LASA
LEADING AGE SERVICES AUSTRALIA
The voice of aged care

Submission: Single Aged Care Quality Framework - guidance on standards

May 2018

A strong voice and a helping hand for all providers of age services

1. Leading Age Services Australia

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 57% are not-for-profit, 33% are for-profit providers and 10% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

2. Context

The Australian Aged Care Quality Agency is working with consumers, providers and other key stakeholders to develop guidance material for the draft single set of quality standards (Aged Care Quality Standards). The new Aged Care Quality Standards, developed by the Department of Health, will be legislated from July 2018, subject to Government agreement and parliamentary processes, with a 12-month transition period until July 2019.

The consultation on the guidance material closes 25 May 2018 and the guidance material is found at:

https://www.aacqa.gov.au/providers/news-and-resources/aged-care-quality-standards/draft-guidance-consultation/online-consultation#access-the-draft-guidance-material

This submission contains supplementary information and should be read as an attachment to the PDF document: ***Standards Draft Guidance – feedback form*** which includes LASA's answers to specific questions posed by the Australian Aged Care Quality Agency as part of the consultation.

3. Assessment

The standards and guidance material need to support people in very practical operations who are often time poor and have to undertake many different tasks. With this in mind, the guidance materials are very long, and repetitive in parts. Within the guidance for each standard, there are many different sections and it may be difficult to locate specific help.

The Government says that the single quality framework will:

- increase the focus on quality outcomes for consumers
- recognise the diversity of service providers and consumers
- better target assessment activities based on risk
- reflect best practice regulation.

Given these objectives, it is important that practical examples are given so that users can understand the application of the standards in different settings e.g. different types of home care services and residential care. Reflective questions may have a role but best practice examples or case studies would also be useful illustrative tools. Frequently asked questions with answers may be of greater assistance.

Quick tips on post cards and cautions about common pitfalls etc. may be of assistance. LASA has a Registered Training Organisation and is already rolling out training on the standards e.g. Masterclasses. LASA will be in a position to provide further feedback on the guidance materials over 2018-19 and what may be needed to optimise implementation of the standards.

LASA notes that further advice is being considered on the approach to drafting guidance for Standard 3. A number of options are under consideration. Stakeholders will be given a further opportunity to provide feedback on a future draft of guidance for Standard 3. Comments under the following sections may be relevant for this.

Clinical verses personal care

Standard 3.1 is that *each consumer gets safe and effective personal care and/or clinical care that is tailored to their needs and optimises their health and wellbeing*. While this standard is being looked at further, it may be worth thinking about how it would be interpreted by the home care workforce.

While home care services can include clinical care via nursing etc., many home care services are personal supports such as doing cooking, cleaning and taking people to appointments. In many cases the skill sets of these workers will be at lower levels.

In a prior submission on development of the standards, LASA noted that in developing this submission, LASA convened several Member forums to obtain first-hand Member feedback on the issues raised in the proposed Standards. One comment received from a LASA Member was the draft Standards are too residential focused, while other views show a broader understanding and see how the Standards can be applicable across the industry given a risk-based approach. One way the different perceptions might be addressed is better explanation in the rationale with evidence and examples provided for various settings.

It may be that simple tools like a checklist or "dos and don'ts" for personal care quality would be helpful. A simplified version of this Department of Health checklist[1], updated for the new standards, could be linked into the guidance material. This checklist is for "care workers: community aged care services" and it is not clear if it is targeted at residential care, home care or both. Two clear versions that provide personal care checklists for residential care and home care would be helpful. This American example from the consumer perspective[2] may be helpful to guide what constitutes quality from the consumer perspective. Work by the Australian Aged Care Quality Agency on consumer experience reports and what matters to consumers should also be an input[3]. There are separate consumer experience reports for residential aged care and home care (this is being piloted), and these could help to provide tailored checklists for the two different settings.

Palliative Care

Standard 3 includes: 3.4 The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

But there remain key gaps in the service levels and funding for palliative care in residential aged care and home care. While the standards recognize end of life and contributors to this care such as pain management, the standards could drive a more holistic approach to end of life care.

The Guidance references the National Palliative Care Strategy 2010, *Supporting Australians to Live Well at the End of Life* and the four goal areas.

The standards could be enhanced by reference to the Productivity Commission Report on Human Services[4], which has chapter on end of life care. Key observations that could help to refine and improve the standards and guidance include:

In light of the constraints on the supply of the types of care that users would prefer, particularly skilled palliative care at home, in hospices and in residential aged care, it is unsurprising that many people who would benefit from end-of-life care do not get the right care, in the right place, and at the right time. As a report published by the Australian Centre for Health Research put it:

> *… too many people are dying in a way they wouldn't choose, and too many of their loved ones are left feeling bereaved, guilty, and uncertain. The care most Australians receive at the end of life often does not reflect their values, goals, or informed choices. (Bartel 2016, p. 4)*

[1] https://agedcare.health.gov.au/ageing-and-aged-care-publications-and-articles-training-and-learning-resources-decision-making-tool-supporting/checklist-for-care-workers-community-aged-care-services
[2] http://www.personalsafetynets.org/home-care-quality-check-list
[3] https://www.aacqa.gov.au/publications/consumer-experience-reports-1/consumer-experience-reports
[4] https://www.pc.gov.au/inquiries/completed/human-services/reforms/report

There is scope for improvement in end-of-life care in all settings (including hospitals, community-based palliative care services and residential aged care facilities), and in the integration of care between settings [Section 3.3].

