



# **Submission to the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia**

**Prepared by  
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## Contents

<b>About COTA Australia.....</b>	<b>3</b>
<b>Introduction .....</b>	<b>4</b>
<b>Responses to the Terms of Reference .....</b>	<b>5</b>
<i>T.O.R. (i) - ‘The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers’.....</i>	<i>5</i>
Change the culture of complaints from ‘fear of retribution’ to ‘a normal and welcome part of customer service’ .....	5
Support for open disclosure in revised aged care quality standards and an increased focus on consumer views .....	5
<i>T.O.R. (ii) - ‘The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the Charter of Care Recipients’ Rights and Responsibilities in ensuring adequate consumer protection in residential aged care’ .....</i>	<i>6</i>
Support for better regulatory processes .....	6
Move to unannounced re-accreditation visits.....	7
Making it easier for consumers and their friends and families to compare performance across service providers.....	7
Greater input from consumers into the accreditation process.....	8
<i>T.O.R. (iii) - ‘The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care’.....</i>	<i>8</i>
Accept all aged care recommendations from ALRC’s Elder Abuse Report.....	8
Consideration of a national ‘official visitors scheme’ .....	9
More informed, supported and empowered consumers.....	10
Improving decision-making and choice .....	10
Other relevant issues outside of the scope of this Inquiry .....	10

## About COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

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**Permission is provided to publish the full response of COTA Australia.**

## Introduction

COTA Australia welcomes the opportunity to provide written comments to the *Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia*. COTA Australia is willing to appear before the Inquiry to convey these views.

We hope that this Inquiry will complement earlier reviews and inquiries into issues of quality in the aged care system and will look forward to making systemic improvements, including as recommended by the Review of National Aged Care Quality Regulatory Processes.

Over the past two decades, COTA recognises that substantive improvements have been made to the quality of residential aged care due to both the Accreditation Scheme and other efforts. We note that of the 2,669 residential aged care facilities in Australia<sup>1</sup> non-compliance across the sector is relatively low.

While acknowledging that the majority of aged care providers consistently deliver good quality care, COTA Australia remains concerned that poor practice in some providers continues to go undetected. This not only has a traumatic effect on those who are subject to poor quality care but also on their families and friends. It also has an impact on consumer confidence more broadly and the reputation of the sector as a whole. Some of the allegations in the media over the last twelve months of incidents in a number of residential aged care facilities, coupled with the events at the Makk and McLeay wards at the Oakden facility in South Australia, are especially concerning.

Nevertheless, improvements can be made to ensure poorer performance is identified and responded to sooner than is currently achieved through the regulatory system. For some time, we have held concerns that the accreditation system has lost some of its edge and that some providers have become skilled at the practices required to pass accreditation, resulting in more than 98% of facilities achieving an accreditation pass rate in 2017<sup>2</sup>. While a focus on passing accreditation is to be expected, in some facilities across Australia we believe this does not flow onto (or in some cases, reflect) normal practice outside the accreditation period.

In addition, many Australians whom COTA speaks with worry that the practice and acceptance of low quality care by some providers can underscore a poor organisational or staffing culture, leading to lack of proper care for consumers in the longer term. Families often express anxiety that their loved ones' quality of life will suffer by going into a residential facility.

We also remain concerned that there is insufficient competitive pressure in aged care at the moment to drive quality to higher levels that will meet growing consumer and community expectations.

In this submission COTA argues that we need greater transparency in the aged care sector, more efficient, effective regulatory processes to identify and respond to episodes of poor quality care sooner, and the improvement or development of systems that promote the protection of consumers' rights. Greater transparency is particularly important for those living in rural and remote areas where there are fewer service options, or for people with special needs. It also offers the opportunity for more input in respect of their care from residents, their family or friends and other representatives, such as health professionals. Similarly, systems that improve protections for consumers will also encourage them to have a greater say and more choice in care.

COTA Australia acknowledges that there is no 'silver bullet' solution to the challenges facing aged care. However, this submission details a number of ideas to help build a more responsive, transparent system, drive improvements in care, and boost consumer confidence. A key recommendation is to put residential care funding in the hands of consumers, as it now is with home care, and as a corollary remove the restraints on good providers being able to respond to consumer demand, thus propping up poorer providers.

