is expected to be released</p>

	<p>in late 2023 and will include more details on how social support services will be regulated.</p> <p>The new Support at Home program has been postponed until 1 July 2025 to further refine the program design. As a result, the details of service types and their requirements are yet to be finalised. If you have further questions related to the Support at Home program, you can contact sah.implementation@health.gov.au.</p>
<p>We deliver Category 2 services and will be required to register and meet standards and potential audit requirements, where we have not been required to in the past. What consideration is there with respect to funding to be able to undertake these additional obligations. I note the rates for assistive technologies (GEAT and home modifications) and therapy services are very low and not competitive in the marketplace at present (with NDIS & other private AT work). These new obligations are putting additional pressure on our ability to remain viable, when undertaking MAC work.</p>	<p>Under the new model for regulating aged care, categories 1-3 will not be subject to the Quality Standards. Providers in these categories will be subject to other regulatory requirements such as the Aged Care Code of Conduct.</p> <p>There is no specific funding directed to assisting providers to meeting their regulatory obligations.</p>
Development of the strengthened Standards	
<p>How will the Commission monitor performance under the new standards?</p>	<p>The Commission will continue to monitor provider performance through a range of regulatory functions, including the audit program, complaints and the serious incident notification scheme.</p>
<p>Has oral health care been strengthened in the revised Aged Care Quality Standards? If so, how?</p>	<p>Yes, oral health was highlighted as an area for strengthening in the Aged Care Quality Standards by the Royal Commission into Aged Care Quality and Safety. This topic was included in the development of the clinical care components by the Australian Commission on Safety and Quality in Health Care. The draft strengthened Quality Standards have improved the focus on oral health through an explicit reference in <i>Standard 5: Clinical Care</i>.</p>

	<p><i>Outcome 5.4: Comprehensive Care</i> includes an action that requires providers to implement processes to monitor clinical conditions and routinely review and evaluate the effectiveness of the older person's care and services plan, updating the plan when there is a change in diagnosis or deterioration in behaviour, cognition, mental, physical or oral health.</p> <p><i>Outcome 5.5: Clinical Safety</i> states that older people receive comprehensive care that identifies, monitors and addresses specific clinical care needs, aligned with their goals of care and minimises their risk of harm. Older people have access to relevant health professionals to address clinical safety. This includes dentists and other oral health practitioners, where appropriate.</p> <p>Oral health has a dedicated action under <i>Outcome 5.5</i> which states:</p> <ul style="list-style-type: none"> • The provider implements processes to maintain oral health and prevent decline by: <ul style="list-style-type: none"> a) facilitating access at the commencement of care to oral health assessments and regular review by a dentist or other oral health practitioner b) monitoring and responding to deterioration in oral health and providing timely referral to specialist oral and medical care when required c) assisting with daily oral hygiene needs d) providing access to and use of required products, aids and equipment.
<p>Social support may also include Personal Care, but you have these spread over 2 Categories. Would it be better to place personal care into Category 3?</p>	<p>The proposed categories were designed to group services with similar characteristics and associated risks, and to attach risk-proportionate obligations to providers registering into those categories.</p> <p>The consultation paper allocated personal care to category 4 for clinical and specialised supports, because of the level of risk identified</p>

	<p>with delivering this type of care. Through the consultation process the Department has heard feedback for these services to be in category 3 and also to remain in category 4. This feedback will be further considered as the regulatory model continues to be refined.</p>
<p>Is someone able to explain the rationale behind the decision that providers with services in Categories 1-3 are excluded from compliance audits (against the new Standards).</p>	<p>All providers delivering services and care in categories 1 to 3 must be registered.</p> <p>As part of this registration process, providers must commit to the Aged Care Code of Conduct and category specific obligations. These obligations are focused on regulating the risks associated with delivering these services and have been designed to ensure the safety and quality of service types. This approach moves away from a one-size-fits all approach and will enable providers and the regulator to target their efforts at ensuring high quality care.</p> <p>The regulatory model also includes monitoring and oversight mechanisms designed to pick up providers not doing the right thing. This includes enhanced complaints process.</p> <p>This is risk proportionate regulation. We want older people to have more providers as options to deliver the care they need, and we also want the sector to be efficient and focused on delivering high quality care.</p>
<p>Are the new standards in regard to the quality of allied health service provision consistent with the needs-based definition of allied health in e.g., Royal Commission Recommendations 36 and 38?</p>	<p>The strengthened Aged Care Quality Standards create clear expectations around the role of multidisciplinary teams including Allied Health Professionals in the provision of coordinated and comprehensive clinical and personal care. Explicit assessment and planning requirements highlight the need for aged care services to make referrals and provide access to Allied Health Professionals as part of this process. The distinct role of allied health professionals in supporting reablement and maintenance of functional capacities is also highlighted in the proposed clinical care standard.</p>

	<p>The strengthened Quality Standards require the provider to implement a workforce strategy to identify, record and monitor the number and mix of workers required and engaged to manage and deliver quality care and services for older people. This includes consideration of allied health professionals to ensure the needs of older people are met. The strengthened Quality Standards also require the care and service needs of older people to be met by workers who are skilled and competent in their role, hold relevant qualifications and who have relevant expertise and experience to provide quality care and services.</p> <p>The strengthened Quality Standards relating to allied health are intended to apply to both residential and home care providers under the new regulatory model. However, the new regulatory model and the In-Home Aged Care Program are still under development. The relevant areas of the Department of Health and Aged Care are working collaboratively as these projects progress to ensure the work is complementary.</p>
Relationship of the Standards to NDIS and other assessment framework	
Are the standards and associated accreditation more in line with the quality standards used in mental health, community and hospitals or the very tick box compliance driven NDIS quality and safeguarding standards?	<p>The structure of the strengthened Quality Standards is based on the NDIS Practice Standards, while ensuring they are relevant to the aged care context. The updated architecture allows for proportionate, risk-based regulation based on a provider's registration category.</p> <p>The strengthened Quality Standards have been developed in collaboration with the Australian Commission on Safety and Quality in Health Care and have been drafted with the new Aged Care Act in mind. The new Act will support the realisation of once in a generation aged care transformation, and will be:</p> <ul style="list-style-type: none"> • Person-centred, ensuring that the quality and safety of care to older people is at the heart of the regulatory framework. • Rights-based, ensuring protections are in place and older people are upheld and respected.

