australian nursing federation

Review of the Accreditation Process for Residential Aged Care Homes

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The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is also the largest professional and industrial organisation in Australia, with a membership of over 170,000 nurses, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and nursing.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, and training, occupational health and safety, industrial relations, immigration and law reform.

The ANF welcomes the opportunity to provide our input to the discussion paper regarding the Review of the Accreditation Process for Residential Aged Care Homes (May 2009).

In collating our responses the ANF state and territory Branches were consulted. In addition the Federation undertook to survey members working in aged care and sought their views regarding the accreditation process. We posed a series of questions regarding their experience of the accreditation process and where appropriate we have added their comments.

Should approved providers have to apply for re-accreditation or should the accreditation body conduct a rolling program of accreditation audits, which ensures that each home is re-assessed prior to their current period of accreditation running out (without the need for the approved provider to put in an application)? What are the advantages/disadvantages of the two approaches?

Should the provision of detailed self-assessment data continue to be a requirement of any application process? If so, why?

Would the removal of the requirement to provide self-assessment data on application create a more stressful accreditation site audit? If so, how might this be avoided?

The ANF acknowledges that accreditation plays a vitally important role in maintaining standards in aged care, but we have serious concerns regarding some aspects of the current system. Rather than completely re-inventing the process we recommend the introduction of some strategies that will strengthen the system and improve outcomes for residents and those providing care. Providers should continue to provide detailed self assessment as it is believed this assists both the agency and the provider in stream-lining the process of accreditation, expanding knowledge of the obligations and requirements under the scheme and potentially lessening the number and length of time that a home might be non compliant.

Documentation generally causes extra burden for our members working in the sector, and they report that it takes considerable time for self assessment to be completed prior to the site visits with more time spent unnecessarily reviewing it with the auditors. The ANF recommends that the self assessment be examined prior to the audit identifying areas of concern and that only these issues be addressed at the time of visit.

Our members' views on this issue include:

- *Paper work does not reflect the true picture, assessors are spending too much checking the documentation.*
- *I believe the current process is acceptable however, there appears to be a focus towards paperwork as opposed to a focus towards caring for the residents.*
- *Too much emphasis on documentation not enough on observation of residents and more weight should be given to the professional opinion of the RN on the floor.*

What problems, if any, have approved providers/services experienced in respect of accreditation audits and electronic records?

What are the current barriers to assessment teams utilising electronic records and how might these be overcome?

The ANF in conjunction with QUT conducted an extensive research project into the barriers for nurses to access information technology in aged care. The project identified many barriers that are significant obstacles to effective use of technology in the sector. We direct the Department to the results of the research which can be found at www.anf.org.au.

A major outcome of the research was a commissioning by the Federal Department of Health and Ageing of a second tier project to develop IT competencies for nurses working in aged care and health care generally. The project, managed by the ANF is underway and due for completion in the coming months. We recommend that the competencies be adopted by the aged care sector and that funding be made available to assist nurses to overcome the barriers currently being faced in this area. The uptake of information technology will undoubtedly reduce complexities and time management issues in reporting for accreditation.

Should approved providers continue to be able to nominate a quality assessor as a member of the assessment team that will be conducting the site audit on their aged care home?

If yes:
Why? How does this improve the assessment process?
How can issues of perceived conflict of interest be managed?

The ANF is aware from its members that site audits are very stressful events and as such providers having the ability to nominate a known person to the audit team may be one way of reducing the anxiety felt by employees. It might also assist with practical issues such as facility layout, location of documentation necessary for audit and communication between the facility staff and the audit team, generally streamlining the process for all concerned. The conflict of interest issues are best dealt with by a validation process that includes the sign off of independent assessors against the 'known' assessor's comments.

Should the accreditation body have the flexibility to contract 'expert members', who are not quality assessors, to participate on an assessment team? If not, why not?

If yes, what sort of 'expert members' might be used and what safeguards, if any, would need to be put in place to maintain the integrity of the assessment process?

Should it be a legislative requirement for assessment teams conducting visits to high care facilities, or to low care facilities with a significant number of high care residents, to include a quality assessor who is a registered nurse?

The agency should have the flexibility to call on people in particular circumstances who are experts in a field of care, however, those circumstances would need to be made clear and agreed by all concerned. The agency would also need to declare who the expert was and why they were being used. The ANF is of the view that if the team were to use an expert in particular circumstances then that person must be completely independent from the agency and the provider and be able to declare that they have no conflict that would disallow them from providing expert information or advice.

