Development of Star Ratings and quality indicators for residential and home care

10 December

Response from 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 practical solutions to advance the care and wellbeing of aged care recipients.

For more information please visit our website www.agedcarereformnow.com or contact info@agecarereformnow.com.au

Opportunity to progress the Government's aged care reform agenda

ACRN welcomes the opportunity to provide input into the Department of Health's consultations into developing a star ratings system and improving the quality indicators as recommended in the Royal Commission into Aged Care Quality and Safety.

We believe that the star rating system and quality indicators for both residential and home care are inextricably linked and as such, ACRN has made a combined submission that addresses issues and makes recommendations that go across all three areas.

ACRN has some concern that star ratings could oversimplify what is a very complex system. However, ACRN acknowledges it was a recommendation of the Royal Commission. Accordingly, we support a star ratings system as the intent is to make aged care services more transparent and providers more accountable. It is important that information used to determine the ratings is easily accessible and publicly available, so consumers can make informed decisions on the criteria that best suit their needs. The Royal Commission recommended that at least 20 percent of consumers be surveyed and we agree that this is the minimum acceptable to ensure consumers' voices are involved in decision-making.

We appreciate the opportunities members of our group have had to attend the online workshops on Quality Indicators and a Star Rating system. Our submission consists of feedback from members of our group as well as feedback from other consumer representatives on the workshops we have attended.

SUMMARY:

Quality indicators and star ratings should focus on the questions that older people and their families have when they are choosing a service or assessing the quality of care

This should be the central tenet of any ratings system. The human rights of older people should be the number one priority. What does the consumer need to feel valued, heard, safe, comfortable and happy? Will their physical and emotional needs be met? Will they maintain their autonomy and will their family be able to advocate on their behalf? Will they maintain their dignity? Will they be respected?

In the case of residential care, this will be the older person's home and should be treated as such. When it comes to home care, service providers are entering the person's home which for many is a sanctuary. Will the service and care support their best life?

ACRN notes the excellent work conducted by the Aged Care Round Table and the series of leaflets produced to assist people with the questions they may have when moving into aged care. The DoH should consider the questions asked in these leaflets when assessing quality indicators and compiling star ratings. These leaflets are a good resource on the issues that are important to consumers and families. https://www.10questions.org.au/leaflets.html

Quality indicators should be assessed in line with an individual's care plan

Like beauty, quality is in the eye of the beholder. What is important to one person, may be less important to another. Therefore it is imperative that quality indicators are assessed in line with an individual's care plan. This applies to both residential and home care settings.

Complaints system should be integrated with quality indicators and addressed in Star Ratings

We believe there should be integration between SIRS, the complaints system and the quality indicators. Full participation of the person requiring care, their family and advocates is of paramount importance from commencement of the complaint process through to the outcome.

Quality is reflected in prompt and thorough attention to complaints, with necessary and appropriate changes implemented responsively and rapidly. This must be reflected in the quality indicators and Star Ratings.

Quality indicators should be used as a tool for improvement

Quality indicators without actual change when there are concerns mean nothing to the person receiving care. Any indicators must be driving improvements in care and not be so onerous that they detract from care.

Role of National Advisory Council and Council of Elders in developing quality indicators

While we value the work that has already been put into the quality indicators, we strongly believe this should take place with the input of the recently formed National Aged Care Advisory Council and the yet to be formed Council of Elders.

ACRN believes that consumers should be front and centre in the design of all aged care reform. It appears the DoH has afforded Providers the opportunity to help shape quality indicators from early in the process . The fact that consumers have only been given two weeks to provide a submission, while consultation sessions are still taking place, speaks to a lack of respect, priority and importance afforded to aged care recipients and their families in this process.

Quality indicators must pivot to prioritise consumer focus

ACRN appreciates indicators as useful for providers when self-reporting on key performance indicators (KPIs) which they can use to gauge their continuous improvement process and government regulatory responsibilities.

However, feedback from ACRN membership is that indicators should better reflect the concerns and aspirations of aged care recipients, families and the broader community. TACRN proposes quality indicators should also reflect questions they would have regarding the quality of individualised care and support that would be received by themselves or their loved ones. These main areas of focus reported by ACRN membership are:

- assurance there is a robust and transparent regulation system
- enough well-trained staff
- physical environments that enable independence, positive social connection, efficient and effective care
- sensitive indoor and outdoor design that promotes wellbeing.

