Australian Unity

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Submission to the Senate Standing Committees on Community Affairs

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Health | Wealth | Wellbeing

Contents

About Australian Unity **2**

Specific Submissions.....**3**

About Australian Unity

Australian Unity is a national healthcare, financial services and independent and assisted living organisation with over 7,000 employees providing services to nearly a million Australians including some 300,000 members nationwide. Australian Unity's history as an independent mutual dates back 175 years.

Australian Unity's retirement communities assist over 3,000 older Australians across both NSW and Victoria to continue to live as independently as possible in communities with friends and supports. The organisation also provides in-home care services to more than 50,000 clients across New South Wales after the recent purchase from the NSW government of the Home Care Service of New South Wales. Australian Unity's investments and financial services divisions give Australian families the information they need to plan for a financially secure future.

Australian Unity is a mutual organisation that has been providing social infrastructure for Australians for the past 175 years. By this, we mean both the hard infrastructure (aged and health care facilities) and soft infrastructure (workforce, models of care, business systems) that maintains and improves standard of living and quality of life within our community. We seek to enable millions to enjoy wellbeing, in its broadest sense, across their life course.

Submissions

a) The effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practiced.

Australian Unity supports the Aged Care Quality Assessment and accreditation process in which assessors evaluate processes and practice at a point in time and are able to identify areas of improvement. The combination of the scheduled audits and unannounced visits sets an expectation that standards are to be maintained at all times.

The key to existing monitoring and assessment processes being effective depends strongly on assessors being of a consistent quality. It has been observed that there is a variable standard of assessors, and each assessor can have their own personal strengths and interests. Such variability in assessment, particularly when the results of assessments are made publicly available, is not ideal.

Further, in the areas of abuse prevention, clinical and medical standards and incident / risk management, consistency is even more important to ensure that the quality and safety outcomes for residents are maintained at least at well-understood minimum levels improved.

Australian Unity also supports the direction of the proposed changes in the National Quality Standards. These standards have more of a focus on consumer outcomes, rather than on the processes that are in place at an aged care service. Specific outcomes also provide a vehicle for greater focus on abuse and poor practice, and ensuring proper clinical and medical care standards. These include:

- *STD 1-Ongoing assessment and planning with consumers.* This aims to ensure that consumers drive their care and can be aligned back to the Living Longer Living Better reforms, including ensuring a focus on greater choice and control. This Standard will ensure that a residents' care needs are regularly reviewed which will assist to proactively manage their safety and health.
- *STD 4-Service environment.* There is a focus on risk as part of the standard and ensuring resident safety. This is where restraint will be covered, ensuring the approaches to restrictive practices are appropriate.
- *STD 7-Organisational governance.* This standard covers an organisation's risk management approach, as part of its broader governance framework. Clinical indictors such as those the National Quality Indicators, and complaints should be monitored at appropriate organisational risk or clinical governance committees and focus on continuous improvement.

b) The adequacy and effectiveness of complaints handling processes at a state and federal level, including consumer awareness and appropriate use of the available complaints mechanisms.

The consumer is more aware today of the avenues for complaints and services are required to ensure that the process for raising complaints is readily accessible to its residents and clients. That being said, there is still room for improvement to ensure that consumers understand where to go to for different kinds of complaint and for the regulatory bodies themselves to ensure there is no duplication between their functions (which can, in some instances, lead to instances of forum shopping).

Once again, Australian Unity supports the proposed changes to the National Quality Standards as Standard 1 provides a focus on consumer feedback, ensuring it is proactively managed, and Standard 4 provides a mechanism through risk and governance processes to ensure trend analysis is conducted and continuous improvement occurs where necessary.

There have also been instances where Australian Unity has considered the relevant regulator has acted in a manner that is biased towards the resident or client. Whilst feedback and complaints management is critical to ensuring good service, and there needs to be an external avenue for residents and clients to voice their concerns, there are certainly cases in which we have been involved where a complainant has been found to be unreasonable but the ACCC refuses to acknowledge that the behavior or the expectations of the resident or their family members are unreasonable.

