# Submission to the Strengthening approved aged care provider governance - Online Survey consultation

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## Background

The Australian Government Department of Health sought feedback about new requirements to enhance aged care provider governance regulations to enable better clinical care, reporting and record keeping of clinical care-related issues. Stronger requirements were proposed by the Australian Government for membership of governing bodies, provider's constitution, advisory bodies, staff qualifications, skills and experience, suitability of key personnel in the provider's organisation and providing an annual statement on provider operations.

**This document provides the Foundation's responses to the online questionnaire on the final report; it does not include the Foundation's responses in relation to organisational details, demographics or respondent information.**

## Consultation questions

### The governing body's quality care advisory body

Parliament is considering legislative reforms that will mean approved providers have to create and maintain a quality care advisory body. This body is to help keep the governing body informed about the quality of care delivered by the provider's service/s. The reforms will mean the quality care advisory body has to give the provider's governing body a written report on the quality of the aged care provided for each aged care service at least once every six months. The

quality care advisory body can also give feedback to the provider's governing body about the quality of care of a service.

**1. Please indicate your level of agreement with the following statements about who should be members of the quality care advisory body.**

The Foundation agrees that the quality care advisory body should include a board member of the organisation.
The Foundation strongly agrees that the quality care advisory body should include a person involved in the delivery of the provider's services (for example, person responsible for the delivery of care and services, registered nurse or a personal care worker).
The Foundation strongly agrees that the quality care advisory body should include person involved in the delivery of the provider's clinical care services (for example, person responsible for the nursing services or a registered nurse).
The Foundation strongly agrees that the quality care advisory body should include a person who receives care and services from the provider or their representative.

**2. Please indicate your level of agreement with the following statements:**

The Foundation agrees that the quality care advisory body should be chaired by a member of the provider's governing body that does not hold another position in the organisation.
The Foundation strongly agrees that the quality care advisory body should include both a person who receives care and services from the provider and a representative (for example, carer, family or friend).

## Quality care advisory body's report to the governing body

Parliament is considering legislative reforms that will mean that at least once every six months, the quality care advisory body has to give the provider's governing body a written report on the quality of care provided for each service. The governing body will have to consider the report and any other feedback from the quality care advisory body when making decisions about the quality of care and tell the quality care advisory body in writing of how the feedback was considered.

**3. Please indicate your level of agreement with the following statements about what the quality care advisory body report should include.**

The Foundation strongly agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking into account trends in quality of care (including quality indicators, incidents, consumer surveys, staff and consumer feedback and complaints).

The Foundation strongly agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking into account progress made on the Plan for Continuous Improvement.

The Foundation strongly agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking

into account concerns about the quality of care.

The Foundation agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking into account action being taken against the service by the Aged Care Quality and Safety Commission or any other agencies.

The Foundation strongly agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking into account action being taken to address any concerns.

The Foundation strongly agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking into account matters/issues referred to the quality care advisory body by the governing body.

The Foundation agrees that the quality care advisory body report should include an assessment of the quality of care provided by the service, taking into account the signature of each person on the quality care advisory body to show they agree with the report.

**h. Please specify any other areas that should be included**

The development of a quality care advisory body to support and lead quality of care by aged care services is a significant step towards ensuring service providers can meet and exceed the Aged Care Quality Standards (Quality Standards). The quality care advisory body should be provided enough relevant and evidence-based information to optimise its reporting to the governing body and underpin necessary changes to develop person-centred care, ensuring performance is measured and transparent and driving whole of organisation change with appropriate policies and processes. To do this effectively, the Continence Foundation of Australia (the Foundation) posits the need for the quality care advisory report to be aligned with the Quality Standards as well as quality indicators that have a focus on continence-related issues. Otherwise, the implementation of the quality care advisory body will not translate into meaningful change for many consumers who experience, or are at risk of, highly prevalent conditions that are underserved like incontinence.

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.[1-3] 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.[5,6] 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.

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.[7] For men, the prevalence increased from 45% at admission to 57% at 12 months.[7] 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[8,9], pressure injuries[10,11], falls[12,13], avoidable emergency department admissions[14], function decline[15] and death.[16]

Though it can be difficult to talk about, incontinence still results in a significant number of complaints and concerns from aged care consumers. Since 2015, complaints regarding continence management in residential aged care to the Aged Care Quality and Safety Commission (and the Aged Care Complaints Commission before that) have ranked in the top 5 most common issues subject to complaint.[17-20]

Combined, these factors highlight the significant need for incontinence to be recognised, reported on, and addressed across all aged care settings. It also shows the need for continence-related indicators to be a key marker in relation to trends in quality of care, progress on the Plan for continuous improvement, concerns about quality of care and complaints reporting within aged care settings. To ensure this is the case, the Foundation recommends continence-related indicators be part of the suite of indicators for quality care advisory bodies to report on to governing bodies and that aged care services adopt and report on best practice continence care based on the *Continence SMART Care* model (see next section for more details) to meet and exceed Aged Care Quality Standards.

