# A new model for regulating Aged Care

**acia**

leading quality in
community services

Prepared By:

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# EXECUTIVE SUMMARY

Thank you for the opportunity to provide feedback on the proposed new model for regulating Aged Care. ACIA supports the new model for regulating aged care and some further recommendations for your consideration.

## SUMMARY OF KEY RECOMMENDATIONS

ACIA recommends the following key items for consideration:

- Include the building of capacity in older people, their families and carers to navigate and manage the services they received in aged care into the model. This activity should go beyond providing information resources and involve training, education and support.
- Further embed national consistency and cooperation between schemes (not just within aged care across Australia). This includes NDIS and ACIS.
- Consider long-term strategic investment in communications to improve the way the community values older people and their care (in much the same way long term campaigns are in place to improve road safety).
- Further consideration should be given to the Monthly Care Statement approach to ensure is fit for purpose and can be sustainably delivered by providers.
- Ensure regular and supportive communication for older people, families and carers expected to be impacted by the transition process.
- Ensure the Regulator has sufficient flexibility to amend the transition plan at individual provider level, to suit circumstances.
- Invest in developing low-cost high quality training courses and applications for providers to use with their staff.
- Move domestic assistance to a category that will have greater quality and safeguarding oversight.
- Maintain a 3 year registration period with the capacity to shorten or extend the period (with a cap of 4 years) depending on provider performance in audits, etc.
- The restorative justice concept should be carefully thought through and piloted as it as the potential for unintended consequences and cost for the sector.

ACIA further welcomes any clarification of items discussed in this submission or other related areas from relevant parties in order to support the quality and safeguarding of the sector to better meet the needs of the community.

# CONTENT

# RESPONSE

ACIA supports efforts to improve practices and protect older persons. The response below is structured to respond to the items outlined in the consultation documents. ACIA has kept its responses as short as possible, in order to respect the submissions made by other organisations.

## RAISING THE QUALITY OF AGED CARE

1. **What regulatory interventions are needed to raise the quality of aged care?**
   ACIA acknowledges and supports the regulatory tools outlined in the new model and believe they continue to build an effective platform to support and protect older people.
   ACIA suggests the following additional issues be considered:
   - Supports for older people, their families and carers that focuses on building capacity to navigate and manage their services within the aged care sector. Figure 1 in Consultation Paper No.2 (page 17) covers 'information for older people' but not 'building capacity'. ACIA believes this should be a core feature of the new aged care model that goes beyond merely providing information.
     - The developmental component of the NDIS Framework is a useful reference point for this issue.
   - The sustainability and quality of aged care services could be further enhanced with a strong emphasis on building increased consistency in quality and safeguarding across aged care, disability and community services. Older people receive services from aged care providers, NDIS, State funded schemes (such as icare, MAIB, TAC, NIISQ, LSA, etc) – and sometimes they receive services from all sectors at once. And providers certainly are trying to navigate different sectors in their provision of services.
     - ACIA considers that increased consistency of approach for older people and people with disability will assist in better supporting the whole community and providers to experience and provide consistent high quality care.
     - ACIA suggests that the model outlined in figure 1 include references to the interaction with other schemes across Australia.

2.  **To raise the quality of care, what role should government and non-government stakeholders play? These include: – the Regulator and the Department – providers, workers, professional associations, advocacy groups, unions, volunteers, and community groups – older people and their representatives?**

    The government should play the role of the independent umpire, setting and enforcing standards, providing unbiased data and information, as well as overseeing the management of complaints and incidents.

    To assist government in its role, it could consider funding not-for-profit or independent entities to provide advice and support to older persons and their families to navigate the aged care sector. This should not be organisations who provide aged care services, in order to minimise possible conflicts of interest. They should operate much like a broker and their fees regulated by Government.

    Consistent with the issues raised in q1 of this section, ACIA believes that more investment should be made to support older people, their families and carers to understand and made decisions regarding the services they wish to access (and how to manage the quality and safety of services they are experiencing). Building consumer capacity is the only way that compliance, auditing and regulatory powers can be kept at a sustainable level.

    This market, as well as disability, risks having to support continually increasing regulatory efforts over time – as incidents occur and the community seeks increased protection.

    ACIA does not suggest that current regulatory approaches or the proposed strengthening are not necessary. The issues raised against this question are about managing further future pressures to further increase regulation.


