



Submission to Royal Commission Into Aged Care Quality And Safety

Community and Public Sector Union (PSU Group)

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Introduction

As the trade union representing workers in the Aged Care Quality and Safety Commission (ACQSC), the Community and Public Sector Union – PSU Group (CPSU) welcomes the opportunity to make a submission to this Royal Commission into Aged Care Quality and Safety. The CPSU wants a regulatory system which protects and supports residents in aged care facilities, and our members play a pivotal role in achieving this outcome. Therefore we recognise the importance of the Royal Commission in shining a light on the delivery of quality and safe services across aged care.

This submission explores the views of the members of the CPSU and will argue the clear need for more resourcing in the aged care sector as well as the need for the ACQSC to have more regulatory powers. We acknowledge that other submissions to the Royal Commission have highlighted the impact of chronic workforce shortages, poor training and education. Our members concur with this view and have expressed their concern that this is having a detrimental effect on the delivery of care and services across the aged care sector. Our submission will argue this same deficit is hampering the effectiveness and quality of the work conducted by ACQSC.

Executive summary

To form the basis of our submission to the Aged Care Royal Commission, the CPSU surveyed members across the country between mid-February and early March 2020. Members responded to a range of closed and open-ended questions covering various themes from workloads, staffing levels, training, their day-to-day work and how they felt about the Commission's work into the future. We asked members to respond specifically to extracts from the Royal Commission interim report.

The CPSU identified understaffing and resource shortages as critical issues across the Commission, with specific prevalence in the Assessors workforce and the Complaints Resolution Group. The survey and feedback identified that staff shortages also exist in the administrative and Human Resources areas. Understaffing and under resourcing, coupled with ACQSC's poor professional development and training structure is having a devastating impact on ACQSC's capacity. The CPSU notes the current COVID-19 context and have since re-engaged with our members on these issues. It is evident that many of the issues that existed prior to the pandemic have now been exacerbated, particularly in the Complaints unit.

The CPSU will make recommendations on the following based on the advice of our members:

- Recommendation One – Staffing
- Recommendation Two – Use of regulatory powers
- Recommendation Three – Operational structures
- Recommendation Four – Workplace diversity

Assessor workforce

The assessor workforce is responsible for the assessment and accreditation of aged care facilities. In the 2018-2019 financial year, ACQSC's workforce had a headcount of 472 as of 30 June 2019. Of that total 30 per cent were APS-employed quality assessors.¹

This is a highly complex role requiring flexibility, adaptability and the ability to think critically while analysing the effectiveness of clinical and governance systems across a broad range of aged care services. The assessor workforce was asked to respond to statements when thinking about the work of the ACQSC over the past six months and the protection of residents in aged care facilities with the following results:

- 60% disagreed with the statement “*the training I received prepared me to confidently do my job*”.
- 80% of assessors reported they did not have sufficient time to prepare for an audit or assessment.
- 90% felt they did not have enough time onsite to thoroughly and diligently observe, inspect, interview, and otherwise do what is necessary for an assessment.
- 60% of respondents said they did not have enough time to complete reports.
- 57% said, while on a site visit, they did not have time to identify gaps in requirements that would put residents at risk.
- 53% of staff felt that providers were supportive in seeking to address an issue when one was identified, however 73% of staff feel that the new standards are not easy for providers to understand and meet.

The assessor workforce was asked to reflect on the work they currently do and how they feel about their work in the ACQSC going forward:

- 73.5% of assessors are proud of the work they do, however there are significant issues negatively impacting on their ability to do their work and on staff morale.
- 70.5% told us they don't know what they're doing on a week to week basis and are therefore unable to plan their work in advance.
- 52% felt that communication within ACQSC did not support them to do their job.
- 67% felt the ACQSC does not support them in achieving a healthy work-life balance.
- 52% of the respondents said their workload was unmanageable. Only 3% of those surveyed felt their workload was manageable.
- The other 45% remained neutral responding to 'neither agree or disagree' or didn't answer at all.
- 52% felt their workload had a negative impact on their energy levels and personal life.

