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## **SERIOUS INCIDENTS REPORTING SCHEME (SIRS) – In Home Care Aged Care Services**

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**Response by: AGED CARE REFORM NOW (ACRN)**

Aged Care Reform Now (**ACRN**) is a grassroots organisation, consisting of aged care services recipients, families and friends, and current and retired aged-care workers. ACRN advocates for aged care reform that delivers improved benefits to all Australians receiving residential and in-home aged care services.

ACRN is a platform for people interacting with the aged care system. ACRN provides a strong voice in the delivery of quality services, complaints management and for practical solutions to advance the care and wellbeing of aged care recipients.

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## **Opportunity to progress the Government’s aged care reform agenda**

ACRN welcomes the opportunity to provide input into the Department of Health’s consultation into SIRS - in-home Aged Care Services.

We see it as an important step to assist the Federal Government in its response to the Royal Commission into Aged Care Quality and Safety. As such, ACRN has made recommendations that go above and beyond the questions asked in the survey.

Our recommendations are aimed at helping the government achieve “strong and effective governance of aged care ... with senior Australians at the centre and improved outcomes consistently delivered,” by 2025 as outlined in the Five Pillars to aged care reform.<sup>1</sup>

SIRS is just one piece of the puzzle, along with additional resourcing for quality and safety checks for Home Care Packages, a new and stronger rights-based Aged Care Act to “protect senior Australians from mistreatment, neglect and harm, and other measures.”

## **SUMMARY: Response to SIRS – In-home Aged Care Services**

It is understood that the Department of Health is considering adapting the current SIRS system in residential care for the home care environment. ACRN’s response to the SIRS in-home aged care services consumer consultation fundamentally advocates for significant changes to be made due to the unique home care environment. Delivering home care services is a complicated system involving many variables. Regardless of these complications, it is critical **the focus be on creating a system that can respond to and manage the needs of the consumer, and prevent critical incidents from occurring in the future.**

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<https://www.health.gov.au/initiatives-and-programs/aged-care-reforms/five-pillars-to-support-aged-care-reform>

## **Increased vulnerability**

ACRN is concerned the current SIRS report places too much focus on providers at the expense of consumers. In particular, the SIRS in-home aged care services survey does not reflect the inherent differences in the home care setting compared with residential care.

Accordingly, ACRN submits any recommendation for incident reporting must take into consideration the increased vulnerability of in-home aged care consumers, including:

- environmental factors (home hazards, including the availability of basic amenities)
- reduced role of provider in self-managed settings
- risk of elder abuse (by family and others)
- lack of allied health support
- care is often received on a one to one basis, without ‘witnesses’
- dependency on a variety of external support services to meet their needs
- subject to a variety of people and providers to deliver services in their private home
- consumer’s behaviour may be subject to the influence of medication, physical and psychological/emotional issues, poor verbal or communication capability, and cultural factors.

## **Lack of recognition of unique needs of self-managed home care recipients**

Further, the survey does not reflect the needs of self-managed home care recipients, who manage their own care via service providers independently of providers. ACRN strongly supports self-managed home care as an efficient and cost-effective way to manage the safety and quality of life of an aged person who wishes to remain living in their home. Any new reporting system should specifically consider the unique position of self-managed care recipients.

## **Potential for under-reporting**

ACRN has significant concerns that the current recommendation for only the provider to report serious incidents — with consumers relegated to the existing Aged Care Quality and Safety Commission (ACQSC) complaints system — will not meet the intended objectives of SIRS. The combination of a slow and unresponsive (existing) complaints system, and the variety of unique circumstances in the home care setting as listed above, will result in the mismanagement of serious incidents. Consistently, feedback from ACRN stakeholders indicates there is significant mistrust in the ability and independence of the ACQSC to manage complaints. Accordingly, SIRS provides an excellent opportunity for an improved home care complaints management system that genuinely reflects consumer and community concern.

The current ACQSC complaints management system is inadequate to deal with the impact of significant events that arise in a home care setting, as was revealed by the Royal Commission. Small in-home incidents can accelerate to life-threatening incidents quickly — the impact of an incident on a vulnerable consumer can be misunderstood by a carer, as they may not have familiarity with a consumer to detect changes in pain threshold and personality changes.

