Revised Aged Care Quality Standards

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This is a joint submission led by the Continence Foundation of Australia, supported by Continence Nurses Society Australia (CoNSA)

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Introduction

The Continence Foundation of Australia (the Foundation) in collaboration with Continence Nurses Society Australia Inc (CoNSA), welcomes the opportunity to respond to the consultation on the Revised Aged Care Quality Standards.

The Foundation is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation includes policy and advice to support reform, education, awareness, information, advocacy, continence service provision, and more importantly, experience of putting people at the centre of program design and policy advice, which allows the Foundation to be best placed to represent the interests of residents, carers, and health professionals in relation to continence, at national and state levels.

CoNSA is a non-profit national professional interest group of nurses and midwives whose scope of practice encompasses knowledge and advanced practice skills in continence care. As a national organisation, CoNSA provides its members with support and representation. CoNSA provides a single national professional voice that advocates on continence related issues and promotes the role of the Nurse Continence Specialist in Australia.

The Foundation's Submission

The Foundation and CoNSA welcome the review of the Aged Care Quality Standards in response to the recommendations of the Royal Commission into Quality and Safety in Aged Care, and the intention to address criticisms of the current Aged Care Standards, particularly their lack of specificity and ability to be successfully implemented.

We welcome the strengthening of the Standards as a result of the review process, and we support the embedding of consumer dignity and respect at the centre of aged care.

We continue to hold concerns, however, that the revised Quality Standards will be difficult to meet if

- those staff providing care and treatment to older Australians accessing aged care services are either not trained and educated, or are inadequately trained or educated in their VET-sector or undergraduate courses (foundation courses), in continence care and incontinence management, and
- once employed, staff and health professionals are not given adequate evidence-based, best practice or on-the-job support or professional development to provide safe and effective continence care and incontinence management.

We see this revision of the aged care standards as an important initial step to rectifying the concerns identified by the Royal Commission, older people, and advocacy organisations. We recognise that the Standards alone will not solve the issues concerning quality of care provided, and that the guidance materials and resources, yet to be developed, will be pivotal in ensuring outcomes for older people are in fact improved.

We are also concerned by the apparent lack of recognition of the impact of incontinence on the quality of care and well-being of older people receiving aged care services, regardless of the setting, and urge the Department of Health and Aged Care to ensure that incontinence identification, continence care, treatment and management is more specifically addressed through the development and implementation of the revised standards.

Furthermore, we maintain that there is a need to address barriers to access to continence services for people in residential aged care. In conjunction with placing greater emphasis on

the importance of addressing incontinence in the revised Standards, we suggest that there should be the requirement to conduct a comprehensive assessment for incontinence and given the current poor level of staff skills and training, residents should have access to multidisciplinary continence services.

Recommendations

The Foundation and CoNSA make the following recommendations for further development of the Standards:

1. **We recommend the promotion and support for the uptake of the Model of Continence Care (MoCC) to deliver evidence-based care.**
2. **We recommend the adoption of the National Continence Quality Standard currently in development by the Foundation, for implementation in aged care, as well as other settings where people with continence receive services.**
3. **We recommend the inclusion of continence under Action 2.9.6 as a 'core matter' in which all workers are regularly trained.**
4. **We also recommend that there should be recognition of the importance of comprehensive assessment for incontinence, and, given the current poor level of staff skills and training, residents should have access to multidisciplinary continence services.**
5. **We recommend the inclusion of incontinence, in addition to dementia, under Standard 3 - The Care and Services, and Outcome Area 3.2 Delivery of care and services.**
6. **We recommend that enhancing toilet use must be considered in the physical design of the residential aged care environment. This will reduce episodes of incontinence, whilst enhancing independence, mobility, quality of life and personal dignity.**
7. **Under Outcome 5.2 – Preventing and controlling infections in clinical care, we recommend the inclusion of an additional point: *regular review of the clinical indicators for the use of invasive devices*.**
8. **Under Outcome 5.4 – Comprehensive Care, we recommend the following additions:**
    - **Action 5.4.1(b) - the inclusion of *evaluation of the treatment care plan* and the addition of *prevention of chronic conditions*.**
    - **Action 5.4.9 – that an additional point be added to processes for continence care: *provides access to continence products that optimises social continence, dignity, comfort, and skin integrity*.**

Quality Continence Care is essential

Incontinence continues to be a largely unrecognised but significant health burden on older Australians and is a significant factor in admission to residential aged care. Previous Australian data has shown that incontinence is one of the top three critical factors in admission to residential aged care.[1] The most up to date publicly available data on condition related-risk factors influencing recommendations for admission into residential aged care found both urinary and faecal incontinence to be in the top four condition-related risk factors in influencing recommendations to residential care (39% and 86% increase in risk respectively) alongside confusion and dementia.[2]

For comparison, 1 in 4 Australian adults experience incontinence[3] but 75-81% of residential aged care consumers in Australia experience incontinence, with most at higher severity levels[4]. The majority of people (71% of women and 65% of men) were in the most dependent category, experiencing three or more episodes of incontinence a week that required assistance[4].

