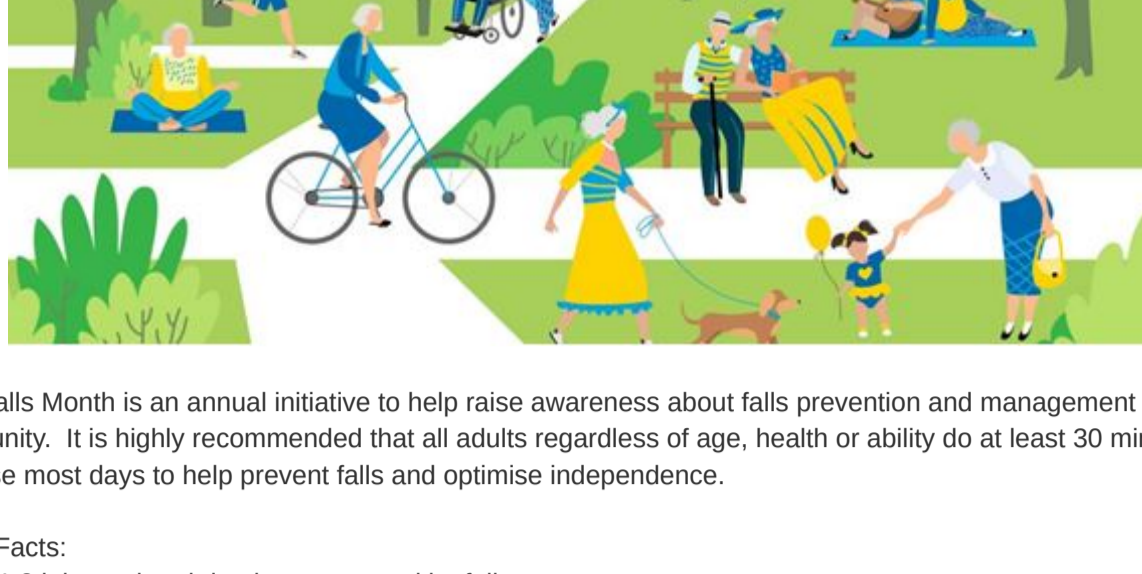


acia leading quality in community services

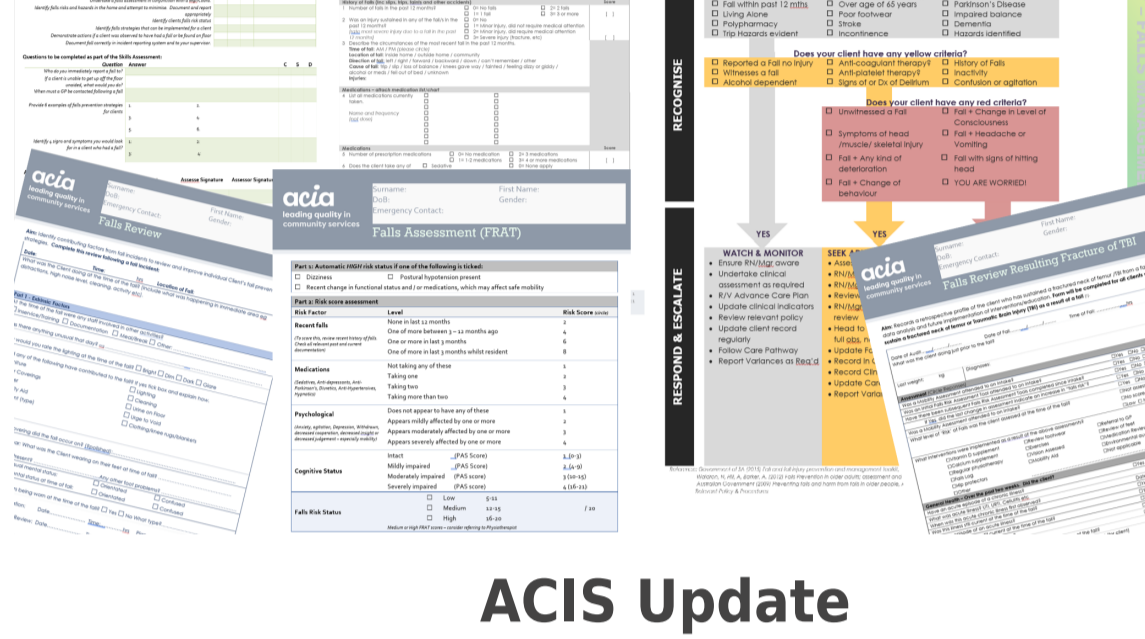


April Falls Month is an annual initiative to help raise awareness about falls prevention and management in our community. It is highly recommended that all adults regardless of age, health or ability do at least 30 minutes of exercise most days to help prevent falls and optimise independence.