**4. Please indicate your level of agreement with the following statement:**

The Foundation strongly agrees that providers should be required to give the members of the quality care advisory body the information needed to write the report to the governing body.

## Quality care advisory body records

**5. Please indicate your level of agreement with the following statements about the records the provider should keep about its quality care advisory body.**

The Foundation strongly agrees that aged care providers should be required to keep a record of the members of the quality care advisory body.

The Foundation strongly agrees that aged care providers should be required to keep a record of evidence the quality care advisory body meets the membership requirements.

The Foundation strongly agrees that aged care providers should be required to keep a record of written reports and feedback from the quality care advisory body to the governing body.

The Foundation strongly agrees that aged care providers should be required to keep a record of written advice from the governing body to the quality care advisory body.

The Foundation strongly agrees that aged care providers should be required to keep a record of meeting dates and minutes.

## Requirements for the provider's annual statement

Parliament is considering legislative reforms that will mean approved providers need to give an annual statement that will be made available on My Aged Care. This is intended to increase transparency and help care recipients and their families to better understand the provider's operations.

**6. Please indicate your level of agreement with the following statements about the information that should be included in the annual statement.**

The Foundation agrees that the annual statement should include information about the approved provider's key personnel names and role.

The Foundation agrees that the annual statement should include a statement by the governing body that the provider meets the Aged Care Quality Standards.

The Foundation agrees that the annual statement should include information about any exemption from the new governing body membership requirements (that is, the majority of members are independent non-executive members, and that at least one member has clinical experience).

The Foundation strongly agrees that the annual statement should include information about whether the provider has a consumer advisory body.

The Foundation strongly agrees that the annual statement should include information about time staff spent on delivering direct care.

The Foundation agrees that the annual statement should include information about the number of consumers using/leaving the provider's service.

The Foundation agrees that the annual statement should include information about the provider's financial position.

The Foundation agrees that the annual statement should include information about the quality of food.

The Foundation strongly agrees that the annual statement should include information about how diversity and inclusion are addressed.

The Foundation strongly agrees that the annual statement should include information about complaints.

**k. Please specify any other areas that should be included**

The annual statement from aged care providers should include in-depth, relevant and evidence-based information on how it meets the Aged Care Quality Standards. A simple statement that the provider meets the Quality Standards is likely to be generic given the wide range of issues that have to be addressed in aged care. It will not instil confidence in consumers, carers and families nor will it help them to better understand the provider's operations as proposed. Further, specific conditions such as continence care and provider compliance will be restricted to existing but inadequate reporting requirements.

Current methods of public reporting on aged care services highlight limitations in recording of continence-related indicators including processes and care service delivery. An Australian study which audited accreditation reports to determine the quality of continence care provided by 87 residential aged care services found[21]:

• 66% of services have a system or process in place to meet consumer continence care needs,

• 64% of services have a stock/supply of continence aids,
• 38% of consumers have individualised bowel management programs,
• 30% of consumers have individualised toileting assistance programs, and
• 18% of staff know consumers' individual needs.

The reporting requirements are limited in that there is no clear suggestion that staff know how to meet individual continence needs making them unreliable indicators in determining quality of care. The results provided also indicate poor management practices of continence care in aged care. Considering the highly prevalent nature of incontinence and the high risk of experiencing incontinence within aged care settings, new public reporting standards must incorporate relevant indicators that serve to accurately depict best practice care service delivery.

When reporting publicly, aged care service providers should address ongoing service provision and meaningful interventions that can meet and exceed existing performance criteria. A key part of this is to be able to communicate to stakeholders that the provider meets the Quality Standards. To do so, the provider must incorporate programs that adhere to and exceed expectations set out by the Quality Standards as well as individual needs and preferences. This includes adopting and implementing the *Continence SMART Care* (*CSC*) model in residential aged care facilities. This is a best practice model of continence care informed by the best available evidence, consultation with industry, clinical experts, staff and consumers and piloted in local settings. Designed in response to the Aged Care Royal Commission's Recommendation 19 which called for an urgent review of continence care as part of the Quality Standards[22], the *CSC* has been mapped against the Quality Standards and provides guidance for organisation-wide change, including for governance and clinical care.

The *CSC* supports clinical care governance and outlines the need for sound policies and procedures to ensure continence care is planned, integrated, coordinated and evaluated. It recommends the following:

- Established, individualised bladder and bowel management programs to enhance quality of life and self-care ability.
- Systems to document and communicate individual continence care needs supported by validated tools/resources for assessment and to guide decision making.
- Organisational approaches for appropriate bladder and bowel management including good leadership, staff education, local champions and sufficient time to implement and evaluate effectiveness of intervention.
- Management of incontinence should be informed by use of quality indicators.

A top-down approach such as this will facilitate and support better standards of care that is person-centred, informed by the best available evidence.

