

Aged Care Quality and Safety Commission

***Aged Care Quality Standards
Guidance Materials***

Occupational Therapy Australia submission

April 2024

Occupational Therapy and Aged Care

OTA is the professional association and peak representative body for occupational therapists in Australia. There are about 27,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapists have a critical role in providing services across the health system, supporting people affected by physical, intellectual, acute, and chronic conditions, and mental health issues. Occupational therapists work in a diverse range of practice settings including acute hospitals, rehabilitation settings, private practice, aged care facilities, community, primary health and in the home.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and the assessment of environment and safety risks.

Overall

OTA welcomes the detail available in the guidance material, in particular Standard 5.

However, we have identified several concerns, which could impact on compliance with the Standards, and achievement of high quality care and support for older people using aged care services:

- There is a lack of recognition or identification of the importance of allied health professionals, like occupational therapists, to meet assessed needs and support a person-centred, rights based and reablement approach to care across the guidance materials.
- There is a lack of clarity with the 'Associated Activities'. It is unclear whether these relate to specific 'Actions' or whether they are applicable to the standard as a whole. There needs to be clearer connection to the Actions under the standard and better identification of strategies and actions that are expected for each action to achieve the outcome.
- Cross referencing within the Standard needs to be hyperlinked to facilitate access to the information and improve understanding of the relationship between the standards.
- The Commission's expectations should be outlined in the Standards to support understanding of roles and responsibilities and what implementation and achievement of the Standards could look like. For example the Associated Activities for Standard 2 is much more effective and useful than what is provided for other Standards, with identification of what the Commission expects from governing bodies, and providers in particular.
- **The Guide for Workers** is a useful document, as it provides practical approach for workers, breaking down what they could be doing to support the older people in their care in line with the standards. Similar documents should be developed for Governing Body and Provider organisations.
- **The Request For Information** document is very useful in outlining what the organisation should be providing. It would be useful to include these in the guidance material itself, or

otherwise incorporate them, to provide a more integrated and comprehensive overview of what is required to demonstrate how standards are being met, as well as what is required from the three components of the service to meet and implement the standards.

- OTA queries how you will measure whether the standards and the audit process will drive innovation, and delivery of exceptional care. We would like to see the opportunity to rate the approach and level of compliance in the audit process - for example, meets standards at a minimum level, high level, very high level – to support promotion of best practice rather than a compliance approach.

Standard 1: Person

- Requirements for evidence of implementation of such processes need to be strengthened. Information for Audit document identifies documentation related to processes and policies, but not documentation of what has been undertaken. What evidence is required to ensure people are being provided with information, consulted and able to participate in decisions about their care?
- The guidance identifies providers should ensure staff and workers have the resources, skills to deliver care and services through training, however the focus in Activities is on trauma and healing informed training. The Guidance should address the broader issues identified under the standard. It also should ensure that staff at all levels of the organisation understand and have capacity to deliver person-centred and rights-based care, understand the impact of ageism and reablement and adjust their service delivery accordingly.
- While Action 1.1.3 requires that providers and workers recognise the rights and respects the autonomy of older people, activities and strategies for achieving this are not identified. The guidance information identifies that providers should monitor how they plan for and deliver care and services to make sure older people's needs and preferences are at the centre of quality and care systems, and that this be done by *reviewing* processes and documentation, such as care and service plans, complaints and feedback. Providers are urged to address any issues or identify ways to improve through the review the process. However there is no clarity on how this will be monitored, and no strategies/activities provided as examples to support the implementation of improvements.
- The guidance information identifies that providers should act to regain and keep older people's physical and mental function by promoting use of skills and strengths. It goes on to suggest that if it is not possible to regain function, efforts should aim to maintain existing function. Providers are then directed to Standards 3 and 5 for information on reablement. This section under Standard 1 should identify the role of allied health professionals and a multi-disciplinary team approach in supporting reablement to address older people's assessed needs.

Standard 2: Continuous improvement

The guidance material provided for this Standard is much stronger in setting expectations for compliance with the Standard and identifies strategies and actions that would support high quality care for older people. The Activities identified for Outcome 2.2 are stronger than those for other Standards in relation to the role and responsibilities of Governing Bodies and providers, with a welcome focus on continuous improvement. OTA welcomes the provision of examples to set benchmarks for actions.

We raise the following as examples of where further work would result in better guidance:

- Under Outcome 2.1, there could be more focus on evaluation and addressing issues to improve quality of care and service provision, such as in relation to the action 'Monitor processes for partnering with people'.
- In relation to some activities it is unclear what actions could be undertaken to comply with the standards, or how actions will be evaluated/monitored.
 - For example under *Partner with older people to support the governance, design, evaluation, and improvement of quality care and services*
 - Activities identified, such as 'make sure assessment and planning processes are working', are vague and likely to be ineffective. What does 'working' mean? How is 'working' defined against needs/preferred goals of older people?
 - Others, such as 'Implement workforce planning strategies' provide insufficient detail. While there is a link to Outcome 2.8, there should be more information in this section about the strategy reflecting the workforce required to meet assessed need and preferred goals of older people.
 - 'Implement services and supports for daily living that optimise the quality of life of older people' which links to Outcome 7.1 could indicate the importance, and the expectations around allied health and a multi-disciplinary team approaches being provided.
 - The above comments also apply to the activities identified for Workers, in relation to the capability and expertise required to support and/or identify the appropriate care and support, especially for the provision of allied health services.

