

Response ID ANON-4U3B-FQCD-V

Submitted to **Single Aged Care Quality Framework - Draft Aged Care Quality Standards**

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Introduction

1 What is your email address?

Email:

marcia.balzer@baptistcareaustralia.org.au

2 Are you answering on behalf of an organisation? If so, please provide your organisation's name.

Yes

Organisation:

Baptist Care Australia

3 Do you give consent for your submission to be published in whole or in part?

Yes

More detail about you

4 What role best describes you? Please select all that apply.

Peak body - provider

Text box to add other roles:

5 Do you identify with any special needs groups, or, does your organisation provide support or services to any special needs groups? Please select all that apply.

People from Aboriginal and/or Torres Strait Islander communities, People from culturally and linguistically diverse (CALD) backgrounds, People who live in rural or remote areas, People who are financially or socially disadvantaged, People who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran, People who are homeless, or at risk of becoming homeless, People who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations), Parents separated from their children by forced adoption or removal, People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

6 Where do you live, or, where does your organisation operate? Please select all that apply.

NSW, VIC, QLD, WA, SA, TAS, ACT, NT

7 What is your location, or, the location where your organisation operates. Please select all that apply.

Metropolitan

8 If you are an aged care service provider, please select all the types of care your service delivers.

Residential care, Home care, Commonwealth Home Support Programme services, Transition care

9 If you are an aged care service provider, which option below best describes the size of your organisation?

Large

General questions about the draft standards

10 Do the consumer outcomes in the draft standards reflect the matters that are most important to consumers?

Yes, mostly

Text box for suggestions about improving consumer outcomes:

Baptist Care Australia contributed to the submission prepared by the National Aged Care Alliance, and is fully supportive of the points raised in that submission. This submission underlines some key concepts that need to be particularly emphasised and makes some additional comments that are not necessarily covered in the National Aged Care Alliance submission.

Most matters of most concern to consumers have been incorporated into the draft standards. These matters include exercising choice, dignity, safety, and quality of care.

Spiritual care

Baptist Care Australia would like to add an additional dimension of spiritual wellbeing, which is central to quality of life for many consumers. No person-centred approach to wellbeing is complete without considering a spiritual dimension.

The person-centred approach is central to the relational definitions of spirituality used in the National Guidelines for Spiritual Care in Aged Care (released 2016) and therefore highly pertinent to the delivery and quality standards of aged care. Baptist Care Australia aged care providers have both evidence and experience that the inclusion of best practice in spiritual care (as defined in the National Guidelines) significantly enhances the quality and experience of care at all stages of a person considering, transitioning and concluding in aged care – especially in end-of-life care.

Underpinning the Guidelines is the philosophy that the spiritual dimension is intrinsically human and needs to be recognised and respected as sacred. Therefore, spiritual care is a basic human right and all older people receiving care should have access to effective care in a way that is meaningful to them (see page 14 of the National Guidelines).

The National Guidelines for Spiritual Care in Aged Care provide a framework of standards based around five domains in which the quality of spiritual care is implemented in the aged care context.

Access and affordability

Consumers are also entitled to expect aged care services that are accessible and affordable. The standards need to include a requirement for providers to demonstrate fair and equitable treatment of consumers seeking to access services, regardless of their ability to pay. Providers that are responsible for income assessment and fee-setting must demonstrate that their process are transparent, consistent and fair, and that the ability to pay has no bearing on consumer access to government-subsidised, quality-controlled services.

11 Are the organisation statements and requirements in the draft standards achievable for providers?

Yes, mostly

Suggestions - are organisational statements and requirements achievable:

Standard 1

Providers will likely find it challenging to fully accommodate consumer autonomy and choice in all situations e.g. gender preference when showering. The value of choice is clear, but there will likely be practical restrictions and this may make assessment of the quality of services more difficult without further clarification. There will similarly need to be more clarification of “unfettered choice” that may impact other consumers and staff and how these risks are appropriately managed without adversely impacting on the consumer’s right to choice.