Importantly, 61% of the assessor workforce said they had considered leaving the ACQSC in the past 6 months because their workload was unmanageable. When asked if they felt that the 20 short-term roles announced by the Commissioner in early January would

1 Aged Care Quality and Safety Commission, Annual Report 2018-2019, Pg 102; https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf

resolve current and future workload issues, 73.5% of assessors said they did not think that would be sufficient. Further, 61% were concerned that the ACQSC would not give adequate support to new staff, with statements such as:

“It is difficult to imagine how these new people will be trained up sufficiently and quickly enough to make the kind of significant difference required. It is a waste of resources to train staff up and then only employ them for short term roles.”

Assessors stated they are over-stretched, overworked, generally unsupported and are frequently completing their assessment related work (such as report writing and travel) in their own time. It was consistently identified that ACQSC does not have sufficient assessor staff to complete the required work. In part this is created by large turn-over of assessor staff which sees a loss of long-term experienced staff. Assessors stated that it is common not to have scheduled preparation time before an audit. Further, it was reported that there is not sufficient time on site to complete their set work scopes and they are consistently not given sufficient time to complete reports. Others identified a lack of training and relevant education.

Once a team of assessors has been to an aged care facility to conduct an assessment or audit, they are required to submit a detailed report with their observations, evidence and recommendations to a decision maker within the ACQSC, at which point if there are recommendations of “not met” against the assessment standards, the aged care facility will have a right of reply before the decision maker makes a final decision. 70% of CPSU members surveyed reported that recommendations they had made had been overturned by the decision maker. The decision makers are office based at an Executive Level 1 (EL 1)² level and above, who read the assessors evidenced-based report and the provider’s response to make a decision on compliance. This decision is typically not made until, at a minimum, three weeks after the assessment audit or more. Assessors are not routinely advised whether their recommendations have been taken up by the decision maker. They are also not privy to the Approved Provider’s response, which can lead to their recommendations being overturned in the final report. They receive little feedback on their findings or the influence this may have on the decision.

COVID-19 has had an impact on the assessor work role and function. Feedback from members shows significant changes to how accreditation and monitoring visits are conducted. However, they remain concerned with the poor consultation processes at ACQSC, and all processes being driven from the top down. They say this results in the imposition of reactive changes with inadequate preparation, training or implementation of ongoing monitoring and review systems to ensure changes are effective.

2 <https://www.apsc.gov.au/work-level-standard-executive-level-1>

Complaints workforce

Workers in the Complaints Resolution Group (CRG) are responsible for the complaints and concerns raised by the public in relation to aged care providers. They form part of the ACQSC's front-line staff. In the 2018-2019 financial year, ACQSC's workforce had a headcount of 472 as of 30 June 2019. Of that total, 26 per cent were complaints officers.³

Since the formation of the ACQSC and the announcement of the Royal Commission into aged care, complaints officers have observed a marked downturn in their capacity to resolve complaints in a timely manner. Consequently, these capacity constraints appear to be congruent with high levels of dissatisfaction of the complainants overall. There has been a significant increase in the number of complaints and without an increase in workers in CRG, timeframes for resolving complaints have consequently been disproportionately blown out of proportion. In early 2020, management expanded the guidelines and timeframes for complaint resolution in acknowledgement of the increased workload. Cases now span from 30 days to well over 190 days.

CPSU members in CRG had the following responses to survey questions on their work in the ACQSC over the previous six months:

- 88% of them felt they were unable to deal with all complaints in a timely manner.
- 31% felt unable to resolve complaints to the satisfaction of the complainant.
- 75% disagreed with the statement "*I rarely handle frivolous complaints*".
- 60% of staff felt the complaints handling process is not efficient or streamlined.
- 50% of staff feel that complainants do not understand the role of CRG staff, and do not have reasonable expectations of them.

Staff in the Complaints workforce told us that their workload has increased significantly since the start of this Royal Commission, and that increase is set to continue.

