

Wesley
Mission
Melbourne



People Caring
for People



The Uniting Church
in Australia

Wesley Mission Melbourne
Submission to the Review of the
Accreditation Process for Residential
Aged Care Homes 2009

July 2009

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Wesley Mission Melbourne

Wesley Mission Melbourne welcomes the Department of Health and Ageing's review of the accreditation process for residential aged care homes and appreciates the opportunity to provide input into this review. A strong accreditation process is vital for a safe and trusted residential aged care industry.

1. Introduction

1.1 Our organisation

Wesley Mission Melbourne (Wesley) is a large, multi-service community service organisation providing services in aged care, disability, youth services, homelessness, and counselling. The organisation employs over 770 staff, and more than 2100 volunteers, to support marginalised and excluded people from across Melbourne.

Our vision is for an Australia where all belong. We work together creatively to reduce disadvantage, so people live life to the full within inclusive communities. The fundamental values underpinning our work are hope, compassion and justice.

Wesley has two residential aged care facilities based in Melbourne's northern suburbs.

Wesley Aged Care Housing Services (WACHS) is a low care residential facility caring for older people of a long term disadvantaged background. This includes people with chronic mental illness, some intellectual disability and acquired brain injury due to alcohol abuse. Our service provides 44 accredited low care beds with ageing in place at 14 sites across Coburg. Residents are housed in three-four bedroom houses and two bedroom flats. They have their own room and share communal living areas. Staff work across two or three houses. By the nature of our clientele, they tend to do better in smaller homely surroundings. This is the founding philosophy of our service. Most residents are mobile and come and go as they please. Interaction with the community is encouraged and indeed forms part of our philosophy.

Wesley Gilgunya provides low care residential care with ageing in place for 51 residents, including respite and 12 independent living units. Wesley Gilgunya provides care predominantly for the frail and aged persons from within the community. Residents live in eight cottages, which have large private rooms with ensembles, linked to shared kitchen and living areas. The location in the heart of Coburg ensures all residents have continual access to amenities and links within the local community.

Wesley's residential aged care services embrace a Person-Centred approach. This involves putting the person at the centre of the planning process and doing our best to satisfy their wishes, dreams and aspirations for their lives.

Wesley's most recent re-accreditation audits at WACHS and Wesley Gilgunya resulted in the successful achievement of all 44 outcomes.

Wesley has approached this submission with the question of how the accreditation process supports a Person-Centred approach, where the needs and preferences of the service user are placed at the centre of service design, planning and delivery. At present, we do not believe that there is a strong correlation between the compliance standards, and outcomes and the philosophy of the Person-Centred approach.

On this basis, Wesley strongly advocates for the introduction of a more Person-Centred approach to the accreditation process, because we believe that this will bring about improved outcomes for residents in aged care services.

1.2 This submission

The paper is divided into two sections: the first focuses on general or key issues, in relation to the accreditation process. The second comprises responses to the direct questions posed in the discussion paper.

2.0 Key issues

2.1 The accreditation process should enable and support continuous improvement at facilities

The current accreditation process focuses on monitoring compliance rather than operating as a quality improvement process. The status of being either compliant or non-compliant largely ignores quality of life outcomes for residents. The focus on compliance/non-compliance has led to a reactive approach to change, associated with the fear of what will happen if we are found to be non-compliant. Operating within such a system means that it has been hard to engender a culture of continuous improvement.

We suggest that once a facility has received initial accreditation, the Aged Care Standards and Accreditation Agency Ltd (referred to as 'the Agency' in this paper) needs to work with the facility and provide ongoing support to develop strategies for continuous improvement. These strategies need to incorporate a method of regular self-assessment, which allows an organisation to make mistakes, and to fix and learn from them.

2.2 The accreditation process must incorporate a Person-Centred approach

There is a fundamental tension between standards focused on the services that are delivered and the outcomes that people want and value in relation to their own lives. The Aged Care Standards which underpin the accreditation process relate to what is delivered, rather than what the result of that delivery is in terms of impact on individuals' sense of their own well-being. It cannot be assumed that just because an organisation is providing a service to established and measurable standards, that this means that all people always get the care and support that they want, or in a way that they want.

At times, disjunctures between the process set up to ensure that services are delivered to standard, and residents' requirements in terms of what they want may arise. In these cases, the service standards take precedence, perhaps to the detriment of what residents want.

We recognize the need to balance the need to deliver a high quality of system of care with the need to deliver high quality, localized services to individuals, and offer two examples of where tensions in the current approach lie. We suggest that re-adjusting the services standards and accreditation process to reflect a Person-Centred approach might assist in addressing these tensions.