In addition, given the casualised nature of the home-care carer workforce, where people only get paid if they work, there is little incentive to report incidents where the carer may be perceived as being at fault, in the event it will reduce their ability to work and earn money.

## **ACRN Recommendations**

We have set out above the broad issues in managing in-home care critical incident reporting, and summarise our nine recommendations below.

### **Recommendation 1: Consumer right to self-report to SIRS**

In-home aged care consumers and/or their nominated person must be empowered to report serious incidents directly to SIRS. It should not only be a system for providers. The consumer must receive a copy of all reportable serious incidents. This is in addition to providers reporting under the SIRS.

Self reporting is critically important due to the unique home care environment. Services provided in the home are usually one-to-one care without any other people present. This creates a situation where there may be little impetus for a service provider to report incidents.

Some consumers may use a variety of service providers. Care can become compromised when numerous carers provide services over different days, become unfamiliar with the consumer, and cannot identify significant physical and emotional changes that may have resulted from a serious incident.

### **Recommendation 2: Independent advocacy support for complainants**

While it is critical that consumers and their families can self-report serious incidents, ACRN is concerned some people may be reluctant to report a serious incident due to fears of repercussions from the service provider. ACRN is also concerned some consumers and their support networks may not fully understand the types of incidents that can be reported, leading to both an over-reporting of less serious incidents and an under-reporting of what may be a serious incident.

ACRN therefore recommends that in-home aged care consumers be supported by a consumer advocacy organisation that is independent of providers. The advocacy service must consist of legal and health professionals to assist consumers identify the seriousness of an incident, prioritise the incident, and refer the incident as appropriate to the ACQSC, the police or other organisations.

The consumer advocacy organisation should have the power to make independent phone calls to the consumer and their family and record issues related to their services, privately and confidentially. Recording all issues into a central repository provides the additional benefit of identifying trends for individual consumers, potentially preventing serious incidents from occurring.

### **Recommendation 3: Central complaints triage**

ACRN proposes that the expansion of SIRS into the homecare setting includes the funding of an independent central triage point, with a single 1300 phone number and/or online submission point to manage all incoming serious incidents. A single triage point would allow for the independent evaluation of all incidents, whereby serious incidents are referred to SIRS for investigation and complaints are referred to ACQSC.

A single triage point independent of ACQSC would go some way towards garnering trust of consumers and their families that a serious incident will be fairly and promptly investigated.

A single triage point would also make it simple to communicate to all stakeholders in the aged care system — this includes providers and their staff, individual private service providers, consumers, families and their support networks. It is critical that any genuine mechanism for reporting a serious incident is streamlined, easy to understand, simple to access, and contains no reporting blockages. It's important to respect that the consumers who may need to report a serious incident may comprise some of Australia's most vulnerable people.

### **Recommendation 4: National reporting system**

ACRN recommends greater transparency in the reporting of serious incidents, noting the vulnerabilities of consumers in the home care setting differ from the residential care setting:

- Australia needs a national system that provides incident information that may be shared between providers, by consent, and can be accessed by the consumer. This national system of recording incidents should be developed and be available to providers, service providers and consumers and their support networks. The home-care context is unique due to the isolation of many consumers. Small incidents that occur over time may amount to a serious incident. For example, persistent minor bruising or significant weight loss may indicate a serious health issue and should be reported by a service provider.
- All incidents should be reported including those incidents considered to cause low or no harm. It is important that consumers (and their family representatives if indicated on their individual care plans) should have access to all incident reporting.
- A national system of recording incidents will enable carers to report on issues that may not directly result from the provision of care services, but may help identify issues of neglect over time. This may include issues with the home environment related to cleanliness and essential services, as well as threatening behaviour by another person as observed by the carer. These incidents should be recorded and managed over time by the independent consumer advocate (Recommendation 2).
- ACRN proposes that any reporting system developed should have the capability to automatically flag or escalate incidents between reportable categories. For example, repeated low-level attendance, hygiene or medication breaches should automatically be escalated as a serious incident requiring investigation of neglect for a consumer. This system could be modelled on systems already used extensively in healthcare settings or child protection settings.