3.  **Culture change is key to raising the quality of aged care. Who can be the culture change champions, either at the local or the sector level? What support will they need to champion culture change?**

    ACIA supports the notion that culture can be an effective driver in building a sustainable quality and safe environment for older people.

    ACIA suggests that an important lever in achieving cultural change is how the community values older people and values the people who provide services to them.

    This is an important community issue, with significant economic and social cost when it does not work.

    In the same way that road safety and various areas of health (e.g. smoking, health checks, etc) has a strong focus on community messaging and campaigns, there should be strategic investment in influencing community behaviour and attitudes, as well as building investment in the community's capacity to manage their involvement in the aged care sector. If a strategic approach is taken, then

opportunities to engage older well-known Australians to be champions becomes possible.

Other champions could be independent organisations engaged by Government to be advisers and supports to older people and their families. This approach may help to manage the trust (or mistrust) factor that the community may have in the advice provided by Government entities.


## SUPPORTING QUALITY CARE

### 1. What are your views on the proposed approach to supporting quality care?

ACIA makes the following observations:

- ACIA supports the work being done to strengthen protections for older persons and supports the Regulator in having more flexible powers.
- ACIA strongly supports the star ratings initiative.
- ACIA is concerned that the Monthly Care Statements may not be fit for purpose and indeed more be onerous to manage long term. Whilst ACIA strongly supports the concept, it may beneficial for the Regulator to have more flexibility in amended required content and frequency of these statements for different classes of providers and/or clients – at least in the first few years of implementation. Providers may find the compilation of the statements difficult to support and there may be groups of clients who did not require monthly statements (that quarterly may be sufficient).
- ACIA supports the initiatives outlined in the model for providers (e.g. education and engagement, building capability, continuous improvement, etc).
- ACIA asks that consideration be given to a strategic focus on how to build capacity for older persons, their families and carers. ACIA believes this is a gap in the proposed model (discussed earlier in this submission).
- ACIA supports the concept of 'applying the right touch regulation to high performers'. This is an important concept that 'rewards' and meaningfully benefits providers.
- As mentioned earlier in this submission, reference to strategies to work across schemes to drive consistency and standards of quality care across aged care, disability and community services is crucial to sustainability across the nation.

## 2. What challenges can you identify for implementing the proposed approach to engagement and capability building? What could be the solutions?

The key challenges will be time, resources and conflicting priorities. Aged care providers are already time-poor and resource limited – as well as facing changes on multiple fronts.

Possible solutions include:

- The slow and steady approach, which is being taken, is considered the best approach. Providers have the opportunity to provide feedback and are being given time to plan. This risk to a slow approach may come from future crises or call for change, which then derail the current strategy.
- Clear and regular communication to the community about the plan for change and progress against the plan.
- Early notification of key 'immoveable concepts' and timeframes for implementation is crucial. If a principle or idea has been decided on and there is little likelihood of material change, it will be better to be upfront with the sector.
- Liaise and coordinate with the work being done in other sectors (NDIS, ACIS and State funded schemes) to consider what areas of consistency can be agreed – this could assist in limiting friction between schemes. For example, timeframes and approaches to auditing, registration of providers, provider classification, screening requirements, etc.

## 3. How else could provider capability be improved in aged care at the individual provider and sector wide levels?

ACIA suggests consideration be given to:

- The Government investing in developing low-cost high quality training courses and applications for providers to use with their staff. This could be done in areas that are persistent challenges which have been difficult to address, such as positive behaviour support – to build core basic skills in managing challenging behaviours. This does not negate the need for individualised plans and specialised assessments – but could assist the community services sector in being able to better implement such plans.
  - o This investment could be in the form of grants to organisations that will develop the course and are then available to the provider market at low-cost.
- The strategic community communication campaign, discussed earlier in this submission, is expected to support a quality and safe environment.
- The strategic investment in the capability of older people, their families and carers, discussed earlier in this submission, will also contribute to increased provider capability as the consumer will be better equipped to manage their services.

## 4. What types of education or engagement do you think would support providers to continuously improve?

ACIS suggests that a range of education supports are required to drive continuous improvement, including:

- On-line courses for workers to access (1-2 hours).
- On-line videos demonstrating quality care – particularly material that providers can use in their training.
- Accredited training for carers to develop skills.
- Networking for providers and workers.
- On-line videos demonstrating quality care – particularly material that providers can use in their training.