Importantly, the CPSU notes the COVID-19 pandemic has significantly increased the work for this group. The ACQSC received 4,599 contacts (complaints, enquiries and out of scope matters) between 1 March 2020 and 10 May 2020. Of this total, 1,623 related to COVID-19. Between March and April, there was a 34% increase in overall contacts, with an increase in COVID-19 related calls relating to:

- Lockdown/visitor restriction
- Concerns about preparedness and prevention
- Impact on quality of care⁴

It is increasingly difficult to have enough staff to cover the phones, and increased workloads has only exacerbated this problem. Staff reported that their case load has increased significantly over the past few years. Complaints officers at an APS5⁵ level are expected to have a case load of 9 cases at any one time, and Complaints officers at the APS6⁶ level are expected to handle 12 concurrently. One complaints officer told us,

³ Aged Care Quality and Safety Commission, Annual Report 2018-2019, Pg 102; https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf

⁴ Staff Communique No 13, ACQSC, 21 May 2020

⁵ <https://www.apsc.gov.au/work-level-standard-aps-level-5>

⁶ <https://www.apsc.gov.au/work-level-standard-aps-level-6>

when I started 4-5 years ago, I generally would not have had more than 4 or 5 complaints in my name at any one time.

Complaints officers feel that while there have been some improvements in process, the existing workload and the number of incoming complaints is causing significant delays.

The journey of a complaint raised with CRG by a member of the public is the following:

- A call to the ACQSC is taken by an intake officer who will make a risk assessment of the complaint and refer it on to the Approved Provider for a response.
- Depending on the risk rating of the complaint, the aged care provider will have between 24hrs to 2 weeks to respond to the complaint.
- Once the response is received the intake officer will contact the complainant and provide them with this initial information and the case is transferred to an unallocated queue where it will stay until it is allocated to a complaints officer who will work with the complainant and the provider to resolve the complaint.
- Support can be offered through 'early resolution', with examples including:
 - » helping the complainant to clarify the issues in their complaint
 - » phoning the service provider on the complainant's behalf to discuss the issues
 - » advising the complainant and the service provider of both parties' rights and responsibilities
 - » contacting an advocacy agency on the complainant's behalf to explain their concerns and arrange for them to contact the complainant.
- If 'early resolution' is not successful, CRG will use the 'resolution process' to resolve the complaint by using means of conciliation, investigation, service provider resolution and/or mediation.
- Outcomes of the resolution process may include:
 - » an agreement, that the issues have been addressed
 - » regulatory action may be taken
 - » a direction may be issued
 - » the matter may be referred for compliance action
 - » or no further action will be taken⁷
- Once the case is allocated, the general time frame for resolution should be approximately 30 days.

Members told the CPSU that at times there have been over 300 cases in the unallocated queue, some older than 50 days before they are passed to a complaints officer. In a bid to reduce the number of unallocated cases, the Commissioner had told staff that there was to be no more than 50 unallocated cases in the queue at any one time, without hiring additional staff the consequence of this has been that any unallocated cases over the 50 are allocated to complaints officers at the EL1 level. EL1 members have told the CPSU they can have between 30-80 cases in their name at any one time. The cases will either stay in their case load until they can be allocated to an APS5 or APS6, or the

7 https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_resolving-concerns-factsheet_0.pdf

EL1s are expected to resolve all the cases themselves. As a result, complaints officers have told CPSU the complaints resolution time has blown out exponentially. It is not uncommon for complaints officers to have complaints older than 150 days.

Members in CRG responded to further questions thinking about their work in general and the work of the ACQSC into the future:

- 74% are proud of the work they do.
- 47% know what they will be working on, on a week to week basis and are able to plan their work in advance.
- 36% felt that communication within the ACQSC supported them in being able to do their job.
- 47% felt the ACQSC supported them in achieving a healthy work-life balance.
- 52% felt their workload was unmanageable, and further, 47% felt their workload had a negative impact on their energy levels and personal life.
- 36% of complaints officers admitted they had considered leaving the ACQSC in the past six months because they felt their workload was unmanageable.

In response to the ACQSC announcing in early January they would hire an additional 20 short-term staff nationally, CPSU asked staff if they felt these additional 20 short-term roles would be able to resolve current and future workload issues. 47% responded 'no' and went on to say most positions would be assessor or administrative roles, rather than complaints officers. Only 15% felt the additional workers would be adequately supported to do effective work at the ACQSC.

