

Anchor Excellence

# Royal Commission into Aged Care Quality & Safety- Care, Dignity & Respect

A focus on Aged Care Quality





# Anchor Excellence



## **LEADERS ENABLING LEADERS**

Anchor Excellence is an Australian specialist aged care executive and consulting firm. We enable aged care leaders - boards, executives and managers - to strengthen their capability, align to new industry dynamics and deliver sustainable businesses. We work with an through a business excellence workframe.

# Our Mission

Impact the leadership & quality of aged care services, creating and aged care system to be proud of and one that is framed by the lived experience of Older Australians.

# Our Promise

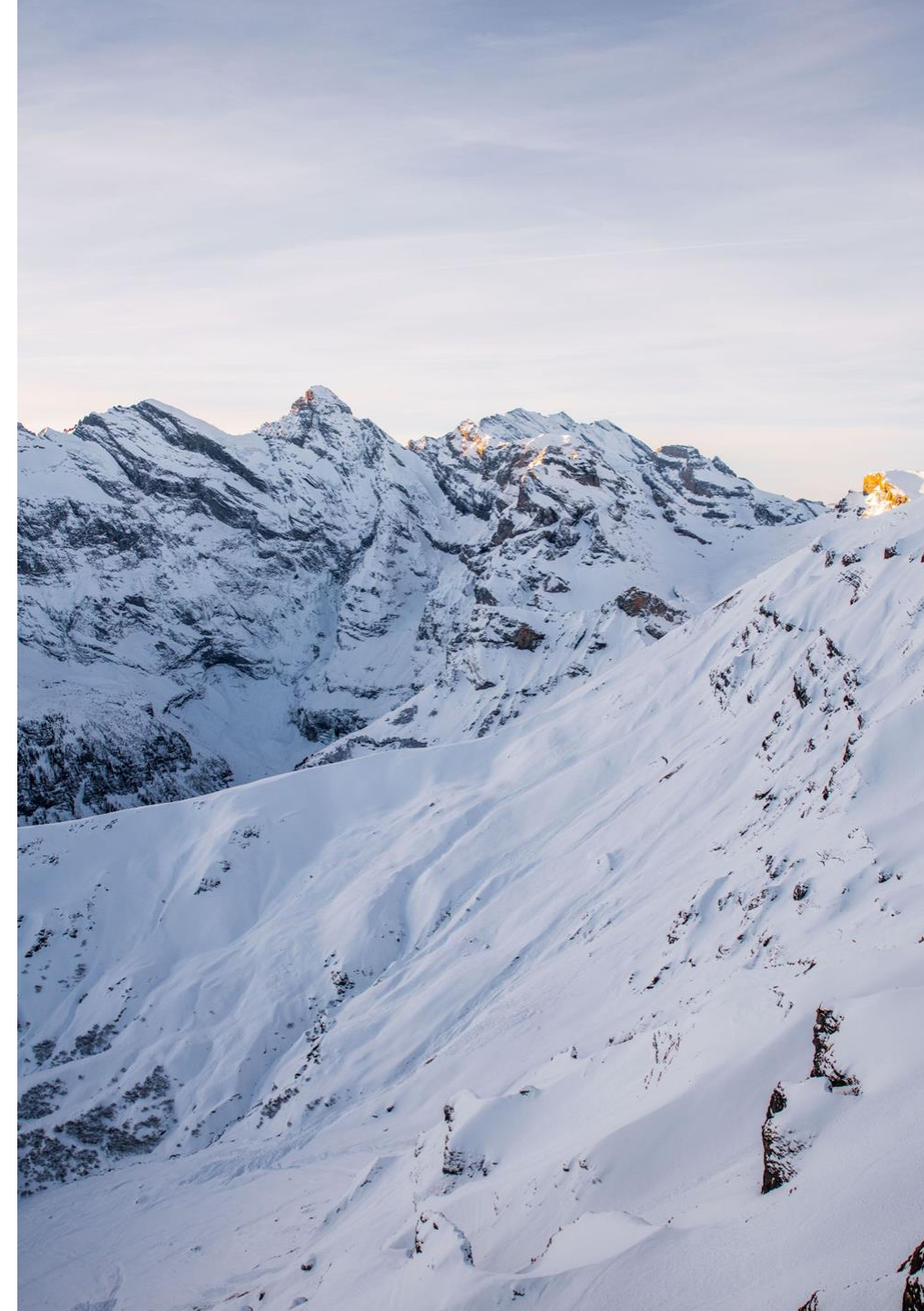
Leadership is always about people, we are leaders enabling leaders.

Driven by our values, our promise is a legacy of improved and sustained capability.

