Submission by National Seniors Australia

to the

Review of the Accreditation

Process for Residential Aged Care

Homes

July 2009

About NSA

National Seniors Australia (NSA) is the largest organisation representing Australians aged 50 and over with some 280,000 individual members.

Our members are from metropolitan, regional and rural areas across all states and territories, and are broadly representative of the three key ageing cohorts: those aged 50-65; those aged 65-75; and those aged 75 +.

NSA works to provide a voice and address the needs of this diverse membership:

> **We represent** – to governments, business and the community on the issues of concern to the over 50s;
>
> **We inform** – by providing news and information through our website, forums and meetings, our bi-monthly award winning magazine, a weekly E-newsletter and our Australia=wide branch network;
>
> **We provide opportunity** – to those who want to use their expertise, skills and life experience to make a difference in indigenous communities and on our environmental legacy;
>
> **We support those in need** – our Charitable Foundation raises funds to provide comfort and support for our most vulnerable older citizens;
>
> **We provide savings** – through quality insurance, affordable travel and tours, and discounts on goods and services.

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Introduction

National Seniors Australia (NSA) is strongly of the view that consumer involvement in the accreditation process in residential aged care homes is the key to improving quality outcomes in residential aged care.

Given that accreditation was introduced to drive improvements in quality of care, it is a key interest of NSA and its members that the accreditation process revolves around the needs of consumers first and foremost. Health care professionals, government and aged care providers sometimes have competing interests but their first priority should be to those to whom they provide care.

NSA acknowledges that the accreditation process is important in driving improvements to the quality of care and delivering quality outcomes to consumers[1]. We recognise that the accreditation process has delivered better quality of care than that which would otherwise have been received by consumers without an accreditation process.

However, we believe the current accreditation process lacks insight into consumers' needs, and this is of detriment to the quality of the overall process.

NSA takes the view that the accreditation process in its current form can be improved by valuing and engaging consumers together with greater emphasis on measuring the effectiveness of care. Consumer input can assist continuous quality improvement in residential aged care and ultimately reduce the cost of compliance with the aged care standards and expected outcomes. Consumer views should be a key indicator of an aged care home's performance on the journey to quality that begins with the accreditation process.

Our concerns have been shaped by the many telephone calls, emails and letters we receive from our members each day, which serve to highlight the pressing need for improvements to the residential aged care accreditation process.

Key concerns about the current accreditation process can be summarised as follows:

- A general lack of awareness by consumers of the accreditation process;
- Not enough involvement or input from residents and their families into a process that ultimately affects the level of care they receive;
- Anecdotal evidence and media comment suggesting an undue focus by accreditation teams on compliance with procedures at the expense of the quality of care of residents.
- The lack of reliable consumer information arising out of the accreditation process to enable informed consumer choice of residential aged care facilities.

This submission does not address every question raised in the Discussion Paper but focuses on those sections that relate most closely to these key concerns in priority order. NSA believes a change in the accreditation process is able to take into account consumers' needs while also transforming compliance information into valuable consumer information. Proposed actions to achieve change are also suggested.

[1] Department of Health and Ageing "**Evaluation of the impact of accreditation on the delivery of quality of care and quality of life to residents in Australian Government subsidised residential aged care homes**" prepared by Campbell Research and Consulting.

Who is the Consumer?

NSA firmly believes that the term "consumer" should encompass a range of stakeholders who come into contact with residential aged care services. Consumers include residents, intending residents, and representatives of residents and intending residents. Representatives are often family members of the resident who engage with aged care services because the resident or intending resident is unable to voice their own concerns. Residents themselves are frequently unable to participate in the accreditation process because of conditions such as dementia, chronic pain or simply lack of awareness of the process.

In this submission, NSA refers to consumers in the broadest sense, recognising the importance of residents' representatives in identifying issues, providing input to the accreditation process and assessing information gleaned from the accreditation process.

Proposal 1 – That the Agency recognise representatives of residents as equally integral to the accreditation process as residents themselves.

Consumer focus

The goal of consumer input is to provide a more accurate reflection of an aged care facility, particularly the quality of care and quality of live residents receive. It is widely recognised that statistics alone cannot measure quality of life. In 2004, the Parliamentary Joint Committee of Public Accounts and Audit noted that:

> *"Clinical quality measures of resident care, such as number of falls, restraint and infection controls, should be augmented by social engagement measures such as residents talking to people and engaging with staff. A bland statistical approach (such as numbers of events and whether medicine arrives on time) tended [...] not to record quality-of-life issues."*[2]

NSA agrees with the above statement and believes that it still applies five years on. The accreditation process should move away from a mere statistical focus toward a process that engages consumers and more accurately reflects the residential aged care situation. More consumer input would be a positive move in providing an accurate reflection of quality of life provided by residential aged care facilities.