Evidence shows that the prevalence of incontinence increases quickly with time spent in residential aged care. A study of people admitted for the first time to residential aged care services in the United States found that the prevalence of urinary incontinence at two weeks was 37% but increased to 43.8% after one year.[5] A Swiss study found that the prevalence of urinary incontinence in women increased from 32% at admission to 42% at six months and 49% at 12 months.[6] For men, the prevalence increased from 45% at admission to 48% at six months and 57% at 12 months.[6] Although no studies can substantiate similar issues related to faecal incontinence, it is likely that the prevalence of faecal incontinence in residential aged care also increases over time. The impact of incontinence can be significant, as both urinary and faecal incontinence have been shown to be associated with lower quality of life including physical and mental health.[7,8]

Continence management has consistently been listed in the top ten most common issues subject to complaint as reported by the Aged Care Quality and Safety Commission[9] with *Personal and oral hygiene* consistently in the top five issues subject to formal complaint. In the Jan-Mar 2022 Sector Performance Report, the most common requirement of the Aged Care Quality Standards that providers did not comply with in residential care was *Safe and effective personal and clinical care*[10].

In the *Interim Report: Neglect* released by the Royal Commission into Aged Care Quality and Safety, poor continence management was listed as one of the 'major quality and safety issues' in aged care.[11] The report also stated that: *It is shameful that such a list can be produced in 21st century Australia*.

Given the Aged Care Royal Commission has found many examples of substandard care, specifically for continence and incontinence needs[12] it is imperative that improvements are introduced urgently to address this area of care and support, through evidence-based person-centred care, increased workforce capability, and improved monitoring and reporting.

The Foundation and CoNSA recommend the promotion and support for the uptake of the Model of Continence Care (MoCC) to deliver evidence-based care (further information available on The Foundation website www.continence.org.au). The MoCC is a best practice model of continence care which ensures older people receive evidence-based, person centred, clinically informed continence care that is responsive to their individual needs, safe, protective of their dignity and that optimises their functional ability. The MoCC has been developed to address a gap that has been identified for best practice continence care in the residential aged care sector. It delivers a comprehensive, targeted solution to support the safety and quality of continence care in residential care.

In addition, the Foundation is currently developing a National Continence Quality Standard, which will align with the revised Aged Care Standards. We recommend the adoption of this standard for implementation in aged care, as well as other settings where people with incontinence receive services.

The adoption and implementation of the MoCC and National Continence Quality Standard will improve the capacity of staff to engage in best practice continence care and lead to care that

is both person-centred and dignified, whilst supporting the implementation of the revised Aged Care Standards.

Response to the Revised Aged Care Standards

Standard 1- the Person

The Foundation and CoNSA welcome the focus of *Standard 1- The Person* on dignity and respect, individuality and diversity, independence, choice and control, culturally safe and sensitive care and dignity of risk, and the intention of embedding these concepts at the centre of aged care service provision.

1.1.2 The special needs of residents including cultural considerations must be taken into account during assessments, planning and delivery of service, and it is of particular importance where incontinence is a significantly higher risk factor, for example, studies have shown between 23% and 54% of Aboriginal and Torres Strait Islander people experience incontinence[13-14].These rates of incontinence are for people who live in the community, and are likely to be significantly higher for those who also receive residential aged care services. It is also likely that people from special needs groups, including Aboriginal and Torres Strait Islander people, will have a greater need for support.

The recognition of the need to deliver care that is trauma-aware and culturally and sensitively safe is therefore essential when considering the care and support provided to people experiencing incontinence. Results from a nationally representative consumer survey undertaken by the Foundation in 2017 showed that while culturally and linguistically diverse (CALD) respondents were slightly less likely to experience incontinence than the general population[15], they were more likely to avoid discussing incontinence with their family and friends, possibly indicating a level of culturally influenced stigma.