# Our Services

- AnchorAssure
- AnchorCompliance
- AnchorDevelop
- AnchorMentor
- Anchor Diligence
- AnchorExperience
- AnchorDisability
- AnchorEngage
- AnchorAcademy
- HiRA-E

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# Process

*“The Hallmark of a civilised society is how it treats its most vulnerable people”*

– late commissioner Tracey

- 10,203 submissions from:
  - People receiving services
  - Family members
  - Aged care workers
  - Approved providers
  - Representative bodies
  - Government Bodies
  - Others
- 12 community forums attended by 2416 people and 228 speakers
- 12 Public hearings
- 641 witnesses gave evidence
- 13 Roundtables, topics:
  - Aged Care workforce
  - CALD
  - LGBTQI
  - ATSI
- Visited 24 Aged Care services
- International Study
- Production of 12 Research Papers



# High level-148 recommendations

- A **new Aged Care Act** that puts older people first, enshrining their rights and providing a **universal entitlement** for high quality and safe care based on assessed need.
- An **integrated system for the long-term support and care** of older people and their ongoing community engagement.
- A **System Governor** to provide leadership and oversight and shape the system.
- An **Inspector-General of Aged Care** to identify and investigate systemic issues and to publish reports of its findings.
- A plan to **deliver, measure and report on high quality aged care**, including independent standard-setting, a general duty on aged care providers to ensure quality and safe care, and a comprehensive approach to quality measurement, reporting and star ratings.
- Up to date and readily **accessible information** about care options and services, and **care finders** to support older people to navigate the aged care system.
- A **new aged care program** that is responsive to individual circumstances and provides an intuitive care structure, including social supports, respite care, assistive technology and home modification, care at home and residential care. In particular, the new program will provide **greater access to care at home**, including clearing the home care waiting list.





# 148 Recommendations

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- A more **restorative and preventative** approach to care, with increased access to allied health care in both home and residential aged care.
- Increased support for development of **'small household' models** of accommodation. An **Aboriginal and Torres Strait Islander aged care pathway** to provide culturally safe and flexible aged care to meet the needs of Aboriginal and Torres Strait Islander people wherever they live.
- Improved **access to health care** for older people, including a new primary care model, access to multidisciplinary outreach services and a Senior Dental Benefits Scheme.
- Equity of **access to services for older people with disability** and measures to ensure **younger people** do not enter or remain in residential aged care.
- Professionalising the **aged care workforce** through changes to education, training, wages, labour conditions and career progression.
- **Registration of personal care workers.**





# 148 Recommendations

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- A **minimum quality and safety standard for staff time** in residential aged care, including an appropriate skills mix and daily minimum staff time for registered nurses, enrolled nurses and personal care workers for each resident, and at least one registered nurse on site at all times.
- **Strengthened provider governance arrangements** to ensure independence, accountability and transparency.
- A strengthened **quality regulator**.
- **Funding** to meet the actual cost of high quality care and an **independent Pricing Authority** to determine the costs of delivering it.
- A **simpler and fairer approach to personal contributions and means testing**, including removal of co-contributions toward care, reducing the high effective marginal tax rates that apply to many people receiving residential aged care, and phasing out Refundable Accommodation Deposits.
- Financing arrangements drawing on a new **aged care levy** to deliver appropriate funding on a sustainable basis.'





## Purpose of the Aged Care System

*The purpose of the aged care system must be to ensure that older people have an entitlement to high quality aged care and support and that they must receive it.*

*Such care and support must be safe and timely and must assist older people to live an active, self-determined and meaningful life in a safe and caring environment that allows for dignified living in old age.*

# Designing a new aged care system...

- To put older people first
- Equitable: to provide fair and equal access to high quality aged care
- Effective: to provide effective care that delivers the best quality care and outcomes for older people
- To be ambitious so that the aged care system is the best it can be and keeps on improving
- Accountable: an aged care system that is open, honest and answerable to the community for the care it delivers
- Sustainable: the aged care system is adequately funded, resilient and enduring.





# Key statistics arising 2018 - 2019

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- 1 in 5 (residential) > 1 in 5 (home care) failed an expected outcome
  - Residential – Common failure in HR, Information systems, clinical care
  - Home care – Regulatory compliance, assessment of service users and care plan development
- 23.7 formal complaints per 1000 permanent people receiving care
  - Residential – Medication management (End to end)
- 53 Residential services sanctioned, 43 failed to meet behavior management EO
- 1 NNC: 11 Residential aged care services
- 5233 allegations of assault including 790 sexual assault. (NOTE does not include those where the perpetrator is a fellow resident with cognitive or mental impairment)
- For-profit providers performed worst on average (twice failure of government run, 1.5 more than NFP)
- Of 76 Notices to impose sanctions were operated by 57 difference AP, 39 (51%) were for-profit with remaining (49%) NFP





**Table 2. Number of people cared for by residential aged care, home care, and home support between 2013–14 and 2018–19<sup>86</sup>**

	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	Increase (2013–14 to 2018–19)
<b>Residential aged care</b>	231,515 (21.2%)	231,255 (20.5%)	234,931 (18.8%)	239,379 (21.3%)	241,723 (20.0%)	242,612 (19.9%)	4.8%
<b>Home Care Package</b>	83,144 (7.6%)	83,838 (7.4%)	88,875 (7.1%)	97,516 (8.7%)	116,843 (9.7%)	133,439 (11%)	60.5%
<b>Home support*</b>	775,959 (71.1%)	812,384 (72.1%)	925,432** (74.1%)	784,927 (70.0%)	847,534 (70.3%)	840,984*** (69.1%)	8.4%

Sources: The Aged Care Financing Authority's third and eighth annual reports on funding and financing of the aged care sector.