The quality of current consumer input must also be considered. Consumer input to accreditation process is only as good as the consumer's knowledge of the standards and care. Residents often do not know whether a problem exists, or how to express their concerns, when they have a lack of awareness of what they should expect.

Example: how documentation can be misleading and why consumer input is important

NSA is aware of a situation where a resident was denied use of a telephone to inform his daughter that he was being transferred from the facility that day. The facility's documentation stated that all residents were able to use a cordless telephone on request. The Agency and the Complaints Investigation Scheme relied on the documentation and accordingly did not recognise a serious lack of conformance with the facility's own protocols. Consumer input would help identify these issues, provided the Agency recognises that input.

[2] Review of Auditor-General's reports 2002-2003: 4th Quarter by the Parliamentary Joint Committee of Public Accounts and Audit, 2004

NSA is encouraged that the Discussion Paper canvassed options for improving consumer focus of, and consumer engagement in, the accreditation process. In particular, NSA endorses the following:

- Increasing the minimum number of residents (or their representatives) to be consulted during a visit;
- Having the assessment team attend the home out of standard business hours; and
- Consulting residents and/or their representatives outside of the audit process

NSA is strongly in favour of increasing the minimum number of residents (or their representatives) to be consulted during a visit. However, given the amount of complaints outside the accreditation process and the fact that issues are going unidentified during the accreditation process, NSA believes the suggested 10%-15% representation is insufficient.

In this regard, we note that the Dutch accreditation system seeks input from every consumer. An equally important measure used in the Dutch accreditation system is the use of tightly defined and consistent protocols for consumer interviews, which allow responses to be coded objectively, removing any assessor bias and ensuring consistency of input (see Appendix).

Consumer engagement does not have to be a time consuming process. Whilst NSA acknowledges the logistical issues raised by the Government in having larger sample sizes, interview protocols used in the Dutch accreditation system are such that, reportedly, consumer interviews only take between ten and fifteen minutes per consumer to cover all performance indicators which require consumer input.

It is important that all residents have a voice and NSA advocates that residents without the capacity to self-advocate should choose or be assigned a representative to advocate on their behalf.

NSA believes out of hours consultations are imperative, especially for residents who can only be heard through their representative, who is likely to be working during business hours. Representative and resident surveys outside of a site audit, may allow additional input on a more regular basis than site audits.

Proposal 2 – That the assessment team be required to interview:

- *All consumers (excluding those who opt out) through a prescribed interview process;*
- *Representatives of residents in their own right; and*
- *Residents and representatives outside of a site audit, if required.*

Reporting of accreditation decisions

The accreditation process should generate information that is meaningful both in terms of performance measurement and consumer information.

From a consumer perspective, information about aged care facilities is important in selecting a facility, either as a first entry or when considering a move. This information needs to be specific and enable a positive and informed choice by the consumer about a facility.

The quality of the accreditation process determines the optimal quality of any information provided to consumers. Conversely, the quality of information can be a good indication of the quality of the accreditation process.

Currently, consumers have no way of knowing from the audit results whether a facility is good, bad or indifferent. The Department's website publishes information about current and past sanctions[3]. The Agency publishes its audit reports in full on its website[4]. Consumers are unable to judge from accreditation reports whether, for example, the incidence of skin tears in the home is within benchmark parameters, or whether all residents' weight is being maintained within reasonable limits.

The current accreditation process collects information for the purpose of pronouncing facilities compliant or non-compliant with regulated processes. This information relates to:

1. The presence and maintenance of processes, not actual outcomes;
2. Interviews with consumers, conducted without a protocol or questionnaire that enables coding of responses, and arbitrary sample sizes; and
3. Interviews with staff and management where responses cannot be made in confidence.

This sort of information can only be of very limited use to consumers. For example, an intending consumer wants to know if the oral and dental health of residents in the facility is as good as it can be, not if residents have access to a dentist of their choice "as transportation allows" and that a maximum of 36 out of 106 residents "do not identify any issues with the oral care the home provides." The finding for this facility against expected outcome 2.15 was compliant.[5]

Further, the way in which information currently available is published makes it impossible to meaningfully compare performance between facilities, because performances are not rated, either overall or by expected outcome.

A more comprehensive, transparent and available consumer information system would have benefits for consumers, as published best-practice information drives quality of care improvement and informs consumer choice. NSA believes that the content and display of aged care information similar to that provided by the regulatory authority in The Netherlands is of more use to consumers (see Appendix).