For example, in some cases, non-compliance may come about because of an error in the paperwork requirements associated with the accreditation process. In this case, it is possible for an organisation to receive non-compliance, and a resident (in interview) may state that they believe their care needs are being met despite the non-compliance. In such an instance, the non-compliance would still hold. The evidence from the consumer, who does not feel adversely impacted by the non-compliance, is ignored.

This suggests that the system needs to clearly differentiate between documentary non-compliance and a failure in duty of care.

In another example, an advocate of a resident at Wesley Gilgunya made a complaint through the Complaints Investigation Scheme about the lack of air conditioning in the resident's cottage. A team was sent out to assess the situation. The team concluded that the temperature levels were acceptable and that the outcome of living environment was compliant. The complaint was closed. Despite this ruling, Wesley Gilgunya assessed the needs and wishes of residents and staff and has now committed to installing air conditioning units in all cottages.

This example demonstrates how the application of a person-centred approach can at present bring about a very different result to the application of the current outcomes.

2.3 Unannounced visits have the potential to support continuous improvement at facilities

The current strategy of unannounced visits can create a sense that the Agency is trying to catch facilities in a state of non-compliance. The frequency of unannounced visits (at least one annually) is sufficient, however we believe that the two hours allocated for these visits at times is too short to provide value to the approved provider.

An alternative approach of low key, regular visits would encourage the attainment and maintenance of all required outcomes and build stronger, cooperative relationships between the Agency and approved providers. Each unannounced visit should review the quality improvement plan of the organisation and the plans in place for the upcoming year. In addition, each unannounced visit should review clinical care and two other randomly selected outcomes.

2.4 An alternative to the detailed self-assessment would be a reduced range of data to provide an introduction to the service

The information provided to the Agency, through regular self-assessments and the re-accreditation process, is often duplicated and repetitive. The preparation of this information is very time consuming, a source of great frustration for staff. The Agency does have a large amount of information available to them, such as previous audit reports and information from previous accreditations.

If this information is harnessed, the re-accreditation process could be reduced. For example, the Wesley Quality Coordinator regularly completes self-assessment modules (predominantly the agencies modules) with our residential aged care facilities, yet we still have to complete a full self-assessment for re-accreditation. This duplicates information and is very time consuming.

2.5 The timeframes allocated for amending breaches or non-compliances are currently unrealistic

It is the view of Wesley that the current accreditation system demonstrates a 'policeman culture' where the focus is on ensuring compliance through the threat of the sanctions that are applied through non-compliance. This compares to an educative or developmental culture, where the focus would be on assisting and supporting organisations to reach and sustain high quality service delivery, through the implementation and monitoring of service standards. In a situation of breach or non-compliance the focus is on the end point (ie return to compliance), rather than on what needs to happen to get there. This doesn't take into account what systems are currently in place (or not) at the facility. Organisations are told

what the outcome needs to be, but are given no assistance to reach this point, just a deadline.

For example, a cultural issue in a workplace can take many months to resolve. However, when such an issue is registered as a non-compliance or breach, the deadline for fixing can sometimes be as little as two weeks. This is an unrealistic timeframe to allow an organisation to develop and implement a long term strategy to resolve the issue.

A solution would be the Agency and the organisation negotiating a timeframe that is reasonable to both parties. This would also help foster a more positive and cooperative relationship between the Agency and approved providers.

3.0 Questions for consideration

3.1 Self-assessment

- *Should approved providers have to apply for re-accreditation or should the accreditation body conduct a rolling program of accreditation audits, which ensures that each home is reassessed prior to their current period of accreditation running out (without the need for the approved provider to put in an application)? What are the advantages/disadvantages of the two approaches?*
- *Should the provision of detailed self-assessment data continue to be a requirement of any application process? If so, why?*
- *Would the removal of the requirement to provide self-assessment data on application create a more stressful accreditation site audit? If so, how might this be avoided?*

We recommend that the accreditation body conducts a rolling program of accreditation audits, rather than the current system of applying for re-accreditation every three years.

The current accreditation process has many disadvantages. The completion of the self-assessment is extremely time consuming. Self-assessment is important and some of the information it draws out is valuable, however, it often duplicates information already provided to the department in previous documentation.

The assessment process assumes that if a facility is compliant, then the needs of residents are being met. As demonstrated in 3.2 this is not always the case. The compliance focus also means that the completion of the self-assessment is a very time consuming process, taking staff away from other important duties that have a more immediate impact on the lives of residents.

The advantages of a rolling accreditation system are numerous. A rolling system would reduce the administrative burden for facility staff who will have more time to spend supporting residents. This would also reduce staff anxiety about the

re-accreditation process. There will be less duplication of information provided to the Agency.

