

Submission to the Royal Commission on Indirect Employment in Aged Care

The logo for the Australian Community Industry Alliance (ACIA) features the lowercase letters 'acia' in a bold, rounded, teal font. The letter 'i' has a small teal dot above it.

**leading quality in
community services**

Australian Community Industry Alliance
Written by Associate Professor Nicole Brooke

The ACIA logo consists of the lowercase letters 'acia' in a bold, rounded, teal font. Below this, the tagline 'leading quality in community services' is written in a smaller, teal, sans-serif font, with 'leading quality in' on one line and 'community services' on the line below.

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Contents

Introduction	3
Australian Community Industry Alliance	3
Australian Community Industry Standard	4
Summary of Recommendations	6
Key Concerns	7
Disability and National Disability Insurance Scheme (NDIS)	7
Standards	Error! Bookmark not defined.
Workforce	Error! Bookmark not defined.
COVID Management	Error! Bookmark not defined.
Dignity of Risk	Error! Bookmark not defined.
Reasonable Risks Concepts	Error! Bookmark not defined.
Supported Independent Living	Error! Bookmark not defined.
Operational Risks	Error! Bookmark not defined.
References	Error! Bookmark not defined.

Introduction

Australian Community Industry Alliance (ACIA) welcomes the opportunity to provide this Submission to the Royal Commission considering Indirect employment in aged care.

Australian Community Industry Alliance

ACIA is the only peak body in Australia representing aged care, disability and community care focused on quality management in care and service provision.

ACIA is the national peak body representing community care and support providers, including private, not-for-profit, and charitable organisations. Nationally ACIA represents over 100 provider organisations, which collectively employ more than 150,000 FTE workers and supports more than 35,000 clients. ACIA also supports the disability and aged care sectors and works with government departments and authorities, including:

- State Disability Agencies such as Department of Family and Community Services, Ageing Disability and Home Care NSW, Department of Health Human Services Victoria and Disability Services QLD
- iCare NSW includes: Lifetime Care and Support Authority, Workers Insurance, Dust Diseases Care, Self-Insurance, and Builders Warranty.
- Lifetime Support Authority South Australia
- Motor Industry Accidents Board, Tasmania
- Transport Accident Commission Victoria
- Workers Compensations Schemes in multiple states
- Representation at the National Aged Care Alliance
- Department of Health
- Department of Social Services

ACIA's vision is for community care and support industry known and respected as a provider of quality services. To achieve this vision, ACIA provides education, resources, and support to the industry and develops and administers its own quality standard and scheme (endorsed by the Joint Accreditation System for Australia and New Zealand JAS-ANZ).

ACIA seeks to be involved in the future development of policy and service reform, by bringing to the discussion our experience and expertise, including:

- Membership of over 100 provider organisations and individuals nationally, representing around 150,000 FTE workers and 140,000 clients;
- Membership across the disability, community care and aged care sectors;
- Specific expertise in the delivery of support to people living at home or in supported and shared accommodation arrangements;
- Lengthy provider experience of delivering individualised support according to the wishes of the individual in line with their funding;
- Experience in compensable and business markets;
- Experience in the development, implementation, and administration of quality certification systems that meets the national standards for disability services and home and community care standards (for example, the ACIMSS 2008, ACIS 2013, ACIS 2018 and now ACIS 4.0);
- Advocate on aged care, community care and disability issues;
- Expert representative on national committees representing our member issues;
- We have a proven track record of engaging positively with reform processes and working collaboratively with governments, providers, consumers, and interested stakeholders.

Australian Community Industry Standard

Australian Community Industry Alliance (ACIA) also operates under the framework of JAS-ANZ (similarly to NDIS), the Australian Community Industry Standard (ACIS). ACIS has been operating across disability, home care, insurance and private or unfunded clients in Australia since 2008. ACIS has recently released its fourth edition of this based on a consolidation of the recent 22 sector reports on issues and challenges in the sectors, including Royal Commission findings (both interim and final). ACIS Providers are representative across all states and territories. ACIS certified organisations that have certified over the last three years include; 60,000 clients and 45,000 staff across home care, disability and community.

Profile of ACIS Providers:

4:5 providers provide community access, personal care, domestic services, social support, medication management, catheter care, wound management, bowel management and enteral feeding.



3:5 provide positive behaviour management and 1:3 engage with restrictive practices.