Office based staff

CPSU members also work in office-based roles across a variety of areas in the ACQSC ranging from HR, to regulatory performance, corporate support services and operations. They were also surveyed about their work in general and the work of the ACQSC into the future. Morale among office-based staff appears to be slightly higher. These workers told us the following:

- 62% are proud of the work they do.
- 50% know what they are doing on a week to week basis and are able to plan their lives in advance.
- 25% felt communication within the ACQSC supported them to do their work.
- 43% felt the ACQSC supported them in achieving a healthy work-life balance.
- 43% felt their workload was not manageable.
- 50% felt their workload negatively impacts their energy levels and personal life.

Despite morale amongst these staff trending higher than the rest of the workforce, 25% of those surveyed indicated that they had considered leaving the ACQSC in the past 6 months due to unmanageable workloads. At least half of respondents felt that the additional 20 short-term roles will not sufficiently fix the workload issues now or in the

future. Of Concern, only 18% felt that these new staff would be adequately supported in their new roles.

In terms of Covid-19, office-based staff have expressed their concern around return to office-based work post pandemic. In particular, that management have acknowledged high productivity during 'work from home' but don't seem to be introducing a flexible work model that would allow more working from home in the future.

Assessment consistency and discretion

CPSU members working as assessors agreed with CEO of Leading Aged Services Australia, Mr Sean Rooney's characterisation that assessments are currently inconsistent between assessor staff (particularly across States),⁸ due to how individual assessors interpret their role. The lack of consistency, members agreed, is due to the lack of framework from the Commission. Members reported that so little advice has been provided on how to ensure standards are assessed and met, that:

...senior managers have been known to reply 'google it' in meetings when asked how would we know what best practice is in an aspect of clinical care...

Members also highlighted that inconsistency in assessments is exacerbated by the high turnover in staff. If greater training was provided to assessors, with a supportive environment for these caring people to do their work, they would retain the knowledge and experience required to do their work long-term.

CPSU members strongly disagree with CPSA Policy Manager Mr Paul Versteegen and COTA's Mr Ian Yates's characterisation that assessments are conducted as a 'tick and flick':⁹

Mr Versteegen and Mr Yates both raised concerns about residential care providers being accredited through a 'tick and flick' approach with assessment of compliance against quality standards being on a pass or fail basis.¹⁰ Mr Yates called for there to be a system of 'star ratings' to enable greater transparency about provider standards and service offerings.¹¹

Members describe their work as requiring intense attention to detail, forensic note taking and critical thinking:

It is subjective, we have never been a tick flick assessment regulator. We triangulate information - observe - interview and review documentation. The greatest weight of evidence is from resident interviews or in the identification of risk.

8 <https://lasa.asn.au/news/ceo-sean-rooney-address-to-congress-2018-29-october/>

9 Royal Commission into Aged Care Quality and Safety, Interim Report: Neglect, Pg 28; <https://agedcare.royalcommission.gov.au/publications/Documents/interim-report/interim-report-volume-2.pdf>

10 Transcript, Paul Versteegen, Adelaide Hearing 1, 12 February 2019 at T169.1-17; Transcript, Ian Yates, Adelaide Hearing 1, 11 February 2019 at T73.9-38.

11 Transcript, Ian Yates, Adelaide Hearing 1, 11 February 2019 at T73.9-38

Assessors noted that their evidence-based reports containing the details of their findings for each assessment are not published. Assessors acknowledged this is a problem because the reports that are accessible to the public (placed in the public domain on ACQSC web site) are homogenous, outlining only the compliance rationale and findings. It does not outline the specifics as to how those findings were reached or the influence on the ACQSC decision maker of the submission from the approved provider in response to the findings. This has possibly led to the perception that assessments are tick and flick, and causes complainants to question the validity of our members' work.

Members expressed that the ACQSC should maintain the current assessing process. However, the ACQSC should steer away from any tick sheet approach to populating reports (such as the use of prompts to guide assessment or report writing as this leads to being prescriptive. Staff reported increased frustration with changes to the templates used for report writing being pre-formatted and as reports are frequently written by two or more assessors, this impedes the writing and report combination processes. Members noted that pre-formatted, scripted, or automated reports reduce accuracy as well as efficiency. Despite reports that the use of quality indicators is 'a step in the right direction', it was noted that more work needed to be done.