ACIA Falls Resources for You:

As part of ACIAs commitment to improving the resources and supports for you to help improving in your practices and safeguarding our clients. We have developed a series of Falls resources you can get emailed to you and use. These will be available on the new member portal with the release of our new website shortly but in the interim you can email us at contact@acia.net.au and we will send them **complementary to our members. These** include:

- Falls Assessment (FRAT)
- Falls Risk Assessment (FROP)
- Falls Management Pathway
- Falls Review
- Falls Review Resulting in Fracture or Traumatic Brain Injury
- Falls Skill Assessment for Staff



ACIS Update (inc new Provisional Certification)

If you are interested in finding out more about the ACIS 4.0 standards, we will hold a **COMPLEMENTARY ACIS** condensed update for members and those considering upcoming insurance tenders on 10th May 2022 10-2pm which will include the **new Provisional ACIS** update. This Provisional status will enable a condensed version of ACIS to commence with an 18 month expiry to assist provides fast track their certification and help align to their next NDIS accreditation. Click on the link to enrol.

[Enrol in a Free ACIS & Provisional Update](#)

ACIS Scheme as released a new Advisory note to the Auditing Bodies, and has been supported by the ACIA Board and both the iCare and MAIB.

Don't forget to consider the new Application for Special Consideration in your planning of your next surveillance and certification audits in order to help align ACIS and NDIS in order to save you time and money. If you would like more information please email us at contact@acia.net.au.

PRIORITY

Current Focus

We are nearing the launch of our refurbished website. Please keep your eyes peeled for announcements on the upcoming launch date. The website will include a complete new and fresh look (including our members portal)! The members section on our website will include updated guidelines (including new ones on clinical governance and infection control). Along with resource forms and templates you can download and use in your business. Stay tuned! We are always look for new ways to connect with our members. In recent weeks we have launched new and improved surveys. The aim is to better assist and inform you in any way we can. If you have a moment and have not yet already, please take the time to complete our Members Survey.

Any ACIA member who completes the survey by the **end of April 2022**, will go in the draw for a **free ACIA 2022-23 Membership** (valued up to \$1,152).

[ACIA Competition - Member Survey](#)

NDIS Worker Screening

Based on member feedback NDIS Worker Screening check delays have again become a problem within initial feedback saying some states delays are a minimum of 3 months and they cant start working in the meantime. A recent Linked survey suggests the wait time is that 2:3 staff are waiting longer than 4 weeks. We are working with the NDIS to lobby the state Governments that are being inflexible to fix this issue but we need more information.

Can you please complete this quick survey to help us gather some more feedback.

Also check the current state requirements for your workers: [acceptable-state-and-territory-checks.pdf](https://www.ndiscommission.gov.au/acceptable-state-and-territory-checks.pdf) ([ndiscommission.gov.au](https://www.ndiscommission.gov.au/)).

[NDIS Worker Screening Survey](#)

How long is it taking you to get NDIS worker screening checks processed?

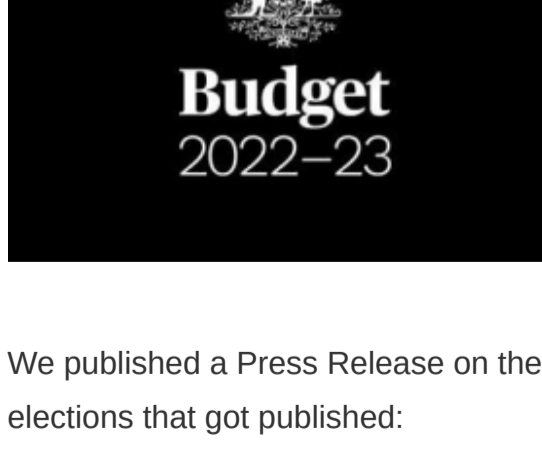
You can see how people vote. [Learn more](#)

1-2 weeks	26%
2-4 weeks	21%
4-8 weeks	28%
8+ weeks	26%

We have submitted a budget paper response that got published.