What are the implications for non-compliance?

While ACRN acknowledges that the Star Rating program should promote better aged care services, we cannot leave enforcement to market forces. Members would like to see accountability and support for sanctions against providers, including criminal charges for gross neglect.

Inherent bias due to Provider self-reporting - public feedback mechanism should be included

The ACRN membership is inherently sceptical of the information reported in the quality indicators given they are due to be self-reported by Providers. Could the quality indicators feed into the consumer feedback that is a key component of the Star Ratings?

In addition, there should also be a public feedback mechanism that is available should consumers disagree or have evidence to show the Provider hasn't accurately reflected the indicator in its report.

Quality Indicator and Star Rating components should be transparent

Consumers should have access to the full breakdown of the components of the quality indicators and Star ratings. As mentioned above with regards to individual care plans, different components will be important to different people therefore consumers should be able to see the full breakdown to find what matters most to them.

Full transparency will also go some way to addressing the issue of bias.

Consumer considerations for quality indicators

ACRN is concerned that consumers have been excluded from genuine consultation in the current aged care reforms and strongly urges DoH to ensure consumer views and lived-experience drive the reform process. ACRN was disappointed in the quality indicators presented within the consultation process. They were seen to be Provider-centric and didn't give the information that consumers need to make an informed decision on aged care services.

> *"People who will require care and support need quality of care and more holistic indicators that they themselves, their families and friends can measure and that are meaningful to them."*
>
> Cecilia, ACRN Committee Member and DOH consultation participant

Following the recent consultation meetings, a number of issues were raised by our membership. The following questions summarise the concerns raised. We have based our submission on the concerns which are broadly aligned to three main themes: Person-Centred Care, Workforce, and Regulation.

1.Person-centred care

- Am I seen as an individual with a rich history and with individual strengths and challenges not as a summation of any conditions or disease processes I may have?
- Do I (and my chosen representative) have access and ongoing active engagement with my care plan?
- Are there community engagement programs and activities that will give me something to look forward to and keep me engaged with my neighbours and community?
- Will my wishes which I have documented in my Advanced Care Plan be acknowledged and respected, and will staff be aware of this plan and refer to it when appropriate?
- If I have an issue or a complaint will I or my family/advocates be able to bring this forward in a timely and appropriate fashion with the support of a person that is known to me who has a deep understanding of me and my care plan?
- Will the services, equipment and supplies I require to manage my needs be available as I need, and will these be assessed by appropriate allied health professionals for suitability and safety?
- Are there staff from culturally and linguistically diverse backgrounds who could speak my language if required?
- Will staff from culturally and linguistically diverse backgrounds be able to communicate clearly with me?
- Will I have access to expert palliative care services when I need them?

In addition, if I live in Residential Care…

- Will my family and friends be able to visit me on a regular basis at different times of the day? Are they able to assist me with ADLs (Activities of Daily Living) if required, especially assisting me to eat and drink if needed. If they are unable to assist me with eating, is there sufficient staff to do this?
- Will I have access and input into resident meetings and feedback opportunities? Will my voice be heard and valued?
- Will my cultural, dietary and linguistic choices or needs be taken into account?
- Are there outdoor spaces with nature features that I can easily access in all weather?
- Will I be in a protected environment where I feel and will be safe from harm?
- Will my fees and Government funding available to me be used for my actual hands-on care, support and wellbeing needs, and how will that spending be accountable and transparent?
- Am I able to have personal items and furniture and some control over my immediate environment e.g. individual heating/cooling?

2 .Workforce skill and stability

The quality and skill of aged care workers directly correlates to the quality of life experienced by aged care recipients. However, workforce skill and experience is currently not mentioned in the quality indicators.

Consumers require a stable workforce with consistency of skilled carers so relationships can be built and fostered. This is important in both residential and home care. A consistent skilled workforce has a profound impact on quality and safety of the care delivered, on how individual differences are responded to, and on mood, engagement and strengths brought forth in both the carer and person receiving the service.

Consumers in residential care have little interest in the exact amount of “care minutes”, but have great concerns about how and by whom care is delivered. Consumers in home care want to know how many hours of care they will receive once provider fees and charges have been deducted.