\* including Commonwealth Home Support Programme and the Commonwealth, Victorian and Western Australian Home and Community Care program

\*\* Home support users for 2015–16 were likely overstated.<sup>87</sup>

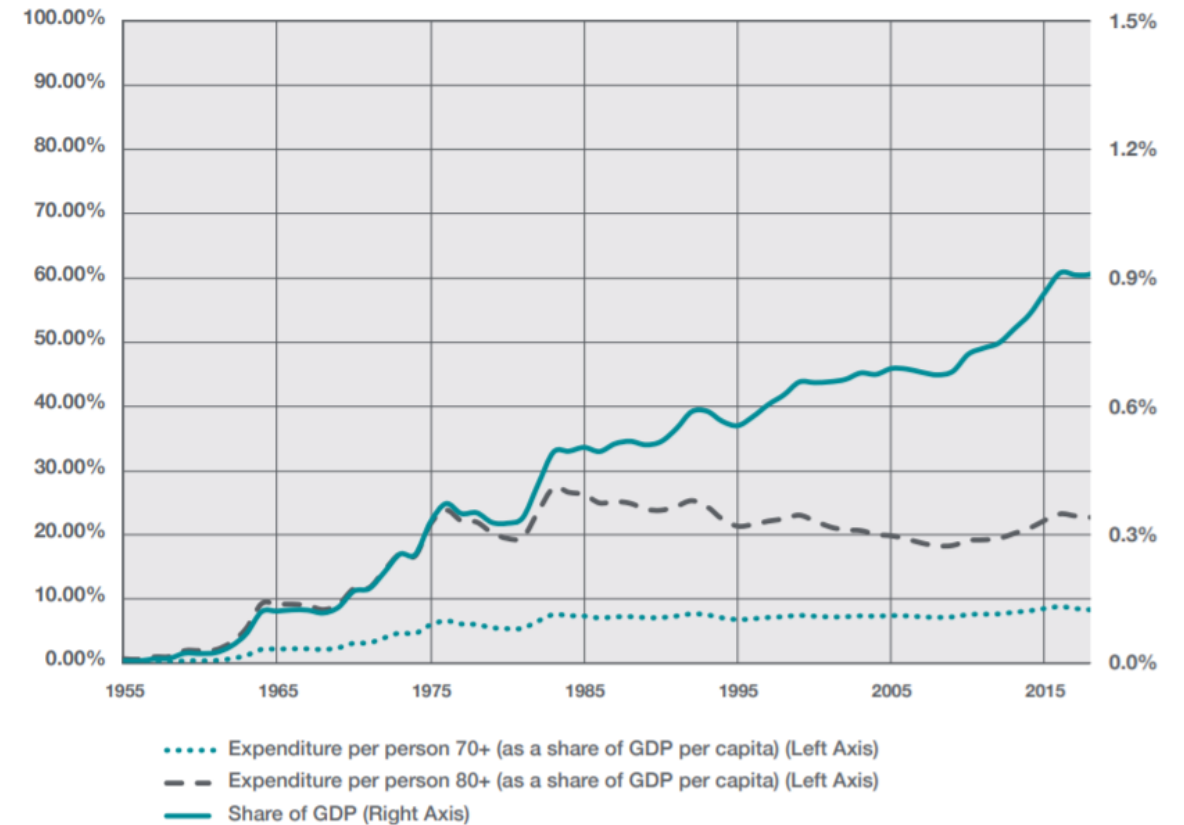
\*\*\* Commonwealth Home Support Programme client numbers for 2018–19 are not perfectly comparable with home support client numbers reported for previous years, which combine Commonwealth Home Support Programme client counts with the Home and Community Care programs that operated in Victoria and Western Australia. These Home and Community Care programs have now ceased providing aged care. The methods used to collect data and measure client numbers are different across programs, and any comparisons over time should be treated with caution.<sup>88</sup>