ACIA acknowledges that, in many cases, this approach and material is in place. Existing material may benefit from a review of what is established in accredited training to consider additional material or alternative pathways, with a focus on quality and safeguarding.

A survey of workers and consumers (perhaps every one to two years) would be beneficial to identify emerging issues and capability gaps.

## 5. How could the Regulator, the Department and providers improve the provision of information to older people and their representatives so that they have access to the right information, at the right time, in the right way?

This is a significant challenge, given the complexity of needs and circumstances. ACIA suggests the following:

- Build capability in older people, their families and carers. This could be done:
  - By providing free (or low cost) introduction and training courses regarding navigating and utilising the sector.
  - Having short on-line videos and information brochures about specific issues.
  - Using online chat apps to address specific questions and direct people to the documents that have the answers (as it can be difficult to know where to find the answer).
- Invest in people (either staff or independent organisations) who work with older people (at low or no cost), to support them in navigating the system or addressing specific issues. In the same way a needs assessment is done to determine what can be funded. The key for this service is to 'teach' as well as 'help'. So, over time, older people, etc can become self-sufficient in managing their services.

## BECOMING A PROVIDER

### 1. What are your views on the proposed registration categories?

ACIA strongly supports registration and the setting appropriate standards of care. ACIA supports the concept that unregistered providers will not be able to access Commonwealth aged care subsidies – this will assist in driving a consistent quality and safe environment for older people.

It is noted that the NDIS continues to have a high level of unregistered providers. This is an important area of inconsistency between the schemes and ACIA believes it will continue to cause friction. This also causes friction for State funded schemes, as they face a large proportion of providers who do not need registration to provide services. ACIA calls for the two Commonwealth schemes (aged care and NDIS) to move to a similar provider categorisation and registration approach – one that State funded schemes can also adopt.

ACIA also calls for a strategy to streamline processes across schemes. Provider registration will be materially enhanced if one registration process could be used to satisfy both schemes. ACIA acknowledges that this may be a long-term strategic aim, rather than something that can be implemented in the short-term.

ACIA makes the following observations regarding the provider categories:

- The categories should represent different levels of risk to older people, and facilitate the application of different registration, compliance and auditing requirements.
- Category 1 (home and community services) seems to be a mixture of risk that is does not sit easily together. For example:
  - Domestic assistance is often a regular service in the home where relationships are often built and carry the risk of being abused.
  - This is different to home maintenance/repairs which is likely to infrequent (or at worst monthly) or meals (which tends to a delivery and short interactions) or transport (which can also be infrequent and short interactions).
  - ACIA suggests that domestic services should not sit in category 1. ACIA suggests that domestic services better sits in the proposed categories 3 or 4 (and given the focus of category 4 on clinical care, it seems better suited to category 3).
- The delivery and installation of assistive technology (including support the person to use the technology) should be included in the categorisation, in order to have minimise gaps. ACIA is comfortable that this sits in category 2.
- The service type 'assistance with care and housing' seems to be better suited to category 3 (rather than category 4).

## 2. Which registration category should care management and personal care be in and why?

Care management and personal care sits in category 4 (clinical and specialised supports). The challenge appears to be that there is a range of different risks covered in this one category. For example:

- Nursing and allied health (on their own as discrete services) have their own registration requirements and therefore should have a different regime within aged care to personal care, etc.
- Personal care appears to be a more general description, not requiring the clinical focus and may be more suited to be included in category 3.
- Care management should remain in category 4 due to the need to cover management of specialised services.

ACIA is concerned however that the quality standards do not extend to category 3. The category specific conditions for category 3 should be developed to reflect the risk inherent in this category of service.

## 3. How should online platforms that connect older people to aged care services (but are not themselves Approved Providers) be regulated under the proposed new model?

This is an interesting challenge to consider. Workers who choose to engage in services through an online platform should not be advantaged (not be subject to regulation) or disadvantaged (not able to provide services).

Whilst not considered ideal, the following approach is suggested:

- The online platform needs to take some responsibility to have the required range of policies and procedures relevant to providing care that they make available to the workers.
- The worker is the entity that is assessed regarding experience, qualifications and adherence to documentation requirements as well as policy and procedure. The worker then takes on the responsibility, as an independent contractor, to ensure the policies and procedures are fit for purpose (and amends them if not).

