

Online survey

Single Aged Care Quality Framework - Options for assessing performance against aged care quality standards

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Submitted to Single Aged Care Quality Framework - Options for assessing performance against aged care quality standards

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Introduction

Organisation: Aged Care Crisis Inc.

Questions about how service provider performance is assessed against the aged care draft standards

10 What are the features of the existing assessment and monitoring process that should be retained?

Existing features you want retained:

It is not clear from the very complex and confusing documentation provided whether Option 1 described as 'status quo' refers to the current 44 standards system with some adjustments or to the radically different 8 standards system that is proposed and on which comment has been sought elsewhere.

Both are deeply flawed in concept and design and a radical rethink is required. The 8 standards accreditation suggested is even less appealing and will create additional risks for residents and the community.

The weaknesses of both are their methods, distance from nursing homes and the very occasional visits. There are few strengths.

11 What are the features of the existing assessment and monitoring process that need to be changed?

Existing features that need to be changed:

• *What aspects of the current aged care quality assessment arrangements need to be improved?*

It needs to be decentralised and taken into local communities which should be mentored and supported.

• What other issues need to be considered in the design of any new quality assessment arrangements?

Verifiable data collection including staffing and failures in care. Regular ongoing oversight and remediation via ongoing regular interaction at a community level. All accreditation documents should be transparently available and the practice of having private ones for the provider and public ones for consumers abandoned.

Reports on other visits (eg unannounced) should be publicly available. All regulatory processes should be transparent to the community. Regulators should be accountable to them and not to providers.

Questions about the Options Proposed

12 Which option do you prefer? Please give reasons.

Other

Reasons for preferred option :

Accreditation should be about motivation, education and process. It should not be a regulatory body. Regulatory and management functions should be integrated into the service in local communities by operating through a local community organisation that works with providers and residents in nursing homes and the community. Government should support and mentor this. It would collect data in an ongoing manner.

The new 8 standards system is not going to be an improvement unless it is accompanied by a separate system where data and performance in each area are assessed in an ongoing manner as suggested in our other submission (Draft Aged Care Quality Standards). In that case Option 2 would be a good basis for accreditation as a non-regulatory activity. The local community group would work with and be part of a separate regulatory system. This community based regulator would supply the data needed to support the accreditation process.

Options paper - Your thoughts In relation to the features proposed to be common to all options:

• Do you agree that the features common to all options should be part of aged care quality assessments?

Yes for accreditation but only if a separate effective regulatory system is also introduced.

• What are some of the different ways in which an organisation (and its services) could demonstrate its performance against the standards?

By providing them in an ongoing manner in cooperation with a community organisation. "Demonstrations" do not reflect the care residents actually get.

• How could consumers be more effectively involved in the assessment process?

By providers working with empowered local community organisations to provide and monitor services. The word community should replace consumers because this includes both consumers and the community that is ultimately responsible for its members. Providers are responsible to the community whose members they care for and this needs to be made explicit.

• What information is most valuable to consumers?

Staffing levels. Data about failures in care and missed care. Organisation culture. Ability to control their lives and engagement with staff in mutually dependent trusting relationships.

• What are the critical elements of any assessment process?

Verification by data and regular observation. Responsibility to consumer and community.

• How information gained from a quality assessment can drive competition in the market and assist consumers to make choices.

By putting the community in charge and have them working closely with consumers and their families. This would ensure that social responsibility was a key consideration for providers and that decisions were based on real data. Competition would be about care and quality of life rather than cost reduction and short term profitability. It would create a stable market where consumers were less likely to be exploited for profit or bought and sold on the share market without their consent. It would change the nature of competition so that it became less harmful to care. It would reformulate the discourse around aged care.

If Option 1 was adopted:

• What are the advantages and disadvantages of this option?

In one sense it is simply more of the same as the 44 and 8 standard methods are equally flawed. In another sense it is less of the same ineffective regulation in a system that needs different effective regulation. Its theoretical underpinnings need revision.

• Should any new assessment approaches be included in this option?

A fundamental rethink is needed. Proper data collection particularly on staffing and failures in care. Assessments should be local and ongoing. Accountability should be to the community rather than government and industry.

• How can this option best accommodate future changes in service delivery (for example, new models of service delivery)?

Not well, a different approach is needed.

If Option 2 was adopted:

• What are the advantages and disadvantages of this option?

We are dealing with related but different complex care systems and combining them like this will see failures falling through the cracks and being missed. This would work well for accreditation but not for regulation. If there were a separate regulator then it would be good.

• To differentiate between organisations (and their services) to enable more targeted quality

assessments, would it be sufficient to consider the following risks or should other matters also be taken into account:

- o The nature of the services being delivered
- o The level of responsibility the service has for the consumer's health, safety and wellbeing
- o The performance history of the organisation and its services
- o The organisation's compliance with any other relevant standards or quality frameworks?

