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HCCA Submission to the Single Aged Care Quality Framework – Options for Assessing Performance against Aged Care Quality Standards – Options Paper 2017

Submitted 21 April 2017

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Background

The **Health Care Consumers' Association (HCCA)** was incorporated in 1978 and is both a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a member based organisation. We have Consumer Reference Groups in both the areas of the Health of Older People, and Quality and Safety. Both groups have a strong interest in the quality of aged care services in Australia, particularly in relation to residential aged care. We sought feedback from our membership about this consultation and their comments have shaped this submission.

In 2013 Alzheimer's Australia released a report¹ that detailed cases of residents of nursing homes with Alzheimer's being physically restrained, assaulted and sedated without consent. We have heard similar stories from people in our membership of family members, residents of nursing homes, left in urine-soaked beds (or worse). This is unacceptable.

We need to have visibility on the quality of care that the services provide, including on basic requirements such as providing hydration, nutrition, cleanliness and safety.

¹ Alzheimer's Australia Inc (2013) Quality of Residential Aged Care: The consumer perspective. Accessed 19/04/2017 at: <https://www.fightdementia.org.au/sites/default/files/NATIONAL/documents/Alzheimers-Australia-Numbered-Publication-37.pdf>

Consumers and their families need transparency and accountability from aged care organisations about their performance against quality standards, to:

- help minimise risk,
- promote delivery of high quality care and services to consumers, and
- provide appropriate information to consumers to assist in decision making about which services to use, as well as the services they are receiving.

General comments

The way in which aged care organisations are assessed against the Aged Care Quality Standards are central to helping ensure the high quality performance of services for consumers.

HCCA consumers support the idea of developing a single aged care quality framework that will apply to all aged care organisations. The current processes that separate accreditation and quality review were described by one consumer as:

“too cumbersome and consumers do not understand which one applies to the services they are receiving. Many providers provide a variety of services and it will be a simpler process for consumers to understand a reformed single assessment process”.

HCCA hopes that this new approach will

- allow consumers the opportunity to compare and contrast the performance of providers against the standards in all settings (i.e. residential, home care, flexible care and multi-purpose services)
- simplify the information provided to consumers by having single standards and consistent vocabulary applied to all services
- promote high quality care and performance assessment, and facilitate public access to the results, thereby helping consumers to make better informed choices about the services they need and the care they receive.

One consumer commented that:

“A potted history of a particular facility ... available to be downloaded from a website would be most useful. Again, with a level of detail such as if one were buying a place to live, which in a way, one is! Links to the latest QA [Quality Assurance] report?”

Consumers and their families are making an important choices about residential aged care facilities, which have many significant implications for their lives. Consumers should be able to access as much information as possible about the quality and performance of services in order to support their decision making process.

Development of the Options and Next Steps (p5-6)

Point 4 (p5) mentions that the Department of Health has ‘considered the work of the Aged Care Sector Committee on the Aged Care Roadmap, including its call for a single sector-wide quality assurance process.’ Our consumers expressed concern that Option 3 presented in the options paper:

“would seem to be at odds with a ‘single sector-wide quality assurance process’ as an organisation providing a self-assessment may experience great difficulty in impartially assessing its own standards against those used in an external accreditation process. This would be even more difficult for organisations providing care in remote and rural areas”.

HCCA consumers were also concerned about the idea of using opportunities for recognition of similar accreditation systems. Whilst HCCA appreciates the benefits of aligning aged care accreditation processes with similar processes (i.e. National Disability Insurance Scheme) it is important to consumers that the level of standards in aged care quality are not compromised and that performance assessment maintains the impartial input of consumers of these services, in addition to care providers input.

One consumer expressed concern that aged care organisations may try to opt out of some standards for quality by claiming that certain standards do not apply to their services. This suggests that checks and balances are needed in the assessment system to ensure this does not become an issue.

Current Quality Assessment Arrangements (p7-13)

The following suggestions were made by consumers about the current quality assessment arrangements:

“The Quality Agency, as an independent body, should be retained and given more authority as the government agency responsible for the quality assessment of all aged care services”.

“The current system of accreditation process as used for the residential care services should be retained and widened so that it can be adapted for all services. All six processes should be retained”.

“Quality review - This system should be removed from all services in favour of one single process such as the Accreditation process used by the Quality Agency... This would improve transparency and be a more consumer friendly process that would be more easily understood as it would apply to all care services”.

Another consumer made this important observation about the current assessment arrangements:

“I’ve observed the accreditation-related panic, in more than one aged care residential facility, heard all the complaints about red tape, seen how this is used

as justification for neglecting the needs of residents... No doubt efficiencies could be improved, but not at the expense of necessary monitoring/accountability for protection of the vulnerable”.

There were also suggestions to improve the current assessment arrangements:

“There should be emphasis on continuous improvement in the provision of all aged care services, particularly the home care and flexible services. This is an area where the status of the standard of care for the consumer can be static and not receptive to the deteriorating condition of the consumer. A continuous improvement requirement would require a more investigative approach”.

“Certainly there needs to be more respectful (and genuine) involvement of consumers in new quality assessment arrangements, and information about outcomes needs to be made more widely and easily available, in order for them to make informed choices”.