	<ul style="list-style-type: none"> • Risk-based, enabling regulation to be applied differentially based on the risk associated with the care. • Focused on continuous improvement, ensuring an ongoing commitment to enhancing the capability and quality of the aged care sector.
Does the new standards take consideration of the NDIS practice standards and makes it easy for providers to understand the requirements and to abide to regulatory compliance?	<p>The structure of the strengthened Quality Standards is based on the NDIS Practice Standards, while ensuring they are relevant to the aged care context.</p> <p>The intent of the strengthened Quality Standards is to drive better care and service delivery for older people. One of the key goals for strengthening the Quality Standards is to more clearly communicate expectations and actions providers can take to achieve this desired outcome. The focus is on providing good care, rather than on regulatory compliance. If you are providing care in accordance with the strengthened Quality Standards, then you will comply with expectations from the Commission.</p> <p>The pilot of the strengthened Quality Standards is testing how the strengthened Standards will be applied in practice. The pilot will identify what support providers need to understand and meet the strengthened Standards and inform the development of guidance and resources to support these needs.</p>
Strengthened Standards Pilot Project	
<p>Are we able to know who the 40 pilot organisations are please?</p> <p>Will you pilot in remote and very remote indigenous community?</p> <p>Do you have Transition Care Program involved currently with the pilots?</p> <p>Does the pilot include home and community service providers?</p> <p>Are the pilot programs including a homecare organisation specialising in multicultural</p>	<p>The selected pilot providers and services have been chosen to ensure a representative sample, taking into account service types, location size and the diversity of people receiving aged care services. This includes providers:</p> <ul style="list-style-type: none"> • in metropolitan, regional, remote and very remote locations • delivering residential, home and community care • delivering services under the CHSP, TCP & NATSIFAC programs • delivering complex clinical care

diversity with the special needs of language and culture?	<ul style="list-style-type: none"> those operating as stand-alone services and delivering services in multiple locations. <p>Details of participation will be provided as part of the pilot findings report to be issued upon completion of the project. This report will detail the number, type, location, service provision and relevant diversity information of providers but will not include the names of the service.</p>
Are there in home care providers participating in the pilot?	A number of home care providers are included in the pilot. Providers in proposed registration categories 4, 5 and 6, that will be subject to the Standards under the new Aged Care Regulatory Framework, are represented in the pilot.
Were the residents/consumers included in the request for participation in the pilot? How did you decide on the providers?	<p>There are multiple opportunities for residents and older people to participate and be involved in the aged care reform process. The Commission has information on Consumer Advisory Bodies, as well as the Consumers and Families panel. Providers participating in the pilot have distributed communications to the people they care for notifying them of their involvement in the process and timeframes, inviting them to participate if they choose.</p> <p>Earlier this year, the Commission invited providers to volunteer to participate in the pilot. From this pool of volunteers, providers and services were selected to ensure the sample represented the diversity of the sector.</p>
Timing and preparation	
Has a date been scheduled for the new Standards to be launched? Is there a transition period?	<p>Once the new Aged Care Act becomes law on 1 July 2024, providers will be regulated in accordance with the Standards.</p> <p>We know that there is a lot of work to do to ensure our staff, aged care providers and older Australians are prepared and ready for the strengthened Standards. The Commission is currently identifying and developing the supports and resources required as we transition to the final standards by 1 July 2024. Further information is available on our Stronger Standards Better Aged Care Program webpage.</p>

<p>When will the new quality standards be introduced?</p> <p>When is the Commission planning to announce the date from when the stronger Standards will replace current Standards?</p> <p>When will the new standards 'go live' so that we have time to prepare and embed the changes in our organisation?</p> <p>How long after 1 July 2024 will providers be assessed and will there be any grace period/leniency or is the expectation we have them fully embedded into our current process?</p> <p>When does the transition period begin?</p>	<p>While the strengthened Standards are not yet in operation, the Department of Health and Aged Care has released a draft of the Standards.</p> <p>The Commission will commence assessing providers against the strengthened Standards from the implementation date expected to be 1 July 2024 (subject to Parliamentary passage).</p> <p>To support the sector readiness for the strengthened Standards, the Commission has commenced the Stronger Standards, Better Aged Care Program.</p>
<p>We want to be clear about our obligations, and then changing our practice so we can be compliant. That requires modifying processes around intake, incident systems, client records and assessment tools, staff training packages. That is a large body of work that takes both time and money. I note that in the program timeframes there seems to be limited time from the release of the guidance materials that we will need to be compliant to the actual go live. The tools to support the change need to be delivered in a timely manner. Sufficient time to transition and make the changes is necessary if this is to be successful. That means we need the materials sooner rather than later.</p>	<p>To support sector readiness for the strengthened Standards expected to be introduced from 1 July 2024 (subject to Parliamentary passage), the Commission is implementing the Stronger Standards, Better Aged Care Program.</p> <p>This program includes developing processes and systems to enhance sector capability and stakeholder engagement through the pilot audit program. This will help us identify the supports and resources needed by aged care providers and older Australians accessing care as we transition to the final standards by 1 July 2024. We will continue to consult with older people, providers and key stakeholders to make sure our resources and tools meet the needs of the diverse needs of the sector. We will also be releasing detailed information as early as we can. Providers are encouraged to regularly review our website for updates.</p>
<p>Details of new assessment/audit method and requirements</p>	
<p>I would like to hear more about the rights based, trauma aware approach. The Board requires</p>	<p>To support the sector readiness for the strengthened Standards, the Commission is</p>