- Are there enough staff with the right skills to safely carry out appropriate care for my needs?
- Will I receive continuity of staffing so that I can form relationships with my support staff and know that they have a good understanding of my care needs, likes and dislikes and history.
- Are there allied health professionals available who can provide support and knowledge to keep me physically, socially, emotionally and psychologically healthy and engaged?
- What level of training do staff have?
- Are staff required to have ongoing regular training especially in areas such as personal care, dementia, palliative care, wound care, culture, diversity, infection prevention and control, pressure injury prevention and management,

communication, understanding the impacts of trauma and therapeutic responses, issues around sexual abuse and elder abuse?
- Are staff trained to compensate for any sensory loss that I may be experiencing?
- Will staff have proficient English skills for us to understand each other and communicate effectively?

In addition, for people living in residential care…

- Will I have direct physical access to a Registered Nurse 24/7 to respond to my clinical and medical needs?
- Will a Registered Nurse be guiding other staff in meeting my needs holistically and appropriately?
- Will I have access to my doctor when required or will the nurse be able to contact the doctor in a reasonable time?
- Medication management - are the individual or their representative given access to medication lists and are these lists descriptive as to the reasons why the medications are prescribed and under what circumstances they might be given. That is if it is a medication related to restrictive practice for behaviour management is there a clear protocol in place that a Registered Nurse can follow?
- Is there a pain management team available to manage my pain and a nurse available to administer my medication when I need it?
- Can staff attend to me in a timely manner If I need support with ADLs, especially hydration and continence?
- Are staff equipped to assess, observe and act on factors that may impact on my (or other residents) mood/behaviour and deal with these compassionately and appropriately?
- Are staff trained in palliative care and do they have access to expert palliative care resources when the time comes?

3. Regulation

- Are there any complaints or serious incidents (from SIRS) logged with the regulator against this provider/facility? Repeated complaints that signify unresolved issues are a major concern. What did they entail and how were they handled?
- If I have a fall or serious injury, who is able to assist me and will I (or my representative) have access to incident reports and a falls incident review?

Our recommendations for quality indicators

Overview

While the childcare, mental health and disability sectors have moved away from institutionalised models of care, aged care has languished in a profit-driven provider-model that has failed vulnerable elderly Australians. Australia should take the opportunity to look at the changes that have been made in these sectors and where successes and quality improvements have succeeded.

Other care sectors have embraced person centred care and individualised empathic models of care. For example, Montessori, Marte Meo, the Eden approach and Naomi Feil's validation method, support a person-centred approach. These models are currently being used successfully in aged care overseas.

The childcare sector in Australia provides a good example of where Improvements in quality standards have resulted from the mandated upskilling of the workforce. This includes:

- Increased training
- An early childhood teacher is required on site
- All staff need to have a minimum Certificate 3 training qualification
- 50 percent of staff need to be working towards a Diploma qualification
- Introducing enforceable ratios and decreasing staff turnover.

Quality indicators should not be so onerous that they take time away from the skill of caring.

We note that there does not appear to be much input into the quality indicators from culturally and linguistically diverse groups or individuals, and ACRN recommends the consultation be broadened to allow for this.

Quality of life and person-centred care indicators

The person's individual needs should always be at the centre of any care or support delivered. What are their individual strengths and challenges? How can we deliver the best quality of life for the time they have left? How can we best support and enhance their lives?

ACRN proposes effective Quality of Life and Person-Centred Care indicators to be:

- Number (percentage)of people that were involved (or had a representative involved) in their care plan.
- Number of recipients or their advocates(as a percentage) who were involved in residents meetings. Any changes that came about in response to requests/suggestions from these meetings. Details of any dispute from the care recipient or their family (that is, were elements wanted by the care recipient not included in the approved care plan).
- Were there Community Engagement Programs- how often and percentage of care recipients/families who attended them.

- Old people's home for 4 year olds looked at depression scales and did pre and post Geriatric depression scales- this could be done on entry then after 3 months
- What models or approaches does the provider use when delivering care e.g. Montessori, Marte Meo, Eden, Validation therapy?
- Number of residents who received medically managed palliative care throughout their life limiting illness and at the end of life.