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<sup>1</sup> Aged Care Financing Authority, July 2017, *Fifth report on the Funding and Financing of the Aged Care Sector*, Table 8.2, Canberra, [https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08\\_2017/design\\_version\\_2017\\_acfa\\_annual\\_report.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/design_version_2017_acfa_annual_report.pdf). Accessed 20/12/17

<sup>2</sup> Productivity Commission, 2018, *Report on Government Services 2018*, Canberra. <http://www.pc.gov.au/research/ongoing/report-on-government-services/2018/community-services/aged-care-services>. Accessed 23/1/18

## Responses to the Terms of Reference

***T.O.R. (i) - 'The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers'<sup>3</sup>.***

**Change the culture of complaints from 'fear of retribution' to 'a normal and welcome part of customer service'**

We need to shift the culture of complaints from one of 'fear of retribution if I make a complaint' to one where feedback and complaints are encouraged and welcomed as part of normal customer service in aged care. Consumers often tell us that they are too afraid to complain or to have their families complain on their behalf. The *Review of National Aged Care Quality Regulatory Processes* (Quality Review)<sup>4</sup> highlighted that fear of reprisals as a barrier to making complaints was by far the most frequent issue raised in their consultations. This issue was not only highlighted by consumers and carers, but also by residential aged care staff and professionals who had seen practices that were inconsistent with the provision of quality care.

It is difficult to assess how widespread these concerns are as they are largely anecdotal. However, that this issue is being regularly raised is a concern and COTA believes that any ideas for tackling it should be considered. It is vital to shift the culture in aged care to a focus on customer service and feedback to help drive service improvement. In such an environment, complaints would become a welcome part of customer service and the consumer experience.

This cultural change is already occurring in parts of the sector, with some market leaders improving markedly on their customer service processes – a component of which is feedback or complaints. In recent consultations with providers, COTA learned that some are creating or improving consumer feedback mechanisms by establishing focus groups and through routine meetings with residents and their families. They are also enhancing their data systems to improve how they monitor and track issues and are using the data they collect and analyse to conduct continuous quality improvement cycles. However these changes do not yet represent the majority of the sector.

We recognise that adopting a customer service focused culture may present challenges for providers in terms of upskilling staff as well as the need to change or adapt organisational policies and processes. These would need to make it easier for all consumers to provide feedback, particularly those who do not have anyone to advocate on their behalf or are not used to advocating for themselves. COTA believes this cultural change is critical and could bring about important changes in service culture and improve outcomes for consumers.

**Support for open disclosure in revised aged care quality standards and an increased focus on consumer views**

Linked to the need for a more customer-service focused culture in responding to complaints, COTA Australia frequently hears criticism from consumers about the lack of transparency by aged care services about complaints they receive and how they respond to them. There is currently no requirement for aged care services to openly disclose adverse events to residents and their families and to respond appropriately. For Australian hospitals and many other health providers, this is a requirement under the national quality and safety standards for health. The ability of the Aged Care Complaints Commissioner to share identifiable information about complaints is also restricted by the 'protected information' provisions in the Aged Care Act<sup>5</sup>. Protected information is defined by Section 86-1 of the Aged Care Act 1997 and includes personal information (as defined by the Privacy Act 1988)

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<sup>3</sup> Australian Government, *Terms of Reference for the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia*, Canberra, [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Health\\_Aged\\_Care\\_and\\_Sport/AgedCareFacilities/Terms\\_of\\_Reference](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/AgedCareFacilities/Terms_of_Reference). Accessed 20/12/17

<sup>4</sup> Carnell, K; Paterson, R, 2017, *Review of National Aged Care Quality Regulatory Processes*, Canberra. <https://agedcare.health.gov.au/quality/review-of-national-aged-care-quality-regulatory-processes>. Accessed 23/1/18

<sup>5</sup> Australian Government, *Aged Care Act 1997*, Canberra.

or relates to the affairs of an approved provider.

COTA Australia welcomes the proposal therefore to include open disclosure in the new complaints standard as part of the new draft Single Quality Framework for aged care (published on the Department of Health website 2 February 2017 and to be implemented from July 2018). The Quality Review also recommended modification of the Australian Open Disclosure Framework for residential aged care by the Complaints Commissioner.