<p>education about this message and meaning.</p>	<p>implementing the Stronger Standards, Better Aged Care Program.</p> <p>Through this program we are identifying the supports and resources needed by our staff, aged care providers and people accessing care as we transition to the final standards by 1 July 2024. We will continue to consult with providers and key stakeholders to make sure our resources and tools meet the needs of the diverse needs of the sector, including how to ensure rights-based and trauma aware care.</p>
<p>In some instances, some consumers refuse a follow up review consultation so they do not pay for the nurse visiting hour. Can you please define what the Commission's stance? Consumers are falling and family are not notifying, it is not until the carer visits that we as a care provider are being notified.</p>	<p>The draft strengthened Standards include requirements encouraging providers to engage in meaningful and active partnership with older people.</p> <p>Both the current and draft strengthened Standards include requirements in relation to assessment and planning processes which identify and document the older person's needs, goals and preferences for care and services, and support them to exercise dignity of risk by enabling them to make informed decisions about their care. The Commission encourages providers and older people to work together through ongoing communication and consultation to ensure safe care outcomes for older people.</p>
<p>How are the standards being reviewed to ensure that subsequent compliance by aged care providers does not add to the unnecessary administrative burden posed by the Commission's compliance requirements?</p>	<p>The Commission is conducting a pilot project to test how the draft strengthened Standards will apply in practice. The pilot will inform feedback to the Department about application of the strengthened Standards.</p> <p>The Commission is also developing a revised audit methodology, processes and systems to improve the transparency, efficiency and effectiveness of the audit process.</p>
<p>What outcome measures will be uniformly anticipated to be collected as part of each standard and will these be available for the general public to access?</p>	<p>The outcomes of the pilot audit project will inform the final methodology that will be used by the Commission to audit against the Standards, as well as supporting education and resource development.</p> <p>Our Strengthened Quality Standards Framework Analysis (current as at 20 June 2023) shows how a comparison between the</p>

	<p>current Quality Standards and the draft strengthened Standards</p> <p>We are looking forward to sharing further findings from the pilot later this year.</p>
How will the auditing related to activities be strengthened to ensure older people have access to high quality, personalised leisure-based programs that contribute to their quality of life?	<p>The draft strengthened Standards continue to focus on quality and safe care outcomes for older people receiving care. Explicit requirements for people to be treated with kindness, dignity and respect remain unchanged, along with requirements for providers to support quality of life. The increased detail in the strengthened Standards provides greater clarity for providers on the expectations to deliver quality aged care.</p> <p>The strengthened Standards pilot project will inform a new audit methodology and how to best support older Australians to understand the strengthened Standards and what they mean for the delivery of safe and quality aged care.</p>
Will Categories 1 to 3 no longer be required to meet any of the Aged Care Quality Standards under the new regulatory requirements?	<p>Information on how providers in categories 1 to 3 will be regulated is available in the Consultation paper published by Department of Health and Aged Care setting out the proposed regulatory framework.</p> <p>Under the proposed model, the Commission would no longer undertake audits against the strengthened Quality Standards for providers registered under categories 1 to 3. All providers will be responsible for meeting obligations attached to their conditions of registration, and once registered, providers across all registration categories will be monitored by the Commission.</p>
Can you please confirm if Standard 6.3.1 menus (including for texture modified diets) are reviewed at least annually through a menu and mealtime assessment by an Accredited Practising Dietitian and will remain in the strengthened standards?	<p>The Commission is consulting with providers and key stakeholders to understand the tools and resources required by people receiving care and providers to understand the requirements of the strengthened Standards and how these work in practice. These will be published on the Commission's website as they become available.</p>

<p>How will the auditors assess evidence-based practice as it there are wide range of areas to assess, will the auditors have the expertise to audit this?</p>	<p>The Commission is committed to making sure providers understand what to expect from the Commission in its role as the national regulator.</p> <p>A key part of this is ensuring access to the right tools to help providers understand their obligations and how to best evidence performance against the strengthened Standards. This includes identifying and communicating key evidence-based contemporary resources to support aged care providers in implementing the strengthened Quality Standards, as well as the Commission's audit methodology.</p> <p>The Commission is strengthening the capability of its workforce and developing supports to ensure its staff are prepared to audit against the strengthened Standards.</p>
<p>Under the new aged care in home assistance starting 1 July 2025, will the Commission have the power to enforce its decisions for an outcome to complaints? Or will it still have no such power, so the provider does what he/she likes?</p>	<p>As outlined in the Department's Consultation paper 2 it is proposed that under the new Act, older people will have pathways to ensure their rights are upheld. For example, where a complaint is made, both early intervention and restorative justice outcomes can be sought by the Aged Care Quality and Safety Commission, as well as more formal investigation and enforcement pathways.</p> <p>The regulator will also have new powers to ensure it can take strong action where providers of aged care fail to meet their obligations.</p>
<p>Will accreditation shift for Transition Care to the Commission and the Aged Care standards or stay with Health Commission and standards (while still complying with Aged Care Standards)?</p>	<p>Under the new Act, it is proposed that accreditation of residential aged care providers and quality reviews of home services providers will be replaced by a registration and re-registration processes. It is expected there will be universal registration of all Commonwealth subsidised aged care services including the Transition Care Program.</p>
<p>What clinical qualifications do you believe are required for the Category 4 please?</p>	<p>The types of services proposed to fall within category 4 are outlined in the Department's consultation paper 2 – table 1. The qualifications and professional registration required will relate to the profession of the individual (e.g. nursing, allied health).</p>

