

## Submission to the Aged Care Quality and Safety Commission Bill 2018: September 2018

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### About HammondCare

HammondCare is an independent Christian charity specialising in dementia care and palliative care. We provide residential aged care, home care and health services in NSW, Victoria, Queensland and the ACT. HammondCare also leads the consortium providing the national Dementia Behaviour Management Advisory Service (DBMAS) and the Severe Behaviour Response Teams (SBRT).

### Introduction and general comments

HammondCare welcomes the opportunity to provide comment on the Aged Care Quality and Safety Commission Bill. HammondCare broadly supports the adoption of a single, independent commission that brings together the wide range of quality, safety and regulatory functions for aged care. We note that the establishment of the Aged Care Quality and Safety Commission (ACQSC) broadly aligns with the recommendations of the Productivity Commission's in its landmark 2011 *Caring for Older Australians* inquiry report, as well as the more recent Carnell-Paterson Report.

Bringing together the accreditation/monitoring functions with the complaints handling functions ought to lead to significant benefits in sharing information and gathering intelligence which has the potential to greatly enhance risk-based performance assessment. However, it is essential that in doing so, a distinction remains between these two critical areas. The role of the complaints handling function of the Commission should be to resolve complaints in a way that provides opportunities to maintain and promote the relationships between service users, their families and service providers. To ensure this, the assessment and monitoring function should be carried out by a distinct area of the Commission. If a matter requires in-depth investigation, this should be carried out this other area of the Commission charged with assessing and monitoring quality. Maintaining this distinction will ensure that the response to complaints has a strong focus on resolution and improvements for all parties involved.

### ACQSC Bill, Clause 12 – Constitution of the Commission

HammondCare does not feel it is necessary to have multiple Commissioners, as proposed by the Carnell-Paterson Report. The separate functions of the Commission can be overseen by distinct staff members of the Commission who report to the Commissioner. It is also essential that the Advisory Council reports to the Minister responsible for aged care, in addition to the Commissioner.

### ACQSC Bill, Clause 16 – Functions of the Commissioner

This clause establishes that the Commissioner may seek and consider clinical advice from the Chief Clinical Advisor. This Clinical Advisor should have a broad advisory function, and not be delving into the specific details of particular cases.



## ACQSC Bill, Clause 17 – Consumer engagement functions of the Commissioner

HammondCare discourages the use of the term “best practice” to describe the models of consumer engagement that will be developed and promoted by the Commission. It implies that these privileged “best practice” models are superior to all other methods. Instead, a more neutral term that acknowledges the validity of a range of tested approaches such as “evidence based” or “evidence informed” would be more appropriate. It is also crucial that the Commission’s promotion of certain models for engaging consumers does not mean it penalises service providers who use other models that are also supported by evidence and experience.

## ACQSC Bill, Clause 38 – Functions of the Advisory Council

The Advisory Council should be able to provide advice to the Minister at its own initiative, as well as at the request of the Minister.

## Contact

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