Inquiry into the effectiveness of the aged care quality assessment and accreditation framework

Submission

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HammondCare

An independent Christian charity

About HammondCare

Established in the 1930s, HammondCare is an independent Christian charity specialising in dementia care, palliative care, rehabilitation and older persons' mental health services. HammondCare is acknowledged as Australia's leading dementia-specific service provider and is dedicated to research and supporting people who are financially disadvantaged. HammondCare's mission is to improve quality of life for people in need, regardless of their circumstances.

We currently operate more than 1,000 residential aged care places across New South Wales and Victoria. More than 70 per cent of these aged care places are in dementia-specific cottages, designed according to internationally recognised principles of good dementia design and operating according to a complementary model of care. We also provide Special Care Programs for people displaying very severe behavioural and psychological symptoms of dementia. On any given day, HammondCare provides community care to more than 1,500 people. Our HammondCare At Home services provide care for older people, people living with dementia, palliative care patients, and respite and counselling for carers. HammondCare's Dementia Centre is recognised in Australia and internationally for its high quality research, consultancy, training and conferences in the area of best-practice dementia care.

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The effectiveness of the aged care quality assessment and accreditation framework

In assessing the effectiveness of residential aged care accreditation, it is necessary to consider the Australian Government's existing plans to introduce a new aged care quality framework. In the 2015-16 Budget, the Australian Government announced that it would work with the aged care sector to consider the development of a "single quality framework" for aged care (DSS 2015, 1).

Work has progressed in this area and the Government is now partnering with a range of stakeholders, including aged care service users and providers, to create a single set of aged care standards, that will apply to a broad range of residential and community based home care services (DoH 2016). As part of this process, draft standards were released for consultation in March 2017 (DoH 2017) and HammondCare believes the approach adopted in these standards will do much to address the shortcomings in the current standards and accreditation process.

A focus on outcomes rather than tick-box compliance

A major issue with the existing assessment and monitoring systems for residential aged care is that they have fostered a focus and pre-occupation on processes, rather than resident outcomes. When the Accreditation Standards for residential aged care were first introduced in the late 1990s, it was intended that they would promote continuous improvement in the quality of clinical care provided.

Yet in practice, the current accreditation process has led to a compliance mentality among many residential care providers, who seek to demonstrate that their care meets the standards by following a tick-box approach. Even for providers that offer high quality services, too often the accreditation process has focused on processes delivered rather than outcomes achieved.

It appears this tick-box approach was a key issue at the Makk and McLeay wards of Oakden, where staff learned "how to produce documents and records that Accrediting Bodies and Surveyors wanted to and expected to see" (SA Health, The Oakden Report, p.77). This is also evidenced in the ways that staff at Oakden are reported to have engaged with the Safety Learning System (SLS), a tool used within SA Health to "record, manage, investigate and analyse patient and worker incidents as well as consumer feedback" (SA Health). The Oakden Report found that the staff at Oakden viewed the SLS as "a means unto the end of getting a tick in a box…" (SA Health, The Oakden Report, p.87); an attitude reinforced by a process based, compliance focused system.

While the current Accreditation Standards have done much to improve quality of care in residential aged care services, it is clear that a greater focus on resident experiences and outcomes is needed in the standards. This approach is supported by regulatory experts who have examined aged care regulation both here in Australia and abroad. For example, Braithwaite et al (2007, p.230) found in their investigation of nursing home regulation in the UK, the USA and Australia that simply creating more rules and protocols about how care ought to be provided does little to improve quality. Their analysis found that a prescriptive focus on tasks and processes is not the best way to deliver improved outcomes. As they observed:

> "With nursing home staff and inspectors alike, excessive demands for a task orientation distract from the outcomes that matter." (Braithwaite et al. 2007, p. 230)

That is why HammondCare supports the approach being taken by the draft single aged care quality framework released in March 2017. It clearly acknowledges the need to move away from a focus on prescriptive care processes with a greater focus on consumer outcomes (DoH 2017, p.7). This changed approach is critical in promoting the provision of high quality care.

Protecting residents from abuse and poor practices

The existing Accreditation Standards for residential aged care services do not explicitly refer to the identification and management of risks and incidents, such as abuse and poor practices. The Results and Processes Guide, which outlines the steps assessors may use in assessing aged care homes, does however mention the identification of trends for incidents and complaints (AACQA 2014, 24). Even so, the absence of any clear reference in the current standards to risk management and incident responses is a notable deficiency.