<p>Will the licence certification for residential care be at a residential home level or at the overall provider level?</p>	<p>As outlined in Consultation paper 2 published by Department of Health and Aged Care, it is proposed the new model will introduce universal registration and re-registration for providers delivering Commonwealth subsidised aged care services.</p> <p>Residential aged care providers will need to enrol each site where they intend to deliver subsidised aged care services at the point of registration. Adding or removing sites during the registration period will require a variation to the provider's registration.</p>
<p>If you're a Category 1 provider providing meals, would they need to meet standard 6 (category-specific conditions)? Thinking about the community where meals are provided or in respite care (community centre or in-home) where meals are provided.</p>	<p>Information on how providers in categories 1 to 3 will be regulated is available in Consultation paper 2 published by Department of Health and Aged Care setting out the proposed regulatory framework.</p> <p>Under the proposed model, the Commission will not undertake audits against the strengthened Quality Standards for providers registered under categories 1 to 3. All providers will be responsible for meeting obligations attached to their conditions of registration, and once registered, providers across all registration categories will be monitored by the Commission.</p>
<p>What is the purpose of requiring registration for Category 2? When will we be able to validate whether assistive technologies we use are registered?</p>	<p>As outlined in Consultation paper 2 published by Department of Health and Aged Care the proposed registration model will organise aged care services into registration categories, based on similar risk and service characteristics.</p> <p>The new model will introduce universal registration and re-registration for providers delivering Commonwealth subsidised aged care services to test their suitability, capability, viability and propriety at the point of entry and at regular intervals.</p>
<p>Is there an expectation that the NDIS Worker Screening Check will be acceptable under the new standards? To reduce the duplication & cost of completing both the National Criminal Check</p>	<p>Worker screening and registration is not currently in place for the aged care sector. Under aged care legislation, an approved provider must comply with police certificate requirements, while under NDIS legislation, a registered provider must comply with the NDIS</p>

<p>and NDIS check which is current for 5 years?</p>	<p>Worker Screening Check requirements for workers in risk-assessed roles. A risk-assessed role is a worker or volunteer who provides direct delivery of care to an NDIS participant.</p> <p>Recognising that there was unnecessary duplication in these responsibilities, Federal Parliament has amended aged care legislation effective from 16 June 2021 to enable an aged care provider to accept a clearance obtained through the NDIS Worker Screening Check process as an alternative to the police certificate requirements for a particular worker.</p> <p>This means that staff and volunteers in a risk-assessed role who are supporting NDIS participants in a residential aged care service do not require an NDIS worker screening clearance if they hold a current aged care police certificate issued prior to 1 February 2021. These workers will require an NDIS worker screening clearance when their police certificate expires.</p> <p>These changes are aimed at reducing the regulatory burden for aged care providers who are also registered NDIS providers by reducing the need to maintain two worker screening arrangements without reducing the protection for consumers. Further information on risk-assessed roles and NDIS Worker Screening Check requirements is available on the NDIS Commission website.</p> <p>However, in response to the Aged Care Royal Commission into Aged Care Quality and Safety (Royal Commission), the Government is investing \$105.6 million from 2021-22 to 2024-25 to implement the 'National Care and Support Worker Regulation' scheme (the Scheme). This responds to recommendation 77 of the Royal Commission. Recommendation 77 of the Royal Commission's final report that the Australian Government should establish a national registration scheme for the personal care workforce. More information is available in the Department's website.</p>
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<p>Can you expand on the increased consumer participation in the new strengthened standards?</p>	<p>There are multiple opportunities for older people to participate and be involved in the aged care reform process. The Commission has information on Consumer Advisory Bodies as well as the Consumers and Families panel. For those providers participating in the pilot, the people they provide care to would have received communications notifying them of their involvement in the process and timeframes, inviting them to participate.</p>
<p>Is there a review of the reporting on outcomes as a result of the new quality standards? Will we be moving away from compliant and non-compliant terminologies etc. to be more inclusive of supporting the aged care industry during these challenging times to improve services?</p>	<p>The pilot program will inform how the Commission will adjust the way it assesses provider performance under the strengthened Standards. This will include how graded assessment is introduced to better differentiate performance and communicate performance outcomes.</p> <p>Graded assessment of the strengthened Standards is designed to provide greater transparency to older people and the sector about provider performance, as well as incentivise excellence and promote continuous improvement. The Pilot audits will include assessments against three gradings:</p> <ul style="list-style-type: none"> • Conformance • Minor non-conformance • Major non-conformance <p>There is also work underway to consider how the fourth grade, elements of best practice conformance, may be applied in practice. It is anticipated the pilot audits will capture examples of best practice, to inform how these examples may be shared. There may be options to do so outside the audit process.</p>
<p>Providers are workforce challenged (i.e., lack of available staff for the sector as a whole) and are dealing with increased reporting requirements (staff resources allocated time to this). Providers are also being asked to educate the residents and families about these changes on behalf of the commission. For standalone providers, how is this</p>	<p>To support the sector readiness for the aged care reforms, including the strengthened Standards, the Commission is implementing the Stronger Standards, Better Aged Care Program</p> <p>This program includes developing processes and systems, guidance, resources, education and information to enhance sector capability and consumer's understanding of the new aged care model.</p>

