



Submission to the *Improving choice in residential aged care* consultation

November 2021

Background

The Australian Government, as part of its response to the Royal Commission into Aged care Quality and Safety, consulted with stakeholders on its plan to improve choice in residential aged care. The change marks the end of the Aged Care Approvals Round (ACAR), and the start of a transition toward a more competitive and consumer-driven system. In Phase One, key aspects of the reform are discussed including the consumer journey through the residential aged care system, roles and responsibilities for market stewardship and provider viability and transitional arrangements.

The Foundation submitted feedback via an online survey on how the change can be developed to best support residential aged care consumers and providers.

Consumer Journey

- The Foundation agrees that aged care assessments should consider a person's urgency for care.
- The Foundation agrees that assessments should consider whether a consumer is from a special needs group.
- The Foundation agrees that places should be assigned according to priority within regions with limited supply

Consideration of urgency in assessments

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 into 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

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and dementia.² Left untreated or poorly managed, incontinence can become an urgent risk factor detrimental to the health and quality of life of older Australians. Studies have shown that incontinence in the home care population is significantly associated with a greater risk of falls, impaired function of daily living, cognitive impairment, dementia, longer periods of hospitalisation and mortality as compared with people who did not experience incontinence.³⁻⁶ Considering this, there is a clear need to mark incontinence as a signpost when considering urgency in assessments.

Consideration of special needs of individuals or cultural considerations in assessments

The special needs of individuals including cultural considerations must be taken into account during assessments but this is of particular importance where incontinence is a significantly higher risk factor:

- Studies have shown between 23 and 54% of Aboriginal and Torres Strait Islander people experience incontinence⁷⁻⁸
- 31% and 32% of female soldiers and male veteran soldiers respectively have reported incontinence⁹⁻¹⁰

The rates of incontinence listed above are for people who live in the community and are likely to be significantly higher for people from the same demographics who also receive residential aged care services. For comparison, 1 in 4 Australian adults experience incontinence¹¹ but 75-81% of residential aged care consumers in Australia experience incontinence, with most at higher severity levels.¹² The majority of people (71% of women and 65% of men) were in the most dependent category, experiencing three or more episodes of incontinence a week that required assistance¹². Given that people from specific special needs groups experience higher rates of incontinence compared to the general population, it is likely that people from these groups receiving aged care services have even higher rates of incontinence than their contemporaries and need for support. Where incontinence has been identified as a significant risk factor, it should be assessed with appropriate assessment tools like the Continence Resources for Aged Care suite of tools developed for the Commonwealth Department of Health and act as a signpost when considering urgency in assessments.

Evidence points to the need to engage with special needs groups in a manner that is trauma-informed and culturally safe. For example, results from a nationally representative consumer survey undertaken by the Continence Foundation in 2017 showed that while culturally and linguistically diverse (CALD) respondents were slightly less likely to experience incontinence than the general population¹³, they were more likely to avoid discussing incontinence with their family and friends, possibly indicating a level of culturally-influenced stigma. Considering the high level of need for assessing for incontinence in the older population and potential complications as cited in the response to the previous question, this confirms the importance of identifying incontinence as a key risk factor when conducting aged care assessments for special needs and culturally and linguistically diverse groups.

What should be considered when assigning residential aged care places?

When assigning residential aged care places, consumers should be placed at the centre of decision making. This means that consumer needs and preferences, including for person-centric continence care, should be supported with appropriately skilled staff able to use relevant resources such as the Continence Resources for Aged Care suite of tools to assess and provide subsequent care recommendations for ongoing continence support while in residential aged care. Incontinence affects many people who are waiting for residential aged care places. Considering many of them are currently receiving home care services already, it is important to assess the overall needs of this population. The rates of urinary incontinence for older home care consumers (≥ 65 years) ranges from 28 to 51%¹⁴⁻¹⁶ and the rate of faecal incontinence for older home care consumers is 14% or one in seven.¹⁴ The home-care population which lives with incontinence is also at a significantly higher risk of health complications including falls, dementia, impaired function of daily living, cognitive impairment, longer periods of hospitalisation and mortality³⁻⁶ indicating the considerable health needs this population requires and requisite supports. These facts alongside the high level of influence of incontinence in precipitating entry into residential aged care^{1,2} demonstrates that incontinence is a key measure of vulnerability to be considered when assigning residential aged care places to consumers.

Advice and guidance on care needs identified during the assessment should be used to guide consumers and their carers on the next steps they can take to be supported to navigate and access services appropriate for them. This includes guiding consumers towards My Aged Care, Navigation Support, Face to Face to supports and the Star Rating system. For consumers who experience incontinence, it can be stigmatising, affect mental health and quality of life and lead to withdrawal from social contact and physical activity.^{17,18} Considering the ongoing impact of physical and mental health, it is important to ensure that consumers who express the need for safe and effective continence care and/or are in clear need for higher levels of continence support, are guided towards services that will provide care that meets their needs. My Aged Care and other related services should implement training that facilitates culturally and trauma informed engagement with consumers who may find it difficult to speak about their incontinence. This guidance and information can be seen as extremely important for consumer experience in relation to continence care. 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 significantly to 43.8% after one year.¹⁹ 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.²⁰ For men, the prevalence increased from 45% at admission to 48% at six months and 57% at 12 months.²⁰ Although no studies can be located for faecal incontinence, it is likely that the prevalence of faecal incontinence in residential aged care also increases over time. The impact that incontinence can have is significant as both urinary and faecal incontinence have been shown to be significantly associated with lower quality of life including physical and mental health.^{21,22} Given the Aged Care Royal Commission has found many examples of substandard care, specifically for continence and incontinence needs²³, it is important that consumers and their families are supported by systems that support navigation, care finding and information provision on residential aged care services that offer high quality continence care options. In the absence of a quality-driven approach like this, consumers may be provided with suboptimal care which can contribute to the development of incontinence. It is vital that service brokers and navigators are trained to support consumers in finding services that are right for them.

How can the assignment system be designed to mitigate localised supply issues.(E.g. assigning places according to priority within regions with limited supply)?

The Foundation agrees that the assignment system should be designed to mitigate localised supply issues to ensure efficient access to residential aged care places. This is best addressed through better stewardship of the residential aged care market. Facilitating a more competitive market by motivating providers to increase their market offerings can lead to more consumer informed access and care. Key changes to effect this include the introduction of star ratings, face to face support, dedicated support for Aboriginal and Torres Strait Islander people and My Aged Care changes.

The Star Rating system, which will allow people to compare residential aged care services meaningfully based on quality and safety indicators, 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 that can cater to individual needs and preferences while reinforcing provider adherence to the Aged Care Quality Standards and other obligations. This includes the best practice Model of Continence Care in residential aged care facilities which is informed by the best available evidence from scientific literature, consultation with industry and clinical experts, staff and residents and has been piloted in local settings. It has been designed in response to the Aged Care Royal Commission's Recommendation 19 for an urgent review of the Aged Care Quality Standards requiring a review of best practice continence care.²⁴ The purpose of the model is to ensure 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 abilities. The Foundation, having designed the Model of Continence Care alongside The National Ageing Research Institute, is best positioned to develop the accreditation process to certify residential aged care service compliance. Adoption of the Model of Continence Care will deliver a comprehensive, targeted package to provide a substantial and measurable increase in the safety and quality of continence care in residential care and therefore peace of mind for consumers. The Foundation recommends integrating the Model of Continence Care into the Star Rating system to deliver evidence-based care aligned with existing standards. This would also drive up consumer demand for high quality providers and potentially reduce local supply issues and the need for stopgap interventions by the Australian Government to address supply issues.

Considering the level of continence care in residential aged care settings, a publicly available rating system such as the Star Rating system is a sound option to increase the quality of continence care in the sector. Evidence from the UK's State of Care report which assessed residential aged care services on a range of issues including staffing levels and mix, supportive relationships, and quality of care found publicly available ratings facilitated improvement in low performing providers. While 21% of providers received a rating of 'inadequate' or 'requires improvement' at the initial inspection, 81% of those providers improved their overall rating at re-inspection.²⁵ Publicly available ratings systems have also been shown to result in positive behaviour changes in providers resulting in better overall care. Studies have shown publicly available grading systems on provider performance have significantly decreased the use of physical restraint²⁶ and the proportion of residents who have or had catheters inserted and left in their bladders²⁷ both of which can lead to incontinence. Beyond just accreditation for providers, the indicators used in the Model of Continence Care can be used to assess residential aged care service performance and provide guidance for how improvements can