The introduction of a rolling system is an opportunity to start building an industry culture of self improvement with the Agency providing support for organisations to develop an internal culture of continuous improvement through regular internal assessments, supported by regular, low key visits from the Agency, as discussed in 3.3.

A detailed self-assessment should be provided by facilities when first applying for accreditation. As part of the proposed rolling system, facilities should not be required to complete a detailed self-assessment prior to re-accreditation. However, it will be very important to encourage ongoing self-assessment within each organisation under this rolling system.

If the submission of a self-assessment prior to re-accreditation continues to be a requirement, the current amount of time allowed between the submission of the self-assessment and the actual site audit is too long. The re-accreditation self-assessment should be due one month before the audit. The current time frames assume that after self-assessment much will need to be fixed. By advocating for and supporting a culture of continuous improvement within organisations this timeframe can be reduced as organisations will fix problems as they arise, not just in response to the looming re-accreditation audit.

If the only change to the current system is the removal of the compulsory self-assessment then the site audit could be more stressful. However, the removal of the compulsory self-assessment is an opportunity for the Agency to support organisations to setup ongoing, internal assessments to maintain the standards and outcomes at their facility. With the right internal processes this would enable organisations to provide documentation to auditors to show their plans for improvement. The removal of the detailed re-accreditation self-assessment would refocus the energy of staff on the needs and lifestyle wishes of residents.

3.2 Use of Electronic Information

- *What problems, if any, have approved providers /services experienced in respect of accreditation audits and electronic records?*
- *What are the current barriers to assessment teams utilising electronic records and how might these be overcome?*

It is the responsibility of the Agency to ensure that the assessment teams have appropriate computer skills to operate the electronic databases used by approved providers. It is the responsibility of the facility to show the assessors how to use the particular program used at the facility.

3.3 Nomination of a member of the assessment team

- *Should approved providers continue to be able to nominate a quality assessor as a member of the assessment team that will be conducting the site audit on their aged care home?*

If yes:

- *Why? How does this improve the assessment process?*
- *How can issues of perceived conflict of interest be managed?*

Nominating a quality assessor as a member of the assessment team improves process because you have a connection with this person. This connection enables this person to understand what you are doing, and why.

In addition to being able to nominate a quality assessor as a member of the assessment team organisations should have the right to veto, with reasonable explanation, their nominated assessors.

3.4 Skills of Quality Assessors

- *Should the accreditation body have the flexibility to contract ‘expert members’, who are not quality assessors, to participate on an assessment team? If not, why not?*
- *If yes, what sort of ‘expert members’ might be used and what safeguards, if any, would need to be put in place to maintain the integrity of the assessment process?*
- *Should it be a legislative requirement for assessment teams conducting visits to high care facilities, or to low care facilities with a significant number of high care residents, to include a quality assessor who is a registered nurse?*

It is important that all assessors have the right mix of skills and professional experience. Facilities need to be absolutely confident that they will provide a fair and impartial assessment. The accreditation body should have the flexibility to contract ‘expert members’, who are not quality assessors, to participate on an assessment team.

If the Agency deems it necessary to contract expert auditors, the provider should receive a clear explanation of why it is deemed necessary. The provider should also be informed of the qualifications of the expert. The expert should have a thorough knowledge of the intent of the outcome/s they are assessing. Any cost associated with engaging an expert should be paid by the Agency.

Organisations should have the option to nominate an area of expertise they think should be represented on the assessment team. For example, the majority of residents at WACHS have mental health issues and have a history of long term disadvantage. It could benefit the assessment process if a mental health expert were part of the assessment team. The WACHS model is quite unique in aged care, and this particular model of community housing is much more common in

disability housing. It could be valuable if an expert in this particular model of housing were part of the assessment team. A facility that provides palliative care, such as Wesley Gilgunya, could benefit from a palliative care expert being part of the assessment team. In other situations it could be an expert in a particular culture or language who takes part in an assessment at a facility that provides a home for people from a particular cultural group.

Due to the high number of outcomes that are clinical it is important that at least one quality assessor at a site audit should have clinical qualifications as a Registered Nurse and have experience in aged care, regardless of whether the facility being audited provides low or high level care.

Under the current system of unannounced visits it is reasonable not to have a registered nurse as part of the unannounced visiting team, so long as the assessors have done the Agency's 5 day course. For the 2 day accreditation site audit a registered nurse must be part of the assessment team.

Facilities should be able to view the skills and qualifications of auditors. One suggestion is to publish this information on the website. Auditors can be identified by their first name or a number to retain their confidentiality.