With respect to the question 'should a registered nurse be on all teams' the overwhelming response from our members was yes. It is our view that there should be a legislative requirement that all agency assessment teams conducting visits must include a registered nurse with appropriate qualifications and experience in aged care and gerontology. Registered nurses have a body of knowledge that enables them to understand the work being undertaken by the nursing team and therefore speak the 'language' of the staff, empathise and validate responses, and assess patient outcomes. Registered nurses can ultimately work with nursing teams, on a level that non-nurses would not be able to. Misunderstandings, mistrust and mistakes would most definitely occur without that connection.

Should accreditation site audits be unannounced?

If not, why not? How can the public perception that announced site audits provide the assessment tem with an inaccurate picture of a homes general performance be addressed?

If yes, what strategies need to be put in place to minimise disruption to staff and residents?

What strategies might the accreditation body use to encourage input to the accreditation site audit from residents and their representatives?

Should a home be able to nominate some 'black-out' days, during which the accreditation body will try to avoid scheduling a site audit? If not, why not?

The response to the question regarding announcing site visits was mixed. Some members argued that the longer the lead up time the more time given for providers to 'stack' the roster with additional staff and buy in additional resources that potentially indicate a false staffing level that immediately following the visit is removed leaving our members feeling let down and returning in many cases to an environment with significant work load challenges.

Our member's views include:

- *Everything becomes a mad scramble at the last minute before an announced visit.*
- *Too stressful especially prior planned visits.*
- *Main site audits have always been ok, however, spot checks are very stressful.*
- *The 6 monthly spot checks I don't agree with-they expect you to drop everything to answer questions.*
- *It's amazing how much gets done prior to an inspection.*
- *I think spot checks are a really good idea, they would reveal sloppy practices and keep staff attuned to quality care.*
- *All accreditation checks should be unannounced!*
- *It always upsets me that just before a visit all documentation is checked and updated, on the day of the visit residents with challenging behaviours are either sedated or taken on social leave by their relatives. Extra staff are employed when usually we are understaffed.*

The ANF recommends that an announced site visit should be followed up with spot checks. If more appropriate staffing levels were maintained by providers we are of the belief that spot checks would be less stressful.

Does the current accreditation process allow for appropriate levels of consumer input? If not, why not? How might this be improved?

Should there be a minimum target set for consultations with residents and/or their representatives during visits to a home by the accreditation body? If so, what would be an appropriate number or percentage?

Should assessment teams seek to attend homes out of normal business hours? Would this increase opportunities for consultation with relatives/representatives?

Are there other strategies that may increase engagement with residents and/or their representatives?

ANF members indicate the current process allows little if any consumer input, but we believe this could be overcome by the agency actively entering into discussion with residents and their relatives during site visits. However, for that to be successful then some advance notice will be required. The ANF recommends that consumers always be involved in the process and that assessors attend outside normal business hours to ensure greater involvement.

Should approved providers be required to organise a meeting with residents and their representatives to discuss incidences of non- compliance?

If so, should this be a general requirement for any non-compliance, or should it only apply where there is major non-compliance, for example, non-compliance with four or more expected outcomes, or non-compliance against specified outcomes?

Evidence of non compliance is very stressful and creates uncertainty for residents and relatives and as such it is imperative that there is clear, concise and high quality communication that outlines the extent of the non compliance and what the solutions and time frames are for remedy. It is important to let residents and relatives know what the impact of the non compliance has been on clinical outcomes or resident care and what the Provider plans to do about the non compliance. This should occur for all non compliance issues – both large and small. The ANF recommends that it be mandatory to communicate outcomes of the accreditation process with residents and relatives regardless of the severity.

Does the lack of confidentiality for staff act as a barrier to them providing frank information to the accreditation body?

Should the confidentiality protections provided in the Aged Care Principles for residents or their representatives be extended to all persons who provide information to the accreditation body?

Thirty five percent (35%) of members who responded to our survey indicated that they did not believe they could speak freely to assessors. This is a disturbing result. The ANF recommends that confidentiality arrangements be afforded to staff as well as residents and that interviews be conducted one on one without interference or observation by provider or management. It would also be appropriate in some circumstances to allow anonymous, or at least confidential, written submissions by staff.

Some examples of survey responses were:

- *An educator always stays with is when we speak to assessors.*
- *It would be impossible to talk freely with an assessor as management are always present.*
- *No I knew it would come back on us if we spoke about negative things, even when the manager said it was ok to tell the truth it still came back on us.*
- *Staff are groomed in what to say and do during accreditation. I feel if one was honest to the nursing home's detriment, then things could become uncomfortable.*

Is the current accreditation and monitoring regime for residential aged care homes effective in identifying deficiencies in care, safety and quality? If not, why not?

