

**SUBMISSION
for
National Safety and Quality Accreditation Standards
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1. Introduction

Anglican Retirement Villages (ARV) has been providing aged care services to older people in the Sydney region for the past 48 years. Our services encompass retirement villages, assisted care, nursing home care and a range of community and home care services for in excess of 4,500 care recipients.

Accreditation standards for residential aged care have resulted in an increased focus on quality, safety and governance issues which have been beneficial to residents. The development of accreditation standards for other parts of the aged care sector, such as community care, is likely to have similar benefits.

ARV provides community services for in excess of 1,600 clients under the following programs:

- Community Aged Care Packages – various types including ethno-specific and dementia
- Extended Aged Care in the Home – general and dementia
- National Respite for Carers Program – centre based and in-home
- Veterans' Home Care Services
- Aged Care Housing Assistance
- Transitional Rehabilitation Aged Care Services
- Home Support Services – ARV fee for service business

We support the development of national safety and quality accreditation standards as the introduction of separate, program-specific accreditation requirements would create a considerable burden for management and staff.

2. Accreditation Issues

2.1 Detecting poor performance

Monitoring performance and implementing corrective actions is a core management responsibility. While accreditation surveyors may identify problems and potential solutions with the benefit of "fresh eyes", the nature of these encounters are too infrequent and incomplete to be relied upon for problem detection or for assurances that no problems exist. The accreditation system should encourage and support the development of governance systems which are used for ongoing monitoring of services.

2.2 Minimum information publicly available on the accreditation status of health services

The discussion paper identifies the range of accreditation standards: minimum safety standards, best practice standards or optimal achievable standards. Efforts should be made to educate the public (and service providers) as to the nature of the standards.

The accreditation system used for residential aged care does not differentiate between homes on the basis of quality, resulting in 90% of homes achieving full compliance¹. Not only is this information unhelpful to older people, but descriptions of “full compliance” with “44 Expected Outcomes” can actually discourage or prevent potential residents in aged care from searching and making choices based on quality of care. It would be more accurate and useful to report these homes having met the minimum standards required for Commonwealth funding.

2.3 How can accreditation be made more cost efficient and effective?

2.3.1 Applications for accreditation

Preparation for accreditation, especially writing applications for accreditation, can be time consuming with little benefit to the management or clients. These costs could be reduced if the emphasis was placed on reporting on the service’s governance arrangements. Applications for accreditation could focus on the systems used by the service to monitor performance and the results achieved.

2.3.2 Risk management approach

Accreditation would be more cost efficient if a risk management approach was taken to assessments. A risk management approach would match the intensity and frequency of assessment to the risks associated with the type of service being provided. Community aged care services involve assisting clients with personal care and activities of daily living which present low risk to safety. A sophisticated governance system may also ameliorate the risks involved in service provision and could be taken into account in determining the extent of external assessment required.

2.3.3 Centralised data collection

The centralised collection of information on governance approaches being used by different types of services, including performance indicators, could be useful both to educate service providers and inform accreditation bodies.

2.3.4 What to assess: customer experience v documentation

Accreditation assessments should focus on the consumer’s experience. Interviewing consumer’s and their representatives is a useful way to triangulate evidence on the quality of aged care services. Interviewing referring agencies and reviewing complaints could also provide useful information for accreditation assessments. Caution should be exercised in relying too heavily on documentation review. A review of medical record information in nursing homes in the United States found that a “culture of inaccurate medical record documentation” has developed to demonstrate compliance with regulatory requirements². Erroneous documentation will impede management’s ability to monitor quality.

2.3.5 Evaluation of the accreditation system

It would be beneficial if an evaluation plan was established to determine the effectiveness of the introduction of a national accreditation system. A national accreditation system should be accompanied by a system for collecting evidence on the impact of the system on the quality and safety of services provided to consumers.

3. Standards Issues

3.1 Process of developing standards

Accreditation assessments should take account of the consumer's perspective of care. It is important that standards encourage and support the implementation of person centred care. Standards should not provide an incentive for service providers to impinge consumers' rights. Consumers should be consulted and public input sort in the development of standards.

Accreditation standards should be flexible so that they do not impede potential future integrated health care developments (such as the Program of All-Inclusive Care for the Elderly (PACE) program in the US) which may benefit consumers by providing greater continuity of care through new and innovative models.

The accreditation system should allow service providers to determine whether standards are relevant to them or not and to use alternative approaches to meeting standards where applicable. For example, community aged care services are provided in clients' homes where the physical environment is under the clients' control. ARV staff undertake risk assessments of the clients' home and where potential dangers are identified, consult with the client or their representative on implementing the recommendations for the changes, but cannot require clients' to implement the recommendations.

4. Future systems and processes

4.1 Unannounced surveys

In theory, we support the use of unannounced surveys. Anecdotal evidence abounds of service providers who employ extra staff to get through accreditation and return to the status quo once the 'danger' has passed. The use of unannounced surveys would minimise gaming and encourage sustained performance.

However, unannounced surveys would in practical application be difficult in some areas, such as community aged care where services are provided in the clients' homes. The use of telephone surveys of clients could be an alternative way to check on performance without compromising the privacy or security of service recipients, which is a paramount issue of some programs.

5. Further discussion

Anglican Retirement Villages is committed to providing high quality aged care services to our many residents and clients. We fully support the introduction of quality and accreditation standards for services, such as our own, which provide a very personal service directly to the client. To this end, we would be more than willing to ensure our availability to meet and further discuss the items contained in this paper

for the introduction of the National Safety and Quality Accreditation Standards, as they pertain to Community aged care. Should you wish to discuss this submission in further detail please contact Anthony Cummings, General Manager – Community & Support Businesses on (02) 94215389

References

1. Hogan, WP. (2004). Review of Pricing Arrangements in Residential Aged Care. Australian Government Department of Health and Ageing, Canberra.
2. Schnette JF., Bates-Jenson BM., Chu L., & Simmons SF. (2004). Accuracy of nursing home medical record information about care-process delivery: implications for staff management and improvement. *Journal of the American Geriatrics Society*, 52, 1378-1383.