Importantly, the draft standards released in March 2017 go some way to addressing this shortcoming. They include a requirement for aged care services to have an organisation-wide system for: "risk management that incorporates identification, analysis and management of risks and incidents that impact on consumers or on the provision of care and services" (Draft Standard 8[3.c]; DoH 207, p.32). This proposed change, which is due to be implemented in July 2018, represents a significant improvement that will strengthen the accreditation framework for residential aged care services and increase the protections for residents from abuse and poor practice.

Medical care standards

The terms of reference for this inquiry include a reference to the effectiveness of the aged care accreditation framework in ensuring that proper medical care standards are maintained. However, it is not appropriate for the accreditation framework for residential aged care services to monitor the appropriateness of medical care provided to residents, as aged care homes are not medical facilities. While approved providers of residential aged care under the *Aged Care Act 1997* are required to provide residents with nursing services and to assist them with daily living activities, their responsibility when it comes to medical care is simply to assist in accessing the services of appropriate medical practitioners as required (*Quality of Care Principles 2014*, p.6).

Although the Oakden service did have significant input from medical practitioners, it is important to remember that it was not a typical aged care facility. As the SA Health report on Oakden noted, there was a great deal of confusion about Oakden (2017, p.31). The service was primarily a state government Older Persons Mental Health Service (OPMHS), which also happened to be partially subsidised and regulated as a residential aged care facility. The fact that Oakden was a 'confused' service, subject to both state and Commonwealth regulatory systems suggests it was more likely to be ill-suited to both systems. In addressing identified issues at Oakden, it is important not to extend additional regulatory requirements to aged care services that would be inappropriate for them.

As aged care homes are not responsible for the direct provision of medical care, they should not be held accountable for the manner in which it is provided. Instead, the adequacy and

appropriateness of the medical care provided to aged care residents should be overseen by the appropriate medical colleges.

The adequacy and effectiveness of complaints handling processes

Under the current accreditation framework, each Commonwealth subsidised aged care home is assessed on the way it responds to complaints from consumers. Expected Outcome 1.4 of the current Accreditation Standards, which deals with 'Comments and complaints', requires aged care homes to ensure that care recipients, their representatives and "other interested parties" have access to both internal and external complaints mechanisms (*Quality of Care Principles 2014*, p.14).

The draft standards released in March 2017 contain a more comprehensive approach to communication and complaint handling, with an entire standard (Standard 6) dedicated to 'Feedback and complaints'. The new draft standard has been developed in consultation with the Aged Care Complaints Commissioner and is designed to encourage open communication, both positive and negative, between consumers and service providers, while harnessing complaints to drive service improvement (DoH 2017, 28). HammondCare supports any initiative that promotes good communication between service users and providers.

As well as considering providers' internal complaints processes and government-funded external complaints mechanisms, such as the Aged Care Complaints Commissioner, it is also important to note the increase in private market initiatives assisting consumers to provide feedback on aged care services. There are a number of private, consumer-oriented websites aimed at identifying both good practice and poor quality care in aged care services. Most of these sites enable members of the public to score or rate aged care services on a scale.

However, not all private aged care feedback websites offer the same kind of service. HammondCare's home care services have partnered with a public-facing online feedback tool that has a different focus to most of the other existing services. Care Opinion enables members of the public to provide compliments and complaints about aged care services on a publicly displayed forum. But rather than simply giving a score or rating, the intent of this website is to facilitate a conversation between the consumer and the service provider, aimed at improving the quality of care where necessary. In an aged care market that is increasingly responding to consumer choice and market-based principles, the role of non-government feedback processes will play an increasingly important role.

The adequacy of medication handling practices

The SA Health report is clear in its findings on the medication handling practices and drug administration at Oakden. It reports that the systems for medication use at that service were inadequate and that the high rate of medication errors was not monitored properly (SA Health 2017, p.84).

There is little to add to this in relation to what occurred at Oakden. However, there is clear evidence about the quality use of medicines in aged care that is readily available. It is well known, for example, that medication management and administration in aged care homes must be

underpinned by robust systems. The *Guiding Principles for Medication Management in Residential Aged Care* document produced by the then Department of Health and Ageing suggests a number of strategies for ensuring safe medication practices in residential aged care including the formation of medication advisory committees and the identification and review of medication incidents (DoHA 2012, pp. 13 & 17). Principles such as these, are critical in promoting the quality use of medicines in residential aged care.

