Australian Nursing and Midwifery Federation submission

Aged Care Quality and Safety Commission Independent Capability Review

8 December 2022

Australian Nursing & Midwifery Federation

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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 322,000 nurses, midwives, and care workers 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 and the interests of those our members care for.

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 the care of older people, ANMF members work across all settings in which aged care is delivered, including over 45,000 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, primary health care, in-home care), depending on their health needs. Being at the forefront of aged care and caring for older people around the clock, seven days per week in acute care, nursing homes, and out in the community, our members are optimally positioned to make clear recommendations regarding key issues concerning the identification of improvements to support the aged care regulator to undertake strong regulatory activities, embed best practice, increase accountability and to enhance its quality and prudential activities.

The ANMF welcomes the opportunity to provide feedback to the Australian Government's Independent Capability Review of the Aged Care Quality and Safety Commission (ACQSC). However, the ANMF is concerned about word limit restrictions for submissions to this review and have been unable to provide a response within the identified word limit. While the ANMF acknowledges the large amount of work consultations generate, an effective regulator is critical to achieving and sustaining a high-quality aged care system and restricting responses to 1500 words does not engender confidence that this inquiry will be robust.

OVERVIEW

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) outlined the following in their final report:

The primary function of the aged care regulator is to protect and enhance the safety, health, wellbeing and quality of life of people receiving aged care. Ineffective regulation has been one of the contributing factors to the high levels of substandard care in Australia's aged care system.[1]

The ANMF agrees with this statement and has been raising ongoing concerns regarding the aged care regulator for many years. The short comings of this regulation have been well documented over the last few years and the ANMF welcomes the opportunity to contribute to this capability review to implement real change and offers the following ANMF positions to improve aged care regulation:

- The primary role of the aged care regulator must be the protection of older Australians receiving health, personal and social care services delivered in the context of aged care and community settings.
- In a responsible, ethical society, aged care services must be regarded as a public, social good and not a market to be regulated. This philosophical perspective must be operationalised and implemented by the regulator.
- Aged care services should be recognised in legislation as entities providing health care services in an aged care context.
- The new regulatory framework should be modelled on existing health care frameworks, rather than those in disability services, be transparent and accountable and include unions as active participants in the regulatory strategy.
- Standard-setting should be undertaken by a single entity and that entity should be the Australian Commission for Safety and Quality in Health Care (ACSQHC). Regulation should also be streamlined into a single entity with expanded functions responsible for enforcement and compliance across all services where health care is delivered to older people, regardless of setting or context.
- A new aged care legislative framework must underpin the capability and capacity of the regulator to undertake its system manager role.
- New legislation and regulatory frameworks must align to state and territory legislation and address any jurisdictional misalignment including medicines and work health and safety legislation and enforcement.

- Clear, measurable staffing benchmarks should be embedded in legislation, which provide clarity for providers, consumers, workers and regulators and provide clear signaling regarding expected service delivery.
- Ensuring evidenced based and safe staffing and skill-mix requirements are embedded in service provision as a core regulatory function of the aged care regulator.
- The regulator must contemplate how to ensure that registered nurses (RNs) and enrolled nurses (ENs) can be supported to undertake their roles in accordance with their regulated professional standards and codes of practice outlined by the Australian Nursing and Midwifery Board of Australia (NMBA).
- The regulator must ensure that workers are be protected and supported as a key element in ensuring the safety of older Australians in their care.
- Worker voice principles should be embedded within legislation with whistleblowing protections to enable workers to take an active role in system governance.
- The regulators assessment workforce must have the capability and capacity to effectively assess aged care services as key elements of regulatory oversight, compliance monitoring and enforcement. Along with the qualified and experienced workforce effective risk identification and management processes must be in place to identify provider noncompliance, regulatory failure, and harm to older Australians.
- A health practitioner qualification should be the general rule, rather than the exception, for assessor recruitment.
- Experienced RNs must be recruited at all levels of any new or revised regulator to determine whether the required elements of nursing care are being identified, delivered and evaluated effectively.
- A more integrated, powerful and timely approach is needed, which empowers Quality Assessors to take immediate remediation measures where urgent regulatory failures are identified.