<https://acia.net.au/budget-response-and-appeal-for-improved-quality-management-and-safeguarding-in-aged-care-disability-and-community-care/>

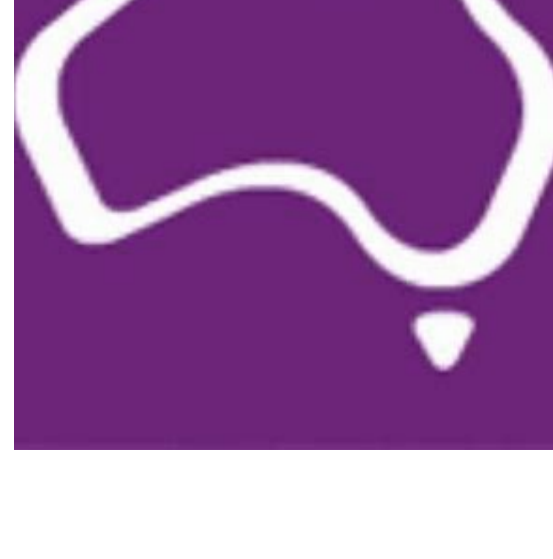
<https://afipn.com.au/australian-government-failure-to-act-on-the-royal-commission-into-aged-care/>



We published a Press Release on the elections that got published:

<https://acia.net.au/acia-press-release-aged-care-and-disability-crisis-in-australia/>

<https://afipn.com.au/election-concerns-on-lack-of-commitment-for-disability-and-aged-care/>



ACIS 2018 - Review - Part 2

A few more learnings on ACIS 2018 and what it takes to get a non conformity and a best practice:

Service Delivery

- Strengths
 - Training in place to ensure all workers are suitably qualified and experienced and have the right skills to perform the support role.
 - Workers required skills were identified, and recruited to undertake these skills had undertaken training to ensure the clients needs were safely meet.
 - Individualised support plans developed, and tailored learning package developed to reflect the clients needs.
 - Individualised risk approaches to care and service delivery.
 - Goals are regularly reviewed with reasonable, realistic and individualised goal setting in place which is aligned to provisions in place.
 - Review processes including engagement with clients in business improvement initiatives and validated engagement in flexibility to achieve individualised goals.
- Gaps
 - Transitions and exits of clients were not well documented, supported and information provided in a timely manner.
 - Where third parties are involved and information is not shared or communicated effectively and in a timely manner.
 - Staff undertaking service activities without mandatory checks and training.
 - Staff undertaking activities outside of the scope of their role and/ or without organisational capability determined in relation to such.
 - Communication about changes in service provision and / or clients health needs are not communicated between teams and therefore not followed up.
 - Delays in timely reviews relating to deterioration and review of goals.
 - Gaps in clients having copies of agreements and handbooks.
 - Clients and key stakeholders not engaged in support plan reviews, or not having documentation to evidence such.

Service Environment

- Strengths
 - Staff had education and access to managing spills.
 - Staff safety for managing and being supported in emergency situations planned for, implemented and evaluated.
 - Risk management plans consider environmental risks.
 - Home safety risk assessment is comprehensive, regularly reviewed with client ad key stakeholders.
 - Strong policies and supervision on financial management of clients monies.
- Gaps
 - Office environments gaps in addressing
 - Preventative maintenance not occurring against planned processes.
 - Staff knowledge gaps of individualised risk management and emergency management plans for clients.
 - Near misses and hazards not being documented and actioned according to policy.
 - Cytotoxic spill management was lacking in policy and staff processes.



Congratulations to the ACIA team for passing ISO9001 Quality Management Audit Certification with nothing but praise for its processes and systems. Great teamwork!