Standard 3: Care and Services

OTA identifies Standard 3 as a critical Standard for meeting the needs of older people, but we don't consider it adequately outlines the expectations of the Commission. It also does not provide examples of what Governance Bodies and Providers should be doing to ensure a high level of compliance with the Standard.

We suggest that the following be considered to ensure that the Standards are met to a high level:

- Development of products/templates by the ACQSC to enable providers to consistently demonstrate their compliance with care planning and reporting of care plans.
- Alignment of the classification levels and assessed needs of older people to ensure certain actions within Standard 3 are conducted frequently enough to meet the complexity of need.
- Identification of which actions are required to be met, as a minimum, based on the classification level/assessed need.
- Identification of triggers to instigate re-assessments etc.

We provide the following comments on the guidance material:

- Outcome 3.1 – Assessment and Planning, Action 3.1.1 identifies needing to support preventative care and optimising quality of life, reablement and maintenance of function. Specialist health professionals are identified as possibly being required, but this is limited to mental health specialists or nutrition specialist. Occupational therapists and other allied health professionals should be identified as having a vital role in supporting older people maintain their function and complete activities of daily living using a reablement approach.

- Care and service plans are required to be up to date, with key triggers for review and re-assessment. However, the material does not indicate what flags or triggers could be put in place to prompt these reviews. Action 3.1.5 identifies that reviews should be undertaken when the older person's situation changes, such as when 'the older person's needs, goals or preferences change'. The Associated activities merely re-iterate the circumstances under which reviews or re-assessments should occur, without identifying any strategies or processes to support these reviews. Nor is it identified who will do the reviews or how the review will be carried out. Allied Health professionals should be identified as key to these processes. The Guidance materials should also identify how such reviews and re-assessments will be monitored.
- As per Standard 1, the Associated Activities for Outcome 3.1 fail to provide sufficient detail on expectations, strategies and activities to be undertaken. The guidance information identifies that providers should monitor that care and services plans describe the current needs, goals and preferences of older people and that this be done by reviewing processes and documentation, such as care and service plans, complaints and feedback and incident information. Providers are urged to address any issues or identify ways to improve through the review the process, but there is no indication of how this will be monitored, and no strategies/activities provided as examples to support implementation of improvements.
- The Guidance material for Outcome 3.2 is stronger, generally.
 - However, despite Actions under Outcome 3.2 identifying that
 - 3.2.2 The provider delivers care and services in a way that optimises the older person's quality of life, reablement and maintenance of function, where this is consistent with their preferences.
 - 3.2.3 Older people are supported to use equipment, aids, devices and products safely and effectively.
 - 3.2.4 The provider ensures older people receive timely and appropriate referrals to support early identification and intervention, reablement, maintenance of function and quality of life, including to:
 - Health professionals
- There is virtually no recognition of the role of allied health professionals, and occupational therapists in particular, as being essential to achieving these outcomes. It is simply identified that strategies need to be developed that describe how care and services will optimise people's quality of life, reablement and maintenance of function, including how timely referrals will be made to health professionals. This is inadequate for such a fundamental aspect of care and service provision for older people using aged care services.

Standard 4: Environment

- OTA considers that there needs to be stronger reference to how providers work with subcontracted workers' particularly in relation to Outcomes 4.1 and 4.2. For example, regarding risk management systems as identified in Action 4.1.1a, how will subcontracted employees who may not have access to these systems support the recording of risks? Occupational therapists are often doing risk assessments of the environment or of equipment prescribed. Some of this content should be put into risk management and other shared care documents to protect other workers supporting the older person.

