



A new approach to regulating aged care

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Introduction

The Continence Foundation of Australia (the Foundation) welcomes the opportunity to respond to the consultation on the new regulatory model for Aged Care.

The Foundation supports this development and sees it as an important step to ensuring people are at the centre of the aged care system and the services they receive. Importantly, we see this as an overdue opportunity to recognise the significant impact of incontinence on older Australians receiving care and support, and the benefits that can be gained from a more effective regulatory model that seeks to improve the quality of life for aged care residents.

The Continence Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation includes policy and advice to support reform, education, awareness, information, advocacy, continence service provision, and more importantly, experience of putting people at the centre of program design, which allows the Foundation to be best placed to represent the interests of individuals, carers, and health professionals in relation to continence, at national and state levels.

The Foundation's Submission

A rights-based and person-centred approach

The Foundation welcomes the inclusion of a rights-based approach as a foundational element of the model. We believe that the new regulatory model and the Aged Care Act should enshrine the rights of older Australians who are seeking or receiving aged care services.

It is essential that all aspects of the reformed aged care system demonstrate commitment to these principles, to achieve the vision outlined by the Aged Care Royal Commission.

The rights-based approach of the new model should ensure that older people receive evidence-based, timely and dignified care, including continence care. In the Foundation's view, safe and effective continence care, which promotes choice and dignity and results in the highest possible standards of health and wellbeing, is a fundamental human right.

Key objectives and regulatory tools

The Foundation supports the objectives identified to achieve the aim of strengthening and enhancing the protections, rights and the delivery of services provided to older Australians. Strengthening and developing capability, as well as monitoring and reporting, alongside information provision and engagement of consumers are all essential to improve the outcomes for consumers of aged care services.

The Foundation holds concerns about existing care provision in aged care which is often delivered in a way that fosters dependency rather than focussing on providing care that is contemporary, evidence-based, effective, and holistic, including for continence care. Of particular concern is the perpetuation of the stigma that surrounds incontinence and increases the risk of poorer health outcomes for residential aged care consumers. We believe this demonstrates the need for changes to governance, clinical care, and personal care to facilitate better care services and care outcomes.

We welcome the proposal to introduce registration of workers, and we argued in our submission for the *Strengthening approved aged care provider governance (2022)* that the provider's governing body also has an obligation to ensure that staff receive the education and training required to support residents, including for continence care.

The aged care workforce is largely untrained in safe and effective continence care and incontinence management. Current in-house education programs do not adequately provide aged care staff with the necessary knowledge and skills for good continence care, with focus largely being on use of continence products, provided by continence product companies. The disparity between current clinical practice and best practice in continence care needs to be addressed as a priority.

The Foundation recommended that a governing body of an approved provider have the mix of skills, experience, and knowledge of governance responsibilities to ensure the delivery of safe and high-quality care, and that they can demonstrate this. Further, all approved providers should have a governance committee in place, that includes consumers or their representatives, to monitor and ensure accountability for the quality of care provided, including clinical care, personal care, and services, and for supports for daily living.

In our submission for the *Strengthening approved aged care provider governance (2022)* we supported the proposal that a quality care advisory body be established by each approved aged care provider, seeing this as a significant step towards ensuring that service providers can meet the Aged Care Quality Standards. We recommended that the quality care advisory body should be provided enough relevant and evidence-based information to underpin necessary changes to enhance person-centred care.

We particularly welcome the focus on Engagement and Capacity Building of consumers, and see this as fundamental to ensuring a person-centred and rights based aged care system

To support older Australians understanding their rights as recipients of aged care services, the Foundation advocates for systems and regulations that promote transparency, choice and decision making. To this end we welcome the use of regulatory tools such as the Star Rating system.

The Star Rating system is a key development that can be used to facilitate greater consumer choice and decision-making. Publicly available comparison tools that can inform consumers about significant points of difference based on service provision can deliver better market outcomes and lead to higher quality of life for consumers. The Star Rating system should incorporate programs based on evidence, such as the Foundation's Continence SMART Care model, that can cater to individual needs and preferences while reinforcing provider adherence to the Aged Care Quality Standards and other obligations.

The Foundation has welcomed the development of a new strategy for aged care data collection, and we see it as an important support for the new approach to regulation. We have argued that continence related indicators must be recognised, reported on, and addressed in aged care settings. The Foundation welcomes the introduction of Incontinence Associated Dermatitis as part of the National Aged Care Mandatory Quality Indicator Program from April 2023 but has recommended that additional continence related indicators be included in the future. These additional indicators will provide a more robust picture of the impacts of incontinence allowing improvements to care and support and enhancing resident's experience of daily life.

Quality Continence Care is essential

Incontinence continues to be largely unrecognised but significant health burden on older Australians and is a significant factor in admission to residential aged care. Previous Australian data has shown that incontinence is one of the top three critical factors in admission to

residential aged care, particularly to receive high level care.¹ The most up to date publicly available data on condition related-risk factors influencing recommendations for admission into residential aged care found both urinary and faecal incontinence to be in the top four condition-related risk factors in influencing recommendations to residential care (39% and 86% increase in risk respectively) alongside confusion and dementia.²

Evidence shows that the prevalence of incontinence increases quickly with time spent in residential aged care. A study of people admitted for the first time to residential aged care services in the United States found that the prevalence of urinary incontinence at two weeks was 37% but increased to 43.8% after one year.³ A Swiss study found that the prevalence of urinary incontinence in women increased from 32% at admission to 42% at six months and 49% at 12 months.⁴ For men, the prevalence increased from 45% at admission to 48% at six months and 57% at 12 months.⁴ Although no studies can substantiate similar issues related to faecal incontinence, it is likely that the prevalence of faecal incontinence in residential aged care also increases over time. The impact of incontinence can be significant, as both urinary and faecal incontinence have been shown to be associated with lower quality of life including physical and mental health.^{5,6}

In the *Interim Report: Neglect* released by the Royal Commission into Aged Care Quality and Safety, poor continence management was listed as one of the 'major quality and safety issues' in aged care.⁷ The report also stated that: *It is shameful that such a list can be produced in 21st century Australia.*

In the last quarter of 2018/2019, formal complaints to the Aged Care Quality and Safety Commission showed that for residential aged care continence management ranked in the top five most common issues subject to complaint.⁸

Given the Aged Care Royal Commission has found many examples of substandard care, specifically for continence and incontinence needs⁹ it is imperative that improvements are introduced urgently to address this area of care and support, through building workforce capability, monitoring, reporting, and providing person centred care.

The Foundation recommends integrating the Continence SMART Care Model of Continence Care into the Star Rating system to deliver evidence-based care. Continence SMART Care is a best practice model of continence care which ensures older people receive evidence-based, person centred, clinically informed continence care that is responsive to their individual needs, safe, protective of their dignity and that optimises their functional ability. Continence SMART Care has been developed to address a gap that has been identified for best practice continence care in the residential aged care sector. It delivers a comprehensive, targeted solution to support the safety and quality of continence care in residential care.

The adoption and implementation of the Continence SMART Care model, including the Foundation's Continence Resources for Aged Care will improve the capacity of staff to engage in best practice continence care and lead to care that is person-centred and dignified.

References

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