TERMS OF REFERENCE

Given the wide-ranging scope of the Terms of Reference for this review, rather than respond to each item individually, the ANMF provides a broad perspective on the critical elements to be considered in this capability review.

Aged Care is Health Care

The ANMF believes the following principles underpin the need for urgent reform, including a regulator with the capacity, capability and, most importantly, the organisational will to protect older Australians receiving aged care services, whether it is in their home or in a nursing home.

In reviewing the capability of the ACQSC it must be recognised that a significant amount of the care delivered in nursing homes is health care. The health component of care delivered in home care settings is also increasing, and this trend will continue, reflecting the desire of older people to remain in their own home for as long as possible despite requiring higher, and more complex, levels of care.

As clearly identified by the Royal Commission, and through the COVID-19 pandemic, linkages and intersections between the aged and health sectors must be acknowledged, improved, and aligned.

The ANMF does not consider health care delivered in aged care settings or to older people in their home as separate to health care delivered by RNs, ENs and assistants in nursing (AIN/PCW) in other health care contexts, such as mental health, primary care, community care or in-patient rehabilitation. Person centred outcomes can only be achieved through a regulatory strategy which recognises this.

The ANMF believes that the prevailing narrative that aged care is somehow different to health care has allowed standards of care and workforce rights to be diminished to a point where consumers are fearful of, and workers reluctant to enter and remain in aged care. These issues have been starkly identified by the Royal Commission. The ANMF believes that aged care sector providers, policy makers and previous governments, as a whole, have minimised the health care component of care and this was reflected in the Royal Commissions conclusions that the ACQSC had failed to demonstrate strong and effective regulation as a result.[2]

Aged and health care regulatory systems must also be aligned and provide for equivalent care standards to be set and outcomes attained, regardless of context. It is not unreasonable for an older Australian to expect that the same standards of care should apply irrespective of where they are receiving care.

For those reasons, we believe standard-setting should be undertaken by a single entity, the Australian Commission for Safety and Quality in Health Care (ACSQHC) as recommended by the Royal Commission. Regulation should also be streamlined into a single entity with expanded functions responsible for enforcement and compliance across all services where care is delivered. Consistent and compatible standards for care across the health and aged care sectors would also more effectively support enforcement and compliance processes across commonwealth and state jurisdictions.

Supporting Older Australians

A primary role and focus of an aged care regulator must be protection of older Australians receiving aged care services irrespective of context. 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 [3] compounded by flaws in capability, leadership, and culture of the regulator.[4]

Whilst we concur there must be a rights-based focus to any future regulatory strategy, this must not be used as a rationale to shift risk under the guise of choice. Concepts such as dignity of risk, if not managed appropriately, have the potential to weaken regulatory protections and expose older people and the workforce to preventable harm.

Rights-based principles and consumer choice can also lead to misconceptions about the nature of care required and misinform judgements about compliance. Under the watch of the ACQSC, the ANMF has seen a move towards implementation of household models of care under the guise of consumer choice and control, and dignity of risk. This has led to reduced clinical oversight justified by misinformation that person-centred care cannot be delivered, or dignity of risk managed, through models of care that include high RN and EN input.

The ANMF finds this rhetoric neither accurate, nor conducive to safe, evidenced-based care delivery. Person-centred care is a foundational principle for nursing practice, the delivery of which is often challenged by organisational constraints and competing demands[5] not enabling care delivery to be a person-centred approach but focused on task completion due to time constraints and often inadequate staffing and skills mix. The ACSQHC have an established evidence-based standard for partnering with consumers which guides nursing practice in other settings in which health care is delivered[6] which would easily translate to an aged care context.

Performance of the Aged Care Quality and Safety Commission

As outlined above the ANMF shares the view of the Royal Commission that the ACQSC lacks the capacity and capability to perform its regulatory function and has adopted a light-touch approach to sector oversight, when strong and effective regulatory action has been needed. The following areas demonstrate just some of the regulatory failures that have adversely impacted our members, and those in their care.

COVID-19 response

During the COVID-19 pandemic residents in nursing homes represented 30% of all COVID-19 deaths but only a relatively small percentage of all COVID-19 infections[7]. While oversight of the sector is expected, during the pandemic it was evident that the ACQSC struggled with both business as usual functions and it's critical additional regulatory response to the pandemic requirements. Of concern was the ACQSC counterintuitively reducing its oversight functions during the pandemic.[8] This reduction in site visits impeded the ACQSCs capacity to understand and act on risk, at a critical time, when there was no feedback mechanism for workers, other professionals and local community advocacy groups at a local level.

At the commencement of the COVID-19 pandemic, the ACQSC published advice for residential aged care facilities regarding requirements for appropriately supplied and fit tested personal protective equipment (PPE) for workers in nursing homes. ANMF members tell us that they are not being supplied and fit tested with appropriate PPE. ACQSC has not and continues to not effectively regulate this basic infection control risk management action which has impacted on ANMF members not being effectively protected and has contributed to nursing home workers contracting COVID-19.

As outlined above, during the pandemic site visits by the ACQSC decreased by over one third[9] and the total number of regulatory activities is now disappointingly almost half those undertaken in 2019[10], despite the Royal Commission identifying ineffective regulation as being a contributory factor to the high levels of substandard care in Australia's aged care system.[11]

ACQSC communications to the sector during the pandemic focused on self-assessment of preparedness, and signposting to guidelines requiring interpretation to translate into practice. This indicated a lack of understanding about the sectors ability to determine sufficiency and preparedness in relation to infection prevention and control (IPC), particularly in nursing homes which did not employ adequate numbers of RNs. This contributed to poor outcomes for residents.

Flaws in the regulatory strategy relative to IPC were also identified by Senate Estimates in May 2021[12] but have failed to trigger meaningful improvements to regulatory practice. In the past week alone there have been 207 new outbreaks, 49 new resident deaths and 3,221 combined new resident and staff cases.[13] Despite this, not only have site audits reduced in number, but the ANMF continues to receive reports from aged care workers that ACQSC site audits do not focus adequately on IPC, failing to identify where gaps in PPE availability and fit testing continue to pose risks to residents and staff.

It is the ANMF position that the ACQSC had neither the capacity nor capability to respond appropriately to clinical risk presented by the pandemic. The ACQSC has not been held accountable for their role in failing to respond appropriately to widespread outbreaks amongst resident and staff in nursing homes. It is this lack of accountability that provides a climate for poor regulation to continue and thrive.

Recurring themes of non-compliance

There is lack of timely, accessible and publicly available data about the ACQSC compliance activities. For example, the non-compliance register can be up to six months out of date due to lack of process to publish real-time data. However, from previous reports, we know that non-compliance and complaints in the areas of medications management and clinical care have featured in the top issues of concern over several years.[14] Even in the absence of detailed knowledge on regulatory activity, failure by the ACQSC to reverse these concerning and persistent regulatory failures signals an enduring system failure warranting urgent attention.

Failure to manage risk

Where applied, remediation measures to enhance regulatory strategy have been ineffective and only when open to close scrutiny have these flaws been exposed. An example is the Serious Incident Response Scheme (SIRS) where inquiries made during Senate Estimates[15] revealed responsibility for the assessment of significant risk to residents was open to triage by both the aged care provider delivering the services, and the ACQSC before receiving closer scrutiny. Of the 1600 reports received, only 10 resulted in investigation, despite all reports being classed as priority 1 – high risk.

RNs and ENs are well placed to implement and deliver person-centred nursing care models incorporating dignity of risk principles. Unfortunately, there is less understanding amongst some aged care providers, who often perceive dignity of risk without due consideration of other risk, such as professional obligations and work health and safety principles. Implementing a consumer-focused rights-based strategy without due consideration of the wider implications and impact, and failure by ACQSC to monitor the practical application effectively shows a lack of understanding on the part of the regulator regarding the expectations it imposes on providers.

Further, this narrow regulatory lens applied by ACQSC has been similarly detrimental to the professional practice of RNs and ENs relative to medicines management, where there has been failure to consider the wider implications of legal requirements imposed by state and territory legislation on professional practice obligations.

The Royal Commission and pandemic has exposed the weaknesses in the ACQSC functions, and there has been sufficient opportunity for the ACQSC to respond and improve without success. Continued failures to effectively regulate the sector and continued inadequate oversight indicate a lack of capability, and capacity to change and only hastens the need for fundamental regulatory reform.

Legislative Framework

Whilst social care is an important component of the care delivered in residential aged care, the primary reason people enter residential care is to receive health care that is often complex in nature. This is not the case in disability services, where the proportion of health care delivered is less than social support. Therefore, it is more appropriate to model legislation for a new regulatory framework on existing health care frameworks, rather than those in disability services. As outlined above, the ANMF is concerned that the current consultation processes appear to reference the National Disability and Insurance Scheme (NDIS) in relation to quality standards and codes of conduct, rather than established health related standards and codes, which are well developed, mature and tested.

Recognising that people enter aged care to receive health care, and that a significant proportion of health care will be delivered in-home should shift aged care towards a service-delivery rather than a market-driven model. Aged care must not be a market transaction involving a consumer and provider of care. This fundamental shift must be a starting point in legislative and regulatory reform and be a philosophical underpinning for aged care regulation.

New Aged Care Act

The new Aged Care Act (the Act) should reflect the recommendations of the Royal Commission with all other reform processes flowing from this. The objectives of the Act must be measurable, clear, enforceable and allow for:

- The operation of the new regulator to be transparent and accountable with regular mandated reviews.
- The standards to be developed and set by a single entity -the ACSQHC.
- Regulation to be streamlined into a single entity with expanded functions responsible for enforcement and compliance across all services where health care is delivered.
- Accountability measures for the new regulator which are subject to annual independent scrutiny, including where failure to effectively regulate has increased risk to the public. The findings of this should be made publicly available.
- Unions to have the right to undertake investigations and make recommendations to the new regulator where workers' rights or safety, or residents/consumers' rights or safety, are compromised.
- Jurisdictional legislative misalignments to be addressed. There is a lack of co-ordination with state and territories regarding the enforcement of state and territory legislation, for example drugs and poisons legislation. Jurisdictional boundaries over-complicate the application of legislation and in some cases, such as the NSW Public Health Act 2010, render them inoperable.

- Memorandums of understanding with organisations responsible for enforcing state and territory-based legislation to be embedded into the regulatory strategy where this impacts aged care, to ensure there are no gaps in compliance monitoring and enforcement. An alternative approach could be modelled on the national law regarding health practitioner regulation with complementary state/territory and national laws creating a level of uniformity across jurisdictions. Two areas of immediate concern are workplace health and safety and medication management.

Securing Safe Staffing in Legislation

Measurable and future-proof staffing and skills mix requirements must be embedded within the Act. Current legislation in place is vague and unhelpful in relation to the workforce and provides little direction as to the number and skills mix required, professional practice requirements and worker protections both industrial and work health and safety issues. No service can be safely and effectively delivered unless worker protections are legislated and enforced.

Terms such as average or minimum to describe workforce requirements do not equate to safe outcomes for workers or older people. If the bar is not set, is too low or lacks clarity there is clear evidence this will be exploited and will result in a downward rather than upward trend.

The ANMF is concerned that a provider culture of minimum standards compliance, rather than continuous quality improvement can only be countered by a regulator that assertively signals and encourages aged care providers towards higher standards of care quality and safety. For example, having clear, measurable staffing benchmarks embedded in legislation will provide clarity for providers, consumers, workers and regulators and provide clear signaling regarding expected service delivery.

Legislated, safe levels of staffing and skill-mix including RNs being employed in aged care facilities 24 hours per day, with ratios that align with the assessed needs of residents, is fundamental. While the move to a mandatory average minimum of 200 minutes of care per resident by October 2023 and 215 minutes of care per resident by October 2024 is supported, this does not go far enough. Staffing levels and skills-mix must be evidence based and meet the assessed needs of older people.

The essential role that ENs play in the aged care workforce must also be explicitly recognised. The Royal Commission did not adequately address the role of ENs and while it is essential that the role of RNs in aged care is recognised, it is also important that the role of nursing as a whole (both registered and enrolled) is considered in legislation.

Ensuring that aged care services provide evidenced based and safe staffing and skill-mix must be a core function of the aged care regulator. Even without any legislatively based, minimum staffing and skill-mix requirements, it is difficult to understand how the ACQSC has reaccredited some aged care facilities with significantly poor staffing and skill mix to this point.

Worker Protections

In addition to protecting older Australians receiving care, any aged care legislative framework must protect those workers who provide aged care services. Since the introduction of the Aged Care Act (1997), the core workforce trend has been towards a poorly paid, compliant, and disenfranchised aged care workforce. An essential element of any regulatory reform must be empowerment of aged care workers to act as an essential safety mechanism as aged care experts who are ideally placed to identify quality and safety issues.

Worker protections must be included within the Act and enforced by the aged care regulator. These protections must include whistleblower protections (whistleblowing, making a complaint and identification of wrongdoing) whether in the act or in related or supporting/subordinate legislation. Options for how unions (as representatives of members) could be involved in this process should be explored and also embedded within The Act.

It is essential that the workforce has secure employment with correct remuneration under modern awards and enterprise agreements to be able to attract and retain an experienced workforce. The Act should allow for unions to have rights of access to facilities and workplaces that allow union officials to meaningfully engage with members and potential members.

Again, it is the view of the ANMF that the aged care regulator must support a sector where workers are regarded as a valuable resource and experts, as well as the key group keeping older Australians safe by facilitating workers to be part of the safety and compliance mechanisms needed in the sector.

Supporting Professional Practice Standards

A widespread issue identified by all ANMF branches is the dissonance between the NMBA Nursing Standards of Practice requirements of RNs and ENs and the actual work environment, which ultimately, is under the control of the aged care provider. Members working in the aged care sector frequently identify that it is often impossible for them to meet their professional practice obligations given the poor staffing and skill-mix, high workloads and unsupportive management that are endemic in aged care workplaces across the sector.

A RN solely responsible for the care of 120 residents in a nursing home on an evening shift will find it very difficult meet their professional practice standards requirement. Sadly, the ACQSC does not appear to consider these issues when assessing aged care services. To our knowledge the impact of this is neither captured, nor considered, under current or proposed quality standards which form the basis for the accreditation process.

Where the new regulator identifies the working environment compromises the ability of RNs or ENs to fulfil their professional practice obligations, there must be immediate remediation measures available including notification to the relevant professional body which ensures protection of workers from any adverse consequences in regard to their right to practice. Sadly, and all too frequently, nurses risk the loss of their registration due to raising issues in good faith or acquiescing to workplace environments where speaking up is actively discouraged by employers. This situation forces many nurses to leave their workplaces and, sometimes, the sector.

Oversight and Compliance

The new regulator must be fit for purpose, properly resourced and include complaints and enforcement functions. In determining the role of the regulator there must be clear lines of separation between the roles of the Commonwealth Government Department of Health and the ACQSC. The ANMF does not believe that clear separation between the functions of the two entities has been achieved and supports the Royal Commission's recommendation in this regard. [16]

In addition, the ANMF understands from member feedback that the previous functions of the previous Aged Care Complaints Commission, Australian Aged Care Quality Agency and Department of Health Compliance Functions have continued to operate separately despite being merged into the ACQSC, thus creating delays to enforcement action. The ANMF believes a more integrated approach is needed, which empowers Quality Assessors to take immediate remediation measures where urgent regulatory failures are identified. Currently there is an internal disconnect between teams, processing delays and communication gaps which hinder the ability of the regulator to take timely enforcement action and follow up.

Assessor Workforce and Qualifications

Any proposals for a new or revised regulator must include review of the size, composition, terms and conditions of employment and skills base of the existing ACQSC workforce. To reflect that health care is a primary component of aged care, experienced RNs must be embedded within the new regulator for the purposes of compliance monitoring and also recruited to positions to provide managerial oversight, clinical supervision and leadership. The ANMF understands a nursing qualification is currently not a requirement, but a desired prerequisite for Quality Assessors.

We consider it essential that a RN is present to inform judgements about compliance where older people require nursing and health care. We believe RNs are experts in their field and are the only professionals who have the qualifications and experience to determine whether the required elements of nursing care are being identified, delivered and evaluated effectively.

While non-clinicians should be part of any assessment team, for example to review management practices, a non-clinical assessment workforce risks an over-reliance on provider assurances regarding policy and performance as well as compliance with state and territory legislation. RNs with their education and experience are better placed to understand the practice environment and legislation relevant to the health care context. Given the high care component in nursing homes in particular, it is indefensible that assessment teams shouldn't include a majority of nurse assessors. The ANMF is unclear as to how clinical risk is determined when quality assessors who can be sub-contractors, have no clinical background. The ANMF is concerned about the robustness of internal governance measures to ensure sub-contracted work utilises people with the right skills and experience.

To attract and retain the right workforce, the new regulator must provide the right conditions of employment to ensure RNs and ENs can maintain their professional registration and are paid at rates that are comparable to their colleagues in the healthcare sector. Further, currently there is no provision for RNs employed by the ACQSC to meet nursing Continuous Professional Development (CPD) requirements with training being apparently generic in nature and focused on audit and processes. The ANMF also understands that Quality Assessors are paid for 15 hours of mandatory education relevant to their role as a Quality Assessor. This education is inconsistent with NMBA CPD which requires a minimum of 20 hours of self-determined learning which needs to occur per year.[17]

In addition, the lack of clarity regarding pre-requisite qualifications for Quality Assessors has broad professional implications relative to clinical supervision, recency of practice and Industrial agreements and awards. It is unclear how any training for an RN, employed as a generic assessor, can use this role to establish recency of practice requirements for NMBA registration. The ANMF believes that a health practitioner qualification should be the general rule, rather than the exception, for assessor recruitment. Ideally, quality assessors should be experienced RNs who are rewarded and recognised with appropriate pay and conditions.

Consideration should be given to the role of private accreditation agencies, e.g., the Australian Council on Healthcare Standards (ACHS) to support the regulator with accreditation reviews. Members of ACHS accreditation teams are selected and trained because of their expertise and work experience, whether that be clinical or administrative. While a focus on the consumer experience is important, there must also be a unilateral and rigorous focus on provider governance, clinical governance, safety and quality and clinical care. The current regulator does not appear to have this capacity and capability and a comparison of the training and qualifications of ACHS surveyors as opposed to those employed by the current regulator may be beneficial to informing the composition of the Quality Assessor workforce.[18]

Risk

A proportionate risk-based approach used by the regulator must be underpinned by broad stakeholder inputs, including unions, and have the resources to effectively administer the system. For example, the ANMF understands that priority one SIRS reports result in a phone call to the facility or service but a system to verify and provide context through capture of other intelligence appears to be lacking and suggests the risk identification system is rigid, underdeveloped, and has a narrow focus.

It is essential that any risk management approach is implemented with strong regulation, strong enforcement and strong engagement of the workforce, providers, and the new regulator, to collectively contribute to regulatory stewardship. The concept of the aged care worker as a key resident safety system element is also a critical risk mitigation strategy within the overall aged care regulatory environment.

It will be important that the regulator consider staffing levels and the skills and education of staff when assessing provider risk. It is essential that assessors understand the specific care needs as identified by the Australian National – Aged Care Classification (AN-ACC) profile for the facility prior to a site visit or off-site assessment. This requirement should be based on AN-ACC and workforce data so the assessor knows what the staffing and skill-mix for a facility should look like against acuity and actual workforce. Having this information available prior to an assessment or audit (using a digital solution) would assist in determining what the staffing and skill-mix compliance should be. As discussed earlier in this paper, on-site visits are essential to gather real-time information and intelligence to adequately assess risk.

All risk areas must have clear reporting pathways, and processes in place that ensure data and measurements cannot be manipulated to positively skew outcomes. This approach is critical given the impending introduction of the Star Rating system with the use of data reporting to assess performance.

CONCLUSION

The current aged care reform and restructuring process offers a long overdue opportunity to improve the quality of aged care services and the safety of those receiving them. The Royal Commission and pandemic has exposed the weaknesses in the ACQSC functions and the underpinning legislation. Continued failures to effectively regulate the aged care sector and continued inadequate oversight indicate a lack of capability, and capacity. The ANMF believes that urgent reform is necessary including a regulator with the capacity, capability and, most importantly, the organisational will to protect older Australians receiving aged care services, whether it is in their home or in a nursing home.

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