If the accreditation and monitoring regime was to be enhanced, what approaches should be adopted?

Should homes be required to collect and report against a minimum data set?

As a result of our survey the ANF is of the opinion the current regime is not always effective. As indicated previously staff often feel intimidated and fear they cannot speak up without retribution, and even termination of employment. This is particularly worrying in rural and regional locations where alternative work may not be available to people who speak out.

The issue of appropriate staffing levels is a critical one in determining the adequacy of care, safety and quality. Skill mix of registered and enrolled nurses and personal care workers is highlighted by all direct care staff, in a range of aged care homes, both small and large - as an area of serious concern. The main issues are in relation to resident safety and the ability of care staff being able to deliver best quality of care to all residents on all shifts, every day.

Preliminary results of our survey (full analysis is yet to be published) indicates that 54% of respondents interviewed had never been asked by an assessor if there was enough nursing staff (including carers/AINs) to provide the necessary care to residents and an alarming 59% had never been asked if the skill mix was appropriate for the necessary care requirements. Nearly 70% of respondents had never been asked if they were able to complete their work satisfactorily despite not taking

breaks and an alarming 51% felt they were unable to comply with written procedures for such things as safe lifting and infection control.

These alarming statistics demonstrate quite clearly that despite the interview process many important elements like staffing levels and skills mix, workload and completion of work were rarely asked. This also demonstrates little regard for these important issues in the interviewers mind.

Furthermore, it is obvious in situations where there are inadequate numbers of appropriately qualified and experienced care staff, care delivery is not optimal and safety and quality of residents is therefore potentially compromised.

The absence of any baseline measure of appropriate staffing numbers and skill mix exacerbates this problem, leaving it open to the provider to understaff outside accreditation visits, exposing residents to risk. While these risks are often picked up by assessors, it is too late once residents have been exposed and measures need to be in place to ensure such issues do not happen in the first instance.

The quality and safety of residents' care is the prime issue for residential aged care 24 hours a day. It is suggested the current accreditation and monitoring of aged care homes and any changes in the future incorporate monitoring and auditing to extend to afterhours times, including weekends and night shifts.

If the current model was to be enhanced there must be robust strengthening of the role of the Aged Care Complaints Commissioner and more powers for the enforcement of recommendations and rulings issued by the Commonwealth Investigation Scheme [CIS].

Homes should be required to collect and report against a minimum data set, including minimum staffing levels and skill mix, including hours of nursing care per resident per day

Should decisions only be appealable to the Administrative Appeals Tribunal if they have already been subject to reconsideration by the accreditation body?

Should the accreditation body be able to undertake 'own motion' reconsideration of decisions in certain circumstances?

A decision of the agency should be robust enough to undergo scrutiny. If there are any extenuating circumstances these should be raised at the time of assessment. However, we do recognise there might be instances where decisions require review. Any reconsideration of decisions must be transparent and accounted for.

Is the current way in which audit reports and decisions are published adequate? If not, why not?

Should audit reports and decisions of the accreditation body that are subject to reconsideration or review be made publicly available prior to the finalisation of the review process? If not, why not?

Should approved providers be required to provide residents and carers with access to reports and decision of the accreditation body?

The current delay between the visit and the publically available report is often unacceptably long. Residents and carers should have access to reports and decisions but we do accept that publication should be fixed to a minimum period following audit.

Are the current distinctions between different types of visits conducted by the accreditation body appropriate? If so, why? If not, why not?

We believe the current distinctions are appropriate.

Is it problematic for the accreditation body to provide education to industry?

If not, why not? What are the benefits of the current approach?

If yes, what are some alternate models for providing education to industry?

Does there need to be another source of advice for industry, besides the accreditation body, about issues in respect of accreditation and improving performance? If so, what would be an appropriate source for such advice?

It is appropriate for the agency to provide education to the industry as long as it is in relation to accreditation processes and related matters. Our members are calling for more education around the process of accreditation. Comments from our survey are:

- More education is required from the agency people.
- We want to be prepared so anything that will assist that is good.

Should there be a maximum period of accreditation specified in the legislation?

Should homes that have sustained compliance with the Accreditation Standards over a number of years be rewarded with a longer period of accreditation?

Are there other means of rewarding good performance?

The ANF recommends a maximum period for accreditation should be legislated. The ANF does not support longer periods of accreditation given that changes in leadership and management of nursing homes can leave the home vulnerable to changes in care delivery and outcomes thereby potentially altering the status of the facilities' accreditation.

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