3.5 Announced site audits

- *Should accreditation site audits be unannounced?*
- *If not, why not? How can the public perception that announced site audits provide the assessment team with an inaccurate picture of a homes general performance be addressed?*
- *If yes, what strategies need to be put in place to minimise disruption to staff and residents?*
- *What strategies might the accreditation body use to encourage input to the accreditation site audit from residents and their representatives?*
- *Should a home be able to nominate some 'black-out' days, during which the accreditation body will try to avoid scheduling a site audit? If not, why not?*

A facility should be able to negotiate agreeable times with the Agency for the site audit. This would serve to improve relationships between providers and the Agency and demonstrate a recognition and understanding of the demands on aged care providers.

A scheduled site audit would also enable residents and their families and representatives to be present at the audit, and time to plan for meetings with the audit team.

There is already provision for at least one unannounced support contact annually. This assists in the public's perception of a well regulated industry and gives auditors a picture of the home's performance

WMM sees potential for greater support and collaboration with the Agency throughout the accreditation process to develop internal systems which enable continuous improvement. This would help facilities build the skills for regular self-assessment and would reduce the burden on staff as organisations would consistently be prepared for an unannounced visit.

3.6 Consumer focus

- *Does the current accreditation process allow for appropriate levels of consumer input? If not, why not? How might this be improved?*
- *Should there be a minimum target set for consultations with residents and/or their representatives during visits to a home by the accreditation body? If so, what would be an appropriate number or percentage?*
- *Should assessment teams seek to attend homes out of normal business hours? Would this increase opportunities for consultation with relatives/representatives?*
- *Are there other strategies that may increase engagement with residents and/or their representatives?*

As mentioned before, Wesley advocates for a more Person-Centred approach to the entire residential aged care accreditation system.

Care plans are an example of how the current accreditation system and standards and outcomes focus on limited outcomes which prioritise clinical care over broader social or emotional needs. A resident has minimal input into the development of their care plan. This is not a person-centred approach. There is very little opportunity to ask residents what they want and what their goals are. The focus is on the outcomes as defined by the standards, which do not take a person-centred approach to people's needs.

Under the current system, the target of consulting 10% of residents during visits is adequate. If the Agency has any areas of concern they are able to increase the sample. Auditors have a lot of other information about residents to draw on, such as surveys, complaint registers and minutes from resident meetings. If the outcomes were to be changed to have a greater emphasis on consumer needs and wants, then consumers should have greater input into the accreditation process.

Assessment teams should seek to attend homes out of normal business hours. This would increase opportunities for consultation with residents and their relatives/representatives.

3.7 Communication with residents about serious non-compliance

- *Should approved providers be required to organise a meeting with residents and their representatives to discuss incidences of non-compliance?*
- *If so, should this be a general requirement for any non-compliance, or should it only apply where there is major non-compliance, for example, non-compliance with four or more expected outcomes, or non-compliance against specified outcomes?*

Not all incidences of non-compliance need to be discussed with residents. The judgment of whether to organise a meeting with residents and representatives to discuss incidences of non-compliance should lie with the approved provider. To assist in this process, and to safeguard the Agency's interests in delivering a high quality aged care system, guidelines could be developed to assist providers determine which incidences of non-compliance need resident involvement.

Where residents are told of a non-compliance and the non-compliance doesn't have an immediate impact on their daily lives, the organisation runs the risk of worrying them unnecessarily.

However, we strongly agree that, In instances of major non-compliance, as suggested in the question, residents should be informed.

3.8 Confidentiality of sources

- *Does the lack of confidentiality for staff act as a barrier to them providing frank information to the accreditation body?*
- *Should the confidentiality protections provided in the Aged Care Principles for residents or their representatives be extended to all persons who provide information to the accreditation body?*

The current confidentiality provisions are satisfactory. It is already common practice for auditors not to reveal the identity of people. The majority of staff are happy to answer the questions of auditors without the fear of reprisal. The *Investigation Principles 2007* provide protection to any informant who wishes to keep their identity confidential when making a complaint.

3.9 Monitoring failures

- *Is the current accreditation and monitoring regime for residential aged care homes effective in identifying deficiencies in care, safety and quality? If not, why not?*
- *If the accreditation and monitoring regime was to be enhanced, what approaches should be adopted?*
- *Should homes be required to collect and report against a minimum data set?*

The current accreditation and monitoring regime is reasonably effective in identifying deficiencies in care, safety and quality.

However, the actual outcomes are repetitive and frequently overlap. In addition, as the examples in 3.2 demonstrate, the current application of the outcomes does not distinguish between documentary non-compliance and a failure in duty of care.