Greater powers for the ACQSC and heavier penalties

Aged Care assessors know better than anyone that some providers are only likely to respond to assessments and recommendations when it impacts their bottom line. Sadly, without a threat to their profits, some companies are unlikely to allocate greater time, staffing and resources to provide the care and facilities required to look after our elders in Australia. This Royal Commission has found repeatedly that care within a free market system requires vigorous checks and balances to ensure care work is effectively delivered.

Currently there is no real penalty to failing the meet Standards. Just the inconvenience of additional visits from the Commission...

...We often feel we are regulating with our hands tied behind our backs. We are not allowed to photographically record information, copy and take information, audio record key interviews. The Commission is a bit toothless in holding providers to account and particularly in home care...

However, CPSU members know that financial penalties can disproportionately affect smaller providers. Common themes in our member survey included concern around the nuances in supporting smaller providers to meet standards.

Unfortunately, things are only improved when it affects someone's financial status - large AP's can carry this burden more than smaller homes...

...We need to work to a community compliance model. Most people want to do the right thing, some people need to be supported, a smaller number actively exploit loopholes, and then there are a few people/providers who deliberately do the wrong thing. And we need mechanisms to deal with those providers.

Assessors consistently tell us that the adequacy and competency of staff across aged care services is a significant issue undermining the delivery of care and services. They also believe the same problem applies within ACQSC. They see ACQSC needing improvement to be consistently effective in its role as regulator in this sector. Members have raised ACQSC's culture of managing top down as undermining the primary role of ACQSC to regulate through its front-line staff. Staff expressed frustration that despite numerous reviews and change processes which have occurred (from the Accreditation Agency to the Quality Agency and now ACQSC) there has been no improvement in how meaningful consultation with staff occurs. For example, case management which was identified as a problem following the Oakden inquiry, was seen to still be a problem in the Earl Haven report. Staff said they still do not consistently receive good intelligence to support them conducting visits because senior management continue to operate on a 'need to know' model of case management. For example, assessors cannot access ACQSC's data base to review information held there on a provider they are visiting. They have to ask an EL1 to access information (that is not included in a visit work-pack) for them. This hampers preparation for visits and gives the impression that assessors cannot be trusted with access to such information.

Home care regulation

Members support the Aged Care Quality and Safety Commissioner, Janet Anderson's comments that *'At the moment I'm not convinced that our regulatory gaze in home care is as strong as it needs to be'*.¹² Regulation in home care has lacked attention and diligence, especially in comparison to residential care. Members reported massive deficits in visits to home-care facilities and a lack of training for staff in how to audit home care. One member reported that through their two years at the ACQSC they had never conducted a home care visit or observed in community. Assessors note endemic risks in home care such as lack of skilled workers, potential financial abuse by family members and lack of oversight of workers in the home. Without accreditation requirements in home care, any visits would hold limited value. Members state that the ACQSC has never prioritised home care but suggest that aspect of the industry could be effectively regulated if the ACQSC management resourced and prioritised the work.

12 <https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-18-february-2019.pdf>; pg 362

Department of Health and Assessor ability

CPSU members working as assessors addressed concern over ACQSC Executive Director Christina Bolger's imputation that they cannot assess the use of psychotropics in care facilities. Assessors see the use of chemical restraint in aged care as something requiring clear sighted regulation. Legislation is in place to support this. Assessors collect information on the use of psychotropics and include that information in their reports. However, they are unable to identify whether psychotropic use is appropriate in all cases. The assessor workforce does not include medical officers, psychiatrists, or other relevant medical specialists. Members noted:

...the Commission is reactive and introduced psychotropic medication register for services in response to the Royal Commission. Assessors do not have sufficient time to review psychotropic medication, assessors are not qualified to make comment and should not be.

Assessors found the parameters as to what to assess and record when reviewing psychotropic medication usage were being constantly adjusted by ACQSC's senior management. This has created inconsistencies in approach to addressing this area of restraint practices. Again, assessors believe the creation of a clear and consistent framework by ACQSC on what assessors are required to assess when seeking to understand psychotropic medication usage, within the context of chemical restraint, would be helpful. This would need to be supported with a training model to provide consistency of approach in addressing what is a significant area of concern.