Where is ACIA influencing your issues?

our issues

We are on a number of federal consultative committees to represent your voice. If you are having concerns or would like to share your ideas please reach out to us. Committees we are on this last month include;

- ACIS Training Sessions (23 run)
- ACIS Meetings with Providers
- ACIS Auditor Meetings
- Partnership meeting with University of Canberra
- Aged Care COVID Response Meeting
- Australian College of Nursing – Expert Aged Care Meeting
- National Aged Care Alliance – Governance Meetings
- National Aged Care Alliance - Clinical Governance Meetings
- iCare Meetings
- MAIB Meetings
- Meeting with NDIS Commissioner
- JAS-ANZ Meeting
- Governance Reform Meeting
- Progression of Enabler Interactive Online App for Disability education
- Home Care Quality Assurance Reference Group
- Support at Home Regulation Meeting
- ACCI Conference with NSW Treasurer
- NDIS Participant Risk Meeting
- NDIS and Aged Care Launch of Psychotropic Medication Management Approach
- NDIS Consultative Committee
- RN Roles and Responsibilities in Disability Meeting

Submissions

- Letter to NDIS Commissioner around issues in risk and process management as well as roll out of new standards
- Letter to NDIS Commissioner – Regarding psychotropic medication implementation
- Letter to Commissioner, Minister and Shadow Ministers around NDIS Worker Screening Duration and concerns for implication on provision of services
- Strengthening Governance in Aged Care
- Letter to NSW Treasurer to follow up ACCI Meeting re state support for engagement of those with disabilities and aged care
- Aged Care Data Improvements Consultation
- Lifetime Care SA Rules Review
- Current Scheme Implementation and Forecasting for the NDIS (Joint Standing Committee)
- NDIS General Issues Inquiry to NDIS (Joint Standing Committee)
- Women's Leadership and Development Program
- Response to Budget Paper
- Press Release on Elections
- NDIS Consultative Paper on Participant Risk Overview
- Response to Release of Concept for new Regulatory Framework
- Aged Care Minimum Data Set Response

When asked on LinkedIn what the best thing about working in the sector is?

The staff/ team	11%
The clients themselves	42%
Able to make a difference	44%
My organisation	3%

Changes in SCHADS Award - July 2022

- New minimum engagement periods of 2 hours will apply to part-time employees. The broken shift provisions have been altered to include a broken shift allowance payable for each shift work and the application of minimum engagement periods for each portion of a broken shift. A broken shift is defined as a shift with one or more breaks (that aren't meal breaks) within a 12 hour period.
- The client cancellations clause is being extended to disability services and will no longer permit an employer to withhold payment for a cancelled shift. Rather, depending on the circumstances, an employer would be required to provide make up time to the employee or to pay the employee for the cancelled shift. There are also several conditions on when make-up time can occur, how much notice employers need to provide, and the kind of make-up time that can be offered. For example, if a client cancels a service rostered for a full or part time employee within 7 days, the employer must either find an equivalent shift for the worker or pay them the full rate.
- Given the Short Notice Cancellation rule in the NDIS Pricing Arrangements is currently only 2 clear business days, this will be one of the most challenging changes for providers.
- A new clause is to be inserted applying to "remote response" work that requires employees to be paid for time spent working remotely outside their ordinary hours of duty, e.g., taking phone calls, assisting with emergencies, implementing short-notice roster changes, etc. There will be a scale of minimum payments for employees performing remote work outside of their rostered hours and designated shifts. This scale ranges from 15mins of pay, to 275% of the minimum hourly rate in certain circumstances.
- Where an employee is required to be on-call, they will be paid an additional allowance of 2% of the standard rate for weekdays or 3.96% of the standard rate for public holidays.