The fact that a service must manage an unreasonable complainant at its cost without support and without having the regulatory authority intervene on their behalf, whilst a resident or their family member has the ability to register issues with the ACCC with little or no regard for cost implications, reputational risk or consideration of the health and safety responsibilities of an employer, necessarily sets up an uneven balance. The ACCC has previously advised Australian Unity that as a government funded provider of care, this is a situation that must be borne by us, however that greatly over-estimates the normal capacity of even the most responsible providers to manage these situations.

Further, the time spent by a service collecting information in response to a complaint can be significant and occasionally onerous and the information requests are, at times, repeated.

A potential option would be to change the process to a staggered complaints process, with an initial phone call to outline the nature of the complaint and to potentially

understand the nature of relationship and history of the complainant. This could include determining if the complainant has approached the service to attempt to resolve the issue first, whether the complaint is from a regular complainant, if the outcomes the complainant is seeking are clearly understood and reasonable in the circumstances, what improvement focuses the service has already identified or implemented and what barriers have been encountered in the relationship between the service and the provider.

This could assist with determining what targeted information is needed prior to the regulatory body sending the service an initial request for information.

Australian Unity has also had experiences where the length of time between contacts with the relevant regulator has been, in our view, excessive. For instance, we have had a matter with the ACCC where the time between contacts has been several months. This delay causes issues as staff may have turned over during that time or people's recollections of the relevant events may have deteriorated. We believe a more timely approach would be of benefit to both service providers and the complainants themselves.

c) Concerns regarding standards of care reported to aged care providers and government agencies by staff and contract workers, medical officers, volunteers, family members and other healthcare or aged care providers receiving transferred patients, and the adequacy of responses and feedback arrangements;

A strong complaints management system, as described in the Better Practice Guide to Complaints Handling for Aged Care Services (produced by the Aged Care Complaints Commission) provides mechanisms for ensuring that feedback is both promoted and proactively responded to, along with providing mechanisms for consumers to escalate their complaints to the ACCC. Our response to part b) above outlines strengths and limitations of these mechanisms.

Currently these mechanisms are not overly strong when the care being provided is across multiple service providers, such as transfers from a hospital or another aged care facility, or when an aged care provider is providing care in accordance with a medical practitioner's instructions (such as a medication regime).

d) The adequacy of medication handling practices and drug administration methods specific to aged care delivered at Oakden;

From reading the report it is clear that there was a lack of clinical governance, risk management and staff accountability, and that medication management was not a priority.

Whilst it is difficult to ensure that there are zero medication errors at a service, strong internal incident reporting, monitoring and quality auditing processes, supported by appropriate performance management of staff, assist in minimising poor medication

practices. Appropriate staff training and competency assessment processes are also critical. These processes should be confirmed by the external aged care quality assessment process referenced in part a) above.

e) The adequacy of injury prevention, monitoring and reporting mechanisms and the need for mandatory reporting and data collection for serious injury and mortality incidents;

Currently the key external mechanism for reviewing mortality incidents is through providing responses to Coronial requests. A further option would be to ensure that the reporting of clinical indicators does not only monitor total incident numbers, but also monitors serious incidents (such as falls, medication errors, restrictive practice etc.). Our preference would be that, rather than this becoming a mandatory reporting, it is included in the updated accreditation standards as an expected process.

f) The division of responsibility and accountability between residents (and their families), agency and permanent staff, aged care providers, and the state and the federal governments for reporting on and acting on adverse incidents;

Similar to a strong complaints management system, a strong incident management system provides a mechanisms for ensuring that incident reporting is both promoted and proactively responded to, with learnings and continuous actions being tracked and, and trends being analysed.

Once again, when the relevant State Coroner is involved, it is difficult to understand the process when the care being provided is across multiple service providers, such as transfers from a hospital or another aged care facility, or when an aged care provider is providing care in accordance with a medical practitioner's instructions (such as a medication regime).

Ends