be made and inform the Star Rating system. Further, the need to highlight consumer experience in the Star Rating system in relation to continence care is also required. Since 2015, complaints regarding continence management in residential aged care to the Aged Care Quality and Safety Commission (and the Aged Care Complaints Commission before that) have ranked in the top 5 most common issues subject to complaint²⁸⁻³¹ and considerable changes can be made to address these concerns. Quality, safety and consumer experience indicators can provide a powerful voice that drives provider behaviour and result in better continence care in the residential aged care sector.

In line with the above, face-to-face supports, dedicated support for Aboriginal and Torres Strait Islander people and other measures should be offered to enable consumers accessing residential aged care services to recognise the benefits and services provided under the Model of Continence Care. This will allow meaningful comparisons and informed decision-making. Implementation of the Model of Continence Care is essential to enabling contemporary, evidence-based and effective continence care.

Please identify the importance of each of the following measures:

Star Ratings:

The Foundation identifies this measure as extremely important.

Face-to-face support:

The Foundation identifies this measure as very important.

Dedicated support for Aboriginal and Torres Strait Islander people:

The Foundation identifies this measure as extremely important.

Advocacy:

The Foundation identifies this measure as very important.

My Aged Care changes:

The Foundation identifies this measure as very important.

More Transparent Accommodation Information:

The Foundation identifies this measure as being moderately important

Changes being implemented to support informed choice.

Informed choice should be supported with a multilevel approach that delivers assistance to consumers commensurate to their needs. The introduction of the above listed measures (see table) to connect, engage and consult with consumers on their options and choices is welcome but the measures must be cognisant of consumer needs and preferences as well as relevant provider characteristics to enable best fit. Navigation support alongside personalised support in formats that consumers can readily connect with, whether face to face, by phone or online are necessary. However, the customer support officers must be able to understand, inform and be ready to have conversations relating to highly prevalent but often under-reported conditions such as incontinence. In addition, they must also be able to inform consumers of the Star Rating system, and how it conveys relevant information such as the incorporation of the Model of Continence Care, service accreditation and related benefits. They must also be trained to be able to query and engage with consumers in a sensitive manner on their continence needs. This is essential as cited previously, Australian studies have found that 70% of individuals do not seek help from health professionals for urinary incontinence^{32,33} including from GPs even if they are in GP waiting room,³⁴ and this is even more likely to happen with non-health professionals. Consumers who live with incontinence and are

going into residential aged care may also be under-informed about what safe and effective continence care should look like which needs to be addressed as a priority. A nationally representative consumer survey has found that some of the most common self-management techniques for people experiencing incontinence include using continence pads or products (22%), ensuring there are always toilets nearby (22%) or using sanitary napkins (20%)³⁵ which can be limiting and potentially even worsen an individual's incontinence status. This evidence implies the lack of knowledge on the side of consumers on safe and effective continence care and subsequently the need for education on best practice so they can make informed choices.

Additional measures and information needed to support informed choice.

The Foundation considers that positive reinforcement from well-trained staff alongside evidence-based interventions can lead to greater levels of informed choice. Accreditation of residential aged care services with the Model of Continence Care has been designed to drive organisation-wide change. This includes adequately trained staff at all levels, from personal care workers to nurses and the consistent use of continence care plans and clinical governance measures. These are all necessary for safe and effective care. Awareness of the benefits of good continence care can significantly change consumer choice and provider behaviour. Research has shown that the introduction of publicly available star rating systems can reinforce improvements, but that the greatest improvements occurred in the most competitive markets.²⁷ The assurance that one service provider is offering best practice care, thereby influencing their overall star rating can support informed choice and decision making for consumers while reinforcing the need for change for other providers. For the latter, this can facilitate their transformation from continence care laggards to best practice organisations which can drive up competition, assure consumers of provider qualifications and training, adherence to the Aged Care Quality Standards and best practice care.