## The reality - actual funding- This explains the pressures faced by management & quality professionals

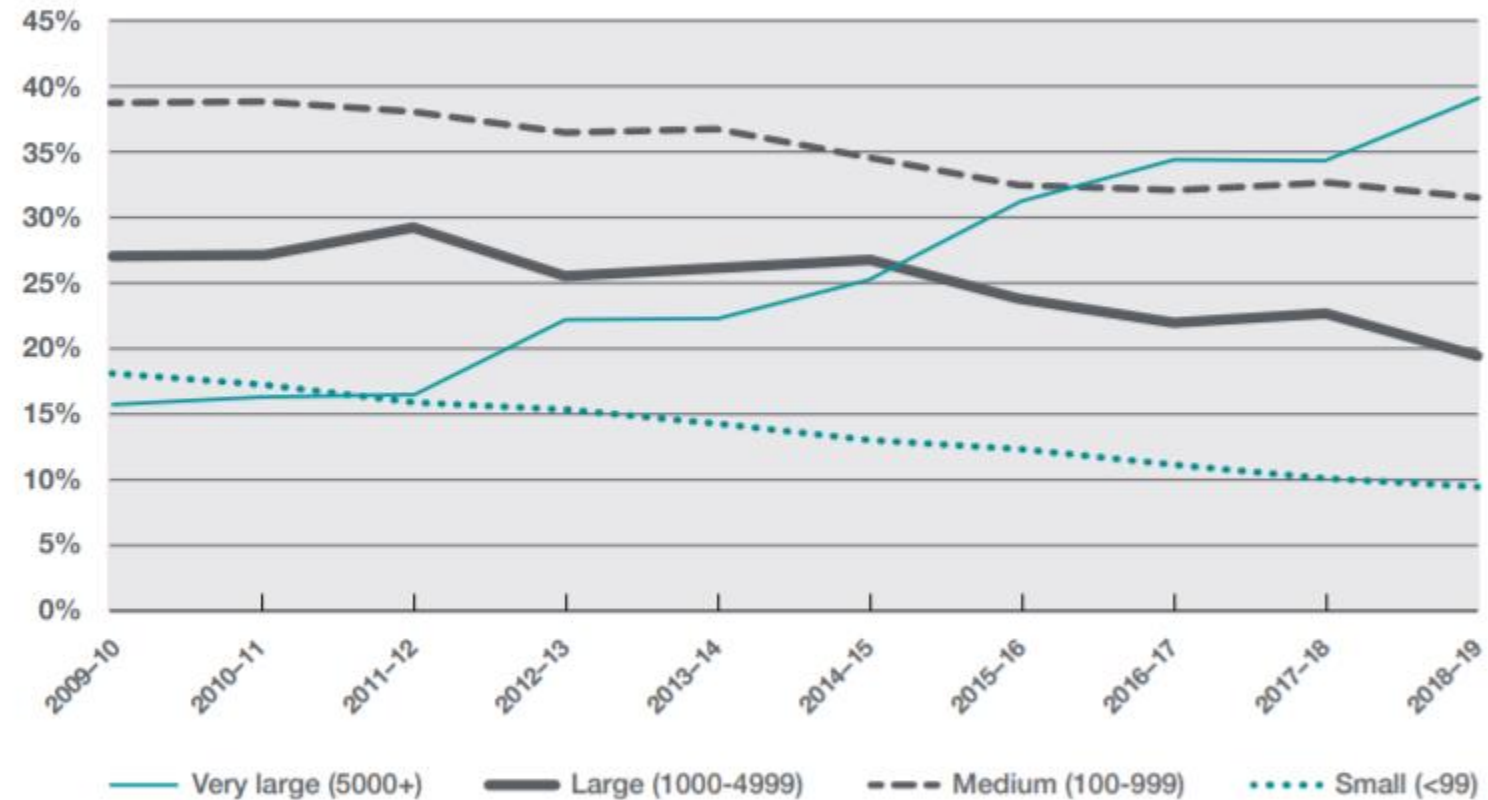
**Figure 2: Australian Government expenditure in aged care 1954-55 to 2018-19<sup>19</sup>**



Source: Office of the Royal Commission, Expenditure, Constraints and Major Budget Measures, 2020.