Standard 3

For home care providers, further clarification around what constitutes ‘timely identification’ of unexpected deterioration or change is required as compliance may prove difficult especially for providers who provide service infrequently e.g. once a week or fortnight. Clarification around what is considered to be an acceptable response to deterioration, and whose responsibility it is to implement the response would also be helpful due to the potential conflict between consumer / carer and worker when determining a response. The National Aged Care Alliance has suggested that any deterioration or change might need to be recognised and responded to in a timely way, and this might be one solution.

The requirement around antimicrobial stewardship is not really applicable to the home care environment unless there is an expectation of stewardship education. The intent is worthy but it is difficult to see how home care services can respond effectively to this aspect of Standard 3.

12 Are the draft standards measurable?

Yes, mostly

Text box - suggestions are draft standards measurable:

Organisations will develop responses to the Standards appropriate to their services and circumstances, and attempt to demonstrate measurability through feedback, incident reporting and responses, and various other methods. The outcomes, organisation statements and requirements are broad and there will not be a one size fits all approach across the sector.

At this stage it is not clear how these responses will be assessed. It will be vital to ensure that the standards and the assessment measures chosen are appropriately aligned. It is noted that guidance material that will be developed will include details about how the standards will be measured.

13 Are there any gaps in the draft standards? If so, what are they?

Yes

Text Box for gaps in draft standards:

Role of family and carers

The definitions in the discussion paper specify that ‘consumer’ includes the meaning that ‘where applicable, it may also include the person’s representative, carer, family member or substitute decision maker’. It’s obvious that this is the approach taken by the standards to – very appropriately – emphasise the agency and choice of aged care recipients. However, the very important role of these people in aged care is not really acknowledged in the standards apart from Standard 2. The role of family/partners is especially strong, particularly for people with cognitive decline or requiring end of life care. Perhaps their important role needs to be more substantially acknowledged in the Standards.

Access and affordability

As outlined in question 10, Baptist Care Australia strongly believes there should be an additional standard to ensure access and affordability for consumers accessing government-subsidised services.

Spiritual care

As outlined in question 10, Baptist Care Australia strongly believes that spiritual care is essential in ensuring wellbeing of aged care consumers, and that an appropriate reference should be included in the standards.

14 Is the wording and the intent of the draft standards clear?

Yes, mostly

Text box for suggestions about how wording and intent could be improved:

The National Aged Care Alliance has made some commentary on the language used, and Baptist Care Australia supports those comments.

In addition, the language used for the consumer outcomes is not always consistent with the language in the rest of the standards. If this language reflects that commonly used and understood by aged care consumers, there's no reason to amend it. If not, this should be tested in the pilot program.

15 Are any draft standards or requirements NOT relevant to the following services? If so, please provide details below.

Text box reason why standard is not relevant:

All standards are relevant to Residential Care, Home Care, CHSP and Transition Care however the implementation and response to the Standards will vary across the different programs. It will be important that auditors are aware of the program differences in particular when reviewing personal care services under CHSP funding.

Baptist Care Australia does not feel provide multi-purpose services, National Aboriginal and Torres Strait Islander Program Services, STRC or MPS so has no comment on the applicability of the standards to these programs.

Specific suggestions about each draft standard

16 Do you have any specific suggestions in relation to draft Standard 1: Consumer dignity, autonomy and choice? If so, what are they?

Text box Standard 1 Consumer dignity, autonomy and choice:

Providers will need further guidance about who makes the final decision when there is differing expectations of care between consumers and their representatives, particularly when the consumer has some degree of cognitive impairment. This is not a new issue but clarity around whose decision is final might be required from a legal viewpoint, particularly when decision involves some risk e.g. smoking by the consumer, or refusal to accept a modified diet.

The organisational requirements and explanatory notes should make reference to, and be able to accommodate the role of a substitute decision-maker when the consumer's capacity to make an appropriate decision is impacted by factors such as cognitive impairment or ill-health. Reference should also be made specific roles such as formally-appointed guardians within the organisational requirements, due to their contribution they make to decision-making for clients with limited capacity.

See also response to question 11.

17 Do you have any specific suggestions in relation to draft Standard 2: Ongoing assessment and planning with consumers? If so, what are they?

Text box suggestions in relation to draft Standard 2: Ongoing assessment and planning with consumers:

The word 'partner' seems somewhat at odds with the concept of needs assessment. Perhaps a better wording might be: "I am consulted throughout the ongoing assessment process and my care and services are developed in partnership with me."