Critical elements of any assessment process / common features (p16-19)

Any assessment process must have a set of standards for quality that must be met in all settings. One consumer commented that:

“These should be related to the outcomes required by the consumer receiving the care. They should relate to quality of life, support to promote low levels of deterioration for the consumer, encourage consumer choice in the care received and be of an acceptable standard as recognised by the consumer”.

There was general support for the “Features to be common to all options” outlined in the options paper. Another consumer commented that:

“Opportunities for consumer involvement need to be more widely advertised, in care facilities and services, and guarantees of personal anonymity need to be real, and credible... fear of retribution is a disincentive to telling it like it really is”.

HCCA notes that there is community fear around complaints or the provision of feedback. Fear of retribution creates a significant disincentive when the person or their relative providing the feedback is in receipt of those services. Mechanisms need to be in place to ensure that this, and other barriers to feedback, are addressed. The aim is to improve access and support genuine consumer participation in continuous improvement processes.

Comments on competition and market forces

In relation to how information about service performance, gained from quality assessments, can drive competition, one consumer noted that:

“It would be nice if we ended up with publicly-available information such as I’ve seen in the USA, where you can google the name of a facility, and see star ratings on different criteria, as well as consumer reviews (as you would for hotels!)”

There was also concern from consumers about the context (p2) to create a competitive market-based system where consumers drive quality. A consumer commented:

“How will this apply to rural areas where there is limited choice and consumers will be obliged to accept whatever care is available, particularly if there is only a single provider of residential care and minimal support services?”

Our membership holds a variety of views regarding the value of market forces in improving the supply and quality of care. While some welcome the introduction of market forces to set standards and prices through competition, the majority of our members are deeply concerned by this and fear the consequences of market driven supply and market failure.

Specific comments on options presented for consultation

Option 1: Assessment process based on care settings with different approaches for residential care settings and home/community based settings

This is the current process and is overly complicated for consumers particularly when a single provider is providing care in a variety of settings. It is impossible for consumers to compare and contrast the quality of service because of the difference in the settings. A consumer commented on Option 1 to say that:

“I’m in favour of changes that are a bit more radical... Mainly, it’s about the seriousness of the implementers, especially about resourcing, and an attitude of mind which is anti-ageist: that is, to an extent, counter-cultural”.

Option 2: Single risk-based assessment process applicable to all aged care settings

There was general support for Option 2 from HCCA, with a number of suggested caveats. For example:

“[I] support this system with the proviso that being a risk-based assessment process, stringent quality standards are required to be applied”.

“As a more risk-based approach to assessment, I’m assuming the department would have access to data from the Quality Agency and the Aged Care Complaints Commissioner. Whatever system is developed needs, above all, to be appropriately responsive and flexible”.

There were some concerns about Option 2:

“My concern about this option (number two) is the risk that high-performing services might, away from the glare of regular monitoring, steadily deteriorate. Instead of accepting the ‘finite resources’ argument (mentioned several times in this paper) as an argument for more strategic assessment, governments should be prepared to devote whatever resources are necessary to ensure that all aged care services operate to an acceptable standard at all times”.

HCCA suggests that for Option 2 to be successful, the assessment process needs to apply to all care provisions in all settings.

“Organisations providing care, in conjunction with the consumer and the consumer’s family and/or support person, are more likely to organise a successful ‘continuum of care’ pathway if there is an obvious progression of need being observed”.

HCCA also proposes a system of annual ‘surprise’ visits as part of ongoing assessment processes for aged care services. As has been shown in hospital accreditation in Australia, there is risk in scheduled assessments becoming events which are carefully managed by organisations, rather than an accurate view of everyday service operation. We see ‘surprise’ visits as a mechanism for helping ensure continuous quality improvement and upholding the Standards Framework for consumers.

Option 3: Safety and quality declaration by organisations providing low-risk services to the broader population.

Option 3 is a system based on the assumption that providers will supply accurate and impartial information about the services they provide. Consumers were not comfortable with the idea that providers could provide a minimal ‘declaration’. HCCA believes this option is flawed in its expectation that providers will impartially assess the quality of their own services. A consumer commented that:

“This option would have the capacity to severely reduce the quality of services provided in the so-called “low-risk” services if there are no impartial assessments being made... The process of independently auditing, verifying and monitoring an organisation’s performance against standards would be seriously reduced”.

Another consumer stated:

“It is fanciful (not to say irresponsible) to believe that market mechanisms alone will sort out/eradicate poor practice”.

It is important to note that consumers who receive poor quality care at the lower levels of care, such as in home care or flexible care services, this in itself can increase the chances of deterioration in health or living conditions. This can result in a need for an increased level of care for the consumer, even requiring residential care earlier than would otherwise have been necessary if good quality home care or other services were received in the beginning. Consumers are not always clear on what to expect in terms of quality of care – this in itself needs to be clearly communicated in the standards for quality of aged care and information available to consumers and their families so they are better able to assess for themselves the quality of care being received.

Concluding remarks

HCCA hopes to see a robust performance assessment process in place for all aged care services, based on the single quality framework of standards in aged care that is currently being developed. Aged care organisations that partner with consumers in their continuous quality improvement processes will lead to better care and better outcomes across the aged care sector into the future. We look forward to seeing how our feedback and comments shape this important work of performance assessment in aged care.

Please do not hesitate to contact us if you wish to discuss our submission further. We would be happy to clarify any aspect of our response.