ACQSC structure and efficacy

CPSU members noted the ACQSC Commissioner, Janet Anderson's comments about structures from previous iterations of the regulatory bodies being continued and amalgamated from successive machinery-of-government changes.¹³ While there were mixed views on how the ACQSC's overall structure and processes could improve, the overwhelming consensus is that the ACQSC needs greater resourcing and clearer operational policies and procedures. Current staff and processes cannot be expected to improve outcomes with the same training, powers and staffing hours. ACQSC needs more full time, permanent staff to be able to regulate the aged care industry effectively. Although problems within the aged care sector and the ACQSC are systemic, cyclical and can seem overwhelming, the common factor relating to each failure is insufficient resourcing. The majority of our members do not believe ACQSC has significantly improved from the previous Quality Agency.

13 <https://www.apsc.gov.au/machinery-government-mog-changes-what-mog-change>

Recommendations

Recommendation One – Extra ACQSC staffing and resources/axing the staffing cap

It is critical that to improve ongoing standards of aged care in Australia, the ACQSC receive additional staffing resources. Without additional staff to share the workload of monitoring the existing care facilities against the already more rigorous set of standards, assessments will continue to be rushed, with long wait times on assessment turn around while care is poor.

Limitations on employment at ACQSC and the Australian Public Service are widely held by the Average Staffing Level (ASL) cap, which limits the number of employees in each government department budgeted “*by the average number of employees receiving salary or wages (or compensation in lieu of salary or wages) over a financial year, with adjustments for casual and part-time employees to show the full-time equivalent.*”¹⁴

In the 2018-2019 financial year, ACQSC’s workforce had a headcount of 472 as of 30 June 2019. Of that total 82 per cent were full-time employees; Leadership roles range from EL1 to SES level and were held by 117 staff, 30 per cent were APS-employed quality assessors; 26 per cent were complaints officers.¹⁵

CPSU members working at the ACQSC hold conclusive views about the solution to improve aged care regulation in Australia. 100 per cent of survey respondents agreed that ‘*expectations from the community and the ageing population mean the Commission’s work will continue to increase*’. Only 5 per cent of respondents believed the current permanent and 20 short-term staff are enough to do the work needed to implement new regulations and improve experience for residents and consumers of aged care facilities and in-home care. 100 per cent of respondents believe the staffing cap that applies to the ACQSC should be lifted.

As seen with the National Disability Insurance Scheme Senate Inquiry/Royal Commission, once the workload requirement was increased for the National Disability Insurance Agency, the Federal Government engaged additional labour-hire workers to assist with the increased workload. Unfortunately, the impact of the short-term contracts necessitated through labour-hire was that workers familiarised themselves with workplace systems, but then promptly reached the end of their contract. While some staff were given continuity, the lack of security with these workers’ employment conditions created an unnecessary burden and distraction for the workplace, NDIS clients and the service they received, the staff’s personal lives. Eventually the Commonwealth Government announced 800 new secure jobs at the NDIA, a significant increase in the agency’s permanent staff, with many labour-hire workers transitioning to secure employment.

¹⁴ https://www.apsc.gov.au/managing-size-australian-public-service#_ftnref1

¹⁵ Aged Care Quality and Safety Commission, Annual Report 2018-2019, Pg 102; https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf

Additionally, with the COVID-19 outbreak and subsequent economic disruption, short term contracts are an insufficient mechanism to meet shortfalls in the delivery and integrity of public and community services such as aged care. The insurmountable number of complaint calls to ACQSC have clearly increased during this time. As of the end of April, the complaints group had received over 800 calls, just in relation to COVID-19, as well as other calls. CPSU members expressed frustration that there was little to no time left to work on their cases.

Assessors including contracted assessor staff, have stated clearly the ACQSC needs an immediate increase in permanent assessor staff. Members note that reliance on contracted staff does not retain long-term regulatory capability. Many contracted staff have good skills and potential to be competent assessors, but do not last the 12 months of their contract or are 'head-hunted' into permanent positions by the aged care providers:

The training given by ACQSC to new staff does not allow for this competence to be developed to fully do the job in the timeframe they expect... There has been a very high attrition rate of new people recruited in the last 3 years - many of the good ones with promise have left because of the pressure they were put under in their first months...