**Figure 1: Share of residential care operational places by size of the provider or associated provider group**

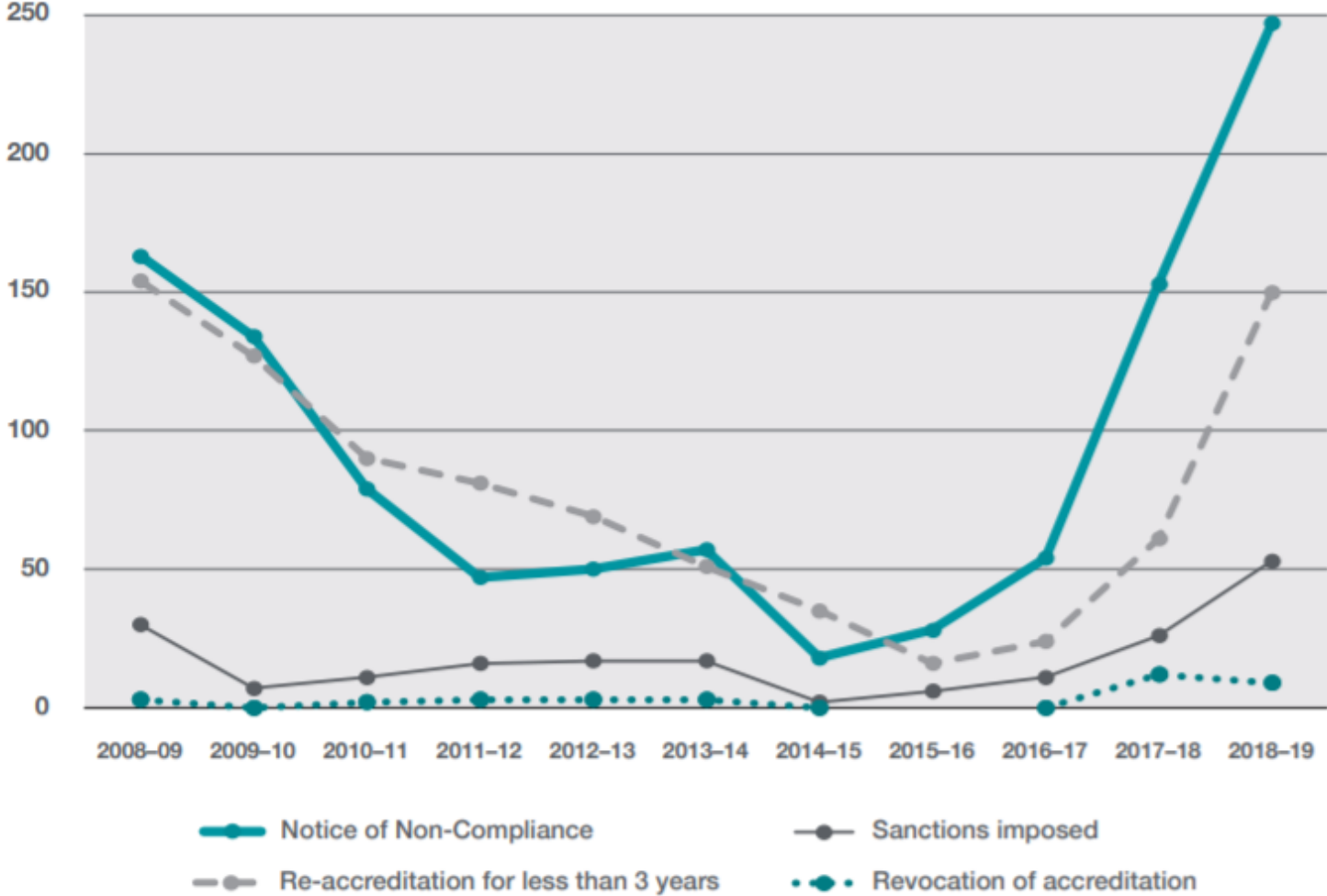


Source: Office of the Royal Commission into Aged Care Quality and Safety, *Picture of the residential aged care and home sector*, 2020.<sup>214</sup>

Note: The size ranges in brackets are the number of residential care operational places



**Figure 4: Enforcement options used by the Aged Care Quality and Safety Commission and the Australian Department of Health 2008–09 to 2018–19**



# Causes of systemic failures

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1. Attitudes to aged care and delivery of services
  - A. Ageism
  - B. No consensus on 'Quality' and 'Safety'
  - C. System does not support proactive health care
  - D. Poor clinical handover and communication at an interagency level
2. Funding and financing
  - A. Insecure and reactive
  - B. Poor access and control
  - C. Assumptions for market drivers which do not work for all situations e.g. rural and remote
3. Inadequate governance and regulatory frameworks
  - A. Poor clarity of staffing inputs
  - B. Poor aged care capabilities
  - C. Deficiency in aged care training
  - D. Aged care standards insufficient
  - E. High-risk in home care and insufficient
  - F. Insufficient for restrictive practices
4. Failure to take opportunity for improvement
  - A. Absence of leadership by government
  - B. Poor information mgt
  - C. Insufficient research and innovation
  - D. Poor governance by Providers including speed to address 'old built' form ie shared rooms





# Nature, extent and systemic causes of substandard care

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- Abuse
  - Restrictive practices (Chemical and physical restraint)
  - Unreasonable force
  - Assault (physical and sexual)
- Routine care
  - Skin care/ Wounds /Pressure Injuries
  - Mobility
  - Oral and dental health
  - Medication management & prescribing
  - Continence and incontinence management
  - Social and emotional needs
  - Diversity and cultural needs (with cultural safety that is trauma informed)
- Complex Care
  - Dementia and changed behaviours
  - Palliative care
  - Mental health care
  - Infection control (COVID-19)