Adoption of the *Continence SMART Care* model will deliver a comprehensive, targeted package to provide a substantial and measurable increase in the safety and quality of continence care in residential care. Providers who adopt the *CSC* can easily make a supplementary affirmation in the annual statement stating that they meet the continence-specific aspects of the Quality Standards through ongoing *CSC* implementation. In addition, the Foundation

recommends the following quality indicators be incorporated into reporting: percent of residents with worsening bladder continence, percent of residents with worsening bowel incontinence and residents with faecal impaction on most recent assessment in line with a recent University of Queensland report on quality benchmarking in aged care.[23] Doing so would translate to transparent and measured performance supported by policies and processes that drive organisational improvement which can be communicated readily to the public.

### Records to be kept by approved providers

As a result of proposed legislative changes, providers may be required to keep extra records to show how they comply with their new governance responsibilities.

**7. Please indicate your level of agreement with the following statements about the records the provider should be required to keep about its governing body.**

The Foundation agrees that aged care providers should be required to keep a record of the independent non-executive members of its governing body.

The Foundation agrees that aged care providers should be required to keep a record of the details of clinical experience held by the governing body members.

### Consumer advisory body records

Parliament is considering legislative reforms that will mean that, at least once every 12 months, approved providers have to offer, in writing, care recipients and their representatives the opportunity to create a consumer advisory body, if one is not currently established and operating. Its purpose is to give the provider's governing body feedback about the quality of care delivered at a provider's service/s.

If the consumer advisory body is created, the governing body must consider its feedback when making decisions relating to the quality of care and advise the consumer advisory body in writing of how it considered its feedback.

**8. Please indicate your level of agreement with the following statements about the records the provider should keep about its consumer advisory body.**

The Foundation agrees that aged care providers should be required to keep a record of the dates and evidence of its written offer (to care recipients and their representatives) to create a body.

The Foundation strongly agrees that aged care providers should be required to keep a record of the feedback from the consumer advisory body to the governing body.

The Foundation strongly agrees that aged care providers should be required to keep a record of the written advice from the governing body to the consumer advisory body.

The Foundation agrees that aged care providers should be required to keep a record of the meeting dates and minutes.

## Governing body's responsibility for staff

**9. Please indicate your level of agreement with the following statements about the records the provider should keep about its governing body's responsibility for staff.**

The Foundation strongly agrees that aged care providers should be required to keep a record of how the governing body has ensured staff have appropriate qualifications, skills or experience.

The Foundation strongly agrees that aged care providers should be required to keep a record of how the governing body has ensured staff have opportunities to develop their capability.

## Key personnel suitability records

Parliament is considering legislative reforms that will mean, at least once every 12 months, approved providers must consider the suitability of their key personnel and be satisfied that their key personnel are suitable to be involved in providing aged care. Providers must keep a record of this.

**10. Please indicate your level of agreement with the following statements about the records the provider should keep about the suitability of their key personnel.**

The Foundation agrees that aged care providers should be required to keep a record of the suitability of each member of their key personnel.

The Foundation agrees that aged care providers should be required to keep a record of all the evidence used to decide suitability (for example, qualifications, police checks).

The Foundation agrees that aged care providers should be required to keep a record of the date the provider considered the suitability of the key personnel.

## Implementation and additional comments

**11. What information, guidance or support will providers and consumers need to deliver these changes?**

In addressing consumer needs in aged care, providers must deliver structural, policy and education-related changes to support safe and effective continence care. In addition to the above noted recommendations to adopt the *CSC* and continence-related quality indicators into aged care settings, the provider's governing body should also ensure 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[24], enrolled nurses[25,26] and registered nurses[27] are unlikely to be suitably qualified 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 the person-centred care. To address 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 *CSC* which will enable easy access to these resources and tools.

Further, although the *CSC* is targeted towards addressing residential aged care, there are still several tools and resources that are adapted and suitable for home care services as well. *The Continence Resources for Aged Care* are a suite of tools developed by the Foundation which are evidence-based, validated and designed to be used by all aged care staff for continence screening, assessment and reassessment. Importantly, they can direct those undertaking continence assessments to seek further guidance from a health practitioner (registered nurse or doctor) if there are medical considerations. They address a wide range of concerns related to continence issues and can be used in all aged care settings.

With adoption and implementation of the *Continence SMART Care* model, including the Continence Resources for Aged Care, it will mean that staff have opportunities to engage in learning about best practice continence care and support organisational improvement. This will lead to care that is person-centred and dignified. This can also translate into a competitive market advantage for the provider due to higher quality offerings. Further, incorporation of the *CSC* into the Star Rating system will inform consumers about key points of difference for each aged care provider and adoption of the *CSC* can optimise reputation, deliver better market outcomes and lead to higher quality of life for consumers.

**12. Please provide any other comments or suggestions**

Although the *CSC* is informed by consumers, continence care is individual and appropriate variations based on local and individual consumer perspective should take place in order to enable optimal outcomes. In line with this, consumer advisory bodies should include individuals and carers of individuals who have experienced incontinence to ensure it is representative of the aged care consumer population and active feedback should be sought on quality of continence care received from providers according to the *CSC* model in addition to personal preferences. This should occur for all aged care services.

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