The Royal Commission stated that Palliative Care should be the core focus within Aged Care. It is important to our group that Palliative Care skills and access to Palliative Care Resources is considered as an important indicator given that many people who enter Aged Care have life limiting illness and would benefit greatly from staff who have knowledge of the Palliative approach to care and to a Palliative Care Service.
https://palliativecare.org.au/download/20377/

The recommendations of the Royal Commission are aligned with, and a very strong endorsement of recommendations long held and advocated by the nation's peak palliative care organisation, Palliative Care Australia (PCA)

'Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.' » This approach will provide better care for older Australians diagnosed with a life-limiting illness, considering their needs beyond only the end of life."

Workforce skill indicators

ACRN proposes effective workforce skill indicators to be:

- Outline percentage of staff with different training levels eg: 30% RN, 20% EN, 50% PCA with minimum Certificate III. This demonstrates skill mix.
- Is there at least one RN on site 24/7 that is available for resident care?
- Are there any staff to resident ratios in place? If so, what are they?
- Does the provider require staff to undergo ongoing training and demonstrate competency?
- What percentage of staff have completed training units? There could be a tick a box system to cover areas that staff have completed in the last 6 months eg, wound management, pressure injuries, dementia, palliative care, communication, infection control etc. There should be a requirement for refresher training each year by staff to ensure standards are maintained and core skills current. Modules could be developed and delivered online by DoH to ensure consistency across the sector. But while there can be online training, nurses and carers need to demonstrate that they are able to apply their training in real life settings.
- What is the percentage of staff turnover in a 6 month period?
- What is the percentage of casualised staff usage?
- Are there whistleblower protections for staff?
- Is there a Care plan team with a Registered Nurse team leader who will facilitate my care plan at family meeting opportunities?

Regulation indicators

ACRN proposes effective Regulation indicators to be:

- Number of SIRS reports required to be made to the department- is this number increasing or decreasing?
- Number of complaints made to the facility. How were these dealt with or resolved? What is the amount of time taken for complaints to be resolved?
- Results of unannounced audit visits and whether they were done in business hours or outside of these times.
- Transparent publication of complaints and outcomes, with providers named and care recipients de-identified. These decisions should be published and accessed similar to court decisions.
- Publication/reporting of all complaints against providers. These statistics should be publicly available to care recipients / families to allow effective decision-making about care decisions.

Star ratings

The consultations asked us to consider four elements that are proposed to go into Star Ratings. Below is a high level summary of ACRN member views on each of the components.

1. Consumer experience

In any rating system the consumer experience should be the dominant indicator. The suggested model states that 10% of consumers will be surveyed. Recommendation 94 of the Royal Commission states that a minimum of 20% of consumers be surveyed. In addition we believe that any surveying of care recipients needs to include those with a variety of care needs and representatives of those who cannot speak for themselves.

If only those who can independently complete surveys are included there is a risk of a skewed outcome as often those who are able to advocate for themselves receive a better level of care.

2. Service compliance

Service compliance should also include complaints made, outcomes of complaints and how transparent the outcomes are to the older people and their families.

3. Care minutes

To people receiving care in residential settings the need to have enough well trained, empathic staff to meet their care needs in a timely manner, when required whether that is day or night, is of paramount importance. This is more significant to them than an arbitrary measurement of how many care minutes they may receive in a 24 hour period.

Those receiving care at home are interested in how much support their package will obtain for them in direct care, equipment, social interaction and activities of daily living. The percentage of the package that will be retained by providers needs to be easily accessible to consumers. The current high levels of up to 40% being charged by some providers is unconscionable.

Any consumer questionnaire should include continuity of staff and whether the person receiving care or support felt that staff knew them well and were conversant with their needs.

4. Quality indicators

As noted previously, any feedback on quality indicators needs to be considered in line with Star Ratings as they are all part of the same system.

Conclusion

In any service, the quality is generally measured by the outcomes for those using the service.

Quality indicators and star ratings should be designed to help consumers make more informed decisions about their care.

The individual should be at the centre of any reforms in aged care. Workforce, training and environment all impact on the experience of those accessing Aged Care services.

If the RIGHT WORKFORCE with the RIGHT QUALIFICATIONS and ONGOING EDUCATION, are in the RIGHT PLACE with the RIGHT ENVIRONMENT at the RIGHT TIME, person-centered care can be achieved.

"Consumer experience is the key. If all is well in the care realm consumers will be happy."