# Better Care = Staffing levels

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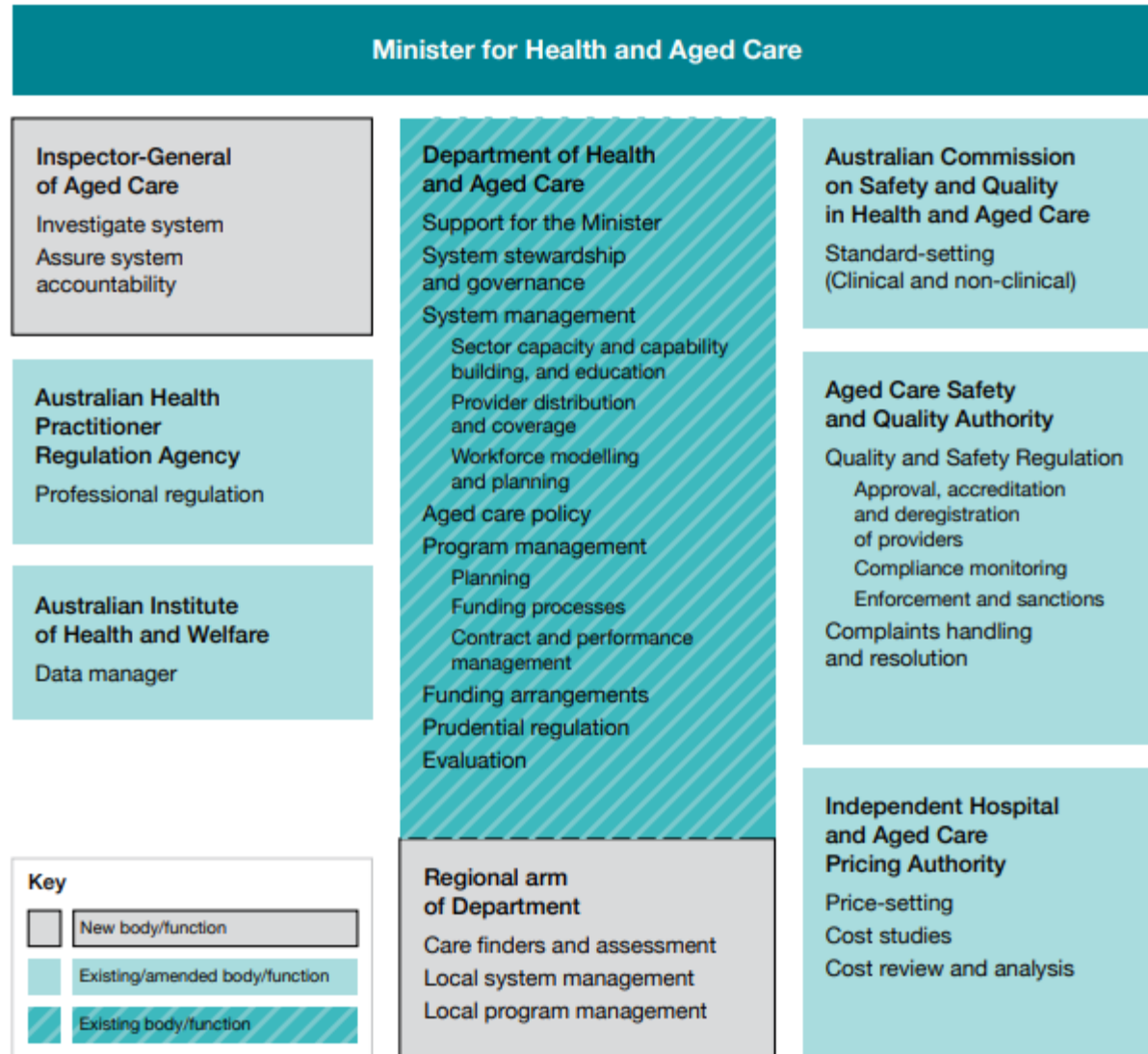
Staffing levels positive correlate with improved results in:

1. Lower rates of pressure injuries
2. Better management of pain
3. Lower infection rates
4. Less unexplained/un-planned weight loss
5. Less dehydration
6. Less emergency transfer to hospital, frequency of hospitalisations
7. Less mortality
8. Less antipsychotic medications/polypharmacy

= new minimum staff time ratios (By 1 July 2022 - 200 minutes / R / Day and 40 of that by RN Recommendation



**Figure 1: Main features of the Government Leadership model**



## Three key building blocks A NEW SYSTEM:

1. A rights foundation for high quality aged care
  - rights enshrined in the new Act
  - stronger duties on key personnel and boards
2. Independence from Government
  - increase in Independent statutory bodies
  - new Inspector General of Aged care (watchdog)
  - Independent pricing authority
  - shift current Quality and safety to the Australian Commission on safety and Quality in health & Aged Care
  - new Aged care Advisory Council
  - new aged care research and innovation council
3. A secure source of funding



# Chapter 13 -Provider Governance

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Recommendation 88: Legislative amendments to improve governance