'Enablement' needs to be included alongside 'reablement' (p19). The glossary definition of 'reablement' is far-reaching and further clarification of reasonable expectations of the provider is required. 'Enablement' may be more achievable as an ongoing standard and expectation within all service provision environments.

Baptist Care Australia recommends the inclusion of the concept of wellness, enablement and reablement into the consumer outcome statement to ensure that this is a focus from the outset.

The use of the word 'assessment' in this standard is somewhat problematic, given its relevance particularly for CHSP and HCP service providers, as the assessment component is conducted by the RAS's and ACAT's, with service providers expected to focus on service delivery.

18 Do you have any specific suggestions in relation to draft Standard 3: Delivering personal care and/or clinical care? If so, what are they?

Text box suggestions in relation to draft Standard 3: Delivering personal care and/or clinical care:

It's not entirely clear whether allied health intervention is considered to be clinical care - if so, it should be included in the explanatory notes.

While 'dignity of risk' is mentioned throughout the document, it needs to be incorporated further against statements such as that in 3.7. That is, it needs to be recognised that the care recipient may choose these high risk activities and therefore the obligations of managing the activity need to be clear.

Emphasis should not be on 'choking' but on 'swallowing difficulties'. To focus on choking ignores the other risks such as aspiration (and pneumonia).

See also the response to question 11.

19 Do you have any specific suggestions in relation to draft Standard 4: Delivering lifestyle services and supports? If so, what are they?

Text box suggestions in relation to draft Standard 4: Delivering lifestyle services and supports:

This standard needs to be expanded considerably. It should include activities that address spiritual needs to promote meaning and purpose in line with care recipient's wishes.

A statement about service providers facilitating timely referrals to providers if they are not equipped to support the consumers request should also be added to Standard 4 (as per Standard 3).

20 Do you have any specific suggestions in relation to draft Standard 5: Service environment? If so, what are they?

Text box - specific suggestions in relation to draft Standard 5: Service environment:

Standard 5 should include consideration of the behaviour of people visiting and the potential impact on other care recipients (those they are not visiting). A 'safe, clean, secure, well-maintained and comfortable service environment' should include attention to the other people in that environment.

21 Do you have any specific suggestions in relation to draft Standard 6: Feedback and complaints? If so, what are they?

Text box suggestions in relation to draft Standard 6: Feedback and complaints:

In the consumer outcome, Baptist Care Australia recommends the inclusion of a statement about understanding how to make a complaint.

22 Do you have any specific suggestions in relation to draft Standard 7: Human resources? If so, what are they?

Text box suggestions in relation to draft Standard 7: Human resources:

It could be argued that 'quality care and services' includes the idea of timeliness, which might make 'when I need them' unnecessary in the consumer outcome.

Although the definition of 'workforce' includes volunteers, as work health and safety legislation requires providers to engage with volunteers in much the same way as the workforce, there should be some mention of them. There should be some organisational accountability in the management of volunteers as well as employees.

23 Do you have any specific suggestions in relation to draft Standard 8: Organisational governance? If so, what are they?

Text box - suggestions in relation to draft Standard 8: Organisational governance:

Whether the majority of consumers would be in a position, or wish, to make a judgement on whether the organisation is well-run is perhaps a question that can be tested during the pilot program. If they are, then there should be a reasonable understanding of what most consumers mean when by a 'well-run' organisation. If there is a wide variation or diversity in interpretation of this phrase, there may be an alternative that is more consistently understood by consumers – perhaps 'streamlined', 'efficient' or 'well-managed'.

The inclusion of 3rd person language in this draft statement 'the consumer voice' is inconsistent with the wording of other consumer outcomes, of which all are in the 1st person. A suggested re-wording would be 'and feedback about my experience is sought and considered by the organisation'. This might also be included in the consumer outcome for standard 6. Perhaps inclusion of a statement about the possibility of contributing to organisational planning would better reflect the intent of this outcome.

We recommend inclusion of 'workers' in 8.3c – 'risk management that incorporates identification, analysis and management of risks and incidents that impact on consumers, workers or on the provision of care and services'.

Other Comments

24 Do you have any other comments or suggestions about the draft standards?

Text box - any other comments or suggestions: