Australian Nursing And Midwifery Federation submission to the

SURVEY: EVALUATION OF THE AGED CARE QUALITY STANDARDS

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

With regard to care of older people, ANMF members work across all settings in which aged care is delivered, including over 40,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, community and in-home care), depending on their health needs. Being at the forefront of aged care, and caring for older people over the twenty-four hour period in acute care, nursing homes and the community, our members are in a prime position to make clear recommendations to improve the care provided and enhance processes for access to that care.

While the ANMF welcomes the opportunity to provide feedback to any reform measures which will improve care delivery in aged care, the ANMF does not support this review in its current form. Regulation of the aged care sector has been the subject of extensive and multiple reviews and inquiries over many years including, most recently, a Royal Commission. All have unequivocally indicated that the aged care sector needs fundamental reform with the Royal Commission providing evidence-based recommendations for short and long term measures to address the significant and widespread shortcomings it identified across the sector. These findings render the current review of the Aged Care Quality Standards (the standards) redundant and futile. Extensive and abundant evidence identifying substandard care with ineffective quality standards in place currently exists.

The ANMF therefore does not support this review but rather, as recommended by the Royal Commission, has and does support a review of the standards by the Australian Commission on Safety and Quality in Health Care. This Commission has the established experience and expertise to make the fundamental change required to the standards used to regulate the delivery of aged care services. In the following, the ANMF provides an extensive response to matters that must be considered and included in the standards, which regulate the aged care sector, for ultimate consideration by the Australian Commission on Safety and Quality in Health Care and to ensure our members' views are heard.

Background

All older Australians should have access to and experience safe, best practice care appropriate to their specific needs regardless of their location, health status and conditions, personal circumstances, and background. Care should be evidence-based and holistic in addressing physical, mental, social and emotional wellbeing and should also be delivered in a manner that is appropriate and consistent with the preferences, values and beliefs of each person. Caring for older people, especially those with behavioural and psychological symptoms of dementia and other disabling health conditions, is a stressful occupation requiring the right people with the right skills and knowledge to develop and implement holistic care plans customised to individual needs. Nurses and care workers* are central to the provision of holistic care encompassing all aspects of health care including, promotion of health, prevention of illness and injury, and care of the ill, disabled, and dying. This means that to ensure safe care for older people it is critical to have the right numbers and skills mix of registered and enrolled nurses and well-trained care workers.

The *Royal Commission into Aged Care Quality and Safety, Final Report: Care Dignity and Respect* uncovered an unacceptably high level of neglect and abuse in residential care[1] and concluded that the systemic failures identified across the aged care sector raise concerns about the capability, leadership and culture of the regulator.[2] During the Royal Commission's investigation into aged care, the Aged Care Quality and Safety Commission was utilising the regulatory tool of the standards to assess provider performance and care outcomes. As is clear from the findings of the Royal Commission, the standards did not recognise the extent to which substandard care was occurring and, most critically, had little effect in preventing it. A situation recognised by the Royal Commission as completely unacceptable.

The primary purpose and role of the Aged Care Quality and Safety Commission is to ensure public safety but it failed to do so. This profound failure must form the basis for any review of the standards. The ANMF therefore recommends that substantial change, which results in significant improvement in the role and function of the aged care regulator and its regulatory tools, including the aged care quality standards, is urgently needed to ensure safety and quality in the delivery of aged care.

* Includes Assistants in Nursing and Personal Care Workers (however titled).

In addition to the views expressed above, the ANMF recognises that the aged care quality standards must be consistent with underpinning legislation, in this case the *Aged Care Act*. As the Australian Government has committed to reviewing the Act, conducting a review of the standards prior to review of the Act is a poor use of Government and stakeholder resources.

AGED CARE QUALITY STANDARDS – KEY ISSUES

The Aged Care Regulator

While the ANMF understands this review is focused on the standards, they cannot be reviewed in isolation from the regulatory framework to which they are applied.

The regulatory system must be informed by the underlying principle of ensuring that people, who access aged care services are provided with safe, quality care, which meets their needs. The ANMF supports the Royal Commission's *Recommendation 1: Requiring a new Act*. The new Act must be based on human rights to address the substantial systemic deficiencies across aged care.

The ANMF also supports the Royal Commission's *Recommendation 13: Embedding High Quality Aged Care* which proposes that the *Aged Care Act* be amended to require the Australian Commission on Safety and Quality in Health Care to undertake the function of setting and amending safety and quality standards for aged care.[3] This Commission has established experience and proven expertise in regulating quality care delivery and should be engaged as recommended.

Further, the ANMF supports the Royal Commission's Recommendation 97 which proposes that the Act be strengthened to support the functions of the aged care regulator. The recommendation states:

Recommendation 97: Strengthened monitoring powers for the Quality Regulator From 31 December 2021, the Aged Care Quality and Safety Commission Act 2018 (Cth) should be amended to confer on the Aged Care Quality and Safety Commissioner (and from the commencement of a successor body, that body) the following additional statutory functions and powers, to be exercised in connection with, or for the purposes of, its functions conferred by that Act:

a. the function of conducting inquiries into issues connected with the quality and safety of aged care, including matters raised in complaints or reported serious incidents;

b. a power to authorise in writing an officer to enter and remain on any premises of an approved provider at all reasonable times without warrant or consent, and a power to enter premises at other times if the regulator reasonably believes that there is an immediate and severe risk to the safety, health and wellbeing of people receiving aged care; and

c. *full and free access to documents, goods or other property of an approved provider, and powers to inspect, examine, make copies of or take extracts from any documents.*[4]

The new Act must guarantee that the new aged care regulatory body has the appropriate legislative powers to undertake its role to ensure safe, quality care delivery.

Staffing and skills mix

The Royal Commission clearly identified that the aged care workforce is the most critical component of the sector with regard to the delivery of safe, quality care. The Commission further recognised that while the sector requires many reform measures to be implemented, safe and quality care for all Australians could not be guaranteed unless the chronic, underlying structural workforce issues were addressed. Crucially, this means ensuring an adequate number and skills mix of staff; an issue that the ANMF and its members has been raising for many years.