## 4. What are your views on how the proposed model will allow other business types, such as sole traders and partnerships, to enter the sector?

Given the risk, sole traders and partnerships should still have the responsibility to have a range of policies and procedures that are relevant to the customers they are dealing with. They may not need the full range that is required when managing staff.

## 5. What, if any, alternatives are there to 3-year re-registration periods, and why would they be appropriate?

ACIA strongly supports a three-year registration period, as an appropriate timeframe to re-assess capacity and performance unless:

- The provider performs exemplary over a period of time (e.g. no corrective actions over an extended period). In this case, the three-year period could be extended to four years.
- There are concerns (e.g. major non-conformances, severe incidents), then shorter periods should be able to be imposed.

ACIA does not believe a period longer than 3 years should be established as the standard. That leaves too much time with limited scrutiny.

ACIA notes that the new model allows for shorter periods, but it is not clear whether longer periods can be accommodated – and whether there is a cap on that period. ACIA suggests:

- That a longer period be contemplated by the model.
- That the Regulator has sole discretion to allow for a longer period or impose a shorter period.
- That the cap for the longer period be 4 years.

## 6. What challenges can you identify for implementing the proposed registration model? What could be the solutions?

ACIA considers the main challenges to be:

- Timeframes for providers in becoming registered – by having flexible powers, the Regulator can accommodate time delays in individual circumstances.
- Providers leaving the market due to requirements – this risk would be better managed if NDIS and State funded schemes indicated they were taking a similar approach. That way, in order to operate anywhere in the market (with funding from Government), providers would need to be registered.
- Customers still wanting the provider who has decided not to be registered. ACIA notes that older persons can still choose that provider, but not be funded through the Commonwealth. This position needs to be clear for older people and their families. If it is feasible, it would be ideal to require/encourage providers to communicate with their customers about their registration intentions, so customers can plan.
- Availability of auditors to meet demand. If possible, information about the estimated number of additional providers would be useful for the certified auditing bodies to then plan their approach.
- Negative impact on the availability of auditors for other schemes (NDIS and ACIS). The Aged Care strategy may create the situation where providers cannot access auditors for the purpose of maintaining or achieving accreditation for the NDIS and ACIS schemes. This could emerge as a significant risk for other schemes and communication with those schemes

regarding the possible impact would be desirable. In addition, any moves to create consistency between standards would be desirable.

## RESPONSIBILITIES OF A PROVIDER

### 1. What are your views on the proposed approach to provider obligations?

ACIA supports the proposed approach to provider obligations, subject to the comments made in the previous section (becoming a provider).

The identification of quality standards that apply to personal care and domestic support services would be important to ensure that risk is managed appropriately. ACIA suggests that for category 3 (with the inclusions this submission suggests) should have a periodic self-assessment requirement (instead of being audited) which should be provided to the Regulator for review. This then reminds the provider of its obligations and requires a review of their compliance with those requirements.

### 2. What challenges can you identify for implementing the proposed approach? What could be the solutions?

In addition to the challenges outlined in the previous section (becoming a provider) ACIA considers another main challenge to be:

- Difficulties for some providers in identifying in which category they sit. Obviously, it will be clear for the majority of providers – but for some providers it might not be clear and that could generate a lot of noise in the sector. It may be valuable to publish a list of provider types/descriptions for providers to access – and the list is updated once providers identify their circumstances and decisions are made. An alternative would be to classify providers ahead of time and provide that information to providers, allowing them to respond if they believe the category is incorrect. Or a combination of both approaches.

### 3. Do you think there are any key areas of risks that are not addressed by the core conditions proposed to apply to all providers?

Given the range of providers that the core conditions need to relevant for, ACIA does not have any other key risks to suggest.

There does not appear to be a reference to having insurances in place, as part of the core requirements. This may already be included in the detail of requirements.

### 4. Are there any other category-specific obligations that you think should apply?

ACIA's feedback regarding this question is provided in the previous section (becoming a provider).

5. **What are your views on the proposed application and audit of the Quality Standards to categories 4 to 6?**

In addition to the comments outlined in the previous section (becoming a provider) regarding category 3, ACIA supports the application and audit of the Quality Standards to categories 4 to 6.

Whilst figure 2 refers to the registration period of 3 years, there appears to be no mention of the frequency of surveillance audits (shorter audits within the registration period – typically annual or every 18 months). It may be beneficial to include this to improve transparency in the model. The surveillance audits are considered important in ensuring quality and safeguarding.

6. **What does high quality care mean to you?**

High quality care is care that is clinically appropriate for the person, taking into account their physical and mental health and social circumstances, which respects their rights and takes a person-centred approach.

## HOLDING PROVIDERS ACCOUNTABLE

1. **What are your views on the proposed features of this safeguard that seek to hold providers accountable?**

ACIA supports the proposed features to hold providers accountable.

2. **Do you think the proposed new complaints model will help older people to raise concerns about the standard of services and have them addressed? Please include your reasons for this view.**

ACIA supports the proposed new complaints model but it is not clear who the complaint model requirements applies to (all providers or categories 4 to 6). It may be challenging for category 1 and 2 providers, and sole traders, to be able to manage the proposed complaints model. ACIA suggests that consideration be given to whether the complaints model applies to all provider categories, or there is an alternative model that could be better implemented by those providers.

ACIA suggests that the complaints model be required for category 3 to 6 providers (noting ACIA's suggested inclusions in category 3).

ACIA considers the new complaints model to be beneficial to assist older people and their families to raise complaints and have them addressed.

ACIA suggests that consideration be given to the role that families and carers may have in the complaints model. There appears to be minimal acknowledgement of the important role that families and carers can have in supporting older people in making complaints. It would be beneficial to clarify their role in the complaints process.

### 3. Do you think the proposed enforcement mechanisms will be sufficient to address poor performance by providers where required?

ACIA supports the Regulator having a wide range of enforcement powers, consistent with the Regulatory Powers Act.

ACIA also supports the 'failure powers' being considered for the Commissioner.

### 4. How should restorative justice outcomes be reflected in the new Act?

This may be a challenging area to get right. ACIA suggests the following principles be considered when developing a restorative justice approach:

- Start with limited opportunities to access restorative justice, to test the model.
- Have clear boundaries regarding what is part of the restorative justice process.
- Have a clear calculation or lump sum approach to payments.
- Have an independent umpire for the process, with limited avenues for appeal.
- The independent umpire then:
  - Imposes actions to be taken by the provider.
  - Payments to be made to the older person.
  - Refers issues of concern to the Regulator for compliance considerations.
- For matters that attract payment to the older person - have a fund that is paid into, with the independent umpire allocating funds. This removes the provider from challenging each matter, as the money.

### 5. How and when do you think access to financial compensation should be available?

ACIA considers that financial compensation may be a valuable part of the process, it should not be the main part of the restorative process. Financial compensation should be available in a limited number of situations, where the impact of the actions (or non-action) is fatal, life-threatening or significant long-term physical impact.

The focus of the restorative process should be on action. Apologies, changes to systems, establishment of new programs that support older persons should be what is required.

6. **What role should the Regulator have in seeking compensation on behalf of older people?**

This is covered in a previous answer in this submission (question 4 of 'holding providers accountable'.

## TRANSITIONING TO A NEW MODEL

1. **What are your views on the proposed transition arrangements?**

ACIA supports the proposed transition arrangements.

2. **What challenges can you identify for implementing the proposed transition arrangements? What could be the solutions?**

In addition to the challenges outlined in previous sections of this submission, ACIA considers other main challenges to be:

- Providers not understanding what is required – regular communication, information and the certificate of registration should assist. It may be beneficial to send out draft certificates of registration early, so providers can raise issues of concern early – and they can be resolved before the transition date.
- Confusion on registration category – ACIA notes the intention to communicate this early, so providers have an opportunity to resolve any concerns.
- Issues not being resolved in time for transition periods. It is considered important that the Regulator have flexibility in the transition timing or requirements, for specific circumstances.

3. **What support do you need as a provider to help you with a smooth transition to the new model?**

ACIA is a peak body and therefore does not require support as a provider.

4. **What other transitional arrangements need to be considered?**

ACIA suggests that thought be given to how to address older people with providers who do not plan to be registered and ensure they are supported to have a pathway to a new provider (or understand services with the unregistered provider will not be funded).