As people approach the end of life, their care needs increase and many move to a residential aged care facility (RACF).[5] This is usually a permanent move — just over 80 per cent of permanent RACF residents die there (about 60 000 people per year) (AIHW 2017g).

The current funding system 'certainly does not encourage nor support end-of-life care and services to the resident, let alone the family and others' and that there is 'a disconnect between the funding provided for care and the actual care people receive in residential aged care' (sub. 463, p. 7). Indeed, only one in six people who died in residential aged care received funding for palliative care (AIHW 2016j).

But standards alone are not the answer and adequate funding for palliative care in residential aged care and home care is essential, along with access to suitably trained staff across the full spectrum of care workers, nurses, allied health workers and GPs etc.

It is a start that the Budget allocated $32.8 million over 4 years to deliver comprehensive palliative care in residential aged care through increased capacity in aged care, improved care coordination and better clinical governance. Informal Government advice is that this will go to State palliative care services to provide outreach to those in residential care and home care. This is contingent on the States matching the funding.

The guidance includes reflective questions:

- How does the organisation gain access to specialist palliative care advice?
- How are staff supported to deliver care that aligns with the National Consensus Statement: Essential elements for safe and quality end-of-life care?
- How does the organisation know that palliative care is delivered consistent with planning?
- How does the organisation regularly evaluate and review its approach to palliative care to determine its effectiveness in meeting the needs of consumers?

In particular, some frequently asked questions and answers and some case studies for palliative care in both residential care and home care may be of assistance.

Mental health

As with palliative care, it is important that the standards explicitly support suitable and evidence based mental health supports, particularly in residential aged care.

[5] In this inquiry, the Commission has focused its consideration of aged care on residential aged care. While aged care home care services may occasionally be sole providers of end-of-life care, the Commission was unable to obtain data to suggest that this occurs in anything but a handful of cases.

Mental health is referenced under standard 1 but the standards should help to drive a focus on evidence-based and outcomes focused approaches.

This is an important area and one Minister Wyatt spoke of as being a priority for him at the 17-18 May 2018 National Aged Care Alliance meeting in Melbourne which LASA attended. Minister Wyatt is aware of the need to better support people with mental health conditions in residential aged care.

The 2018-19 Budget included $82.5 million over 4 years in new mental health services for people with a diagnosed mental disorder living in residential aged care.

LASA welcomes this but more work will need to be done to understand the full extent of demand for mental health services in residential aged care and the best evidence based interventions.

Clarification of how the program is to roll-out is also needed and LASA assumes that existing service types may be made more accessible for aged care residents. LASA assumes that examination of expansion to current programs and outreach capability for those programs will be needed. Ease of access to GPs is also part of the equation for mental health in residential aged care.

Assisted Dying - Victoria

On 29 November 2017, the Victorian Parliament passed the ***Voluntary Assisted Dying Act 2017***.

From 19 June 2019, Victorians at the end of life who are suffering and who meet strict eligibility criteria will be able to request access to voluntary assisted dying.

The law allows for an 18-month implementation period to give health services time to plan and prepare for voluntary assisted dying. The Government is currently working with the community and the health and legal sectors to safely implement voluntary assisted dying in Victoria. The Implementation Taskforce, chaired by Julian Gardner AM, will advise the government on the implementation of voluntary assisted dying and have a coordinating role in overseeing and facilitating the work.

During implementation, the Voluntary Assisted Dying Review Board will also be established to oversee the operation of the Act, reporting and ensuring standards of safety are maintained.

The interplay between the national standards and guidance and these Victorian provisions will need to be clarified.

Support for the roll out of the standards
The 2018-19 Budget includes $50 million funding over 2 years for residential aged care services to assist with *transition to the new Aged Care Quality Standards*, developed as part of the Single Quality Framework (SAQF).

This will translate to a very modest amount for each operator. LASA sought funding to support the sector to adjust to these changes in our January 2018 pre-Budget submission, and this level of support may require review.

General funding gaps of note that need to be addressed to support the standards
When looking at residential aged care, key immediate gaps identified by LASA and not addressed by the latest Budget are:

- Short-term funding relief for all residential aged care providers set at roughly 3 per cent of residential aged care ACFI funding, amounting to around $350 million per annum, and
- An increase in the regional, rural and remote viability supplement to ensure ongoing provision of services in regional settings.

Separately, LASA has noted the need for a sustainable funding strategy for aged care that examines the relative contribution needed from all the different funding levers. These include Government subsidies, the Medicare Levy, insurance schemes and private insurance, consumer contributions, equity release products etc. and incentives towards optimal investment in aged care services and in consumer planning for expenditure on aged care.

The standards and guidance material should be one input in deciding the resources needed for a quality and sustainable aged care system that meets people's needs and expectations. Another input and one that may be relevant for the standards, is the current University of Wollongong's Resource Utilisation and Classification Study that is due to be completed by the end of the year. This is expected to inform any redesign of the Aged Care Funding Instrument. LASA's criticism of this study is that it is focused in what happens now, not best practice models of care, if resources were not so constrained.

Continuous improvement
Any deficiencies in the standards and guidance and problems with their application may only become apparent when they are used in practice. It will be essential that over the implementation period during 2018-19, that there are ongoing consultative processes to test the standards and guidance material and revise them as required. The standards and guidance materials should be highly evidence-based. As new evidence comes to light, the standards and guidance should be refined.

LASA also notes that some adjustments to the standards are still being made and the guidance should be updated to align with what will become the final form of the standards once they have passed through Parliament.