Greater transparency by providers could improve consumer confidence in how complaints are dealt with and provide more information for people making aged care choices. It could also help Australians see the value of complaints as part of feedback and the service improvement process.

As noted above, some of the better providers are using consumer complaints and feedback, including compliments, as a service development or improvement tool. In an increasingly market-driven system this can help providers better understand what consumers want, giving them an edge, and driving service and organisational change. COTA agrees that greater transparency by providers could help to remove fear as a barrier to making a complaint, and provide more information for people making aged care choices. It could also help Australians see the value of complaints as part of a service improvement process.

The introduction of new consumer focused standards accompanied by consumer outcome statements in the new aged care Single Quality Framework is another welcome improvement. Including the views of consumers as part of the quality accreditation process will complement the recently introduced consumer experience reports (discussed later in this submission) that provide a sample of consumers' views of each residential aged care facility.

COTA considers that having relevant and meaningful consumer outcomes for each standard is important as it will shape consumer expectations and help them formulate their needs, goals, and preferences. The items in the proposed draft standards are clearly written and easy to understand. They address areas or domains that are important to consumers such as choice, dignity of risk, partnership, and quality of life.

When coupled with a changing culture to encourage feedback as part of good customer service, COTA believes the increased collection of consumer views as part of the quality process will help improve the accreditation process.

***T.O.R. (ii) - 'The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the Charter of Care Recipients' Rights and Responsibilities in ensuring adequate consumer protection in residential aged care'***

### **Support for better regulatory processes**

A key recommendation from the Quality Review<sup>6</sup> is the establishment of an independent Aged Care Quality and Safety Commission to centralise accreditation, compliance and complaints handling (Recommendation 1). This proposal, first introduced by the Productivity Commission's *Caring for Older Australians* Report in 2011, is designed to improve regulatory efficiency and reduce fragmentation. A single entity can deliver a more seamless regulatory process and improve information sharing, coordination and risk-based analysis. COTA supports this change if it can offer greater protections for aged care consumers and ultimately lead to better care and better outcomes.

COTA notes, however, that this recommendation does not align with the Government proposal, first raised in 2017, to introduce a quality accreditation marketplace. This was scheduled to occur in July 2018 with the introduction of the new Quality Standards.

The Government needs to provide clarification regarding its plan for a marketplace accreditation system, how it sees this fits with the recommendation for a single Aged Care Quality and Safety Commission, and its future intentions regarding both these proposals. Similarly, any changes to the

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<sup>6</sup> Carnell, K; Paterson, Op cit.

accreditation system will need to include appropriate mechanisms to ensure the safety and protection of older Australians receiving aged care services.

### Move to unannounced re-accreditation visits

The Government has already announced its support for the recommendation in the Quality Review to move to unannounced visits for re-accreditation of services (Recommendation 8).

COTA agrees this recommendation will increase insight into the quality of care delivered. We also welcome the plan for unannounced visits to focus on high-risk or low performing services but want to see more detail on how these services will be identified and how the recommendation will be implemented. We also note that the Government still intends to introduce a levy for unannounced site visits<sup>7</sup>. This was included in the Government's proposal to introduce a market-based accreditation scheme (highlighted above). COTA has concerns about the plan for a levy if it has potential to bring about a real or perceived reduction in funding to providers which could adversely impact consumers. We seek clarity from the Government about how it would implement such a plan and reassurance that consumers will not be adversely impacted as a result should the plan for a levy go ahead.

### Making it easier for consumers and their friends and families to compare performance across service providers

COTA notes and empathises with comments by successive Aged Care Ministers that My Aged Care might incorporate a 'Trip Advisor' style functionality. The Quality Review recommends a star-rated system for public reporting of residential aged care services' performance and the development of tools to enable consumers to compare performance across services. This recommendation included using the My Aged Care website to report performance and mandate reporting against quality indicators by services.

Feedback to COTA from consumers suggests the publication of "Trip Advisor" and comparative rating information might be more appropriately on a website or websites developed by or within the sector rather than the My Aged Care website managed by government. The development of such a website should be done with consumer leadership and its development financially and otherwise supported by the Government. We would encourage this initiative to be prioritised as soon as possible given the likely lead time in development and implementation.