NO - a much closer more integrated local oversight approach is needed as well

• How can we best create a more risk-based approach to performance assessment?

The local community organisation we suggest would know both residents and staff and be able to mediate a sensible approach.

• What support would organisations (particularly community/home care organisations) need to transition to this approach?

Working with a knowledgeable community.

• Should organisations that provide transition care also be subject to this single quality assessment framework (noting that the quality of most of these organisations is regulated by state and territory governments)?

Possibly provided their particular oversight and regulatory requirements were done separately. They should work with their local communities.

If Option 3 was adopted:

• What are the advantages and disadvantages of this option?

Avoids unnecessary oversight but community should still be monitoring.

• What criteria should be used to determine whether an organisation should be subject to safety and quality declaration rather than assessment? Risk.

• What types of organisations should be eligible to use this arrangement?

• Is there an alternative approach that provides appropriate safeguards for consumers while minimising red tape for organisations that only deliver low-risk services?

The community based structure that we have suggested.

13 Please provide details of any other options that we should consider. - other options:

In our submission to the Draft Aged Care Quality Standards survey we indicated our preference for mentored local community based bodies to take over the management and regulation of aged care on a day-to-day basis. This would address the many difficulties in managing these standards. The other options would not work effectively.

14 Will your preferred option/s maintain appropriate safeguards for consumers? Please explain your answer.

The local community based service we propose would be in a much better position to do this.

15 Will your preferred option/s decrease the regulatory burden on aged care organisations? Please explain your answer.

Reducing regulation in order to appease the industry and reduce the perceived burden will render it even more ineffective than the current system. It is interesting that in the highly regulated US system with its extensive data collection, reporting and ready availability (Medicare.gov - Nursing Home Compare datasets: <https://data.medicare.gov/data/nursing-home-compare>) we don't hear the industry complaining about it being 'burdensome'.

In our proposal community will be working directly with and assist the providers in collecting data and ensuring compliance. Good providers will be assisted and there will be no burden. Poor providers will be under pressure from the community and the burden for them will be to change their ways. Trust and trustworthiness are essential in a sector like this. Care suffers when participants don't trust one another. Our objective is a trusting relationship between community and providers.

Regulation is just one part of needed change. The community should be actively engaged in a cooperative joint venture with providers where all parties are on the same page, with all information at their fingertips, all focussed on doing something constructive together. They would be dependent on one another.

It is counter-productive to have participants at each other's throats, or regulators walking around policing, looking for misconduct. Everyone should be focused on a common purpose and the on-site regulation is a part of that purpose. The community will be collecting information for everyone to look at and discuss and will be contributing thoughts and ideas.

By making for-profit and not-for-profit services part of a wider community enterprise, we bring both back into the community and out of the cultural silo that they are increasingly now both a part of. Those providers who are serving the community will not have anything to fear, and will gain help and support. Those that maintain a silo mentality will find themselves out in the cold and will have a tough time if they don't sort themselves and their community values out. The community must be in a position to act and make the market work, this is currently not the case.

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Options paper - Your thoughts

• The Department seeks your comments on the impacts of the various options.

We note that under the Aged Care Roadmap there will be an “expansion of the market and the number of organisations delivering aged care”. Many of these will be for-profit. Both international and local data show that there are more failures in care by for-profits. Greater and closer oversight is required and not less. The community is in a better position to do so.

The documents states that government aims to establish systems that are “inclusive of the consumer so that the consumer voice is more strongly heard as part of the quality assessment and monitoring process”. There is a large power imbalance between consumers and providers which renders them uncompetitive (ie no market leverage). Their voice will have little power.

Our proposed community service would have the power and by being there, advising and supporting consumers, would give them the powerful voice they need. The wording should be “inclusive of the community and the consumers it is responsible for”.

By requiring the providers to “demonstrate performance”, the new proposals give providers the opportunity to prepare and game the system. Regulation should be based on the everyday unprepared performance of providers. What we propose would ensure that the performance evaluated would be what was happening all of the time.

Other Comments

16 Do you have any other comments or specific suggestions about the matters discussed in the Options Paper?

The contracting of accreditation or regulation to private market based agencies rather than providing them in cooperation with the community would be a major retrogressive step.

Accreditation may be internationally recognised and it does have value as a support organisation for motivated providers, but it has a chequered history with many failures. It is not an effective evaluation process. It is not suitable for regulation and no other country uses it as the only regulator of aged care.

Home care creates additional risks for consumers, particularly of elder abuse by carers because there is no oversight of the care provided by peers. It is important that a community regulator be there to watch over this as it is in a better position to detect and assess any unhappiness.