### Aged Care Quality Bulletin #13 Jan 2020



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#### **Issue # 13 January 2020**

### Commissioner message

The beginning of 2020 seems to have involved a continuation of the energy and focus that was evident across the sector in the closing stages of last year.

For the Commission, 1 January brought a significant intake of staff transferring from the Department of Health along with a new set of regulatory responsibilities including compliance and enforcement, prudential standards, home care investigations, aged care provider approvals, and management of compulsory reporting. The transfer of functions, which was foreshadowed in our establishment legislation in late 2018, is the result of the government's decision to make the Commission the single national regulator of aged care quality and safety, and the primary point of contact for consumers and providers in relation to these matters.

#### **Regulatory pathways**

The integration of all regulatory functions in the Commission has enabled significant streamlining of the regulatory pathways for treatment of non-compliance with the Quality Standards, with removal of duplication and greater clarity now possible regarding the decision nodes and steps along the pathways. Links to our revised Regulatory Strategy, updates to our Regulatory Bulletins and explanatory fact sheets of all changes can be found elsewhere in this newsletter.

#### **Bushfires**

The summer season has also been characterised by devastating bushfires in many parts of the country. The Commission is aware that many aged care services have been impacted and we acknowledge your efforts to keep care recipients safe and able to access the care services they need through this challenging time.

The Commission is continuing to closely monitor the situation, including the identification of impacted services, through information provided to us by the Department of Health. We are making decisions on a case-by-case basis as to whether to adjust our schedule of quality assessment and monitoring activities for affected services, and liaising with services as required.

The priority for services in fire affected areas is to ensure the safety, health and well-being of their consumers and staff.

Maintaining quality of care under these circumstances involves effective emergency risk management and planning, and forms part of a provider's responsibilities under the Quality Standards. We thank all those impacted services for their efforts to continue delivering care during an emergency event and for

recommencing full service delivery as soon as possible and when safe to do so, consistent with the advice of local fire authorities.

The importance of communication with aged care consumers and their representatives cannot be overstated during times like these.

Approved providers or services who are operating in fire affected areas or have been impacted, and who need to discuss their specific circumstances with the Commission, should contact their relevant regional office. Additionally, we have pulled together <u>useful information for providers and consumers on our website.</u>

#### **Coronavirus**

On another important matter of shared interest, you will be aware of the outbreak of the Novel Coronavirus and efforts underway around the world to stop the spread. The Department of Health has prepared <u>factsheets</u> for aged care staff, residents and families. It is strongly recommended that you read these <u>factsheets</u> and revisit them every day or two because they will be updated by the department as new information becomes available.

# Getting to know the Standards – Standard 5 Organisation's service environment

Standard 5 is featured this month, in our series examining in detail each of the Quality Standards, the overarching principles and requirements, and providing links to supporting information including guides, resources and case studies.

The consumer outcome for Standard 5 is:

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

In this context, an organisation's service environment means the physical environment in which care and services are delivered, but does not include an individual's privately owned or occupied home at which in-home services are provided.

This Standard makes sure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment. This means that the service environment suits the consumer's needs and is safe, clean, comfortable, welcoming and well maintained. It includes how the safety and security, design, accessibility and layout of the service environment encourage a sense of belonging for consumers.

This Standard covers how an organisation's service environment supports the consumer's ability to take part in the community and engage with others, and minimises confusion so consumers can recognise where they are and see where they want to go. The service environment should also encourage consumers to make their living areas more personal, welcome consumers and their family or visitors, and provide spaces for culturally safe interactions with others.

Consumers should be able to move freely in the environment (including access to outdoor areas). Risk reduction should be subtle so safety features don't dominate the environment and security arrangements are expected to be in line with best practice to protect consumers when lawful and necessary.

The furniture, fittings and equipment provided at the service are also covered by this Standard. It is expected that these are safe, clean, well maintained and suitable for the consumer.

As with all the Standards, it is recommended that organisations review the reflective questions for each of the Standard's requirements, along with the examples of actions and evidence.

- Standard 5 organisation's service environment
- Guidance and resources Standard 5
- Case studies
- Standard 5 storyboard

### Regulatory Bulletin update

We've made some changes to our Regulatory Bulletins. The Regulatory Bulletins have been updated to support implementation of aged care regulatory functions which transferred from the Department of Health on 1 January 2020 and amendments to the Aged Care Quality and Safety Commission Act 2018 (Commission Act) and Aged Care Quality and Safety Commission Rules 2018 (Rules).

The <u>Regulatory Bulletin - Responding to non-compliance with</u> the <u>Quality Standards</u> outlines how the Commission will respond to and manage non-compliance with the Quality Standards from 1 January 2020. The Commission has new powers for monitoring and enforcing compliance under the Commission Act. These include issuing notices in relation to non-compliance and imposing sanctions where non-compliance is not addressed through administrative pathways or if immediate and severe risk to the health, well-being and safety of consumers is identified.

With new powers to deal with immediate and severe risk, consequent removal of the serious risk provisions from the Rules means the Serious Risk Regulatory Bulletin is obsolete and has been withdrawn from the Commission's website. Guidance on key changes for providers on how the Commission deals with serious risk can be found here.