In relation to quality indicators, in recent consultations with providers some reported they had not continued their participation in the voluntary National Quality Indicator program as they were not confident the indicators were measuring 'apples with apples'. Some providers were, however, still collecting quality indicator data for internal use by their organisation for continuous quality improvement purposes, a move that also benefits consumers.

Should reporting against quality indicators become mandatory and be made publicly available measures should be consistent, appropriate, relevant and measurable to allow providers to benchmark against similar or 'like' services. In addition, reports should be published in a format that is accessible to consumers. This will also help consumers to make choices and enable them to make comparisons across providers.

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<sup>7</sup> Mersiades, N, November 2017, *A closer look at the Carnell/Paterson Review*, Catholic Health Care Aged Care Update

## Greater input from consumers into the accreditation process

As previously noted, COTA supports the introduction of consumer outcome statements in the draft of the new aged care quality standards. This increased focus on consumers will complement the new 'consumer experience reports' introduced in July 2017 by the Australian Aged Care Quality Agency<sup>8</sup> and now being rolled out as part of the accreditation process. These provide a sample of consumer views of each residential aged care facility. We believe this will go a long way towards systematically incorporating the consumer voice in the accreditation process under the current standards.

Our understanding is that the new 'consumer experience reports' collection occurs through a random sampling method that is independent of the provider and we will be observing these reports as they begin to be used to identify if consumers agree the results are representative of the residents in the facility.

COTA contends that strengthening the Australian Aged Care Quality Agency 'Consumer Experience Reports' by interviewing a minimum of 1 in 5 or 20% of residents as part of the accreditation process, up from the current minimum of 10%, would make the consumer experience reports more effective.

This aligns with a recommendation from the Quality Review to develop and manage a centralised database for real-time information sharing which includes seeking the views of 20% of consumers and their representatives as part of assessment contact visits.

Furthermore, we suggest there should be an annual collection of the consumer experience report for each residential facility. Three year old views about a facility do not provide the relevant contemporaneous information about consumer experience or assist consumers to make choices between facilities. The culture of facilities can change within a very short timeframe with a change in organisational strategic or operational policy and processes or with staff or management turnover. Having this information collected annually will ensure the views are current and of relevance to consumers looking to understand the views of other residents prior to entering a residential aged care service. Potential residents will heavily discount information that is not perceived as current.

Ensuring all residents and their representatives are provided with an opportunity to make submissions to the accreditation team will significantly improve the accreditation process and support better consumer outcomes. It is not uncommon for COTA to hear that residents or family members were not aware that they could participate in the accreditation process or how.

COTA Australia proposes that residents and their representatives receive clear, written information from the accrediting body, preferably translated into relevant community languages. This should explain what the accreditation process involves, tell residents or representatives how they can participate, and give a strong assurance that any information provided will be treated anonymously and de-identified. This information should be accessible to consumers via personal letters and listed on aged care websites, including My Aged Care. Providers should also be required to give this information to new residents and their families on admission to a residential aged care facility. Any direct contact with consumers by an accrediting body may require legislative change, yet COTA believes this would be appropriate and welcomed in the community.

***T.O.R. (iii) - 'The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care'***

## Accept all aged care recommendations from ALRC's Elder Abuse Report

COTA Australia calls on the Government to release a response to the Australian Law Reform

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<sup>8</sup> Australian Aged Care Quality Agency, *Consumer Experience Reports*, Canberra, <http://www.aacqa.gov.au/publications/consumer-experience-reports>. Accessed 6/1/2018



Commission's (ALRC) 'Elder Abuse — A National Legal Response Final Report'<sup>9</sup>. Included in the ALRC report are a series of recommendations on aged care that COTA Australia recommends Government should adopt to improve the quality of care in residential aged care.