facilitated without compromising resident care and care hours?	
Guidance and support for providers	
<p>We need clear guidance and examples on how to meet the standards like the NSQHS Standards.</p> <p>With 'best practice' will the ACQSC share those expectations if they're going to assess against them? Or will it solely be internal? Sometimes assessors bring their personal bias into assessing deeming something to be 'best practice' but can't provide the evidence against.</p>	<p>To support the implementation of strengthened Standards, the Commission is seeking to develop access to a centrally located suite of resources informed by contemporary evidence-based practices. The resources will help both Commission staff and providers and their staff to understand and implement the strengthened Standards and better support quality outcomes for older people receiving care.</p> <p>The Commission will consult with the sector in the development of resources including guidance documents, fact sheets and other support materials.</p>
Will that evidence resource be for split against the different provider categories or home care vs residential?	The Commission will continue to consult with providers and key stakeholders to make sure our resources and tools meet the diverse needs of the sector and will consider how to best present resources to meet the sector's needs.
What are some practical tips to prepare for small organisations? Larger organisations do have more resources to dedicate to things, but what's the changes small organisations should consider?	<p>The new model will impose clear and targeted ongoing obligations on aged care providers to manage different risks to achieve safe, quality, and person-centred care.</p> <p>Keeping informed of the changes would be a positive approach that all providers can adopt regardless of size. The Commission provides updates on our consultations and engagement activities, including monthly bulletins and webinars; information is available on the Commission website here.</p>
Will be direct information for lifestyle and what is expected in their area of assisting our residents with the new standards?	<p>The Commission is supporting the sector to prepare for the implementation of the strengthened Standards and related regulatory reforms.</p> <p>The Strengthened Quality Standards framework analysis has been released by the Commission to show providers how the Standards have been strengthened. Standard 7: The Residential Community, outlines how a</p>

	<p>provider supports and enables older people to do the things they want to do with the new Strengthened Standards.</p> <p>The Commission will continue to consult with providers and key stakeholders to make sure our resources and tools meet the needs of the diverse needs of the sector.</p>
It may be worth considering setting up a program like SDAP for smaller providers not just Aboriginal and Torres strait islander and rural and remote services, to assist the transition.	The Commission will continue to consult with providers and key stakeholders to make sure our resources and tools meet the needs of the diverse needs of the sector.
Will the self-assessment document be adapted be aligned to the new standards for providers to complete?	As part of the pilot audit project a revised audit methodology for the strengthened Standards, guidance, tools and resources for auditors and providers are being developed. This includes testing a pre-audit preparation and separate self-assessment tools.
<p>Is there a possibility for industry to eventually have access to the audit tools that the assessors will use when assessing these strengthened standards? Would be a wonderful, transparent partnership approach to have these tools understood by all.</p> <p>With the last change, what helped us is the creation of the manual and the summary manual which we use for training our staff. I think another summary manual highlighting the changes will be helpful.</p> <p>Resources are helpful if they have various examples in there, as we can clearly see how to apply certain standards.</p>	<p>As part of the Stronger Standards, Better Aged Care program, the Commission will make our requirements, processes and resources easier to understand, transparent and consistent.</p> <p>The pilot currently underway will help us identify the supports and resources needed by our staff, aged care providers and older people as we transition to the final standards by 1 July 2024.</p>
A clear map showing the previous standards against the new and identifying anything that is new - clear identification of where specific requirements can be found in each piece of legislation so 'source' documents can easily	The Commission has already published the Strengthened Quality Standards Framework Analysis that reflects the current standards and identifies how the Standards have been strengthened and discusses changes in the context of the legislation.

<p>be checked i.e., the specific piece of legislation. Any changes and updates to clearly reference Standards and legislation, so once again 'source' documents can be accessed Inform the sector of changed legislation i.e., xx has been repealed, superseded etc would be helpful.</p>	<p>However, it is worth remembering this published analysis references the draft strengthened Quality Standards and may be subject to change dependent on the finalisation of the legislation.</p>
<p>I agree with having a support service for providers to ask questions as these changes are rolled out. Like when the NDIS was rolled out to aged care registration they commenced the NDIS support hub for Aged Care and this was very helpful.</p>	<p>To support the sector readiness for the strengthened Standards, the Commission is implementing the Stronger Standards, Better Aged Care Program</p> <p>This program includes developing processes and systems to enhance sector capability, and stakeholder engagement through the pilot audit program. This will help us identify the supports and resources needed by aged care providers and consumers as we transition to the final standards by 1 July 2024. Providers are encouraged to regularly review our website for updates.</p> <p>We will continue to consult with people receiving care, providers and key stakeholders to make sure our resources and tools meet the needs of the diverse needs of the sector. You can have your say by providing feedback and comments to us at agedcarereform@agedcarequality.gov.au</p>
<p>How will be the guidance documents be posted? One challenge we are having at the moment is that guidance documents cannot be easily retrieved and previous (non-applicable documents) are still in circulation which causes confusion to providers. How can you make sure that we get the most current and applicable guidance documents?</p>	<p>The Commission will continue to consult with providers and key stakeholders to make sure our resources and tools meet the needs of the diverse needs of the sector and will consider how to best present resources to meet the sector's needs.</p>
<p>When you force the Quality standard to providers, do you also consider financial sustainability of providers as well?</p>	<p>The purpose of the Quality Standards is to clarify what good service delivery looks like. To receive Commonwealth funding, aged care providers are required to meet the Aged Care</p>