The <u>Regulatory Bulletin on Assessment Contacts</u> has been updated to include home services and previously accredited services, and to reflect amendments to the assessment contact provisions of the Rules. Refer to the Regulatory Bulletin and <u>Fact Sheet</u> for providers on key changes to assessment contacts for more information about what has changed.

Minor amendments have also been made to the Regulatory Bulletins on <u>regulatory decision-making</u> and <u>reconsideration of regulatory decisions</u> to reflect amendments to the Rules. A key change is that the timeframe for a reconsideration decision about a further/varied period of accreditation has increased from 14 to 28 days.

To get an overarching picture of the Commission's end-to-end integrated regulatory model, you can read the revised <u>Regulatory Strategy</u>. Further Regulatory Bulletins will be published to communicate with the sector about amendments to the Commission Act or Rules. In the meantime, providers can find more information about the changes <u>here</u>.

## Transition of Compulsory Reporting to the Commission

On 1 January 2020, the compulsory reporting function was one of a number of regulatory functions that transitioned from the Department of Health to the Aged Care Quality and Safety Commission. Under section 63-1AA of the Aged Care Act, an approved provider is responsible for reporting an alleged or suspected reportable assault within 24 hours, to the local police station and the Commission. To report a suspicion or allegation made of a reportable assault, an approved provider must within 24 hours:

 complete a <u>Reportable assault form</u> or an <u>Unexplained</u> <u>absence form</u> and email it to <u>compulsoryreports@agedcarequality.gov.au</u>

or

• call the compulsory reporting line on 1800 081 549. [Note: submission of a written form to the Commission is preferred.]

In the 2019-20 Mid-Year Economic and Fiscal Outlook (MYEFO), the government announced additional funding in response to the Interim Report of the Royal Commission into Aged Care Quality and Safety, to build on recent aged care reforms to improve oversight and transparency in the care of older Australians. The announcement included an expansion in the Commission's compulsory reporting capacity which will enable additional engagement with approved providers of aged care services and will be conducted in line with our Regulatory Strategy. Further information on compulsory reporting is available on our website.

### From the Chief Clinical Advisor

In December 2019 the Department of Health released new resources in relation to psychotropic prescribing for elderly people in residential aged care. The <u>resources can be found on the Department's website</u>.

I commend these resources to you, particularly the <u>single page</u> <u>infographic on safe prescribing of antipsychotics and</u> <u>benzodiazepines</u>.

The Commission continues to work closely with the Department of Health to educate and support the sector in minimising the inappropriate use of psychotropics and minimising the use of physical and chemical restraint. A new video has been published on the Commission's website, in which Hazel Hawke's daughter, Sue Pieters-Hawke, talks about the effect that reducing her mother's medication had on her quality of life. Sue and others are speaking in support of the Reducing Use of Sedatives (RedUSe) program. This was a Government funded initiative, developed and trialled initially in Tasmania in 2008, and expanded nationally from 2014 – 2016. It promotes quality and appropriate use of sedatives, in particular antipsychotics and benzodiazepines, in residential aged care services in Australia, and assists with reducing use of these medications whenever possible.

The Commission, with support from Dr Juanita Breen who developed the program with the Wicking Institute and University of Tasmania, has now trained a small cohort of well credentialled and experienced pharmacists to implement RedUSe. These pharmacists have recently commenced implementation of a program involving, as stage one, planned visits to aged care services in remote and very remote locations across Australia to offer training and support in reducing the use of sedatives in their services.

Watch the video to learn more.

## New resources for consumer engagement now available

Featuring a range of best practice strategies and tools for providers of aged care to engage with consumers and their representatives, a <u>new consumer engagement resource is now</u> available here.

The resource highlights that placing consumers at the centre of their care is fundamental to quality care outcomes. This means significantly deepening engagement and developing a mutual partnership with consumers in all aspects of the planning, delivery and evaluation of care and services.

## Still time to register interest in new online learning solution

Work is progressing on our new online Aged Care Learning Information Solution, with 'Alis' due to go live in February.

All Commonwealth-funded aged care service providers are being offered a number of free registrations so they can evaluate the benefits of this new service.

These finite free registrations will be available until the end of March 2021, with an option to purchase more registrations to support your organisation's ongoing professional development once Alis is live.

The initial modules will focus on the Aged Care Quality Standards, and will support all types of aged care services providers to:

- understand the Aged Care Quality Standards;
- prepare for performance assessment;
- · deliver safe and quality care and services; and
- demonstrate tangible positive outcomes for consumers.

If you have not already registered your interest, you can do so via this form on the Commission's website.

## Assessing the Standards workshops – still time to book

The new 'Assessing the Standards' workshops will focus on helping providers to understand the accreditation or quality review process, how to be prepared for these processes and how to use the self-assessment tools to gather and analyse evidence.

Click here to find details of a workshop in your state.

## Re-accreditation of residential services

New forms are now available to use when applying for reaccreditation. Specific information is included for recommencing services about fees payable for their re-accreditation.

Find the forms and further information about the reaccreditation process here.

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