Proposal 3 - The Department and/or the Agency should make available more specific information to consumers about a facility's outcomes (as opposed to procedures), including:

- *the number and nature of complaints against a facility;*
- *how the facility rates against performance measurements and other facilities;*
- *how the facility performed against performance measurements (rather than whether the facility was merely compliant or not); and*
- *a summary of what consumers said about a facility.*

[3] http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-nnc-current.htm
[4] http://www.accreditation.org.au/report-advanced/
[5] Assessment report for Coastal Waters Aged Care, Worrowing Heights, NSW, 9 April 2009.

Provider nomination of assessors

NSA is of the view that scrutiny of individual aged care facilities requires independent assessment with well defined and targeted expectations.

It appears that aged care providers are currently able to influence the accreditation process in two ways. First, an aged care provider is able to nominate candidates (up to three) for a place on the assessment team which can, and sometimes does, consist of a single member. Second, an aged care assessor must be approved by aged care providers - a case of the accreditor being accredited by the accreditee.

NSA is of the view that if providers may nominate and approve assessors, consumers should equally be given those same rights. In this regard, consumers should be encouraged to train as quality assessors. Consumer representation on assessment teams would be an important step in balancing provider nomination of assessors, as well as providing consumer input from a different perspective

In this context, NSA notes that almost half of the Agency's Board is composed of representatives of aged care provider organizations or consultants, yet it has no consumer representation.

Proposal 4 - Steps should be taken to ensure consumers are represented on an assessment team, and on the Board of the Agency.

Skills of Quality Assessors

Experts in their fields have a lot to offer and NSA agrees they should participate on assessment teams. This would better help the team to understand events in their context. However, a mix of expertise and knowledge is essential to ensure a balanced position. NSA supports the ad hoc use of experts such as dentists and mental health experts to ensure the facility addresses these specific needs.

Given the increasing percentage of high care residents relative to low care residents, it is now more than ever important to have an assessor with clinical knowledge on an assessment team at all times.

In facilities which have a dominant culturally and linguistically diverse ("CALD") population, it would be appropriate and desirable for a member of the assessment team to understand the dominant culture and speak their language. This equally applies to facilities with a high proportion of indigenous residents.

Proposal 5 - Appropriately qualified experts be engaged on the assessment team. This may include dentists and mental health experts on an ad hoc and rotating basis; a Registered Nurse at all times; and a CALD or indigenous culture experts where a high proportion of a facility is CALD or indigenous.

Confidentiality of Sources

An effective accreditation process depends on the quality of the information it generates. Confidentiality is a fundamental part of obtaining reliable and accurate information. It follows that information generated as part of interviews with consumer, staff and management should be protected.

That protection, already in place for information provided by consumers, should be extended to information provided by staff and management. Staff may fear repercussions in relation to their jobs, thereby undermining the transparency of the accreditation process.

Further, confidentiality should extend to any information provided by consumers or staff, not just information provided during a site audit.

Proposal 6 - Confidentiality should be extended at all times, to all informants, so that residents or staff can raise issues at any time, not just during a site audit.

Self- Assessment

There appears to be a tendency for assessment teams to focus more on providers' self-assessment paperwork than on what actually occurs "on the ground" in residential aged care. Accreditation reports list the documentation that was relied on in the course of the assessment, but anecdotal evidence suggests that some providers purchase documentation templates from consultants, who may also be employed to complete it. This documentation may be fictitious, or written in a more positive light, when it comes to policies, practices, care planning and the care itself, as evidenced by the differing viewpoints consumers have compared to the paperwork provided by some aged care facilities.

Example: how compliance with outcomes does not necessarily equate to quality of care
NSA has been informed of a situation where a dementia patient was resident in an aged care facility which was fully compliant according to the accreditation standards. Even in such a facility, morphine was administered late, stock ran out on several occasions (leaving the resident in pain) and it took 4 days for a doctor to arrive to examine the resident. NSA acknowledges that mistakes occur, but is concerned that the accreditation process did not identify that medication arrangements were inadequate from the consumer's point of view.

There is further anecdotal evidence suggesting that aged care providers feel compelled to divert resources from clinical care and quality of care in order to ensure compliance with expected outcomes regarding having in place certain management systems. It is noted by the Productivity Commission that excessive attempts to regulate risk can lead to unintended adverse consequences for service delivery[6].

The accreditation process must inspire confidence in the aged care industry as a whole and in individual aged care facilities specifically. NSA submits that the current approach to self-assessment does not achieve this goal. The self-assessment process should be simpler, allowing providers to focus resources on quality of care.

[6] Productivity Commission, *Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services,* 2009, at XXII

Accordingly, NSA supports a rolling program of accreditation audits to save providers time and money in re-applying each time. However, each accreditation audit (and the indicators and standards on which an audit is based) should be targeted enough to ensure that a facility is providing quality of care.