Low staffing levels and skills mix leads to unacceptable care, poor outcomes, and the experience of neglect and loneliness for older people in aged care.[5,6,7,8,9] For relatives and loved ones, the lack of staff and low skills mix means feeling anxious and concerned that their family members in care are at risk and often,[10] having to search for staff or undertake care tasks themselves. For those who work in nursing homes with not enough of the right kinds of staff, morale is low and the risks to their own health and safety is high. Low staffing levels and poor skills mix is also linked to poor care quality and poor staff attraction and retention due to intolerable, unsafe working conditions.[11,12] Poor staffing and skills mix also means that older people are too often unnecessarily transferred to hospital for care they could have received onsite.[13] Further, clinical handovers with general practitioners, specialists, and paramedics is negatively impacted when registered nurse numbers are too low.

Evidence upholds and common-sense dictates that to provide safe, quality care, approved providers must have at least the right number of the right kinds of staff to do the work. The Royal Commission agrees and Recommendation 86 included a clear directive to legislate minimum staffing levels and skills mix in nursing homes by 1 July 2022 and to raise the minimum standard by 1 July 2024. The recommendation also included the requirement to move from legislated 16-hour per day registered nurse presence from 1 July 2022 toward 24-hour registered nurse presence by 1 July 2024.

In the Commonwealth Government's response to Recommendation 86,[14] there is a commitment to legislate minimum staffing levels and skills mix in a new Aged Care Act, but only to the Royal Commission's first minimum standard and not until 1 October 2023 and with no commitment to raising it in the future. The Government has also committed to legislating the presence of a registered nurse for 16-hour per day from 1 October 2023, but likewise, has not committed to improving this to 24-hour presence in the future.

The ANMF maintains that neither the Royal Commission's recommendation, nor the Government's commitment go far enough. Both represent staffing levels and skills mix that are too low to ensure that people receive safe, quality, dignified best-practice care and are deferred for too long to deliver benefit to many older people currently in nursing homes who spend an average of 2 years and six months in residential aged care.[15]

Mandating a minimum standard for staffing levels and skills mix that enables best practice care would mean that all older people in nursing homes would be able to receive safe, effective, dignified care that meets their unique needs and preferences. Having the right number of staff would mean that care is not rushed or missed. Nurses and other care staff would be able to take the time they need to provide respectful, person-centred care and to create and sustain meaningful personal relationships with older people and their family members. Staff could effectively support one another and provide robust clinical care assessments, handover shared care obligations in collaboration with general practitioners, allied health teams and other relevant health care specialists. Mandatory safe staffing levels and skills mix would also help nursing homes offer high quality clinical placements for nursing students and care worker trainees which would lead to improved attraction and retention of staff in the sector.

It is the position of the ANMF that residents should receive best practice care, not care that is simply 'adequate'. Best practice care could be provided to all residents if nursing homes were required to ensure that every resident receive on average 4.3 hours (258 minutes) of care per day including 77 minutes from registered nurses, 52 minutes from enrolled nurses, and 129 minutes from personal care workers.[16] To provide this level of care, evidence has shown that a nursing home should ensure a skills mix of 30 percent registered nurses, 20 percent enrolled nurses, and 50 percent personal care workers.

Further, registered nurses are integral to the provision of high quality care and better outcomes for residents.[17] Many nursing homes do not have a registered nurse onsite on every shift (morning, afternoon, and night) to provide care to residents, supervise other staff, and coordinate handover with visiting health professionals or specialists including general practitioners and paramedics. Even when one registered nurse is present, this may not be enough to provide safe, best practice care to larger numbers of residents or residents with higher care needs such as those who are very sick, have severe dementia, or who require palliative end of life care.

As outlined above, the Royal Commission has recommended that nursing homes should have at least one registered nurse on site for the morning and afternoon shifts (16 hours per day) from mid-2022 and 24 hours a day from mid-2024. The ANMF believes that at least one registered nurse should be onsite at all times earlier than mid-2024 and that in many cases, more than one registered nurse will be required. The Australian Government needs to go further to ensure that nursing homes have 24 hour registered nurse presence at a level that is dictated by the residents level of need to deliver safe, best practice care.

To this end, the new aged care regulator must be explicit regarding minimum legislated staffing and skills mix levels in the revised aged care quality standards. The standard must clearly articulate the required minimum average minutes per day and, as outlined above, the ANMF recommends the evidence-based minutes per resident of 258 minutes per day, with 77 minutes of care from registered nurses, 52 minutes from enrolled nurses, and 129 minutes from personal care workers. The standard must also identify that registered nurses must be present twenty-four hours per day in all nursing homes.

AGED CARE QUALITY STANDARDS – SPECIFIC COMMENTS

The Royal Commission's *Recommendation 13: Embedding high quality aged care* outlines that:

1. *The Aged Care Act 1997 (Cth) should be amended to provide that the Australian Commission on Safety and Quality in Health and Aged Care, in setting and amending safety and quality Standards for aged care (under the functions referred to in Recommendation 18), give effect to the following characteristics of high quality aged care:*
    a. *diligent and skillful care;*
    b. *safe and insightful care;*
    c. *caring and compassionate relationship ;*
    d. *empowering care; and*
    e. *timely care.*
2. *'High quality' care puts older people first. It means a standard of care designed to meet the particular needs and aspirations of the people receiving aged care. High quality care shall:*
    a. *be delivered with compassion and respect for the individuality and dignity of the person receiving care;*
    b. *be personal and designed to respond to the person's expressed personal needs, aspirations, and their preferences regarding the manner by which their care is delivered;*
    c. *be provided on the basis of a clinical assessment, and regular clinical review, of the person's health and wellbeing, and that the clinical assessment will specify care designed to meet the individual needs of the person receiving care, such as risk of falls, pressure injuries, nutrition, mental health, cognitive impairment and end-of-life care;*
    d. *enhance to the highest degree reasonably possible the physical and cognitive capacities and the mental health of the person; and*
    e. *support the person to participate in recreational activity and social activities and engagement.*[18]

The ANMF supports this recommendation and proposes that any meaningful review of the aged care quality standards must incorporate the following ANMF principles.