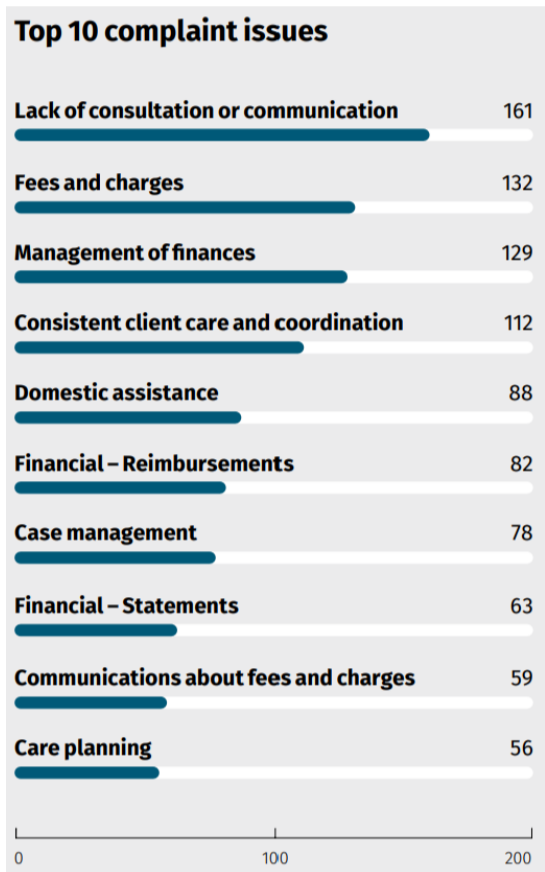
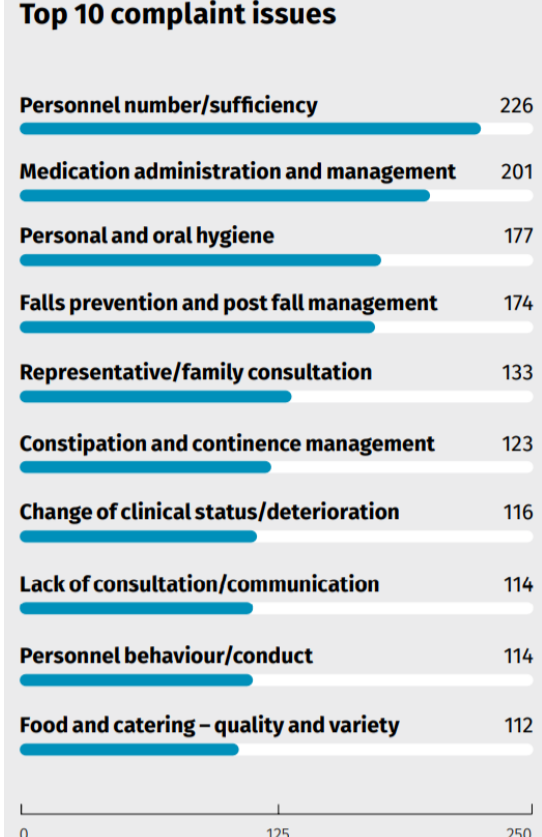
Aged Care News



- At least 7,000 aged care staff working for some of Australia's largest providers will go on a nationwide strike amid increasing anger over low pay and staff shortages. [Aged care workforce to take strike action - Australian Ageing Agenda](#)
- The AN_ACC tool and any additional funding doesn't seem to be part of the election pitch to provide any viability push into aged care based on all reports thus far.
- The Aged Care Nursing and Allied Health Dementia Care Scholarships. Applications for studies in 2022 are open until 5 May 2022 to nurses, personal care workers and allied health professionals. [Scholarships – Australian College of Nursing \(acn.edu.au\)](#)
- Deeble Institute for Health Policy Research has published a Policy Evidence Brief 'Quality of life tools to support measurement of aged care quality' - [Evidence Brief No. 23 - Quality of life tools to support measurement of aged care quality | Australian Healthcare & Hospitals Association \(ahha.asn.au\)](#)
- The emergency leave provision for permanent aged care residents has been extended for an additional 12 months, until 30 June 2023.
- 3:5 Residential Aged Care Facilities are operating at a loss

Residential Aged Care Sector

Q2 last year results show that 1:50 residents makes a complaint to the ACQSC. Mostly about workforce and medication. Of the 1,700 complaints 50% are from the resident or family member. Of the 5,100 Priority 1 reportable incidents, 1/2 were due to unreasonable force. 86 facilities got non-compliance.



Home Care Sector (I think

I'm meant to call it Support at Home now)

The most complaints are lack of consultation or communication, then fees and charges and closely followed by management of finances. In that quarter only 68 assessment contacts were done. 11 services where non-compliances were found. Mainly non conformance were found in assessment and planning the clinical care.

Disability & NDIS News

NDIS Pricing Update was due in April but nothing yet.

Annual pricing review

Service District/Support Category Summary Dashboard

as at 31 December 2021 (exposure period: 1 April 2021 to 30 September 2021)



All participants

Support category summary (National)

Please note that the data presented is based on only six months of data and not a full year.