Culturally appropriate information and resources are critical to support good health and well-being, and its lack of availability is likely a contributing factor to the poor health outcomes experienced by people of culturally diverse backgrounds. Literature reviews show the "importance of offering information in a variety of ways without limiting it to text or online resources and utilising other strategies, such as involving community in the design and delivery of approaches as well as including health literacy communication in areas beyond health settings".[16]

1.1.4 We particularly welcome the recognition of personal privacy, and that older people should have choice about how and when they receive intimate physical care or treatment, and that this should be carried out sensitively and in private. This is of utmost importance when considering the delivery of continence care.

A well-designed physical environment, built to meet user needs, supports dignity, respect and the right to privacy. We address this further under *Standard 4 – The Environment*

Standard 2 – The Organisation

2.9.4 It is essential that staff have appropriate qualifications, skills or experience and that key personnel are suitable for their roles. Given that most direct care staff employed in aged care, including personal care workers[17] enrolled nurses[18,19] and registered nurses[20] are unlikely to be suitably qualified or educated in providing continence care, the provider's

governing body has an obligation to ensure they receive the education and training required to support a condition that is often part of their day-to-day work life to ensure optimum person-centred care. To support in addressing this, the Foundation is developing practical education and training for direct care staff on how to provide best practice continence care as part of the MoCC which will enable easy access to these resources and tools.

2.9.6 While we welcome the recognition of 'care matters' that should be addressed through regular training of care staff, we urge the inclusion of continence in the list of suggested areas.

For consumers receiving aged care services and care staff supporting them, incontinence is often a significant part of daily life. Rates of urinary and faecal incontinence experienced by older (≥65 years) home care consumers are 28-51% and 14% respectively[21-22]. This increases substantially to 75-81% of consumers experiencing any form of incontinence in residential aged care with the majority experiencing three or more episodes of incontinence per week that require assistance.[4] This burden of care is exacerbated by the stigma associated with incontinence and the difficulties of talking about it even with health professionals.[23,24] Therefore, there is a clear and recognised need for continence-related changes, including governance and clinical care, to facilitate vital consumer engagement, better care services, and care outcomes.

Furthermore, we argue that there is a need to address barriers to access to continence services for people in residential aged care. In conjunction with placing greater emphasis on the importance of addressing incontinence in the revised Standards, we suggest that there should be the requirement to conduct a comprehensive assessment for incontinence and given the current poor level of staff skills and training, residents should have access to multidisciplinary continence services.

Standard 3 – Care and Services

3.1 The key components of quality continence care include a continence assessment completed by a qualified health professional, and development and implementation of a management/care plan with the consumer which is regularly reviewed. Providers should have screening processes in place to identify consumers with, or at risk of, incontinence and other bladder and/or bowel dysfunction, particularly as symptoms are likely to be underreported

The Foundation is in the process of developing a National Continence Quality Standard which, if adopted, will complement, and support the implementation of the revised Aged Care Quality Standards.

We have identified the need for assessment, care planning, management and review which is:

- focused on care recipient goals
- based on care recipient choice and individual requirements
- minimises incontinence
- maintains current functionality (wherever possible)
- considers broader/wider influences/impacts of incontinence
- supports an improved quality of life
- optimises dignity
- encourages self-management
- is informed by evidence based best practice
- includes a multidisciplinary focus and input where required.

We recommend the adoption of the National Continence Quality Standard as a supporting resource for the Revised Aged Care Standards

3.2 We acknowledge the importance of evidence-based care that meets the needs of people living with dementia. However, given the high incidence of incontinence amongst people receiving aged care services, as identified above, we urge the inclusion of incontinence, in addition to dementia, under this Standard, and Outcome Area.

It should also be noted that people living with dementia have high incidence of incontinence, compounding the difficulties and impacts on quality of life for that person.

3.2.1 Existing care provision in aged care is often focused on containment rather than on care that is contemporary, effective and evidence based. The lack of person-centred care can result in additional detrimental effects affecting continence status and further health consequences. Evidence shows that the prevalence of incontinence increases quickly with time spent in residential aged care. A Swiss study found the prevalence of urinary incontinence in women increased from 32% at admission to 49% at 12 months.[4] For men, the prevalence increased from 45% at admission to 57% at 12 months.[6] Although no studies can be located for faecal incontinence, it is likely that the prevalence of faecal incontinence in residential aged care also increases over time.