How important is it for people to be supported to move aged care homes if they need to?

The Foundation believes that providing support for people to transition between aged care homes if they need is extremely important.

What is needed to better enable and support people to move between aged care homes if they want to do so?

Accurate information provision is important so that consumers are well informed and can make decisions based on the most up to date information. Navigation Support through care finders and a dedicated workforce for Aboriginal and Torres Strait Islander people can provide support so consumers are well informed, and can make decisions according to their needs and preferences, including for continence issues. Awareness of what best practice continence care can deliver to improve health and quality of life can radically influence consumer choice of care provider and encourage providers to seek accreditation with the Model of Continence Care. This can drive whole-system improvement.

Market Stewardship

How could regulatory functions be strengthened to address any potential gaps due to the removal of the ACAR?

The Australian Government has a significant role to play in addressing gaps due to the removal of the Aged Care Approvals Round (ACAR). Not only should the Australian Government maintain a presence that replaces ACAR's obligations to regulating new provider entry, but also assesses the quality of care delivered. The Foundation calls for the Australian Government to implement Recommendation 19 of the Aged Care Royal Commission's final report on amendment of Aged Care Quality Standards.²⁴ This requires best practice in relation to a number of poorly-served conditions including continence care. The Foundation has already developed a best practice Model of Continence Care which has been piloted and mapped against the Aged Care Quality Standards. In the Model of Continence Care, the Government will find an efficient and effective tool for incorporation into its operations which can address assessment, planning and direct care service provision in residential aged care.

What measures would further ensure providers cater to special needs groups and those with additional cultural needs?

There is a need to create incentives to stimulate a market to address the residential aged care needs of underserved communities. These should be co-designed with consumers and carers to ensure cultural safety and appropriateness. Adopting the Model of Continence Care is designed to address consumer diversity including culture and identity and can lead to better communication, quality of life and health outcomes for all consumers. It should therefore be the first option to address continence care needs within special needs groups and people with additional cultural needs.

Transitional arrangements

What processes could occur between now and 30 June 2024 to allocate places to providers when they are ready to deliver care immediately?

New providers that apply for residential aged care places outside of the traditional ACAR program should be supported to adopt best practice care models as part of an incentive to draw in a greater number of places as well as provide high quality services that can attract consumers once they start to deliver care. This double benefit can help to redirect the flow of consumers towards higher quality service providers that can support fundamental needs such as incontinence through adoption of the Model of Continence Care. Receiving safe and effective continence care is just as important as ensuring that transitional arrangements are made in the absence of ACAR. The focus on developing residential aged care readiness so they are able to deliver care immediately is necessary for consumer wellbeing and satisfaction with organisational performance.

Overall impact on the sector.

Overall, what impact will these changes have on the aged care sector?

Impact on the aged care sector:

The Foundation believes these changes will have a positive impact on the aged care sector.

Scale of the impact:

The Foundation believes the scale of impact on the aged care sector will be moderate

These changes will lead to:

- The Foundation strongly agrees that these changes will lead to improved choice for consumers.
- The Foundation agrees that these changes will lead to improved access for consumers.
- The Foundation agrees that these changes will lead to increased quality for consumers.
- The Foundation agrees that these changes will lead to increased innovation.
- The Foundation strongly agrees that these changes will enable providers to expand their services and grow their market share.
- The Foundation strongly agrees that these changes will lead to a more sustainable business model.

What will be the biggest impact for your organisation?

The Foundation is unlikely to be significantly impacted by the above changes as they are directed at reforming residential aged care provider practice and consumer experience. However, the Foundation is well placed to support the Aged Care Quality and Safety Commission in assessing and monitoring the implementation of the Model of Continence Care and act as the accreditation body for providers wishing to be recognised as providing high quality continence care.

Overall impact for people accessing residential care**What will be the biggest impact for people accessing aged care?**

There will be a greater level of informed choice for people accessing aged care if these changes are introduced. The introduction of the Model of Continence Care and its inclusion within the Star Rating system would be transformative, improving the health and wellbeing of consumers with incontinence, tackling the stigma which means the proposed reforms create an opportunity for real change. The Foundation trusts that this opportunity will be grasped and will be happy to support the implementation process.

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