The standards:

- are developed and implemented on the premise of ensuring safe, quality care and protecting the public from the risk of harm;
- are developed in consultation with all stakeholders including consumers and the workforce;
- are evidence-based and are consistent with best practice;
- provide for transparency of care delivery through measurable outcomes;
- require quality improvement that is embedded in care delivery;
- focus care to be person-centred;
- provide clear, tangible, measurable outcomes that demonstrate the standard has been met;
- recognise that each standard is inextricably linked to one another and failure to achieve one standard must result in a failure to achieve any standard;
- reflect that you can't have good quality care without good quality staffing;
- recognise that better conditions for the workforce, in relation to staffing and skills mix, pay and conditions, correlate with higher quality care outcomes;
- clearly stipulate a minimum required staffing and skills mix including an average minutes per day for each person receiving care;
- align with the National Safety and Health Service Standards;[19]
- explicitly outline evidence-based care delivery expectations;
- emphasise the expectation that medicines management is delivered in line with the principles of quality use of medicines and administration is only undertaken by registered nurses and enrolled nurses working under the supervision and delegation of a registered nurse;
- focus on dementia care, restrictive practices, palliative care, and food and nutrition;
- include a requirement for stakeholder and workforce engagement on a regular and ongoing basis to ensure the success of quality standards;
- gain regulatory intelligence from all available sources that is used extensively and linked directly to each assessment of the standard during audit;
- include work health and safety requirements and their impact on the workforce and quality of care; and
- establish clear guidance for approved providers that explains how they can meet their obligations to residents without compromising the workers' rights to a safe work environment.

SURVEY QUESTIONS

Please select the stakeholder group/s most relevant to you:

Other: Union- professional and industrial organisation.

Please select the state or territory you live in:

National organisation

Please select the remoteness level that best describes where you live:

All areas identified: major cities, regional, rural and remote.

Is the wording and intent of the Quality Standards clear?

No

If not, why not?

The language used in the standards is vague and often is not easily understood by people for whom English is not their first language. The wording of the standards also do not provide for evidence-based care delivery. Although the intent of the standards are often reasonable, they do not achieve their intended purpose and are not driving sustained improvements to care outcomes.

Are the Quality Standards repetitive?

No

Are there gaps in the Quality Standards?

Yes

If yes, what other areas should be included?

As the ANMF has identified above, there are significant gaps in the standards. The standards require a complete and extensive review by the Australian Commission on Safety and Quality in Health Care, as recommended by the Royal Commission. Further, the new standards must also be consistent with the ANMF principles outlined above.

What other aspects of Quality Standards need to be changed or improved, if any?

It is the view of the ANMF that the current standards do not improve care delivery as:

- the legislative framework in which they sit is not fit for purpose;
- the regulation of care is not driving sustained improvements to resident outcomes, which indicates that the standards are not sufficiently robust to drive improvements;
- they are not prescriptive about staffing levels and skills mix, which is a major factor in care improvement;
- the wording of each individual standard provides insufficient scope to triangulate evidence and establish causal factors, leading to intrinsic failures in regulatory governance; and
- neither the standards nor the regulatory system facilitate wider exploration of contextual factors that might impact on the resident's experience, for example new ownership of a facility.

The quality standards need a complete and extensive review, not simply adjustment or improvements to individual standards. This review must be completed by the Australian Commission on Safety and Quality in Health Care.

To what extent:

	A great deal	Alot	Somewhat	Little	Not at all
Have the Quality Standards improved work practices in aged care services?				√	
Have the Quality Standards led to changes that support consumers being involved in their care and services?				√	
Have the Quality Standards improved quality outcomes for consumers?				√	

Please provide any additional comments on your responses below.

The current standards have contributed to a small shift in ensuring care is person-centred compared to previous standards, as the implementation of the standards coincided with the consumer movement demanding quality care that is delivered in a way that meets the expectations of older people and their families. This element of the standards must be retained following the review. However, as the ANMF highlighted above, the standards, along with the regulatory framework in which they are used, did not and will not ensure public safety. They provide no assurance that care delivery has changed since the release of the Royal Commission's final report in March 2021.

Specific Feedback on each Quality Standard

The following questions ask about each individual Quality Standard. You can select which standards you want to comment on.

Which Quality Standards would you like to provide a response for?

1. Consumer dignity and choice

Consumer outcome:

I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

Organisation statement:

The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers' privacy.

Requirements

The organisation demonstrates the following:

(a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued;

(b) Care and services are culturally safe;

(c) Each consumer is supported to exercise choice and independence, including to:

i) make decisions about their own care and the way care and services are delivered; and

ii) make decisions about when family, friends, carers or others should be involved in their care; and

iii) communicate their decisions; and

iv) make connections with others and maintain relationships of choice, including intimate relationships.

(d) Each consumer is supported to take risks to enable them to live the best life they can;

(e) Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice; and

(f) Each consumer's privacy is respected and personal information kept confidential.

The Consumer Dignity and Choice Standard covers the areas I am most concerned about for consumers' dignity and choice.

Disagree

The Consumer Dignity and Choice Standard has led to consumers being more likely to be treated with dignity and respect.

Strongly disagree

Please provide any additional comments on the Consumer Dignity and Choice Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

It is imperative that aged care services are person-centred and the consumer's voice is at the forefront of care. Person centred care acknowledges that each individual has their own needs, preferences, priorities, beliefs and views of how they would like (or not like) to be cared for.[20] This care should be evidence-based and holistic, addressing physical, mental, social, and emotional wellbeing. It must also recognise the diversity of people receiving care including, but not restricted to Aboriginal and Torres Strait Islander peoples, and culturally, linguistically, gender and sexually diverse (LGBTQI+) people. People from these groups (or who belong to intersecting groups) may or may not share common preferences, values, or beliefs regarding their care. Person-centred care must be delivered in a manner that is appropriate and consistent with the individual preferences, values, and beliefs of each person.

The ANMF acknowledges that this standard reflects many aspects of person-centred care. However, the ANMF has significant concern regarding the potential broad interpretation and subsequent implementation of this standard on the care consumers will receive.

Inarguably, it is critical that aged care services in Australia operate without contravening consumers' rights. However, consumer rights to dignity and choice have not been upheld,[21] as, although this standard articulates many of the components of the Australian Charter of Healthcare Rights it fails to provide tangible measures which demonstrate how an organisation is meeting the standard. Therefore, this standard must be strengthened both in its requirements and demonstrable measures to protect the rights of aged care consumers and deliver safe quality care.

Furthermore, the standard does not identify the fundamental scaffolding necessary for the standard to be upheld. Without staffing numbers and a skill mix that meet the needs of consumers, the quality care described in the standard is unachievable. Staff need to be trained, supported and have time to engage meaningfully and individually with each person receiving care and/or their relatives and loved ones to ensure the communication that underpins this standard can take place.

The ANMF outlines further gaps that must be addressed in this standard:

- A requirement for all staff including management to be supported to undertake respecting diversity and cultural safety training;
- An additional section identifying descriptors of how an organisation can demonstrate they meet the standard. For example, the descriptor for requirement (e) would specify that the information to be provided to consumers must include the staffing and skills mix of nursing homes. This will enable consumers to assess if they will be able to access the type and nature of care they will receive is in line with their needs and preferences and the financial statements identifying how funding is distributed to consumers;
- Amend requirement (e) to read information *provided to each consumer is current, transparent, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice*. This information must be available to existing as well as prospective consumers. Consumers must have access to information about a nursing home prior to entering the facility to support their decision to receive care from that organisation. Transparency is essential to ensure the rights of Aged Care consumers are upheld;
- Amend requirement (b) to read *Care and services are culturally safe, non-discriminatory and inclusive.* This is to acknowledge consumers' rights to be treated equally and with dignity regardless of their respective health conditions, identity, beliefs and preferences, or cultural background; and
- Actions to support Aboriginal and Torres Strait Islander populations need to be specifically outlined consistent with national strategies to close the gap.

2. Ongoing assessment and planning

Consumer outcome:

I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Organisation statement:

The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences

Requirements

The organisation demonstrates the following:

(a) Assessment and planning, including consideration of risks to the consumer's health and well-being, informs the delivery of safe and effective care and services.

(b) Assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

(c) Assessment and planning:

i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and

ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

(d) The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

(e) Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Ongoing Assessment and Planning with Consumers Standard covers the areas I am most concerned about for consumers' assessment and planning processes.

Agree

The Ongoing Assessment and Planning with Consumers Standard has led to consumers being more likely to be partners in ongoing assessment and planning.

Disagree

Please provide any additional comments on the Ongoing Assessment and Planning with Consumers Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

This standard is not evidence based in its approach and does not explicitly articulate measureable outcomes. This results in the requirements to uphold the standard being unclear to providers, the workforce and the aged care assessors completing the regulation audit and, ultimately, leads to poor quality care.

Any standard on assessment and planning must clearly articulate who should be conducting the assessment, planning and evaluation. The Australian Commission on Safety and Quality in Health Care national standards use the term 'clinician' and define this term in the glossary.[22] Any definition used for a clinician must include 'a Nurse Practitioner, Registered Nurse or Medical Practitioner.' It is critical these registered health practitioners are identified as the only practitioners in the aged care sector to provide comprehensive assessment, planning and evaluation. This position is supported by the evidence that details how registered nurses positively affect consumer outcomes[23,24,25] and the difference nurse practitioners make in aged care and consumer outcomes.[26,27]

Ongoing assessment and planning with consumers can also only be achieved when there is an evidenced based staffing and skills mix that meets the assessed needs of a consumer. The existing aged care workforce is devalued and under-resourced. Regardless of the intent of this standard the sector lacks the capacity to meet this given current workloads and skills deficits in the aged care workforce and the time allocated for each consumer to receive care by a registered nurse. The ANMF recommends that a standard for assessment and planning must:

- identify nurses and care workers as central to the provision of care encompassing all aspects of health care delivery;
- clearly articulate the minimum average minutes per day per resident as recommended by the ANMF. That is specifically 258 minutes per day per resident, with 77 minutes of care from registered nurses, 52 minutes from enrolled nurses, and 129 minutes from personal care workers;
- clearly articulate a minimum requirement for registered nurses to be present twenty-four hours per day in all nursing homes;

- state that assessment and planning must be comprehensively completed by a clinician including a registered nurse, nurse practitioner or medical practitioner;
- identify that assessment and planning includes the multidisciplinary team;
- require evidenced based assessment tools and processes to be utilised;
- specify assessment requirements including clinical examination, and assessment of cognitive, behavioral, mental and social issues;
- require clinicians to comprehensively document the assessment and planning in the person's notes, including the person's preferences;
- require providers to demonstrate planning is completed through a shared decision making process with the person receiving care and their loved ones;
- require providers to demonstrate planning is evidence-based in its approach, monitored and reviewed regularly, consistent with the persons assessed needs; and,
- Include assessment and planning processes that address minimising harm by the prevention of:
    - pressure injuries
    - Falls
    - malnutrition and dehydration
    - delirium
    - aggression and violence
    - restrictive practices

3. Personal Care and Clinical Care

Consumer outcome:

I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Organisation statement:

The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Requirements

The organisation demonstrates the following:

(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

i) is best practice; and

ii) tailored to their needs; and

iii) optimises their health and well-being.

(b) Effective management of high-impact or high-prevalence risks associated with the care of each consumer.

(c) The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

(d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

(e) Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

(g) Minimisation of infection-related risks through implementing:

i) standard and transmission-based precautions to prevent and control infection; and

ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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The Personal and Clinical Care Standard covers the areas I am most concerned about for consumers' personal and clinical care.

Strongly disagree

The Personal and Clinical Care Standard has led to consumers being more likely to receive personal and clinical care that is safe and is right for them.

Strongly disagree

Please provide any additional comments on the Personal and Clinical Care Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

In 2021, the Royal Commission stated:

Care should enhance a person's health and wellbeing and avoid reasonably preventable harm. Our inquiry has shown that the routine care of older people, particularly in residential aged care, often does not meet these expectations. We have found many examples of substandard care in providing for the most basic of human needs, such as diet and nutrition, oral health, skin care, mobility, medication and prescription management, continence and incontinence, infection control, social and emotional needs, and diversity and cultural needs.[28]

This statement demonstrates that the standards have failed to meet their intended purpose and objectives and are thus not fit for purpose as they have failed to keep the public safe.

Furthermore, this standard, along with standard seven, Human Resources, is of significant concern to the ANMF with both being over represented in non-compliance reports from the Aged Care Quality and Safety Commission.[29] The significant gaps within the standard of care delivery are detailed below.

Holistic Care

The artificial separation of personal care and clinical care in any standard needs to be removed. It is not necessary or useful to separate care into two sections. Care for a consumer needs to be well planned, holistic in its approach and evaluated for its effectiveness in order to provide quality and person centered care.

Registered nurses and nurse practitioners are educated and qualified to provide holistic care. It is essential that consumers receive personal and clinical care that is assessed and planned by registered nurses or nurse practitioners in partnership with consumers and/or their loved ones. Following this nursing assessment, the registered nurse is then in a position to discuss a holistic plan of care with the consumer and together they can determine the level of care and who is best placed to provide it.

Staffing and Skills Mix

Staffing is fundamental to quality care delivery. The significant concerns identified regarding clinical care issues such as wound management, medication and pain management are driven, at their core, by systemic staffing and skill-mix deficits across the aged care sector. Regardless of the best intentions of any standard on care delivery, it is clear that this will not be achieved until there is a mandated evidenced based staffing and skills mix and standards addressing care quality clearly articulate the minimum average minutes required for consumers to receive quality care.

Further, the existing aged care workforce is devalued and under-resourced. Care that includes comprehensive assessment, planning and delivery of holistic care which allows meaningful choice and control for people receiving care requires additional time. This time is severely lacking for aged care workers and is not currently considered in the context of this standard.

Medicine Mismanagement

Older Australians, particularly those receiving residential aged care services, are characterised by increasing and significant care needs, multiple diagnoses, comorbidities and polypharmacy. It has been estimated that on average they have 3.4 to 4.5 separate diagnoses, 6 comorbidities, and are taking 8.1 medicines.[30]

Further, people over 65 are more likely than any other group to be on a number of medicines,[31] are more sensitive to drug interactions, and more likely to have impaired metabolism and excretion, meaning they're at risk of receiving a higher than intended dose. The health and cognitive status of older people can deteriorate significantly in response to even small changes in conditions, so medicines (including supplements) must be administered with care, the necessity of each medicine regularly reviewed, and the person receiving care must be monitored for signs and symptoms of interactions and toxicity. Doing this safely takes education, experience, and skill, and therefore needs to be performed by enrolled and registered nurses.[32]

Registered nurses play a key role in medicine management ranging from ensuring that medicines are ordered and available for consumers working with prescribers and pharmacies, are stored appropriately, administered correctly and documented. It is the view of the ANMF that there is a distinct difference between administration of, and assistance with, medicines. Only registered nurses, or enrolled nurses (without an Nursing and Midwifery Board of Australia (NMBA) registration notation) working under the supervision of a registered nurse, have the required education, knowledge and skills to safely administer medicines in this environment.

The ANMF notes the disturbing trend in nursing homes of moving medicine administration tasks from registered nurses and enrolled nurses to unregulated care workers. It is the policy of the ANMF that all aspects of medicines management in aged care must be undertaken by registered nurses and enrolled nurses. This is the established expected best practice requirement for medicine management in all other health sectors. The ANMF's policy is outlined in the document Nursing Guidelines for Medication Management in Aged Care (2012)[33] jointly developed by the ANMF and the then Royal College of Nursing Australia (now the Australian College of Nursing). This professional standard is also referenced in the Guiding principles for medication management in residential aged care facilities (2012) developed by the Australian Government.[34]

Further, in 2019 the quality use of medicines and medicine safety was identified as Australia's 10th national priority area. This prompted a review by the Australian Commission for Safety and Quality in Healthcare[35] which commenced in 2020 and the release of a position statement by the Society of Hospital Pharmacists of Australia.[36] Both documents highlight the complexity of medicines management in aged care and the safety risks to people where medicines are poorly managed. Both held an underlying assumption registered nurses would be available to support residents. It is unclear why when there is an identified national strategy to improve medicines management, the evidence and resources developed out of this strategy are not reflected in the current requirements for compliance against care delivery for aged care.

Mismanagement of medicines continues to feature in the top issues of concern brought forward by the Aged Care Quality and Safety Commission[37] annually. ANMF members also regularly identify medicines management as a major concern for them. The current standards perpetuate this situation as they provide no direction for detailed analysis of the quality use of medicines including safe administration. Nor do they provide safe guidelines around the management of medicines for those self-administering their own medicines with assistance of workers.

The ANMF suggests that safe management of medicines be brought to the fore in any revision of the standards to provide clear direction for consumers, employers, workers and regulators. The standard should clearly state registered nurses and enrolled nurses, working under the supervision and delegation of the registered nurse, should administer medicines. The care worker's role in medicines must be limited to assisting older people who have been assessed as able to self-administer their medicines and a clear definition of self-administration must be provided in the standard. Where assistance with self-administration is determined, the standard should also require this to be clearly recorded in the resident care plan and subject to regular risk-assessment and review. Reference must also be made to ensuring compliance against State and Territory Poisons and Therapeutic Regulations.

Professional Regulation

All standards for nursing care, whether provided in residential or community settings, must always meet the accepted professional standards set by the regulatory authority, the NMBA. These professional standards are not negotiable for nurses. Considering these complexities the ANMF maintains the standards must provide clear and concise information that enable nurses to meet their regulatory requirements. The information must be evidence based, require evidence outlining how this standard is met and not be open to interpretation by an approved provider.

An important example of this is the NMBA's Decision Making Framework for Nurses and Midwives[38] which clearly identifies the delegation process for nursing activities to enrolled nurses and unregulated care workers. The current framework identifies a number of considerations that a registered nurse must undertake within a risk management approach. The ANMF contends that the low numbers of registered nurses within the aged care workforce and the untenable supervisory burden this imposes in relation to enrolled and care workers makes it very difficult for registered nurses to meet their professional regulatory responsibilities in these environments. The standards must address these non-negotiable requirements.

Other Identified gaps within the Standard

Additionally, the ANMF recommends a standard on holistic care delivery must:

- Use measurable/quantifiable terms, for example clarity is required on what is "safe and effective personal, clinical care";
- Identify the clinician who is required to provide care. Registered nurses and enrolled nurses working under the supervision of a registered nurse must be clearly identified within the standard;
- Include care delivery surveillance and data collection. Surveillance and data analysis underpins continuous quality improvement processes and will ultimately improve care delivery;
- Include risk analysis frameworks. It is crucial that high-impact and high prevalence risks are tracked, analysed, managed and reported, to improve transparency and consumer outcomes.
- Include clinical governance systems that support nurses and care workers to deliver quality and comprehensive care;
- Identify available resourcing, including access to the multi-disciplinary team, relevant equipment and time to care.
- Require evidenced-based policies and procedures that translate to care outcomes for the following areas:

- Pressure injury prevention;
- Wound management;
- Pain management;
- Nutrition and hydration;
- Continence care;
- Falls prevention and best practice mobility care;
- Infection control;
- Mental health;
- Palliative care and end of life care; and
- Dementia care.

These policies and procedures must include processes to facilitate timely access to additional resources. Including nursing experts such as nurse practitioners, multidisciplinary health practitioners, specific equipment, devices, treatments, and medicines;

- consider not only the consumer's preferences but also the impact of those preferences on the workforce and ensure it is consistent with work, health and safety requirements for nurses and care workers; and
- require providers to demonstrate utilisation of policies and processes that address a comprehensive risk based approach to maintaining work, health and safety within the care setting. This must include a structured recording and reporting incident management framework for workplace violence towards the workforce.

4. Services and supports for daily living

Consumer outcome:

I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Requirements

The organisation demonstrates the following:

(a) Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.

(b) Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.

(c) Services and supports for daily living assist each consumer to:

i) participate in their community within and outside the organisation's service environment; and

ii) have social and personal relationships; and

iii) do the things of interest to them.

(d) Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

(e) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

(f) Where meals are provided, they are varied and of suitable quality and quantity.

(g) Where equipment is provided, it is safe, suitable, clean and well maintained.

The Services and Supports for Daily Living Standard covers the areas I am most concerned about for consumers' services and supports for daily living.

Strongly disagree

The Services and Supports for Daily Living Standard has led to consumers being more likely to receive services and supports for daily living that are right for them.

Strongly disagree

Please provide any additional comments on the Services and Supports for Daily Living Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

Services and supports for daily living can only be achieved when there is an evidenced based staffing and skills mix that meets the assessed needs of a consumer. Regardless of the intent of this standard the sector currently lacks the capacity to meet this given current workloads and skills deficits in the direct care workforce cohort.

As stated above, low staffing levels and skills mix lead to unacceptable care, poor outcomes, and experiences of neglect and loneliness for residents.[39,40,41,42,43] For relatives and loved ones, lack of staff and low skills mix means feeling anxious and scared that their beloved family members are at risk and often,[44] having to search for staff or undertake care tasks themselves. For those who work in nursing homes with not enough of the right kinds of staff, morale is low and the risks to their own health and safety high. Low staffing levels and skills mix is also linked to poor care quality and poor staff attraction and retention due to intolerable, unsafe working conditions.[45,46]

Evidence upholds and common-sense dictates that to provide safe, quality care that supports daily living, approved providers must have at least the right number of the right kinds of staff to do the work. The Royal Commission agrees and recommendation 86 included a clear directive to legislate minimum staffing levels and skills mix in nursing homes by 1 July 2022 and to raise the minimum standard by 1 July 2024. The recommendation also included the requirement to move from legislated 16-hour per day registered nurse presence from 1 July 2022 toward 24-hour registered nurse presence by 1 July 2024.

The ANMF maintains that this recommendation does not go far enough. Mandating a minimum standard for staffing levels and skills mix that enables best practice care would mean that all people receiving care would be able to receive safe, effective, dignified care that meets their unique needs and preferences. Having the right number of staff would mean that tasks are not rushed and care would not be missed. Staff would be able to take the time they need to provide respectful, person-centred care and to create and sustain meaningful personal relationships with residents and family members.

In addition, the ANMF outlines that the intent of this standard is about maximising the health potential of consumers. Aspects of the role of the registered nurse in preventative health care including health promotion, health education and improving consumer health literacy are strong elements of nursing practice. Chronic understaffing and poor skills mix have perpetuated a situation where registered nurses must prioritise critical elements of care delivery meaning that elements regarding preventative health care and social connection are often unachievable. The staffing and skills mix of nurses and care workers, if properly resourced and

available to consumers, are a key quality indicator in relation to the ability of aged care providers to meet this standard. The test of this standard is how staff can demonstrate they are meeting the needs of people receiving care in this area.

This standard must therefore acknowledge the relationship between skills mix and staffing numbers and care outcomes in determining compliance. It must stipulate that all Australian nursing homes ensure residents receive an average of 4.3 hours (258 minutes) of care per day where 77 minutes is care from registered nurses, 52 minutes from enrolled nurses, and 129 minutes from personal care workers. Registered nurses must also be present twenty-four hours per day in all nursing homes. Without these measurable requirements that directly underpin the quality of services and supports for daily living articulated in the standard, the safety and quality of aged care services will continue to be compromised.

5. Organisation's Service Environment

Consumer outcome:

I feel I belong and I am safe and comfortable in the organisation's service environment

Organisation statement:

The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Requirements

The organisation demonstrates the following:

(a) The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.

(b)The service environment:

i) is safe, clean, well maintained and comfortable; and

ii) enables consumers to move freely, both indoors and outdoors.

(c) Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Organisation's Service Environment Standard covers the areas I am most concerned about for an organisation's service environment.

Disagree

The Organisation's Service Environment Standard has led to consumers feeling safer and more comfortable in the service environment.

Disagree

Please provide any additional comments on the Organisation's Service Environment Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

Feeling safe is a key element to someone feeling comfortable and that they belong. The Royal Commission uncovered many examples of people receiving care who did not feel safe, comfortable and included.[47] This was also identified for people from diverse groups including Aboriginal and Torres Strait Islander peoples and gender and sexually diverse (LGBTQI+) people.[48] There could be a number of reasons why people don't feel safe, however if there are not enough staff with the right skills to provide the care an individual wants and needs then a feeling of safety will not be achieved.

Further, this standard outlines required compliance regarding the design and layout of the environment that encourages a sense of belonging. The current regulation system lacks the ability to triangulate this standard to other standards and fails to appropriately require and utilise information gained from external sources. This results in a weakened regulatory system and corresponding inability to drive quality. For example, evidence on the Aged Care Quality and Safety Commission website suggests a facility in New South Wales has not had a site visit since 2018. A decision was made due to COVID-19 to defer an audit until 2022. However, this particular nursing home has been subject to purchase by another provider in 2020 with major building works being completed on-site. The standards do not refer to any resultant potential impact on consumers that such changes incur, which demonstrates a lack of regard for actual consumer experience and over-reliance on reactive systems for example, waiting for a complaint. Changes such as new ownership, or major building works must trigger a site audit and the standards should direct quality assessors to ask questions around the impact of the changes and the level of involvement/choice in decision-making regarding these changes.

The standard should also clearly identify the requirement for aged care providers to meet legislative Work, Health and Safety expectations in regards to providing safe equipment, fixtures and training for the workforce.

6. Feedback and complaints

Consumer outcome:

I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

Organisation statement:

The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation

Requirements

The organisation demonstrates the following:

(a) Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

(b) Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

(c) Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

(d) Feedback and complaints are reviewed and used to improve the quality of care and services.

The Feedback and Complaints Standard covers the areas I am most concerned about for feedback and complaints.

Disagree

The Feedback and Complaints Standard has led to consumers being more encouraged to give feedback on their care and services.

Agree

The Feedback and Complaints Standard has led to consumers being more encouraged and supported to make a complaint.