Proposal 7 - Self-assessment should be more efficient at ensuring quality delivery of care by:

- *developing consumer-oriented indicators and standards in the accreditation process that are easily and quickly able to be checked by assessors and providers alike; and*
- *implementing a rolling program of accreditation audits to reduce the time expended by providers on compliance.*

Announced site audits

As previously discussed, the extensive procedural regulation surrounding the accreditation process may detract from the focus of quality of care. Providers and residents alike note that announced site audits create too much paperwork and place pressure on facilities' resources.

Properly run facilities should be providing high quality of care at all times. The purpose of a site visit is to ensure that residents are being properly treated. Unannounced site visits would encourage continuous self-assessment on the part of providers and less documentary preparation would be needed before each visit. Consequently, facilities should not be able to nominate days when they are unable to be audited.

Proposal 8 - Site visits should be unannounced so the providers strive for continuous quality of care.

Period of accreditation

NSA acknowledges that the formal accreditation process is time consuming and expensive for providers and the Agency, and that shorter accreditation periods using the current process would be costly and not achieve better quality of care. However, NSA suggests that the current process does not inspire sufficient consumer confidence to justify fewer site visits or a longer accreditation period.

Research shows that 65 per cent of residents stay less than three years in residential care and, of those, 42 per cent stay between one and two years[7]. As a result, many residents will enter and exit a facility without ever taking part in an accreditation audit. In other words, the quality of care they receive will not be assessed while they are alive to benefit from such an assessment.

The Discussion Paper states that an extended period of accreditation would be based on a provider fully complying with outcomes, with no reported non-compliance. However, as NSA has previously indicated, compliance with outcomes alone is not a sufficient indicator of a facility's actual performance. NSA submits that, unless the current accreditation process is enhanced by more consumer input and a more robust complaints mechanism, there is a risk that facilities will be given longer accreditation periods when there are underlying issues not revealed by the accreditation process. NSA cannot support longer accreditation periods until site visits are improved, unannounced and consumer-oriented.

[7] http://www.aihw.gov.au/publications/age/age-58-10709/age-58-10709.pdf *table 3.9.*

Good performance will naturally be rewarded by peer and public recognition, provided that information is publicly available.

Proposal 9 - Accreditation periods should not be longer than three years at present.

Conclusion

The accreditation process should be a two-way process, both taking into account consumers' viewpoints and providing consumers with the information to enable them to better identify a suitable aged care facility. The process should not be over-regulated, as this tends to divert resources from where they are most needed. Instead, the regulatory framework of the accreditation standards should be simpler to address, and more focussed on continuous quality of care in residential aged care facilities.

APPENDIX

The Dutch *Quality Framework for Sustainable Care*[8]

The *Quality Framework for Sustainable Care* became operational in the Netherlands in 2007 and is designed for both residential and community care. The framework measures outcomes and uses indicators are broken down into - :structural (infrastructure necessary to deliver care, eg availability of materials); process (rules and guidelines according to which care is provided); consumer-based (interviews conducted by accredited audit firms with care recipients or their representatives according to strict protocols); and clinical care indicators.

Consumer input

For residential care, all residents need to be interviewed, except residents who have been in care for less than 30 days and residents who have indicated they do not want to participate. Experience shows that the length of interviews varies from 10 to 15 minutes to cover all consumer-based indicators with a single client.

The questions asked of consumers are specific and consistent, and allow responses to be collated and compared. Specific questions allow for identification of specific problems. As an example, the following types of questions are asked to assess performance against the indicator *the measure in which clients or representatives experience meals*:

- Is the presentation of meals good?
- Do meals taste good?
- Is there adequate assistance with eating?
- Are meals spaced adequately during the day? (at three-hour intervals)

These questions provide a better indicator of meal experience than a more general question, such as, whether a consumer regularly receives meals.

Another example: questions asked of a client representative again the indicator *the measure in which clients or their representatives experience being treated well*:

- How often are carers polite to you?;
- Are carers prepared to listen to you about things that didn't go well?;
- How often do carers listen carefully to you?;
- How often do carers answer your questions well?

Legislation requires that a personal care plan for each resident be developed and maintained, and this occurs with reference to the themes and indicators.

Consumer information

Information about performance measurement of each service against both client-based and clinical care indicators is published on the web annually[9] and performance against each indicator rated from below-average to above-average according to a five-star system. This system is applied to provide a performance overview by 'theme' and a detailed report on performance against all indicators used in the audit. The website also provides a link to the unabridged performance report by the regulator, as well as a response to the audit results by the care provider.

The website also provides information about the set-up of the facility, the availability of care capabilities and services and whether couples can move in together even if one has not been assessed as in need of aged care.

[8] Kwaliteitskader Verantwoorde Zorg, Stuurgroep Verantwoorde Zorg, 2007.
[9] www.kiesbeter.nl