We note the ALRC's support for the introduction of a serious incidents response scheme, outlined in the final report recommendations. The enactment of a Serious Incident Response Scheme (SIRS) was also a recommendation in the Quality Review (Recommendation 6). COTA notes the views expressed by the authors of the Quality Review that 'a new reportable incidents scheme would contribute to a strengthened legal framework and allow the provider to take a proportionate, considered response to the incident'<sup>10</sup>. Provider peak bodies, while not wholly endorsing the calls for a SIRS, agree that 'providers should have appropriate systems in place to investigate adverse incidents, which are assessed by the Quality Agency'<sup>11</sup>. COTA concurs with this view. We also bring to the Inquiry's attention the proposal by the ALRC to include financial abuse as a reportable incident by providers (Recommendation 4.3). In 2015, almost 40 percent of calls to Seniors Rights Victoria (SRV) were in relation to financial elder abuse<sup>12</sup>.

COTA supports the recommendation for a comprehensive *National Plan for Elder Abuse* based on a national policy framework. This Plan should range from addressing ageism to detailing proposals for addressing abuse in: aged care; in use of powers of attorney; in management of superannuation funds; in banking; and in family accommodation arrangements, and more.

COTA Australia sees as essential a National Plan supported by governments at all levels and calls on the Federal Government to make this an urgent priority. At the very least it should be discussed as a cross-cutting issue at any joint meetings between the councils for Attorneys-General and Ministers for Police and Emergency Management (these councils replaced the Law, Crime and Community Safety Council (LCCSC) following a COAG review in 2016-17).

COTA also supported the report recommendation to institute a national employment screening process (Recommendation 4.9). This considered a range of factors which would include criminal history, relevant reported serious incidents and any disciplinary proceedings or complaints. This recommendation is supported by current processes which require approved providers to conduct police checks under the Accountability Principles 2014 made pursuant to the Aged Care Act 1997. COTA Australia contends this would best be embedded within a 'working with vulnerable persons card' to ensure consistent application of these factors across the industry.

The ALRC recommendation to develop national guidelines for the current community visitors scheme (Recommendation 4.14) is also welcomed. This recommendation provides a consistent framework whereby the community visitor may identify any areas of abuse or neglect to their coordinator for appropriate action to be taken by the coordinator. This could include the identification of any issues to the complaints commissioner as a third party complaint, or as tip-offs about problems with compliance or with accreditation.

COTA Australia supports Recommendation 5 in the Quality Review for the Aged Care Commission to support consumers and their representatives to exercise their rights, including requiring providers to inform and educate consumers and their representatives about consumer rights and ensuring staff undertake regular Older Persons Advocacy Network education on consumer rights.

### Consideration of a national 'official visitors scheme'

In terms of implementing a broader improvement to quality, COTA believes there is merit in exploring an official visitors scheme to achieve greater early warning systems in monitoring and indeed complaint handling. As the ALRC Discussion Paper said at paragraph 11.268, the official visitors scheme 'would complement complaints and reportable incident schemes, by providing an additional

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<sup>9</sup> Australian Law Reform Commission, 2016, Elder Abuse — A National Legal Response Final Report, Canberra, <https://www.alrc.gov.au/publications/elder-abuse-report>. Accessed 6/1/2018

<sup>10</sup> Ibid, p112

<sup>11</sup> O'Reilly, C, 2017, *Aged Care Guild Submission to the Senate Community Affairs Reference Committee Inquiry*, Aged Care Guild

<sup>12</sup> National Ageing Research Institute and Seniors Rights Victoria, *Profile of elder abuse in Victoria – Summary Report*, June 2015

opportunity to identify issues of concern, especially on behalf of those with cognitive or communication disabilities, and those with fewer social supports<sup>13</sup>.

### More informed, supported and empowered consumers

Ensuring consumers are better informed about the aged care system and better supported in their aged care journey through a system of integrated consumer supports is imperative. This was a proposal from COTA Australia and was incorporated into the National Aged Care Alliance's Discussion Paper on *Integrated Consumer Supports* in July 2017<sup>14</sup>. This paper outlines the various elements of consumer support that will assist consumers in feeling empowered to navigate and understand the aged care system and has the unanimous support of NACA Consumer Organisations.

The Alliance also calls for consumers to be better informed about the aged care system and specifically for greater transparency and accessible information. As highlighted previously in this submission, information needs to be provided in an easily readable format, independent of provider information, for us to see more fully informed, empowered consumers and a cultural shift to customer-service focused complaints and person-centred system.