Support category	Active participants with approved plans	Active providers	Participants per provider	Provider concentration	Provider growth	Provider shrinkage	Total plan budgets (\$m)	Average plan budget (\$)	Total payments (\$m)	Average payments (\$)	Utilisation	Outcomes indicator on choice and control	Has the NDIS helped with choice and control?
Care													
Consumables	355,409	1,995	177.6	34%	7%	14%	369.1	1,041	244.0	689	66%	54%	76%
Daily Activities	284,092	5,360	51.2	21%	10%	17%	8,059.0	30,516	6,861.1	25,980	85%	52%	77%
Community	282,761	3,381	92.3	22%	10%	16%	3,945.4	12,110	2,299.7	2,835	65%	50%	76%
Transport	136,258	1,087	124.1	27%	3%	17%	157.8	1,805	359.4	1,813	100%	49%	77%
Care total	435,131	6,391	68.1	20%	10%	16%	12,331.3	28,339	9,764.2	22,440	79%	54%	75%
Capacity Building													
Choice and Control	258,842	1,130	229.1	40%	5%	5%	186.8	722	184.4	713	99%	54%	75%
Daily Activities	479,236	5,899	81.0	31%	0%	19%	2,754.5	5,825	1,462.9	3,514	60%	53%	75%
Employment	22,189	759	29.2	25%	4%	46%	147.8	6,659	76.6	3,454	52%	41%	72%
Health and Wellbeing	28,027	1,007	27.8	32%	3%	16%	44.3	1,579	20.5	731	46%	53%	80%
Home Living	2,282	135	16.9	48%	0%	13%	2.4	1,070	0.5	220	21%	60%	67%
Lifelong Learning	138	16	8.6	90%	0%	0%	0.3	1,886	0.1	579	31%	36%	71%
Relationships	51,146	1,151	44.4	24%	14%	9%	272.1	5,319	142.1	2,778	52%	17%	73%
Social and Civic	56,631	1,396	40.6	25%	7%	25%	157.5	2,780	59.0	1,042	37%	48%	70%
Support Coordination	208,634	2,244	76.0	13%	11%	9%	489.0	2,144	369.7	1,772	76%	48%	76%
Capacity Building total	478,860	7,202	66.5	25%	7%	18%	4,056.5	8,471	2,515.8	5,254	62%	53%	75%
Capital													
Assistive Technology	98,564	1,805	54.6	29%	11%	32%	495.1	5,023	256.7	2,605	52%	62%	79%
Home Modifications	30,594	885	35.8	27%	38%	23%	179.1	5,777	118.5	3,823	66%	41%	80%
Capital total	129,158	2,189	59.3	27%	14%	30%	674.2	6,150	375.2	3,823	59%	58%	79%
Missing	1,373	0	0.0	0%	0%	0%	2.7	1,965	2.7	1,965	100%	66%	38%
All support categories	484,700	10,043	48.3	20%	9%	18%	17,064.7	35,207	12,658.0	26,115	74%	54%	75%

The Disability Royal Commission:

- ACIA will speak to the Royal Commission next week on issues around risk, workforce, unregistered workers, behaviour management, and NDIS performance.
- Currently the NDIS is hearing the voices of workers and the conditions the work within, unfortunately the SCHADS award isn't going to align with their work.

Based on the findings of Ms Smiths death in 2020; the NDIS is floating around the concept that all personal care shifts must be done with a second person. ACIA has written to the Commission that that this doesn't speak to the root cause issues of this case and that fundamentally won't minimise the risk of this occurring again. But also to note the NDIS has commenced legal proceedings against Integrity Care (SA).

[https://www.abc.net.au/news/2022-03-29/ndis-legal-action-against-integrity-care-over-ann-marie-smith/100947310?](https://www.abc.net.au/news/2022-03-29/ndis-legal-action-against-integrity-care-over-ann-marie-smith/100947310?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web)

[utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web](https://www.abc.net.au/news/2022-03-29/ndis-legal-action-against-integrity-care-over-ann-marie-smith/100947310?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web)

Safe Workplaces



Community Events coming up to hear what inspectors are finding in the health and social support sectors - [HCSA Newsletter April 2022 \(nsw.gov.au\)](#)

Standards & Performance Pathways

Your complete quality and compliance solution

- Standards are translated into a series of **easy-to follow assessments**
- Self assess against all major Australian **health and human service quality standards**
- Upload your evidence to the **document library**
- Standards are **cross mapped**
- Automatically generate a list of identified gaps and a **quality improvement plan**
- Access hundreds of **templates, sample policies and resources** in the Reading Room
- Grant special access to **auditors and reviewers** so they can conduct desk audits and verify evidence for accreditation.

BNG's *Standards & Performance Pathways*

(*SPP*) platform is an online standards

compliance and quality improvement platform

for NGOs and service provider organisations,

funding departments, assessors and peaks.

