



**Continenence
Foundation
of Australia**

A New Regulatory Model for Aged Care

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Introduction:

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

The Continenace 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, health promotion, awareness, information and advocacy. This expertise and extensive experience enable the Foundation to represent the interests of individuals, carers and health professionals in relation to continence, at national and state levels.

Recommendations

The Foundation makes the following recommendations for developing the new regulatory model for Aged Care:

- The new regulatory model facilitates increased capability of the workforce to deliver continence care that is safe, effective and person centred, by promoting evidence-based and best practice models of care, and incentivising relevant quality training.
- The development of standards and guidelines which support best practice, evidence-based continence care and the preferences of older people to meet their continence care needs.
- The adoption of genuine co-design which engages older people to inform the delivery of service and address the issues in successfully implementing the aged care standards.
- To incentivise providers and demonstrate expectations of what providers will deliver against the standards, the Foundation recommends that the Commission set benchmarks for demonstrating conformance and best practice conformance.

The Foundation's response to the new model for regulating Aged Care

The Foundation supports the development of a new regulatory model to improve regulation and address the high levels of substandard care in Australia's aged care system. We view the development and implementation of the safeguards and regulatory tools as an important step toward protecting the rights and dignity of older Australians. Importantly, it is an opportunity to recognise the impact that incontinence has on many older Australians, and to implement measures that ensure continence care is evidence-based, high quality and person centred, and which protects the dignity and enhances the quality of life of people requiring aged care services.

We welcome the new regulatory model's emphasis on continuous improvement in the aged care sector to safeguard older people who receive services from aged care providers, and to empower older people to exercise their rights. A regulatory model which supports transparency and promotes service provider accountability will enable more informed decision-making by older people to choose services which meets their needs as they age and feel greater confidence in the level of care they receive.

The Foundation supports the intention of the new model to facilitate a cultural change across the sector, and to involve all stakeholders, including older people and the community in lifting the quality and safety of aged care. Strengthening the Regulator's monitoring, investigation and enforcement powers will also be a significant step towards driving change and ensuring providers meet their obligations and responsibilities in providing high quality, person-centred and safe services.

We support the risk-appropriate approach to registration categories, and the recognition of the nature of support and care provided in each category. We welcome the recognition of incontinence as a key area for management under Category 4 (Clinical and specialised supports) It should be acknowledged that clinical and specialised supports are also provided under Categories 5 and 6 and the requirements for specialised skills, qualifications and capabilities should be identified in these categories.

The Foundation has been actively engaged with the current aged care reform process, including contributions to the Royal Commission with testimonies of unsafe and ineffective continence care, and has contributed to the development of the new Aged Care Standards and Quality Indicators for Aged Care. While we see these developments as positive steps to enable older Australians who experience incontinence to receive the best quality care and enjoy good quality of life and wellbeing regardless of the setting in which they reside, we continue to hold concerns that the importance of incontinence is not recognised.

We continue to advocate for:

- Aged care personal care workers and health professionals that are qualified and appropriately trained in best practice continence care.
- Standards and guidelines that support best practice, evidence-based continence care and the preferences of older people to meet their continence care needs.
- Engagement with consumers, families, and carers, including with co-design of services.
- Detailed reporting and data collection on continence care and outcomes to support best practice and quality improvement.

Our response to Consultation Paper No. 2 - A new model for regulating Aged Care focuses on the following areas, and how improvements to continence care can be supported through the proposed regulatory model:

- Supporting Quality Care
- Holding Providers Accountable.

1. Supporting Quality care:

The Foundation supports the safeguards and regulatory tools identified to improve the quality and safety of service delivery to protect the rights of older Australians. Additionally, we endorse the proposed approach of working collaboratively with providers to increase the quality of care, and incentives to continuously improve through a graded assessment against the Quality Standards.

Incontinence is a highly prevalent and stigmatised condition which impacts on the health and wellbeing of people who experience it. Incontinence is strongly associated with several comorbidities, including dementia, heightened risk of falls and fractures, depression and increased risk of incontinence associated dermatitis (IAD) and pressure injuries.