Disagree

Please provide any additional comments on the Feedback and Complaints Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

The standards must outline how any assessment and monitoring of complaints, at both a provider and Commission level, must consider the context in which an incident has occurred. Systemic matters such as workload, the skills and qualifications of the workforce and access to equipment must be considered. The Commission must also have a system in place that not only elicits information on incidents from all staff members, but focusses on actions, outcomes and open disclosure, to effectively deliver a safety agenda of continuous improvement rather than blame for the aged care sector.

Regular training and a culture of open disclosure has been embedded within the public health sector for some time. Within aged care there is a widespread culture of fear that providing feedback or complaints could lead to reprisal from the organisation, for example, staff being performance managed out of the organisation or having their hours of work reduced. The principles of open disclosure need to contain extensive detail including using the Australian Open Disclosure Framework.[49]

7. Human Resources

Consumer outcome:

I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement:

The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

Requirements

The organisation demonstrates the following:

(a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

(b) Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

(c) The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.

(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

(e) Regular assessment, monitoring and review of the performance of each member of the workforce.

The Human Resources Standard covers the areas I am most concerned about in relation to the capability and capacity of staff.

Strongly disagree

The Human Resources Standard has led to consumers being more likely to receive quality care and service from people who are knowledgeable, capable and caring.

Strongly disagree

Please provide any additional comments on the Human Resources Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

The ANMF has made extensive comments regarding staffing above. This commentary will be repeated below to ensure it is clearly captured within this standard.

There are widespread systemic workforce issues within the aged care sector including a lack of staffing numbers and/or an inadequate skills mix of available staff.

Low staffing levels and skills mix leads to unacceptable care, poor outcomes, and experiences of neglect and loneliness for residents.[50,51,52,53,54,55] For relatives and loved ones, lack of staff and low skills mix means feeling anxious and scared that their beloved family members are at risk and often,[56] having to search for staff or undertake care tasks themselves. For those who work in nursing homes with not enough of the right kinds of staff, morale is low and the risks to their own health and safety high. Low staffing levels and skills mix is also linked to poor care quality and poor staff attraction and retention due to intolerable, unsafe working conditions.[57,58] Lack of the right number of the right kinds of staff also means that residents are too often unnecessarily transferred to hospital for care they could have received onsite.[59] Further, clinical handovers with general practitioners, specialists, and paramedics is negatively impacted when registered nurse numbers are too low.

Evidence upholds and common-sense dictates that to provide safe, quality care, approved providers must have at least the right number of the right kinds of staff to do the work. The Royal Commission agrees and recommendation 86 included a clear directive to legislate minimum staffing levels and skills mix in nursing homes by 1 July 2022 and to raise the minimum standard by 1 July 2024. The Recommendation also included the requirement to move from legislated 16-hour per day registered nurse presence from 1 July 2022 toward 24-hour registered nurse presence by 1 July 2024.

In the Commonwealth Government's response to Recommendation 86,[60] there is a commitment to legislate minimum staffing levels and skills mix in a new Aged Care Act, but only to the Royal Commission's first minimum standard and not until 1 October 2023 and with no commitment to raising it in the future. The Government has also committed to legislating the presence of a registered nurse for 16-hour per day from 1 October 2023, but has not committed to improving this to 24-hour presence in the future.

The ANMF maintains that neither the Royal Commission's recommendation, nor the Government's commitment go far enough. Both represent staffing levels and skills mixes that are too low to ensure that elders receive safe, quality, dignified best-practice care and are deferred for too long to deliver benefit to many of Australia's current nursing home residents who spend an average of 2 years and six months in residential aged care.[61]

Mandating a minimum standard for staffing levels and skills mix that enables best practice care would mean that all residents would be able to receive safe, effective, dignified care that meets their unique needs and preferences. Having the right number of staff would mean that tasks are not rushed and care would not be missed. Staff would be able to take the time they need to provide respectful, person-centred care and to create and sustain meaningful personal relationships with residents and family members. Staff could effectively support and supervise one another and provide multidisciplinary care and handovers in collaboration with general practitioners and other specialists. Mandatory safe staffing levels and skills mix would also help nursing homes to offer high quality clinical placements for nursing students and trainees which would lead to improved attraction and retention of staff in the sector.

The ANMF takes an aspirational position regarding the provision of safe, dignified, effective care for Australian nursing home residents. One that would see residents receive best practice care, not care that is simply 'adequate'. Best practice care could be provided to all residents if nursing homes were required to ensure that every resident could receive on average 4.3 hours (258 minutes) of care per day including 77 minutes from registered nurses, 52 minutes from enrolled nurses, and 129 minutes from personal care workers.[62] To provide this level of care, evidence has shown that a nursing home should ensure a skills mix of 30 percent registered nurses, 20 percent enrolled nurses, and 50 percent personal care workers.

Further, registered nurses are integral to the provision of high quality care and better outcomes for residents.[63] Many nursing homes do not have a registered nurse onsite on every shift (morning, afternoon, and night) to provide care to residents, supervise other staff, and coordinate handover with visiting health professionals or specialists including general practitioners and paramedics. Even when one registered nurse is present, this may not be enough to provide safe, best practice care to larger numbers of residents or residents with higher care needs such as those who are very sick, have severe dementia, or who require palliative end of life care. In many cases, one registered nurse will not be enough to do this alone, so the number of registered nurses onsite every shift should be dictated by the residents' level of need.

Considering this, it then follows that any standard outlining the expectations for staffing for aged care must remove the term 'sufficient'. This term is vague, unclear and does not provide a clear evidenced based expectation for providers, consumers and the workforce. The ANMF recommends that the standard explicitly state the following for nursing homes: that there must be a minimum standard of direct care staffing onsite with a mandated skills mix ratio of 30 percent registered nurses, 20 percent enrolled nurses, and 50 percent personal care workers. Further, registered nurses must be present twenty-four hours per day in all nursing homes.

8. Organisational Governance

Consumer outcome:

I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

The organisation's governing body is accountable for the delivery of safe and quality care and services.