## **Recommendation 5: Expanded definitions of serious incidents**

Identifying significant incidents for in-home care can be problematic for the carer and for self-reporting. We propose that carer/provider serious incident reporting includes all the categories listed in the report, and also specifically refer to:

- Unexplained death  
All deaths that occur in an in-home care setting should be reported as a serious incident, with the ACQSC to determine if further investigation is required in consultation with the family.
- Restrictive practices and unreasonable use of force  
This is reportable but may include some permissible conduct that is consistent with the individual care plan, which may allow certain care practices in the best interests of the consumer.
- Neglect  
The definition of neglect is to include the non-provision of agreed/contracted services by the provider. Neglect must also include non-provision of essential services in accordance with those stated in a consumer's care plan. The non-provision of services must be reportable as a consumer may fail to attend a significant medical appointment or repeatedly miss personal hygiene services leading to health issues.
- Financial coercion, stealing and gifts  
Stealing and financial coercion by a care worker must be reportable. ACRN recommends care workers must not accept any gifts with a value of over \$50, and any offer of gifts above this value should be reported.

## **Recommendation 6: Electronic record of attendance**

SIRS should implement a QR code type check-in system to better manage serious incidents in home-care settings. A mandated check-in system will efficiently document attendance by service providers. This will provide a dual purpose of ensuring the individual carer has attended the premises to provide care for the agreed period of time, as well as provide a record should a serious incident occur. A check-in system could be expanded to include case-management and/or patient notes, which provides security and transparency for both service providers and consumers in home care settings where multiple staff attend. This system would also provide the added benefit of audit capability.

## **Recommendation 7: A consumer's care plan should define what incidents are serious according to individual circumstances**

The self-reporting of serious incidents should be consistent with the reporting requirements of the provider but be extended to include the serious incident reporting included in individual care plans. A key difference between residential care and home care is the wider variety of individual circumstances. In the home care setting, care plans are the documents

that detail a consumer's individual needs. The care plan should contain a section that lists the (potential) serious incidents that relate to each individual consumer; consumers and their families can review and provide input into this document. Accordingly, a minor incident in the home for one consumer could be a serious incident for another, depending on the medical and individual circumstances. For example, multiple bruises on a person with diabetes should be escalated immediately as a serious incident, as the non-reporting by previous carers could amount to neglect.

A carer in a home care setting should always defer in the first instance to the consumer's approved care plan that documents emergency processes and contact points. This is particularly relevant for consumers self-managing their home care packages. However, if a service provider encounters a consumer who has no family support and does not answer the door, that should be immediately escalated as a serious incident.

The care plan should also document what information is shared with families. In the event of an incident, the care plan will determine whether incident reporting remains with the consumer or is extended to their families and support networks.

### **Recommendation 8: National registration of in-home aged care workers**

ACRN recommends the national registration of all in-home aged care workers be mandatory as an urgent priority. This could be through expanding the remit of the Australian Health Practitioner Regulation Agency (AHPRA).

### **Recommendation 9: 72-hour timeframe for reporting level 2 incidents**

ACRN has serious concerns that the proposed reporting timeframe for level 2 incidents is too long. ACRN recommends all level 2 incidents be reported as soon as possible within 72 hours and reviewed and/or triaged by the SIRS team, with that team to decide whether the incident reporting be fast-tracked. ACRN's primary concern is that the individual circumstances of some consumers may mean a defined level 2 incident could be catastrophic if left for 30 days to be reported by a provider.

## **Conclusion**

The expansion of SIRS into the home-care setting provides an excellent opportunity to realise improved safety and quality of life for aged care consumers. ACRN believes it is imperative that significant changes be made in supporting consumers of in-home care services. The reporting of serious incidents by both providers and through self reporting by consumers is a significant step that empowers consumers to effectively manage their individual care needs. The other significant step is increasing independent support and advocacy services to ensure all aged care consumers can receive the services they are paying for, and to reduce the threat of harm.

It is critical that the focus of any new reporting system, including the expansion of SIRS into home care, be pivoted from providers to consumers. It is hoped this submission provides the impetus for greater consideration of the aged care consumer and their unique needs and vulnerabilities in their homes.

For more information, contact [info@agedcarereformnow.com.au](mailto:info@agedcarereformnow.com.au)