For consumers receiving aged care services and care staff supporting them, incontinence is often a significant part of daily life. Rates of urinary and faecal incontinence experienced by older (≥ 65 years) consumers receiving home care are 28-51% and 14% respectively.¹⁻³ This increases substantially to 75-81% of consumers experiencing any form of incontinence in residential aged care with the majority experiencing three or more episodes of incontinence per week that require assistance⁴.

Incontinence is one of the top three critical factors in admission to residential aged care and research indicates its prevalence increases with time spent in residential aged care,⁵ demonstrating the need for an approach to continence care that is proactive and effective at preventing a decline in a resident's continence status.

Continence management has consistently been listed in the top ten most common issues subject to complaint as reported by the Aged Care Quality and Safety Commission⁶ with personal hygiene consistently in the top five issues subject to formal complaint. In the January-March 2022 Sector Performance Report, the most common requirement of the Aged Care Quality Standards that providers did not comply with in residential care was safe and effective personal and clinical care.⁷

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.⁸ The report also stated that: It is shameful that such a list can be produced in 21st century Australia.

Quality Standards place consumer dignity and choice at the centre of aged care, and they are central to developing meaningful and active partnerships with older people. We welcome the stated intent for providers to seek feedback from older people and engage them in the continuous improvement of their services. We suggest that stronger requirements be made for effective participation of older people, their families and carers in the design and development of services to achieve a more person-centred culture.

While we support the model's focus on education and engagement, of both workers and providers, the Foundation continues to voice its concern that the regulatory model will fail to achieve its underpinning principles if strategies are not implemented to develop the capacity of the aged care work force to provide effective care and support for residents with common, yet often complex, conditions such as incontinence. The reliance on containment (with the use of continence aids) by aged care workers and providers when delivering continence care is not aligned with best practice and fails to achieve the person-centred care which underpins the new regulatory model. Whilst most aged care workers have the basic skills to deliver continence care, more needs to be done to support them to deliver continence care in a way that is safe, effective, and person-centred; this includes time and resources to deliver care which is tailored to an individual's needs and promotes their independence and dignity.

The new regulatory model's emphasis on building provider capability to lift the standard of care, should also facilitate workforce by supporting continuing education on and implementation of evidence-based best practice models of care. This can be achieved through incorporating evidence-based programs which facilitate consumer choice and decision-making into the Star Rating system. Adoption and implementation of a model of care that is person centred will promote the cultural change the new regulatory model seeks to facilitate, by ensuring that individual needs and preferences are catered to, and that providers adhere to the Aged Care Quality Standards.

The Foundation welcomed the development of new Aged Care Standards and Quality Indicators; however, we call for greater recognition of the impact of incontinence on the quality of life and wellbeing of older people receiving aged care services, with the inclusion of additional continence related quality indicators in the National Aged Care Quality Indicator Program to support improvements in care and promote transparency, choice, and decision-making. In addition to incontinence associated dermatitis (IAD), which has been included in the National Aged Care Mandatory Quality Indicator Program, incontinence is strongly associated with several other key issues which impact on the quality of life of aged care residents. The association between urinary incontinence and falls in older adults is significant, and some evidence suggests that incontinence related falls may impact on the psychosocial wellbeing of aged care residents⁹. Other international research also links urinary incontinence to poor mental health outcomes in aged care residents. One American study found that residents with urinary incontinence had a lower quality of life than those without¹⁰. A Brazilian study on residents with urinary incontinence found that 24.1% reported it severely impacted their quality of life¹¹. Constipation also impacts quality of life, in the domains of physical functioning, mental health, general health perception, pain, wellbeing and self-control¹².

To support this, we recommend the development of standards and guidelines that support best practice, evidence-based continence care and the preferences of older people to meet their continence care needs and which address all aspects of care delivery, leadership and management that are recognised as impacting quality continence care. The development of such standards and guidelines would facilitate improvements in quality of care, and quality of life of older Australians requiring aged care services. The Foundation is best positioned to work with the Australian Government to develop and implement a set of national continence standards which will support providers and aged care staff to deliver continence care that is safe, effective and person centred.