Requirements

The organisation demonstrates the following:

(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

(b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

(c) Effective organisation wide governance systems relating to the following:

- *i) information management*
- *ii) continuous improvement*
- *iii) financial governance*
- *iv) workforce governance, including the assignment of clear responsibilities and accountabilities*
- *v) regulatory compliance*
- *vi) feedback and complaints.*

(d) Effective risk management systems and practices, including but not limited to the following:

- *i) managing high-impact or high-prevalence risks associated with the care of consumers*
- *ii) identifying and responding to abuse and neglect of consumers*
- *iii) supporting consumers to live the best life they can*
- *iv) managing and preventing incidents, including the use of an incident management system.*

(e) Where clinical care is provided — a clinical governance framework, including but not limited to the following:

- *i) antimicrobial stewardship*
- *ii) minimising the use of restraint*
- *iii) open disclosure.*

The Organisational Governance Standard covers the areas I am most concerned about in relation to an organisation's governance and the way it is run.

Strongly disagree

The Organisational Governance Standard has led to consumers being more likely to feel confident that an organisation is well run.

Strongly disagree

Please provide any additional comments on the Organisational Governance Standard below.

Note: The ANMF does not support this review but rather, as recommended by the Royal Commission, supports a review of the standards by the Australian Commission on Safety and Quality in Health Care, which incorporates and is consistent with the ANMF principles outlined above.

Effective clinical governance arrangements comprise several necessary core elements: leadership and culture, organisational systems, monitoring and reporting, effective workforce, and communication and relationships.[64] Aged care providers must ensure that at every level, leaders are responsible for ensuring that the pursuit of safe, high-quality clinical care is continuous and ingrained into the overall culture and philosophy of the organisation. This also means ensuring that there is sufficient representation of people with relevant expertise and experience in clinical care and services to effectively integrate both clinical and corporate governance.

One of the ANMF's key priorities for reform in aged care along with ensuring a legislated staffing and skills mix is sector wide evidence based clinical governance. The absence of sufficient clinical governance in aged care is not new or isolated. Insufficient clinical governance, leadership, and expertise leads to higher numbers of distressing and avoidable hospital transfers and poorer health outcomes.

The Royal Commission reinforce the ongoing issues in the following statements about their findings regarding governance:

> *Provider governance and management directly impact on all aspects of aged care. Deficiencies in the governance and leadership of some approved providers have resulted in shortfalls in the quality and safety of care. Some boards and governing bodies lack professional knowledge about the delivery of aged care, including clinical expertise. There is a risk that they may focus on financial risks and performance, without a commensurate focus on the quality and safety of care. There is sometimes a lack of accountability, particularly when things go wrong. Poor workplace culture has also contributed to poor care. The values and behaviour of people in senior positions have a significant impact on workplace culture and the quality of care that is delivered. When these values and behaviours are poor, so may be the care that people receive.*[65]

The ANMF supports the Royal Commission's recommendation 90: New governance, however suggests that clinical governance is used instead of the term care governance. The recommendation includes the following:

Any governance standard for aged care providers developed by the Australian Commission on Safety and Quality in Health and Aged Care should require every approved provider to:

a. *have members of the governing body who possess between them the mix of skills, experience and knowledge of governance responsibilities, including care governance, required to provide governance over the structures, systems and processes for ensuring the safety and high quality of the care delivered by the provider*

b. *have a care governance committee, chaired by a non-executive member with appropriate experience in care provision, to monitor and ensure accountability for the quality of care provided, including clinical care, personal care and services, and supports for daily living*

c. *allocate resources and implement mechanisms to support regular feedback from, and engagement with, people receiving aged care, their representatives, and staff to obtain their views on the quality and safety of the services that are delivered and the way in which they are delivered or could be improved*

d. *have a system for receiving and dealing with complaints, including regular reports to the governing body about complaints, and containing, among other things, an analysis of the patterns of, and underlying reasons for, complaints*

e. *have effective risk management practices covering care risks as well as financial and other enterprise risks, and give particular consideration to ensuring continuity of care in the event of default by contractors or subcontractors*

f. *have a nominated member of the governing body:*

   i. attest annually on behalf of the members of the governing body that they have satisfied themselves that the provider has in place the structures, systems and processes to deliver safe and high quality care, and

   ii. if such an attestation cannot be given, explain the inability to do so and how it will be remedied.[66]

These clear expectations must be a part of the governance process for all aged care provided. Further the Australian Commission of Safety and Quality in Health Care standard on Clinical Governance[67] needs to be reflected in aged care standards. The health sector has extensive expertise and experience with implementing effective clinical governance and this standard should be used as a baseline for any aged care standard addressing clinical governance.

The safety and wellbeing of aged care workers

To improve continuity of care and assist in the recruitment and retention of skilled and experienced aged care workers, the quality standards must include clear expectations relating to worker safety and wellbeing. Aged care workers experience the highest rates of serious injury of any industry,[68] with the majority of these injuries being physical injuries related to the physical transfer of people and psychological injuries arising from occupational violence and aggression and bullying.

Additionally, the aged care workforce has a large proportion of workers deemed 'at risk' workers. The phrase 'at risk' in this context highlights workers who are at a greater risk of injury than others in the workplace.

Four identified at risk groups are: young workers of up to 25 years of age; culturally and linguistically diverse workers; labour hire workers, and migrant workers, who have moved to Australia legally to study or work but do not have permanent residency status.[69] These workers require extra consideration and support to stay safe in the workplace.

It is the experience of the ANMF, that there is limited understanding of Work Health and Safety (WHS) legal obligations in the sector and inadequate resourcing of this critical area. Consistent with the expectations outlined above regarding a clinical governance framework being in place, a similar framework must be used for effective WHS systems to maintain a reliable and constantly improving system. This must include analytics on key WHS performance indicators.

Other comments

Do you have any other comments or suggestions about the standards that could support the review of the standards or future implementation?

Digital health is not covered within the standards to the extent required. Digital health is a vital part of the future of any reform in the aged care sector. Advances in digital health technologies including care delivery software and ongoing collection and analytics of data to improve care is essential moving forward. Clear expectations for digital health including the following must be stated in any review of the standards:

- access to information at point of care;
- sufficient digital health resources for the workforce;
- governance systems that provide analytics on care delivery to enhance quality improvement;
- implemented software that is interoperable with other systems including the My Health Record; and
- privacy and security policies and processes that are understood and used.

CONCLUSION

The ANMF provides this submission outlining the multitude of issues, concerns and gaps in the current aged care regulatory system and the aged care quality standards to ensure our members' voices continue to be heard in any aged care reform process. However, the ANMF reiterates that the standards must undergo a complete and extensive review that is completed by the Australian Commission on Safety and Quality in Health. This review must consider the extensive recommendations from the plethora of reviews including the Royal Commission and must be consistent with the outlined ANMF principles for effective quality aged care standards that will make a difference to care outcomes.

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