- In relation to communicating risks, OTA suggests the guidance material provide some examples of what these types of risks, particularly for circumstances where aged care services are delivered in the home. This information –would help workers and providers in ensuring they've accurately captured and shared information about risks to all relevant parties. This could include safety risks associated with the property, people who live around the property/on the property or who visit, dogs or other aggressive animals, past history of risky events occurring at the property, hoarding/sanitation or pest infection risks etc.
- The provision of equipment and aids must be assessed for and prescribed by a suitably qualified professional. Additionally, the need to find and provide equipment and aids must be done by a suitably qualified professional and should also include the need to clearly document this information somewhere (not just conduct the assessment).
- Not everyone working in aged care can conduct an environmental or aids/equipment risk assessment. This is particularly relevant to the content under 'Monitor how you deliver care and services in an older person's home to make sure it is consistent and effective'. Where key documents are reviewed to ensure risk is being managed in the home, like manual handling plans and risk assessments associated with use of the aids and equipment, this must be completed by suitably qualified health professionals like occupational therapists to ensure the safety of the workers, carers, family and the older person. Manual handling plans and education will also ensure 'workers have the resources to keep a safe, clear and comfortable service environment' as outlined in Associated Activities for 'Develop and implement strategies for maintaining a safe, clear and comfortable service environment'.
- In relation to the Associated Activities - 'Use the organisation's system for managing equipment' – the guidance material doesn't reflect the way the system currently works. In home-based settings, the equipment isn't supplied by the provider. It is funded by the Commonwealth or State Government who supply the item and attend to any maintenance and repairs. The equipment usually has warranties and other conditions in place if it is issued as new and these are held and managed by the supplier of the equipment. When the new Support at Home program commences, it is likely that a similar approach to the current equipment funding and supply arrangements will be adopted with providers not being the main sources of equipment. This arrangement needs to be incorporated into the guidance material.
- In relation to Action 4.1.1b and 4.1.2b there should be some action taken to ensure that the provider engages the right health professional to ensure suitable equipment or aids are sourced to meet the older persons needs when the equipment has been assessed as not suitable for the older person's needs.
- In relation to Associated Activity - 'Develop and implement strategies for managing equipment use in the care and services you deliver' in instances of access difficulties for older people with mobility challenges, it should be required that a suitably qualified health professional undertake an assessment and address any access issues. In addition, the provider not only needs to ensure that there is enough equipment available to meet each older person's needs, but that this equipment is assessed for and tailored to meet their individual needs.
- In relation to Action 4.1.3b, and Associated Actions for Providers and Workers it is essential to not only ensure equipment is serviced, maintained and cleaned, but that suitably qualified professionals conduct regular reviews of the older person and their use of the equipment or need for additional equipment to support their safety and function.

Standard 5: Clinical Care

References to the role of occupational therapists in supporting people with mental illness, such as in Action 5.5.6, and pressure injuries, Action 5.5.9, - and in other instances when occupational therapists are mentioned, the full title should be used, not the abbreviation 'OT'.

Hyperlinks to National Guidance Materials for specific areas of care including falls, pressure injury/wound prevention etc would be a useful addition to the Guidance Materials.

- Under Action 5.1.3 - Need to highlight the importance of clearly defined delegation pathways that support the full aged care workforce to be supported in the delivery of their roles within their scope of practice.
- Under Action 5.1.4 in relation to implementing agreements between health professional and provider, there should be instructions for the provider to clearly outline their requirements of the health professional, particularly if subcontracted, to demonstrate evidence of their compliance with the quality standards required for registration and audits. OTA anticipates, based on feedback from allied health peaks, that sub-contracted clinicians may be required to provide evidence of Quality Standard compliance to their contractors but aren't being remunerated for this work as it hasn't been highlighted in their service agreement.
- Under Action 5.1.4, more detail on when a reassessment should be conducted should be provided in the guidance material, including identifying triggers such as key events, significant health changes, if the older person sustains an injury, loses function or cognition, begins to experience pain or changed behaviour or if they are hospitalised.
- OTA suggests there needs to be greater reference to actions being based on assessed needs of the older person – for example, under Action 5.6.3 the guidance on processes to prevent and manage behaviour change recommends the implementation of individual, non-medication strategies that are 'known to be effective and acceptable to the older person' but there is no reference to the individualised assessment of those needs informing these 'acceptable strategies'.
- Under Outcome 5.7 the importance of supporting the workers who are assisting people in managing their palliative and end of life care to address their own associated grief and loss should be identified.

Standard 7: Residential Care setting

- Under Action 7.1.1 there should be acknowledgement that an older person needs to receive an assessment of their function and of their occupational performance goals to inform the any tailored strategies implemented support to each older person's needs. Without this, the goals may be unachievable and or strategies implemented incorrectly and may place the older person or others at risk.
- Furthermore, it should be identified in this Standard that care plans need to be reviewed and updated when key events occur like significant health changes, if the older person sustains an injury, loses function or cognition, begins to experience pain, or changed behaviour or if they are hospitalised.
- It should be identified that equipment and environmental adaptations may be required to support the older person to engage in their preferred activities and this needs to be addressed through assessment and prescription by a suitably qualified health professional like an occupational therapist.
- Workforce strategies related to associated activities 'Make sure workers have the time, support and resources to encourage and support older people to perform activities of daily

living' should ensure the right mix of clinical staff are available to support the education and capacity building of non-professional staff (carer and support worker workforce) to ensure they safely support the older person to achieve their goals around activities of daily living.

- Allied health and occupational therapists should be identified as the core workforce required to optimise the older persons quality of life and should be considered essential rather than 'as needed'. Equally any strategies related to supporting an older person to do what is important to them should describe this in the context of a reablement approach to care, an approach that is core to the occupational therapy aged care practice.

Contact

OTA would welcome further consultation, particularly in areas that specifically impact occupational therapy and allied health practice.

For further information please contact:

Occupational Therapy Australia

Email: policy@otaus.com.au