As outlined earlier in this submission, ACIA suggests consideration be given to requiring providers to make their intentions clear to their customers.

ACIA asks that a support function be made available to older persons and their families to support them in resolving their concerns and helping them to select another provider.

## SUMMARY COMMENTS

ACIA would like to take the opportunity to express its thanks for the comprehensive documentation that has been provided. It is clear that considerable thought has been put into the new model and approach.

ACIA looks forward to continuing to be engaged in this important area.

# BACKGROUND - AUSTRALIAN COMMUNITY INDUSTRY ALLIANCE (ACIA)

ACIA is the peak body in Australia representing aged care, disability and community care focused on quality management in care and service provision.

The Australian Community Industry Standards (ACIS) is managed by ACIA and is a standard that, whilst strives for a level of consistency with the NDIS and Aged Care Standards, is also focused on driving improved quality and safeguarding outcomes in the community services industry. The mapping done when ACIS 4.0 was implemented in 2021 shows the following.

| ACIS 4.0 | NDIS Standards | Aged Care Standards |
|---|---|---|
| Rights & Responsibilities | 🟢 | 🟡 Increased human rights |
| Corporate Governance | 🟢 | 🟢 |
| Clinical Governance | 🔴 New standard | 🟡 Increased governance |
| Service Delivery | 🟢 | 🟢 |
| Service Environment | 🟢 Inc new requirements | 🟢 |
| Add. Physical Support | 🟡 Increased scope | 🟡 Increased scope |
| Add. Behav. Support | 🟡 New cognitive imp. std | 🟢 |
| Add. Mental Health | 🔴 New standard | 🔴 New standard |
| Add. Assistive Technology | 🔴 New standard | 🔴 New standard |
| **TEAM**: RN +1 | 2 (non RN*) | 2 (non RN) |
| **DURATION**: 1yr* | 1.5 years | 3 years |

🟢 Similar Standard    🟡 Largely Similar    🔴 New Standard

ACIA is the national peak body representing community care and support providers, including private, not-for-profit, and charitable organisations. Nationally ACIA represents over 100 provider organisations, which collectively employ more than 150,000 FTE workers and supports more than 35,000 clients. ACIA also supports the disability and aged care sectors and works with government departments and authorities, including:

- State Disability Agencies such as Department of Family and Community Services, Ageing Disability and Home Care NSW, Department of Health Human Services Victoria and Disability Services QLD
- icare NSW includes: Lifetime Care and Support Authority, Workers Insurance, Dust Diseases Care, Self-Insurance, and Builders Warranty.
- Lifetime Support Authority South Australia
- Motor Industry Accidents Board, Tasmania

- Transport Accident Commission Victoria
- Workers Compensations Schemes in multiple states
- Representation at the National Aged Care Alliance
- Department of Health
- Department of Social Services

ACIA's vision is to advocate and lead the aged care, community care and disability sector to ensure the quality and safeguarding of complex and vulnerable people, by supporting members to continue to improve in care and service delivery. ACIAs goal is to provide a framework and resources to support & advocate for the needs of complex & vulnerable clients in care. To achieve this vision and goal, ACIA provides education, resources, and support to the industry and develops and administers its own quality standard and scheme (endorsed by the Joint Accreditation System for Australia and New Zealand JAS-ANZ).

This is summarised in our current strategic plan which is illustrated overleaf:



**STRATEGIC PLAN 2022-2025**

**VISION –** To advocate and lead the aged care, community care and disability sector to ensure the quality and safeguarding of complex and vulnerable people, by supporting members to continue to improve in care and service delivery.

**GOALS**

To provide a framework and resources to support & advocate for the needs of complex & vulnerable clients in care.

**VALUES**

Accountability | Integrity | Innovation | Excellence | Partnership | Engagement

**STRATEGIC PILLARS**

**Quality & Safeguard**
Ongoing provision of ACIS to support improvements in quality of care and service provision using a risk-based approach.

**Advocacy**
To advocate for the needs of the complex and vulnerable receiving services from the community services sector.

**Policy & Education**
Ongoing policy and education for the community services sector to drive improvements in care and service delivery.

**Sustainability**
Support and advocate for the ongoing sustainability of the sector. Ensure the ongoing sustainability of the organisation.

**Accountability**
Act in an honest, transparent and diligent manner by ensuring compliance, consultation and regular review.