	<p>Quality Standards to ensure that quality care and services are provided to all older people.</p> <p>The urgent review of the Quality Standards was completed to make the Quality Standards more comprehensive, measurable and easy to understand to better support quality care. This included better clarifying the existing expectations for providers.</p> <p>The strengthened standards were co-designed with older Australians and aged care services to better define what good service delivery looks like.</p> <p>Importantly, the financial sustainability of the sector is being addressed through increasing funding for residential aged care providers (\$11.1 billion over 4 years from 2023-24) to deliver higher wages for workers and to support the increased costs of delivering care for older people in Australia. Funding includes:</p> <ul style="list-style-type: none"> • an additional \$10.1 billion in Australian National Aged Care Classification (AN-ACC) funding (over 4 years from 2023-24), with an increase to the AN-ACC price to \$243.10, including: <ul style="list-style-type: none"> – \$7.6 billion to align with the award wage increase (at 200 care minutes) – \$2.5 billion in indexation to cover other cost increases since the AN-ACC price was set • a new \$10.80 per resident per day hotelling supplement, including additional funding of \$116 million (over 4 years from 2023-24) • an additional \$743 million (over 3 years from 2024-25) to align with the award wage increase to deliver a sector average of 215 care minutes from 1 October 2024 • an increase in the 24/7 registered nurse supplement of \$178 million (over 4 years from 2023-24) to align with the award wage increase. <p>The new AN-ACC price reflects the recommendation of the Independent Health</p>
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	<p>and Aged Care Pricing Authority (IHACPA). IHACPA will provide advice to inform Government decisions on the costing and pricing of aged care services from 1 July 2023.</p> <p>In particular IHACPA will:</p> <ul style="list-style-type: none"> • Provide annual aged care pricing advice about methods for calculating amounts of subsidies and supplements to be paid for residential aged care, residential respite care and home care. This will involve advice on the costs of care and how changes in the costs of care should be considered in Government funding decisions. • Review data, conduct studies and undertake consultation for the purpose of providing aged care pricing and costing advice and/or healthcare pricing and costing advice. <p>Recently, IHACPA has released its Residential Aged Care Pricing Advice 2023-24 to Government that informed the new AN-ACC price of \$243.10 commencing on 1 July 2023.</p> <p>The Department is designing a regulatory model that first and foremost rebuilds trust and confidence in the aged care sector and ensures that older people can access safe, high-quality care, when and where they need it.</p> <p>Consideration for balancing the protections for older people without creating a barrier to providers entering the system, or to the availability of aged care services, was integral to the design of the proposed categories and their obligations.</p> <p>The Department is doing further work around fees and costs and will be consulting on that further.</p>
<p>Will there be any support to increase allied health numbers? The introduction of increased RN and care worker minutes has meant often significant divesting in allied health standards. The</p>	<p>The strengthened Aged Care Quality Standards create clear expectations around the role of multidisciplinary teams including allied health professionals in the provision of coordinated and comprehensive clinical and personal care. Explicit assessment and</p>

<p>standards appear to need heavy allied health/MDT support. Will minutes be mandated in allied health as per the Royal Commission's recommendations?</p>	<p>planning requirements highlight the need for aged care services to make referrals and provide access to allied health professionals as part of this process. The distinct role of allied health professionals in supporting reablement and maintenance of functional capacities is also highlighted in the proposed clinical care standard.</p> <p>The National Aged Care Mandatory Quality Indicator Program (QI Program) requires residential aged care providers to report quarterly on critical areas of care impacting the health and wellbeing of older people.</p> <p>On 1 April 2023, the QI Program was expanded to include a range of quality indicators in which allied health professionals play a crucial role including:</p> <ul style="list-style-type: none"> • Unplanned weight loss (service level results published through Star Ratings) • Falls and major injury (service level results published through Star Ratings) • Activities of daily living • Hospitalisations and • Consumer experience and quality of life measures. <p>From 1 July 2025, the QI Program will be further expanded to include staffing measures including enrolled nurses, allied health and lifestyle staff. This builds on the April 2023 expansion, which included a new workforce quality indicator reporting the percentage of staff turnover, specifically for service managers, nurse practitioners or registered nurses, enrolled nurses and personal care workers or assistants in nursing. This Quality Indicator will support residential aged care providers measure, monitor and improve in these critical areas with data to be published on the Australian Institute of Health and Welfare GEN Aged Care website at the national, state and territory level.</p> <p>In addition to increasing accountability, the Government recently highlighted a number of measures to enhance transparency in the use allied health professionals and Enrolled Nurses (ENs) in residential aged care.</p>
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	<p>Currently, residential aged care providers are reporting on the direct care time provided by ENs and their expenditure on allied health professionals through the Quarterly Financial Report.</p>
<p>Standard 6: Food and nutrition - Explicit requirements regarding having sufficient workers to support food provision. Will the Commission be requesting that there be a revision of the care minutes to ensure that this requirement if funded.</p>	<p>Care minutes establish a minimum quantity of care by Registered Nurses, Enrolled Nurses and Personal Care Workers/Assistants in Nursing (PCW/AINs), that is required to be provided to residents from 1 October 2023. This responsibility will be in addition to the existing responsibility of approved providers under the Aged Care Act 1997 to maintain an adequate number of appropriately skilled staff to ensure the care needs of care recipients are met and to provide safe, respectful and quality care and services.</p> <p>Assistance with eating and drinking is one of the activities of a PCW/AIN that can be reported as care minutes. Other activities include assisting residents with:</p> <ul style="list-style-type: none"> • daily living routines and direct care activities (such as self-care or personal care) for example, assistance with eating and drinking, monitoring fluid intake, skin care, ambulation, bathing and washing, dressing, hair care, mouth care, positioning, shaving, bladder and bowel care (continence management), mobility and transfers (such as getting in and out of bed or to and from the toilet) • social and emotional support for residents and their families, for example, supporting residents to be and feel connected, heard, valued and fulfilled • regular monitoring and support of residents' health and wellbeing.
<p>Could you please explain whether, and if so, how, the strengthened Quality Standards will contribute to providers meeting their obligations to provide allied health services</p>	<p>Aged care homes are required to ensure access to allied health services to residents who need them, in accordance with their obligations under the <i>Aged Care Act 1997</i> (Act) and the <i>Quality of Care Principles 2014</i>. In particular, Schedule 1 sets out the range of</p>