Related matters: care and support for people with very severe and persistent BPSD

The recent focus on the care provided at Oakden highlights the need to identify appropriate way to support people with very severe and persistent BPSD. A key first step is to recognise that there are significant differences in the care needs of older people with a mental illness and people with very severe and persistent challenging behaviours who have a primary diagnosis of dementia. Their disease trajectories, along with the types of support they respond to and benefit from, are not the same.

The dementia diseases associated with BPSD are generally progressive so that the experience of very severe BPSD is comparatively short, whereas challenging behaviours associated with mental health issues can be experienced for many years. For people with a primary diagnosis of dementia, the behaviour is often associated with environmental triggers (such as noise, pain, staff and the general environment). On the other hand, the behavioural triggers related to mental illness are organic to the disease itself. A service that groups together people with varying primary diagnoses – both mental health issues and BPSD – is likely to produce adverse quality of life outcomes for both residents and staff.

As an experienced provider of both older persons mental health (OPMH) and dementia-specific aged care services, HammondCare remains convinced that OPMH services for people with a primary psychiatric diagnosis belong in sub-acute settings run by state governments or affiliated health organisations, while tailored specialist dementia care programs for people with all but the most severe BPSD belong in Commonwealth subsidised residential aged care.

HammondCare has been running a Special Care Program (SCP) for people with very severe and persistent BPSD since 2007, while Southern Cross Care in Western Australia has run a similar program for 15 years. HammondCare's SCP consists of two components: an eight-place Special Care Unit (SCU), which is located within a purpose built, dementia-specific aged care home; and a Supported Internal Relocation Program (SIRP).

Entry to the program is through admission to the SCU, at which time, residents' individual needs are assessed and a tailored support plan is developed. The care delivered within the SCU is designed to reduce reliance on antipsychotic medications, while ensuring that pain relief is maintained. Care plans include non-pharmacological solutions that are designed to reduce anxiety and stress, greatly increasing the chances of improved social interaction. Like the other dementia-specific cottages on the same site, the unit is small in scale and provides a secure environment that has a domestic and familiar design and layout, with a focus on reducing external stimuli. SA Health's Oakden report praised the design of HammondCare's Special Care Unit, noting that it provides a "stark contrast" to the physical environment at Oakden (2017, pp.51-54).

Residents have ready access to the outdoors and the opportunity to engage with carers in everyday activities such as food preparation and cooking. When successful medical, psychological and psychosocial strategies have been utilised and a robust care plan is in place, residents are assisted through the Supported Internal Relocation Program (SIRP) to move into a less-intensive,

dementia-specific setting on the same site. An additional (ninth) bed in the SCU is available to provide extra support for residents who face difficulties during the supported transition.

The program is overseen by a manager experienced in supporting people with BPSD, with support from an on-site program psychologist. The SCU has a higher staff to resident ratio than a mainstream aged care home and all staff receive specialised training. A Clinical Advisory Committee monitors admissions, discharges and the supported transition process, as well as providing expert clinical advice. Weekly resident case conferencing involving carers, medical specialists and resident families generates and evaluates care strategies for residents.

Over the past decade, evaluation of HammondCare's Special Care Program has proven successful in supporting people with very severe and persistent BPSD to transition to regular dementia-specific residential aged care environments. The average length of stay within the Special Care Unit is less than one year, significantly lower than the overall average length of stay in residential care which is almost three years. This demonstrates that the program is effective at responding to very severe BPSD and assisting residents to move into less intensive residential aged care settings.

The Commonwealth Government has seen the merit in this approach, announcing the introduction of Specialist Dementia Care Units (SDCUs) in residential aged care settings as part of the 2016-17 Mid-Year Economic and Fiscal Outlook (MYEFO) measures (Ley 2016). These SDCUs will support people living with very severe and persistent BPSD in a well-resourced, dementia-specific aged care setting. The development of adequately resourced SDCUs with appropriate models of care will lead to better outcomes for people with very severe and persistent challenging behaviours related to a primary diagnosis of dementia.

Conclusion

HammondCare believes the proposed overhaul of the aged care standards as part of the single aged care quality framework will improve the accreditation process for residential aged care services. The shift to a focus on resident experience and outcomes, rather than monitoring processes and inputs, has the potential to foster a cultural change and a new way of viewing accreditation within residential aged care services. More broadly, the events that occurred at Oakden signal the need for improved models of care for supporting people with very severe and persistent BPSD. HammondCare's decade-long experience in running a Special Care Program demonstrates how this can be done and can inform the development of the Commonwealth Government's specialist dementia care unit program.

Sources

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