COTA also welcomes the recommendation in the Tune Review<sup>15</sup> (based on the National Aged Care Alliance's *Integrated Consumer Supports* paper) to introduce government funded aged care system navigator and outreach services as a good first step in developing integrated consumer supports. These mechanisms are critical to help improve support and information for older people and their families in choosing their aged care provider. COTA argues that these programs are of particular importance in ensuring that people with special needs have equity of access and outcomes and we look forward to working with Government to co-design these important services.

### Improving decision-making and choice

COTA highlights that information also needs to be detailed enough to allow consumers to compare aged care services to support decision-making and choice. During recent consultations with consumers, COTA Australia heard the difficulty many faced in accessing basic information about services, such as details about fees and charges, services delivered and service availability. Many reported that most residential services identify as having beds available on My Aged Care, for example, yet on enquiry to a specific provider they learned that the only bed available is beyond their price-range. Others highlighted problems getting basic information about fees and fee structures from home care providers. One was told by the provider they weren't allowed to give information about fees to consumers over the phone or on the website.

In its *Integrated Consumer Supports* discussion paper, the National Aged Care Alliance proposes that consumers should have clarity regarding the unit price of services they are purchasing. COTA concurs with this proposal, noting that this could be achieved by providers publishing information about their service availability and fees and charges that is timely, accessible and relevant for consumers and makes comparison between providers easier.

### Other issues relevant to the scope of this Inquiry but outside the specific Terms of Reference

#### A Government commitment to allow the portability of residential 'bed licenses'

Just as consumers of Home Care Packages now have more options around choosing a provider, COTA strongly believes that all aged care consumers should be the holder of their funding and be able to easily move to a different residential care provider if they are unhappy with a service. Ending the Aged Care Allocation Rounds (ACAR) process (except perhaps for areas with thin or non-existent markets) and allowing portability of bed licenses would permit consumers to change their residential aged care

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<sup>13</sup> ALRC, p247, Op cit.

<sup>14</sup> National Aged Care Alliance, Discussion Paper, July 2017, *Integrated Consumer Supports*, <http://www.naca.asn.au/Publications/NACA%20Integrated%20Consumer%20Supports%20Discussion%20Paper.pdf>. Accessed 23/1/18

<sup>15</sup> Tune, D, 2017, *Legislated Review of Aged Care report*, Canberra, <https://agedcare.health.gov.au/legislated-review-of-aged-care-2017-report>. Accessed 23/1/18

provider and remove the current restriction on good providers expanding their services in response to positive consumer demand, thus putting pressure on lower quality providers.

This change was recommended in the Productivity Commission's 2011 *Caring for Older Australians* Report and support for this proposal was reaffirmed by the Aged Care Sector Committee in April 2015 as part of the Aged Care Roadmap<sup>16</sup>. The National Aged Care Alliance's 2016 Federal Election Position Statement 3.1 also supported the idea when it called for bipartisan commitment to a "co-design process that removes ACAR for residential care by 2019 and uncaps supply by 2021"<sup>17</sup>. David Tune's Legislated Review report has also recommended that government make an early decision to do this and implement it with two years notice to the sector.

The key benefit for consumers is the increased freedom for good providers to expand where there is demand for their services, beyond current constraints. Portability of bed licences beyond ACAR will also be a major structural change which can support a provider focus on customer service, a topic raised earlier in this submission. Over time, COTA believes this movement will pressure providers to deliver better care and force those unwilling or unable to make service improvements to leave the industry. Perhaps most importantly, consumers affected by the worst of quality of care or physical environments will no longer be required to put up with poor care or outcomes.

## Workforce

Older Australians rely on the aged care sector workforce to meet their care needs in a variety of settings including residential facilities. Consumers tell us they especially value relationships with their care workers and want workers who enjoy spending time with older people. Indeed, in recent consultations conducted by COTA South Australia, consumers describe 'quality' in aged care as 'caring and empathic staff who are not stretched beyond capacity and who are trained and enabled to support residents with dignity and respect'<sup>18</sup>.