<p>under Schedule 1 of the Quality Principles 2014?</p>	<p>care and services that all aged care homes must provide to residents who need them.</p> <p>This includes allied health services, which are included within the following categories of services:</p> <ul style="list-style-type: none"> • General access to health services, including GP, dental, allied health and specialist care. • Rehabilitation support through therapy programs designed by health professionals. These programs aim to maintain or restore a care recipient's ability to perform daily tasks by themselves, or to assist the care recipient to obtain access to such programs. • Therapy services such as speech therapy, podiatry, occupational, and physiotherapy services, including the following services delivered by health professionals, or care staff as directed by health professionals: <ul style="list-style-type: none"> ○ Maintenance therapy designed to maintain a care recipient's levels of independence in activities of daily living. ○ More intensive therapy delivered on a temporary basis to allow a care recipient to reach a level of independence which enables maintenance therapy to meet their needs. <p>The strengthened Aged Care Quality Standards emphasis these obligations and create clear expectations around the role of multidisciplinary teams including Allied Health Professionals in the provision of coordinated and comprehensive clinical and personal care. Explicit assessment and planning requirements highlight the need for aged care services to make referrals and provide access to allied health professionals as part of this process.</p> <p>The distinct role of allied health professionals in supporting reablement and maintenance of functional capacities is also highlighted in the proposed clinical care standard.</p>
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<p>How can qualified recreational therapists and lifestyle teams be included into the care minutes requirement? What we provide is invaluable to our residents and to think we are not even considered in this is so far from what is needed in our resident's lives holistically. Aged care recipients need quality interventions, not just "care" to keep them fed, dressed and cared for. What about enriching the lives of those through meaningful engagement? This is an insult to our profession. Please consider this when improving your standards, audit tools and funding models. These lives consist of far more than just what the intended 'care minutes' proposes and it is unfair to expect this to not be funded or supported by the government. I am national based.</p>	<p>The strengthened Aged Care Quality Standards create clear expectations around the role of multidisciplinary teams including Allied Health Professionals in the provision of coordinated and comprehensive clinical and personal care. Explicit assessment and planning requirements highlight the need for aged care services to make referrals and provide access to Allied Health Professionals as part of this process. The distinct role of allied health professionals in supporting reablement and maintenance of functional capacities is also highlighted in the proposed clinical care standard.</p> <p>The National Aged Care Mandatory Quality Indicator Program (QI Program) requires residential aged care providers to report quarterly on critical areas of care impacting the health and wellbeing of older people. On 1 April 2023, the QI Program was expanded to include a range of quality indicators in which allied health professionals play a crucial role including:</p> <ul style="list-style-type: none"> • unplanned weight loss (service level results published through Star Ratings) • falls and major injury (service level results published through Star Ratings) • activities of daily living • hospitalisations and • consumer experience and quality of life measures. <p>From 1 July 2025, the QI Program will be further expanded to include staffing measures including enrolled nurses, allied health and lifestyle staff.</p> <p>This builds on the April 2023 expansion, which included a new workforce quality indicator reporting the percentage of staff turnover, specifically for service managers, nurse practitioners or registered nurses, enrolled nurses and personal care workers or assistants in nursing.</p> <p>This Quality Indicator will support residential aged care providers measure, monitor and improve in these critical areas with data to be published on the Australian Institute of Health</p>
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	<p>and Welfare GEN Aged Care website at the national, state and territory level.</p> <p>In addition to increasing accountability, the Government recently highlighted a number of measures to enhance transparency in the use allied health professionals and Enrolled Nurses (ENs) in residential aged care.</p>
<p>Regarding the consumer information on provider's quarterly reporting (providing metrics, reporting changes in reportable data between the quarters) - certain metrics for reportable incidents when viewed from the consumer side is quite concerning i.e., information bubble explaining the metric is quite broad and doesn't elaborate on the recognition that some incidents might be repeated occurrence with individual resident's where the presentation for consumers implies that the number of occurrences reported represent one incident = one resident.</p>	<p>The Sector performance reports deliver valuable insights that help providers understand sector-wide performance over the quarter and identify their own key areas of improvement.</p> <p>We understand your concern that people may misinterpret the serious incident data. The Commission ensures it clearly outlines that the data includes (1) multiple notifications of the same issue, (2) allegations of incidents and (3) situations where there was an incident without injury. You can find this information on page 23 of the January to March 2023 Report (under 'Using rates to inform best practice').</p>
Tailoring - home services and community care	
<p>Can you please ensure that 'home services' includes CHSP providers, not just the HCP providers as there is a vast difference in service delivery?</p>	<p>Providers participating in the pilot who provide care and services in the homes of older people represent the diversity of the aged care providers in the sector, including various types of services, locations, size, specialisations, and consumer cohorts. This includes providers who deliver CHSP services.</p>
<p>With the budget announcement of CHSP extension to 30 June 2025, and the introduction of the new regulatory framework on 1 July 2024, what flexibility will there be for funded providers of CHSP who are remaining in the service until the new support at home model is introduced? Some funded providers are exploring whether they will continue</p>	<p>Existing funding arrangements will continue until the new Support at Home program commences. This means providers can continue to deliver services as they currently do.</p>