More than 4:5 providers have clients with brain and spinal injury, mental health, autism, cognitive impairment



1:2 ACIS providers are additionally credentialed against NDIS Standards

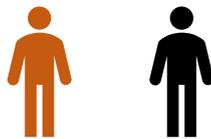
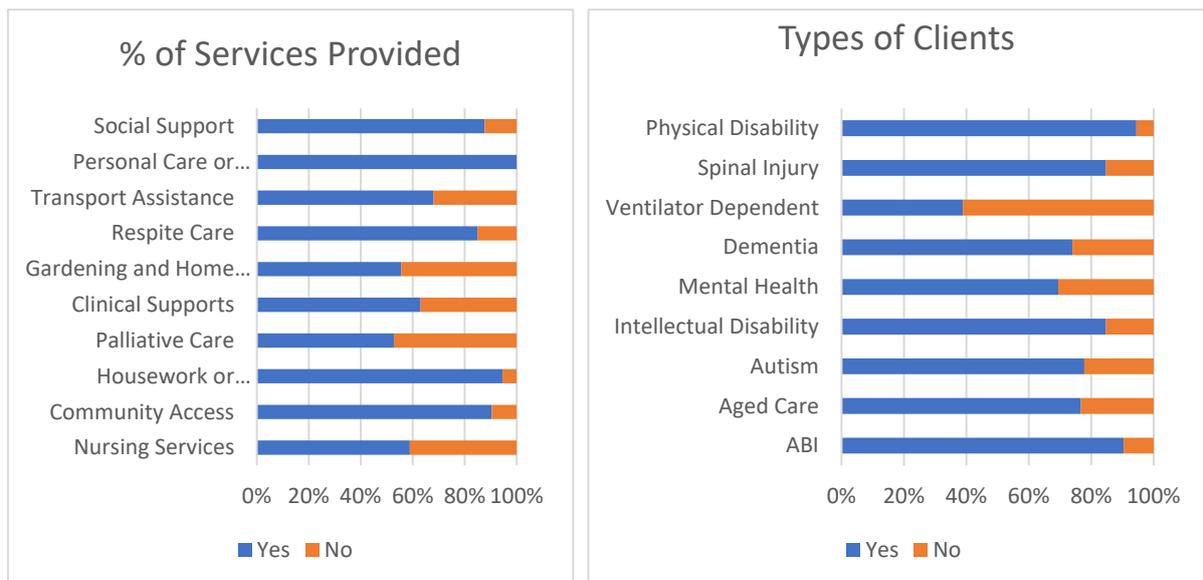


Figure 1: % of services provided by and types of clients of ACIS Providers



ACIS 4.0 meets contemporary and evidenced based needs across aged care, community care and disability. ACIS is split into 5 core areas which are proportionality reviewed against the providers scope and service provision. These Core areas are:

1. Rights & responsibilities
2. Corporate Governance
3. Clinical Governance
4. Service Delivery
5. Service Environment

Then additional modules are included in the three-year certification and annual surveillance reviews, where the provide undertakes these areas. These include:

1. Complex Physical Supports
 - a. Medication Management
 - b. Wound Management
 - c. Catheter Management
 - d. Complex Bowel Management
 - e. Enteral Feeding and Management
 - f. Advanced Airway and Suctioning Management
 - g. Ventilator Care and Management
 - h. Subcutaneous Injections
 - i. Brain and Spinal Injury management
 - j. Palliative Care and Pain Management
 - k. Diabetic Management
 - l. Bariatric Management
 - m. Oncology Management
 - n. Altered Nutrition and Dysphagia
2. Complex Behavioural Support
 - a. Positive Behavioural Support
 - b. Complex Cognitive Impairment Support
3. Mental Health Support
4. Assistive Technology

Following a comprehensive mapping activity, ACIS 4.0 shows alignment to 50% of NDIS and another 50% to Aged Care Act as indicated in Figure 2.

Figure 2: Mapping of ACIS to NDIS and Aged Care Act

ACIS 4.0	NDIS Standards	Aged Care Standards
Rights & Responsibilities	●	● Increased human rights
Corporate Governance	●	●
Clinical Governance	● New standard	● Increased governance
Service Delivery	●	●
Service Environment	● Inc new requirements	●
Add. Physical Support	● Increased scope	● Increased scope
Add. Behav. Support	● New cognitive imp. std	●
Add. Mental Health	● New standard	● New standard
Add. Assistive Technology	● New standard	● New standard
TEAM: RN +1	2 (non RN*)	2 (non RN)
DURATION: 1yr*	1.5 years	3 years

● Similar Standard
 ● Largely Similar
 ● New Standard

Thank you for the opportunity to consider our response to the Royal Commission considering Indirect employment in aged care. ACIA absolutely supports and recognises the importance and value of the Aged Care to support people who are frail and vulnerable to have choice and control, greater independence and improved quality of life in order to support a meaningful and enriching engagement in the community.