While the Aged Care Act 1997 does not prescribe the qualifications required by staff nor the number of staff required to be employed by an aged care service, aged care accreditation standards require providers to employ staff with the right skills and qualifications to look after residents<sup>19</sup>. Yet we still hear consumers are concerned about poor skills of staff in aged care, as well as staff turnover or low staffing levels. Poorly skilled staff, or casualisation of staff and high staff turnover can often reflect a poor organisational culture and, as noted earlier, lead to a reduction in the quality of care.

We also acknowledge the difficulty providers have in attracting and retaining staff as there are not enough workers to choose from. In its 2011 report, the Productivity Commission estimated the aged care workforce will need to have grown to around 980,000 workers by 2050. Between 2012 and 2016, the workforce grew by around 4 per cent. To meet the Commission's estimate, the workforce will need to grow at around three times its current growth rate<sup>20</sup>.

In addition, COTA Australia recognises that the aged care sector has been significantly impacted by the lack of sector-ready graduates due to recent poor quality delivery by some VET training providers. This has caused various providers to deliver greater on the job training to get graduates job ready for the role they have been employed in. We note that in 2015 as part of the revised qualification a 120 hour work experience requirement has been included and believe this will help improve the quality of training across the board.

COTA sees as essential that there are mechanisms in place to ensure the quality and supply of the right kind of aged care workers into the future. We also recognise that the federal government has a direct

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<sup>16</sup> Aged Care Sector Committee, 2016, *Aged Care Roadmap*, Canberra, <https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap>. Accessed 23/1/18

<sup>17</sup> National Aged Care Alliance, April 2016, '2016 Federal Election Position Statement', Canberra, [http://www.naca.asn.au/Publications/NACA\\_Blueprint\\_Election\\_Campaign\\_2016.pdf](http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf). Accessed 21/12/17

<sup>18</sup> COTA SA, *Quality in Aged Care through the eyes of consumers*, p13, January 2018

<sup>19</sup> Productivity Commission, 2018, Op cit. Accessed 23/1/18: <http://www.pc.gov.au/research/ongoing/report-on-government-services/2018/community-services/aged-care-services>

<sup>20</sup> Tune, D, 2017, Op cit. <https://agedcare.health.gov.au/legislated-review-of-aged-care-2017-report>. Accessed 23/1/18

investment in having an effective workforce in place as it controls, or regulates and partly funds, some key workforce levers and such a workforce is a key to achieving the government's objectives in health, aged care and disability.

For this reason, COTA supports the recommendations in the Tune Review, namely that:

- the aged care sector, in collaboration with the vocational education and training, and tertiary education sectors, should act to ensure education and training is responsive to the sector's needs (Recommendation 37), and
- the aged care sector develops a workforce strategy that draws on engagement with relevant sector and interest groups and results in actions that can be sustained by the sector, including particular focus on the areas of pay, education and training, developing retention, recruitment and workforce growth, improving the sector's image, and considering cross-sectoral workforce linkages (Recommendation 38).

COTA has been instrumental in supporting the development of a national strategy for growing and sustaining the aged care workforce to meet the care needs of older people in a variety of settings across Australia. It is doing this through the new national Aged Care Workforce Strategy Taskforce, established by the Government in 2017. A range of stakeholders are playing a leading role in the strategy development, including consumers who need the workforce to adapt to the emerging consumer-led and controlled aged care system.

We also support the call from Carers Australia for the recognition of the role and contribution of the family carer workforce, often ignored in workforce discussions. There is anecdotal evidence that this 'informal' care workforce has the potential to later feed into the formal workforce, with recognition of their experience and skills.

## Conclusion

Most of us can expect to grow old. Many will need support to manage the activities of daily living as we age and can no longer do things for ourselves. More and more this will be provided in the community but some will still need to access residential care. All of us would expect to receive such help free from harm and discrimination. It should not be a matter of luck that we are treated with the care and respect we deserve. Older people, particularly those who are frail, or who come from disadvantaged backgrounds or have special needs such as mental illness, are among our most vulnerable citizens.

This submission details a number of ideas to help build a more responsive, transparent system with efficient, effective regulatory processes to identify and respond to episodes of poor quality care sooner. Greater transparency and systems that improve protections for consumers will also encourage them to have a greater say and more choice in care, drive improvement, and increase consumer and community confidence in the aged care system.