- Mix Of Directors with Majority NED ( unless applying for exemption)
- Constitution of AP must not authorise a member to act other than in 'best interest' of the provider
- advise on key personnel changes
- 'fit and proper test
- deliver and Annual report

Recommendation 89- Leadership Responsibilities

- ensure that leaders and managers have professional qualifications or high level experience in management
- employment arrangements for executive and other senior managers include performance appraisal and demonstration of leadership, team development and support for culture and practice
- adopt and implement a plan to manage and support staff training, professional development and continuous learning, staff feedback, engagement and team building

Recommendation 90- New Governance Standard

- skills for care governance
- care governance committees, chaired independently to monitor and ensure accountability for the quality of care ( clinical care, personal care and supports for daily living( Standard 2,3,4 & 5)
- trend oversight for complaints
- effective risk management, make an annual attestation



## 4.9 Provider behaviour | Commissioner Briggs

When someone receives care at home or in residential care, they and their families expect to receive high quality care. Older people and their loved ones hold approved providers in a position of trust, and they rely on providers to look after and care for them. Many have been let down.

In 2019 hearings and community forums, Commissioner Tracey and I heard many cases of alleged inappropriate and substandard care that resulted from the action or inaction of providers.<sup>131</sup> Our hearings featured some disturbing examples of the poor practice by approved providers, including: poor responses to abuse; widespread use of physical restraints; overprescribing of sedative drugs to keep people quiet and compliant; poor continence management; failure to keep people clean; poor quality food; poor wound care; depression; oral and mental health not being attended to; discrimination; poor communication; patchy palliative care; and so on. The examples in chapters 2 and 3 of this volume, and those published in Commissioner Tracey and my Interim Report, highlight the consequences for older people.<sup>132</sup>

When leaders of approved providers turn a blind eye to substandard care, they provide the enabling environment for it to flourish. Collectively and individually, approved providers must take responsibility for what has happened on their watch. Their actions have contributed to many of the systemic problems in the delivery of aged care that we see today.

Provider management and governance has a direct relationship with all aspects of care. The extent of substandard care that Commissioner Tracey and I observed could not have taken place in a sector with robust provider governance arrangements focused on delivering safe and high quality care.

It emerged in evidence that some governing bodies are too often unaware or unresponsive to emerging and significant risks to the safety and wellbeing of older people receiving care from the provider.<sup>133</sup> They are disengaged from care governance, relying on the executive and management to ensure care quality.<sup>134</sup> Deficiencies in governance and leadership of some providers, across all types and sizes, have caused serious shortfalls in the safety and quality of aged care<sup>135</sup>.

Some boards and governing bodies lack professional knowledge about the delivery of aged care including clinical expertise.<sup>136</sup> When the people in charge of an aged care service do not have the appropriate skills, do not prioritise high quality care and are not accountable for their actions, the quality of care may be compromised.

There is a culture in some aged care services of a lack of accountability and an apparent indifference to the concerns of older people receiving care, their representatives, and staff.<sup>137</sup> Over the course of our inquiry, the level of frustration and bewilderment older people and their families have at the lack of accountability within aged care for the standard of care provided was obvious.





# Chapter 14 : Quality Regulation & Advocacy

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## Recommendation 92: Approval of Providers

- A new Act by 1 July 2024
- Transition to new requirements
- Assessing new applicants for 'fitness and propriety'

## Recommendation 93- Accreditation of High level home care services

## Recommendation 94- Greater weight to be attached to the experience of people receiving care

From July 2021

- Commission to periodically public a report on experience of people receive care
- Sample 20%
- Take in account information from representatives and other compliance monitoring processes
- establish channels ( including online) to allow people to report their experiences