Summary of Recommendations

Australian Community Industry Alliance recommends the following:

Key Concerns

- 1:2 staff say the best thing about working in this sector are the clients themselves and 1:3 say it is the ability to make a difference.
- These staff are paid less than staff that pack the shelves in the supermarket or uber drivers.
- 1:2 providers say lack of funding to meet the participant needs is the single biggest issue effecting the sector and 1:3 state that the workforce lack the skill and capability to effectively meet the needs of the sector.
- Earlier this year 1:3 shifts across the sector couldn't be filled because there wasn't enough staff to fill these shifts – people don't want to work in underpaid, highly administrative, under appreciated sectors.
- Registered Nurses don't want to work in this sector, as when they consider their requirements by the APHRA regulator find that they cant satisfactorily undertake their due diligence and duty of care to adequately supervise and coordinate care with such complex and unwell clients,

Response to Royal Commission into Indirect Employment in Aged Care Recommendations

Australian Community Industry Alliance (ACIA) response comes from extensive operational knowledge of working in Residential and Community Aged Care, along with more recently an implicit undertaking to explore the issues that our members are experiencing in the National Disability Insurance Scheme (NDIS) related to unregulated workers supporting the needs of vulnerable persons with disabilities in the community. This is particularly relevant to consider the resulting lack of adequate safeguarding in the community for this cohort of the population due to these unregulated and unsupervised workers.

Relationship to NDIS Issues

ACIA would commence its discussions around this topic by considering the impact that has and is currently in an out of control capacity within the NDIS space within Australia. Currently it is estimated by our members that at least 1:3 NDIS services are undertaken by unregulated workers. These are workers that despite the NDIS validating that they all must abide by the Code of Conduct, there is constant validation of these workers:

- Not having had NDIS screening undertaken as they are not linked to a Provider;
- They have not undertaken even basic NDIS orientation training on code of conduct;
- They are often not qualified in disability care not have undertaken any training in the sector;
- They do not coordinate with the case manager or coordinator to understand the needs of the client nor ensure they have the skills to undertake such. There are lengthy examples provided where unskilled and unsupervised unregulated staff are operating far beyond even the skill set of a Registered Nurse compromising care and posing enormous risk to the client;
- The NDIS says they manage these as providers have to report unauthorised restraints and workers operating outside the code of conduct however this is rarely done often as Providers are not able to identify the details of the worker (as not kept by the participant) and they are already overloaded with administrative over reporting and underfunding;
- The unregulated workers are unaware of restrictive practices and often the cause of these, and have not legal reporting requirements to report these issues;
- They have little to no obligation for continuity of supports and frequently as reported by participants just do not show, or state that they are going to a last minute job that pays better so they are taking that one;

- HireUp as an example ensure 100 point checks, training, screening and supervision of staff as well as checks on the plan and skill requirements of participants before assigning workers, however as they report as soon as these are not validated as absent, the worker simply sets up an ABN and goes to the participant on their own and half the fee;
- Participants have no obligation to report all their diagnoses, history, mental health risks and any restraint or abuse issues, therefore these and regulated providers often walk into participant homes with no protection, and a lack of information to ensure they have the right skills and safety plans in place to protect them and the participant themselves.

Australian Community Industry Standard (ACIS) requires Providers to credential, supervise and undertake checks on all brokerage models that are in place for their participants, including coordination between other providers. However these unregulated workers who are operating outside the intent of the Act are leaving participants unprotected and there is a lack of duty of care in place.

There are significant issues with the NDIS, namely; process management, transparency of data, business intelligence, complaints management, communication mismanagement, inadequate funding, funding plan management, risk management and the list goes on. However it is an enormous issue that unregulated workers, who are largely working with self managed participants are not checked or verified for the basics to assist with safeguarding. Self managed participants are at a lack of understanding as well as time and knowledge to the awareness of the regulatory compliance obligations they take on by self managing, therefore it is just not being undertaken.

Relationship to Aged Care Issues

ACIA acknowledges the need for residents to want to have care and service provision at a time of their choosing, by staff of their choosing and in a manner that they too have directed. For the past two decades, in operational roles we have had additional carers and private carers provide services above and beyond that of the residential aged care service provider. This has had both positive and negative outcomes. Positive because it provides an additional layer of protection and supervision for clients and their carers to ensure services are provided and additional time and efforts to support individual needs are able to be accommodated. However there have been issues with such as well, these include;

- The Approved Provider needs to put additional systems in place to ensure adequate supervision and credentialing of these workers. This validation is to ensure they have the checks to appropriately and safely work in this environment and work according to the policies of the Provider;
- The Approved Provider has to ensure that they are working consistently with the qualified health professional who has assessed the needs of the individual;
- All care workers need to work under the direction (indirectly or directly) of a Registered Nurse, especially considering the complexity of care needs in residential aged care;
- As evidenced by members feedback with the challenges that currently exist with private and NDIS workers who are additionally providing services, the regulatory requirements and checks are considerable and provide continual issues with mandatory reporting requirements.

Whilst this response is brief in nature, we would welcome any further commentary around these issues as they are challenging and high risk from our perspective.