SPP saves organisations up to 80% of the

time spent on quality standards assessment preparation and compliance reporting.

BNG has partnered with ACIA to provide the

ACIA Quality Portal, which is a version of

SPP offered to ACIA members at

subscription rates that are a **15% discount** to SPP's standard rates.

EVIDENCE-BASED PRACTICES RESOURCE CENTER

Role of medicines management in preventing falls in older people - Falls are common in older people and are a cause of preventable morbidity and mortality. As well as causing injury, falls can result in pain, distress, loss of confidence, loss of independence and increased mortality. Older people are more likely to visit an emergency department following a fall, therefore these incidents place a high burden on these patients and their carers, as well as on healthcare systems. Appropriate risk assessment accompanied by multifactorial falls prevention interventions can reduce the risk of falls. Assessments should include a medication review because various medicines, sometimes referred to as 'falls risk increasing drugs', can precipitate or contribute to falls. This article examines some of the medicines in this group that can contribute to falls, serious injuries and fractures in older people. It also discusses the importance of medicines management as part of falls risk assessment and prevention interventions. - <https://pubmed.ncbi.nlm.nih.gov/35080169/>

The effects of vitamin D supplementation on frailty in older adults at risk for falls - To Understand Fall Reduction and Vitamin D. RESULTS: Among 687 participants (mean age 77.1 +/- 5.4, 44% women) with frailty assessment at baseline, 208 (30%) were robust, 402 (59%) were pre-frail, and 77 (11%) were frail. There were no significant associations between vitamin D doses and frailty status in the analyses stratified by baseline serum 25(OH)D level. CONCLUSIONS: High dose vitamin D supplementation did not prevent frailty. [The effects of vitamin D supplementation on frailty in older adults at risk for falls - PubMed \(nih.gov\)](#).

Cultural Religious Competence In Clinical Practice- The diversity of religions around the world creates challenges for health care providers and systems to provide culturally competent medical care. Cultural competence is the ability of health providers and organizations to deliver health care services that meet the cultural, social, and religious needs of patients and their families. Culturally competent care can improve patient quality and care outcomes. Strategies to move health professionals and systems towards these goals include providing cultural competence training and developing policies and procedures that decrease barriers to providing culturally competent patient care. Consequences of Cultural Competence Deficiencies If providers and health care systems are not working together to provide culturally competent care, patients may have untoward health consequences, receive poor quality care, and be dissatisfied with the care they receive. The quality of patient-health professional interactions is decreased. Lower-quality patient-health professional interactions are associated with decreased satisfaction in the healthcare provider. <https://pubmed.ncbi.nlm.nih.gov/29630268/>

Psychotropic drugs intake in people aging with intellectual disability: Prevalence and predictors -: Psychotropic medication is frequently administered to people with intellectual disability with mental health and/or behavioural problems, instead of other non-pharmacological interventions. Older people with mild intellectual disability living in institutions and affected by mental health and behavioural problems were more likely to take larger amounts of psychotropic medication. <https://pubmed.ncbi.nlm.nih.gov/35384179/>

An Evaluation of the Implementation of a "No Force First" Informed Organisational Guide to Reduce Physical Restraint in Mental Health and Learning Disability Inpatient Settings in the UK- The use of physical restraint on vulnerable people with learning disabilities and mental health problems is one of the most controversial and criticised forms of restrictive practice. This paper reports on the implementation of an organisational approach called "No Force First" within a large mental health organisation in England, UK. The aim was to investigate changes in violence/aggression, harm, and physical restraint following implementation. Results: A significant 17% reduction in incidence of physical restraint was observed. Significant reductions in rates of harm sustained and aggression/violence were also observed, but not concerning the use of medication during restraint. Physical assault was a significantly more prevalent risk factor of restraint use than other forms of violence/aggression, especially that directed to staff (not to other patients). <https://pubmed.ncbi.nlm.nih.gov/35185645/>

Is this new section on Evidenced Based Research Helpful



[Great to See](#)



[I havent made my mind up](#)



[Not interesting](#)

Our Services

Quality

Members Advice Line

Education

Membership

Events

Consulting



[LinkedIn](#)



[Email](#)

Our mailing address is: L13, 465 Victoria Avenue, CHATSWOOD NSW 2067

You are receiving this email because you are registered for the ACIA newsletter.

Copyright © 2018 ACIA. All rights reserved.