services once the Support at Home program is implemented?	
Will there be guidelines specific for home care providers? For example, how does a home service create a consumer advisory board when all clients are in their individual homes and it in our case, English is not their first language, and some are frail dementia. Most of the webinars I've attended are very much focused on residential.	Yes - The Commission will develop guidance, resources, training and tools to support providers to understand the requirements of the Strengthened Standards and for providers and people receiving care to understand their rights.
Are we going to have a discussion about consumer directed care in home care, the unintended consequences and widespread negative outcomes for older people - the enormous level of unspent funds being symptomatic?	<p>In response to the final report of the Royal Commission into Aged Care Quality and Safety, the Australian Government has committed to establish a new Support at Home program in consultation with older Australians and community stakeholders. The Department has proposed design of the new Support at Home Program and spending of funds.</p> <p>A Support at Home Overview Paper is available, which provides an overview of the proposed design. The paper outlines how the new Support at Home Program would reform all aspects of the delivery of in-home aged care including assessment, reablement and restorative care, to individualised support plans, clarity on service inclusions, funding of providers, and regulation of the market.</p>
Current funding and rules provide very limited clinical care to be provided by home services. Consumers ageing in their own home are under management of their GP and other physicians and health professionals. Why and how can the clinical care standard be applied to home services where they have little control or scope for clinical care other than referral/recommendation to clients?	<p>The draft strengthened Standards set specific requirements encouraging all providers to engage in meaningful and active partnership with older people and others involved in their care.</p> <p>Standard 5 Clinical Care will apply to providers registered in categories 4 to 6, and will set specific requirements for providers to establish systems and processes that support a multidisciplinary approach to clinical care, including partnering with the older person, family, carers, and others where relevant to set goals of care; and comprehensive clinical care that is planned, coordinated and delivered by</p>

	health professionals working together, in line with the older person's needs and care plan.
Can we apply different quality standards for residential care and home services?	<p>The draft strengthened Standards have been developed to be applied across the diversity of aged care settings. This is most clearly articulated in draft Standard 4, The Environment, where there are separate outcomes and actions for Environment and equipment at home (4a) and in a Residential service environment (4b).</p> <ul style="list-style-type: none"> The types of services proposed to fall within category 4 are outlined in the Department's consultation paper 2 – table 1. <p>The Pilot is designed to test how the draft Standards will apply in practice across home and residential care settings.</p>
Does the standard 6 – Food and nutrition applies to CHSP social support groups where the meal is provided?	<p>At present it is anticipated that Standard 6 Food and Nutrition will only apply to residential services. Consideration is being given to how to ensure the quality and nutrition of food in community care settings.</p> <p>While primarily targeted to the residential settings the Commission has published a number of resources to support understanding of food and dining experiences for their older people cohorts, quality-care-resources/food-dining-and-nutrition-resources-providers.</p>
If I wanted to become a new home services provider, should I wait until 1 July 2024 to apply? And why would this be a better option?	<p>The new model will introduce universal registration and re-registration for providers delivering Commonwealth subsidised aged care services to test their suitability, capability, viability, and propriety at the point of entry and at regular intervals.</p> <p>The new regulatory model consultation paper explains how the draft strengthened Standards apply across different service types and the current thinking on the reform journey ahead, and describes how new providers can enter the market.</p>
Could you please remind service providers (especially CHSP) that they can access support from	In 2022 the Department undertook a review of Sector Support and Development and have released a webinar for SSD Providers with

<p>Sector Support & Development projects.</p>	<p>information to assist them in developing their 2022-23 activity work plans, that will help providers transition to the new Support at Home Program, commencing in 1 July 2025.</p> <p>Further information is available on the Department's website.</p>
<p>Relationship with other aged care reforms</p>	
<p>What is the linkage to the new Aged Care Act?</p>	<p>The new Act will replace current aged care legislation, including the <i>Aged Care Act 1997</i>, the <i>Aged Care Quality and Safety Commission Act 2018</i> and related delegated legislation.</p> <p>The new Act will provide the foundation for fundamental and generational change to the aged care system. It will:</p> <ul style="list-style-type: none"> • provide older Australians access to needs-based aged care services • establish new system oversight and accountability arrangements • set standards to ensure high quality and safe aged care services • strengthen regulatory and enforcement powers
<p>How do you cope with being branded the 'dobber'?</p>	<p>The Commission encourage a positive, blame-free culture around complaints handling in aged care services by fostering an understanding of the complaints process and how it affects the people involved, and setting out the essential elements for the effective management of complaints within a service including skills, procedures and policies.</p>
<p>Engagement, education and information for older people and their carers/families</p>	
<p>Please, please, please stop referring to residents. This is not just about residential care, and they're people not residents. Tired of the residential care slant in all of this.</p>	<p>As currently drafted the strengthened Standards use the term "older person" not "consumer".</p> <p>Noting the Government's commitment to ensuring no younger person lives in residential aged care unless there are exceptional circumstances under the Younger People in Residential Aged Care Strategy 2020-25, the Department is investigating whether legislating the term "older person" may create unintended consequences for younger people receiving aged care.</p>

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