Recommendation 95- Graded Assessment and performance ratings

From 1 July 2022 - adopt graded assessment of service performance

Recommendation 96- Responding to Coroners Reports

Recommendation 97- Strengthen monitoring powers for the quality Regulator

Recommendation 98- Improve complaints management

Recommendation 99- Protection for whistleblowers

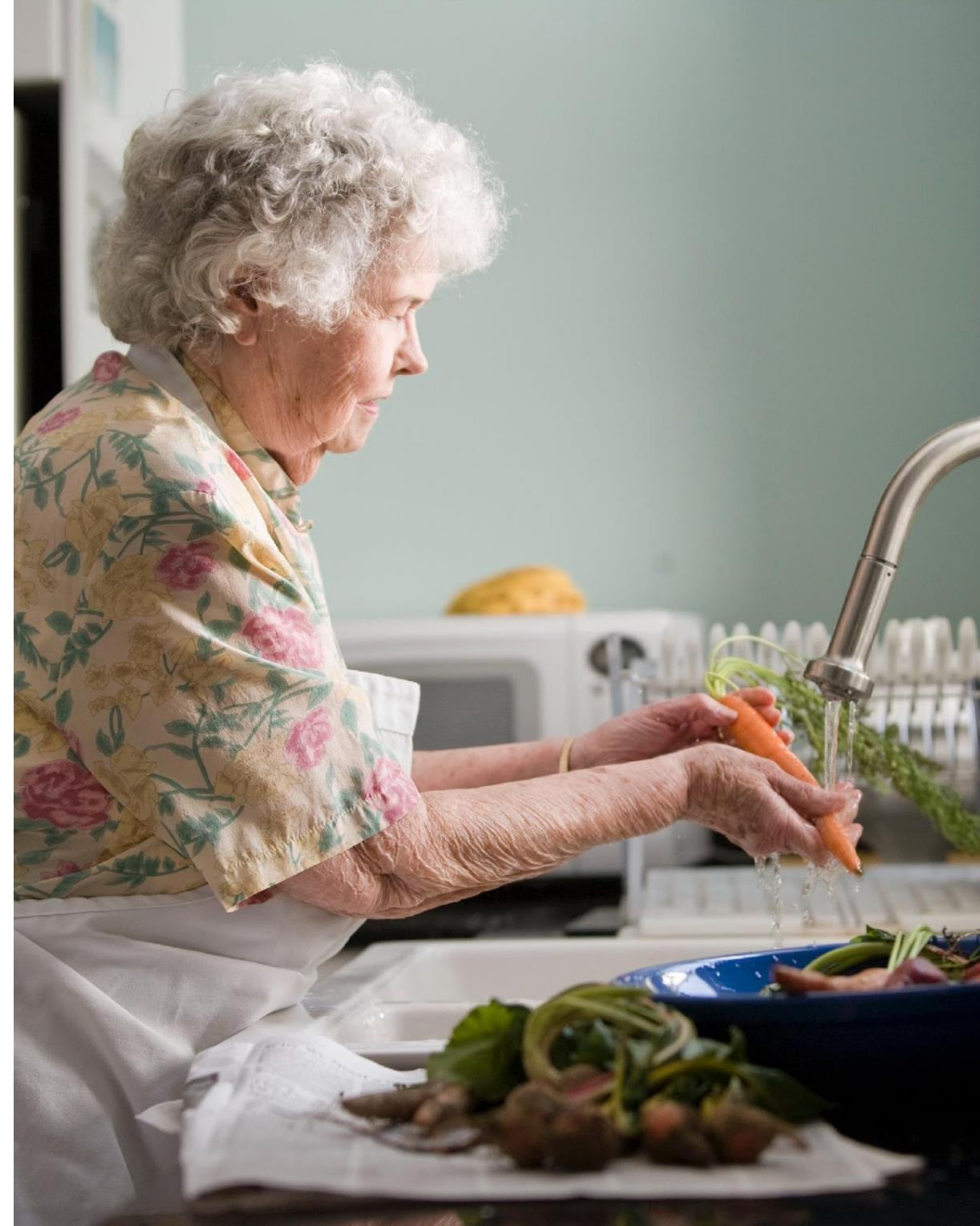
Recommendation 100- Serious incident reporting (add to home care)

Recommendation 101- Civil penalty for certain contraventions of the general duty

Recommendation 102- Compensation for breach of certain civil penalties

Recommendation 103- A wider range of enforcement powers

Recommendation 104- Aged Care Quality and safety commission capability review





## Recommendation 105-Transparency around performance of Quality regulator

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1 July 2021- additional information in its public reporting

- Performance against a standard suite of measures( SIRS, Enforceable undertakings, NNC, Sanctions, disqualification of individuals, appointment of Administrators (Advisers), withdrawal of accreditation and AP status)
- Consumer experience
- ATSI/ Vulnerable group actions
- enforcement actions against regulated entities
- measurable indicators
- Changes in regulatory outcomes over time



# Implications for Quality Professionals

- Role drivers - Broader focus for positive impact, stronger connect to workforce culture, team development and creating the right culture that quality is embedded in everything (not an add on)
- Significant shift to real time data analysis- lead rather than lag data and reporting. Really turning data to tell the story and devise the impact or remediation plan.
- Increased role scope for RCA and robust investigation methodology arising from SIRS and IMS
- Greater personal accountability for monitoring and escalation requirements for drivers of substandard care, consider self disclosure processes
- More scrutiny - Be ready for further tightening of the regulatory environment
- Be ready for more transparency and reporting
- Be ready for a 'fit and proper test' in your accountability as "key personnel", carry risk for civil penalty
- More coalescence between residential care and home care
- It's a great time to be in sector and developing your career! Thank You for all that you do



An elderly couple is shown from the back, standing on a beach. They are holding hands and reaching their arms up towards a bright, low sun on the horizon, creating a warm, golden glow. The man is on the left, wearing a light-colored long-sleeved shirt, and the woman is on the right, wearing a patterned dress. The ocean is visible in the background.

**It's time to care  
about aged care.**

**#CareAboutAgedCare**



# Questions