If a requirement for a minimum data set is implemented then it should not be an additional requirement of the outcomes, but rather, replace existing outcomes. A revision of the existing outcomes should involve extensive consultation with industry.

3.10 Reconsideration, Review Rights and Offences

- *Should decisions only be appealable to the Administrative Appeals Tribunal if they have already been subject to reconsideration by the accreditation body?*
- *Should the accreditation body be able to undertake 'own motion' reconsideration of decisions in certain circumstances?*

An approved provider should have access to natural justice with a clear and independent review process. At present there is one decision maker. It is expensive and time consuming to go to the Administrative Appeals Tribunal (AAT). An alternative would be a middle agency, between the accreditation body and the AAT that can be contacted and is not such an expense. Perhaps a formal review process that is independent of the accreditation Agency that can be undertaken before going to the AAT, for example, an Aged Care Ombudsman.

3.11 Reporting of accreditation decisions

- *Is the current way in which audit reports and decisions are published adequate? If not, why not?*
- *Should audit reports and decisions of the accreditation body that are subject to reconsideration or review be made publicly available prior to the finalisation of the review process? If not, why not?*
- *Should approved providers be required to provide residents and carers with access to reports and decisions of the accreditation body?*

The current ways in which audit reports and decisions are published are adequate. This information is very helpful from the perspective of potential residents and their families/representatives.

Audit reports and decisions of the accreditation body that are subject to reconsideration or review should not be made publicly available prior to the finalisation of the review process. If the information or situation is being addressed by the facility, they need this opportunity to implement changes before

the information is made public. Reports should only be made publicly available after all the review processes have been exhausted.

The general public needs more information to interpret the published reports accurately. Currently there is no measure of the severity of non-compliance, regardless of how minor it is. If the reports are published without showing the degree of non-compliance this can affect public perception of the facility. Wesley recommends that levels are developed to demonstrate the seriousness of a non-compliance, using a scale of mild, moderate, major.

Approved providers should be required to provide residents and carers with access to reports and decisions of the accreditation body.

The government has decided to publish non-compliance information on the website from July 2009. Adopting a practice that allows the publication of non-compliance may make it more likely that providers will immediately challenge a decision, rather than working with the Agency to reach a solution.

3.12 Distinction between various types of visits

- *Are the current distinctions between different types of visits conducted by the accreditation body appropriate? If so, why? If not, why not?*

The terminology used, “support visits”, is a misnomer, and these are in fact compliance monitoring visits.

3.13 Provision of industry education by the accreditation body

- *Is it problematic for the accreditation body to provide education to industry?*
- *If not, why not? What are the benefits of the current approach?*
- *If yes, what are some alternate models for providing education to industry?*
- *Does there need to be another source of advice for industry, besides the accreditation body, about issues in respect of accreditation and improving performance? If so, what would be an appropriate source for such advice?*

In principle, Wesley supports the accreditation body providing education to industry. In particular, the accreditation body has access to best practice examples to use in their education process. The newsletter published by the Agency provides good examples of industry best practice and of approved providers demonstrating innovative approaches to care.

However, care needs to be taken that providers do not feel coerced into attending training events, which has been raised as a concern in our organisation in the past.

There also needs to be another source of advice for industry. Wesley suggests a hotline sponsored by the Department which is staffed by experts who could provide advice on certain aspects of accreditation, who can either provide advice over the phone or they can come out and visit your facility.

Finally, we suggest that the development of an online directory which lists all facilities and their expertise and contact details may also be useful to providers who want to proactively and collaboratively tackle their own development and education issues.

3.14 Period of accreditation

- *Should there be a maximum period of accreditation specified in the legislation?*
- *Should homes that have sustained compliance with the Accreditation Standards over a number of years be rewarded with a longer period of accreditation?*
- *Are there other means of rewarding good performance?*

We believe that three years should be the maximum period of accreditation specified by legislation.

The accreditation process should employ a rolling program of accreditation audits as discussed in 4.1. This approach will enable services to focus on broader quality initiatives.

Homes that have sustained compliance should not be rewarded with a longer period of accreditation. Facilities shouldn't need to be rewarded for good performance. The current standards and outcomes are the minimum that should be achieved. The real reward is a better life for residents. By shifting focus from a compliance approach, to one of continuous improvement, it would shift the thinking from reward based to satisfaction in achieving the best for residents over a period of time, not rewarding the rush to ensure compliance before the audit.

If you would like further information, or have any questions about any of the points raised in this submission, please contact Sarah Pollock, Executive Manager, Research and Social Policy, on 03 9666 1233.

We are also happy for you to make this submission accessible on your website, or in any other medium, where appropriate.

Poul Bottern
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