...It is difficult to imagine how these new people will be trained up sufficiently and quickly enough to make the kind of significant difference required...

...They are treated poorly by our management- particularly the executive who just see them as numbers...

This is the case for assessors, complaints officers and administration staff.

The massive backlog in complaints is due to high workload and under staffing, further increased by the attention provided by the Royal Commission, and the ACQSC's unresponsiveness.

Recommendation Two – Use the full regulatory powers attached to the ACQSC

ACQSC staff are frustrated that their agency does not use all the powers it has. For example, what information and how information is gathered as part of the regulatory process. Assessors tell us they are consistently restricted in the use of taking photographic imagery as part of the gathering information role. That ACQSC still relies on 'note taking' when compiling information from sources such as care plans, progress notes and reports. Approved providers are still able to restrict or monitor access of assessors to documentation. Assessors should be able to access all information/ documentation relevant to their regulatory function where legitimate and there should be significant consequences to approved providers who impede this process.

ACQSC should have a range of powers to address providers who consistently breach compliance requirements. This includes streamlined sanctions that are effective in implementing change to compliance and ensuring those using aged care services are not compromised during or leading from sanctions. This includes ACQSC having authority to monitor the effectiveness of nurse advisor/consultants used to achieve compliance and address care and service deficits.

Recommendation Three – Operational structures

ACQSC implement a case management system that involves front line staff in a meaningful way and is intelligence based rather than reactive. That staff who are conducting visits are part of the case management system. That ACQSC encourages and supports its frontline staff in case management such as informing staff of the decision outcomes from visits they have conducted in a timely way. That ACQSC sets up a more robust consultation process with its staff. Currently it is setting up a forum defined by senior management with limited consultative powers or influence on decision making processes. That ACQSC implements policies, procedures and operational systems that support the regulatory work it does. That these provide clear operating systems to guide staff across its business to effectivity and consistently carry out their work roles.

Recommendation Four – Workplace diversity

A number of staff have raised concerns about how the ACQSC monitors its delivery of services to culturally and ethnically diverse communities. ACQSC has not made sufficient efforts to ensure diversity amongst its own staff and this in turn has diminished its advice and service delivery for all communities. It does not appear that there is a diverse group of employees applying services or providing advice in the application of those services. When considering that in the 2018-2019 year, ACQSC had 4 employees who recognised as Indigenous: 3 ongoing, 1 non-ongoing¹⁶; clearly not enough to be representative of Aboriginal and Torres Strait Islander communities.

If the ACQSC is to be involved in the application of services to Aboriginal and Torres Strait Islander and diverse communities, there should be staffing numbers reflective of those communities as well as meaningful cultural educational to all staff.

We note that, in Submissions to the Royal Commission, Aboriginal and Torres Strait Islander communities have raised similar concerns.

16 Aged Care Quality and Safety Commission, Annual Report 2018-2019, Pg 111; https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf

Conclusion

CPSU members in ACQSC are profoundly invested in the importance of their work regulating the aged care sector. They are proud of the work they do and are willing to go beyond what is required to ensure residents are safe, complaints are handled, and the ACQSC fulfills its functions. Yet, morale is, and has consistently been over the past few years, incredibly low. CPSU members feel their professionalism and dedication to their work is of a particularly high standard, yet the interim report to the Aged Care Royal Commission did not look favourably upon the function and work of the ACQSC. Members are frustrated and disheartened by the criticisms leveled at the ACQSC in the first stage of the Commission. Members told us they felt disheartened by the ACQSC's own submissions to the Royal Commission, saying it *"cruels the work of front-line staff, who genuinely want improvements and to have an effective, transparent, consistent and fair model of regulation."*

CPSU members working on the front-line of aged care regulation welcome the opportunity to directly respond to some of the criticisms from the interim report, to correct and clarify some of the recommendations and sincerely hope their voice will be reflected in the Commission's final recommendations.