Incontinence compounded with unsafe and ineffective continence care in aged care can also result in urinary tract infections[25,26], pressure injuries[27,28], falls[29,30], avoidable emergency department admissions[31], function decline[32] and death.[33]

3.4.2 We welcome the recognition of carers as partners in the older person's care, under this Standard, and Outcome Area. However, we believe that carers are not recognised sufficiently in the standards to ensure that their contribution to the care of their loved one is supported and acknowledged.

Standard 4 – The Environment

4.1b.2 We welcome the intent of *Standard 4: The Environment* and its focus on a safe and supportive physical environment that meets their needs. The Foundation and CoNSA agree that the provider should ensure that the service environment is fit for purpose, and that it enables older people to move freely and reduces safety risks. However, we have concerns that unless high quality, evidence-based continence care and continence management is considered under Standard 4, there will be detrimental effects on residents who already experience incontinence and those at risk.

Incontinence is highly prevalent in residential aged care, with 75-81% of residents experiencing incontinence[4]. The design of a residential aged care facility can improve or impede continence care for residents of aged care facilities. Inappropriate design can lead to functional incontinence, which occurs when a person is unable to access a toilet in a timely manner. Environmental barriers may prevent a person from recognizing, locating, or accessing the toilet. This decreases their independence and leads to higher care needs, contributes to the risk of falls and fractures[34] and lowers health outcomes. However, the physical design of a residential aged care facility can empower residents to maintain continence and enable staff and carers to support continence and deliver high-quality continence related care. A study of 16 residents with dementia found that toilets not concealed by a curtain are more likely to used compared to when concealed[33]. This also improves staff efficiency and time, with a decrease in hygiene and care activities, and overall reduced workload for staff. A European study also found that the

physical design of a residential aged care facility creates challenges to residents' ability to maintain continence. A lack of accessible toilets and toilets more generally, inadequate privacy, a lack of call buttons to access help, lighting and bedside commodes all presented barriers and challenges to maintaining continence for residents[35].

Physical design can enhance toilet use and decrease episodes of incontinence through enabling independence and mobility, increasing quality of life, enhancing personal dignity and lowering economic cost.

We have concerns that unless high quality, evidence-based continence care is considered under *Standard 4 The Environment*, there will be detrimental effects on residents who experience incontinence, and those at risk of developing it. Enhancing toilet use must be considered in the physical design of the residential aged care environment. This will reduce episodes of incontinence, whilst enhancing mobility, quality of life and personal dignity.

Standard 5 – Clinical Care

We welcome the recognition under this Standard that delivery of safe quality care is dependent on a skilled workforce that is capable of delivering evidence-based care.

In addition, we support the understanding that Standards 1-7 underpins and supports the delivery of quality clinical care.

5.2.2 We welcome the inclusion of processes for preventing and controlling infections. We would suggest the inclusion of a further point under this section to address: regular review of the clinical indicators for the use of invasive devices. This additional point is important to ensure invasive devices, such as indwelling urinary catheters, are regularly reviewed to determine they are still necessary for the management of the individual health care needs.

5.4.1 We welcome the inclusion of assessment and planning systems. We would suggest the following changes to Point b) under this action:

- We recommend the inclusion of ***evaluation of the treatment care plan***. Evaluation or review of treatment care plans are required to determine if they are effective.
- We recommend the addition of ***prevention of chronic conditions***. Regular health assessments are important for health monitoring and prevention of disease such as monitoring for alterations in voiding and bowel patterns.

5.4.2 We welcome the inclusion of incontinence under this action area, and recognition of the need for evidence-based comprehensive care that responds to clinical safety risks for people with incontinence.

5.4.9 We would suggest an additional point be added to processes for continence care: ***provides access to continence products that optimises dignity, comfort and skin integrity and supports the older person to participate in social activities***. Continence product access can often be challenging for residents including volume and type of products made available.

Conclusion

The Foundation and CoNSA welcome the review of the Aged Care Quality Standards in response to the recommendations of the Royal Commission into Quality and Safety in Aged Care.

We see this revision of the aged care standards as an important initial step to rectifying the concerns identified by the Royal Commission, older people and advocacy organisations. We recognise that the Standards alone will not solve the issues concerning quality of care provided, and that the guidance materials and resources, yet to be developed, will be pivotal in ensuring outcomes for older people are in fact improved.

Further we see the revision of the Aged Care Quality Standards, and their application across all aged care settings, as having significant impacts on the quality of care, treatment and management of incontinence for people receiving aged care services.

We look forward to having input to the on-going process of reform for aged care, and to working with the Government to ensure best possible outcomes for people experiencing incontinence.

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