We welcome the focus placed on Information Sharing and Data to support quality care. and recognise that the Star Rating system could be an important mechanism in driving improvements in quality care, informing the public about the performance of providers, and enabling older Australians and their families to choose providers according to their preferences and needs. The Foundation recommends that the Star Rating system incorporate evidence-based programs which improve continence-related outcomes and caters to individual needs and preferences.

While we support the important initiatives outlined to improve information available, we note that there is a lack of acknowledgement in the Consultation Paper on the important role for improved data collection and dissemination, in conjunction with the quality indicators, to promote transparency of the aged care system and decision-making for consumers.

Current and contemporary data on incontinence and its management in residential aged care is lacking. Despite research demonstrating the impact of incontinence on the quality of life of older people, reports on the costs of managing incontinence in the aged care sector are now a decade old. In our submission to the Royal Commission, and the *Aged Care Data Strategy* in September 2022, the Foundation supported a standardised data collection program, in which accessible, up to date, reliable and consistent aged care data is used to support performance evaluation of the aged care system, including in relation to continence care and management and outcomes for people experiencing incontinence.

2. Holding providers accountable

We welcome the proposed features of the new model designed to address the barriers faced by care recipients and the aged care system to hold providers accountable and to seek restorative justice outcomes by the Commission. We particularly welcome increasing the monitoring, compliance, and enforcement powers of the Regulator to address risks to older persons. This, combined with the use of information sharing to identify and manage system-wide challenges to areas of quality of safety is necessary to manage issues of poor continence management and care.

We particularly welcome the proposal to increase provider compliance and accountability through the proposed features of improving complaints system navigation for older people and their families and improve complaints handling through early intervention.

The high number of complaints relating to continence management highlights the need for a regulatory model which effectively monitors and investigates issues of poor continence care and incontinence management.

There is a clear and recognised need for continence-related changes to provider governance and clinical care. In our submission to the 2022 consultation on *Strengthening approved aged care provider governance*, the Foundation recommended that the governing body of an approved provider demonstrates the mix of skills, experience, and knowledge to ensure the delivery of safe and high-quality care. Furthermore, to maintain provider accountability for the delivery of quality care, we recommended that all providers should have a governance committee which includes consumers or representatives which monitors the quality of care provided, including clinical care, personal care, and support for daily living.

The Foundation recommends that, along with the inclusion of consumers or representatives on provider governing bodies, the adoption of genuine co-design which engages older people to inform the delivery of service and address the issues in successfully implementing the aged care standards.

The regulatory model proposes undertaking an audit that will ensure that providers have the systems, policies, and procedures in place to meet the Quality Standards. The use of a conformance grading system behind this audit is to incentivise providers to strive for excellence, innovation, and continuous improvement in their delivery of care. We suggest that it would be useful for the Commission to set benchmarks for demonstrating conformance and best practice conformance. This would incentivise providers to implement best practice evidence-based care models that focus on individual needs and choice, such as the MoCC.

Currently the reporting on compliance is too often a tick-box process, and providers fail to demonstrate that they meet consumer care needs. A study which audited the accreditation reports of 87 Australian residential aged care service providers found that only 66% of service providers reported having a system or process in place to meet consumer care needs¹³. While there have been many changes and improvements in the delivery of aged care, concerns about low levels of compliance must be addressed under the regulatory model, and the interaction between the standards, audit, star rating and consumer engagement provides the opportunity.

Conclusion

The Foundation welcomes the proposed new regulatory model to improve regulation and address the high levels of substandard care in Australia's aged care system. We view the development and implementation of the safeguards and regulatory tools as an important step toward protecting the rights and dignity of older Australians. Importantly, it is an opportunity to recognise the impact that incontinence has on many older Australians, and to implement measures that ensure continence care is evidence-based, high quality and person centred.

The Continenace Foundation of Australia has the expertise and sector knowledge to support the improvements sought under the new regulatory model, through the provision of training, development of standards and guidelines, and demonstration of the benefits of good practice and evidence-based continence care. The Foundation's role as a health peak body, as well as our ongoing work engaging with reforms in aged care, our training and workforce development, enables us to support the Regulator to implement the new regulatory model to address the issues of substandard care in Australia's aged care system.

We look forward to continuing to contribute to the aged care reform process and working with the Government, Department and Commission to realise the aims of the reforms.

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