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Managing risk and monitoring the sector



- During the pandemic, the community is looking for reassurance that older people receiving aged care will be well looked after and kept safe.
- The Commission is using its broad range of regulatory functions to help manage risks and monitor the performance of the aged care sector against the Quality Standards. This includes:
 - engaging with consumers
 - o supporting providers through advice, guidance and education
 - resolving complaints about providers
 - undertaking monitoring and assessment activities, including risk-based site visits and remote contacts
 - o pursuing compliance enforcement activities where necessary.



Aged Care Quality Standards

- 1. Consumer dignity and choice
- Ongoing assessment and planning with consumers
- 3. Personal care and clinical care
- 4. Services and supports for daily living
- 5. Organisation's service environment
- 6. Feedback and complaints
- 7. Human resources
- 8. Organisational governance





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Aims of Commission's approach



- The Commission's approach provides for escalation within a framework of efficient use of regulatory resources while minimising regulatory burden
- · Key aims of the Commission's regulatory strategy include that:
 - Providers have sufficient information to allow them to comply with their quality, safety and prudential responsibilities (including striving for continuous improvement);
 - Providers are motivated to voluntarily and proactively comply with their responsibilities;
 - The risk of provider non-compliance with these responsibilities is monitored;
 - Appropriate and proportionate action is taken where non-compliance is identified;
 - Consumers and their representatives have sufficient information about the performance of aged care services to support comparisons, choices and actions





Responding to the pandemic as the national regulator



- COVID-19 Commission governance and structures
- Joint Commonwealth and state/territory aged care preparedness
- Communication and engagement training and resources
- Regulatory activities site visits, infection control monitoring program, other monitoring activities, managing non-compliance, complaints about services
- Visitor Access campaign
- Outbreak management planning guidance project
- Lessons learned from COVID-19 outbreaks in RACFs



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COVID-19 Related Complaint issues



1 March 2020 – 30 September 2021 (3 months)

3,024 complaints

Most frequent issues:

- Visitor restrictions
- Concerns about preparedness & prevention
- Impact on the quality of care
- Positive/possible COVID 19 test results
- Concerns about Flu Vaccinations



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Infection Prevention and Control



- All residential aged care services are now required to have a dedicated onsite, clinical Infection Prevention and Control (IPC) lead.
- The IPC lead requirement is intended to ensure each residential aged care facility has ongoing access to onsite IPC expertise to safeguard the health of all residents and staff.
- ➤ The Commission's Aged Care Quality Standards Guidance and Resources for Providers reflects IPC lead requirements, including the need for specific infection control training.
- The Commission considers how providers have met their IPC responsibilities in the context of monitoring and assessing performance against the Aged Care Quality Standards.



Engage Empower Safeguard

Vaccinations at Services

- On 28 June 2021, National Cabinet agreed that COVID-19 vaccination would become a mandatory condition of working in an aged care facility.
- As a further protection for aged care consumers and staff, the Commission introduced the same requirement for any quality assessors visiting an aged care service.
- The Commission has engaged with identified high risk providers through targeted Infection Control Spot Checks, performance assessments and/or as part of a full quality or review audit.
- The Commission will continue to review practices for risk assessment and entry procedures to align with changes to state and territory government health directions.



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Supporting safe, quality care for aged care consumers during visitor restrictions – published by the Commission in April 2020 to reinforce the Quality Standards





Industry-led Aged Care Visitor
Access Code - supports a nationally
consistent approach by providers,
and empowers consumers and family
members to have an informed
discussion with providers about
access arrangements

Fact sheet issued by

Commission – to describe
how we will have regard to the

Code in our regulatory and
complaints management
activities





What we learned about the sector through the pandemic



- · Leadership and governance
- Resourcing (Regional vs Metro)
- Consistency
- · Preparedness and initial response
- · Human resources
- Infection prevention and control
- · Clinical care and consumer wellbeing
- Communication
- · Waste management



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What outbreak sites have learned about themselves



- · Visible leadership
- · Role clarity
- · Online training is only the start of the journey
- Understanding staff and their strengths, needs and personal circumstances is critical in planning a response
- How to think differently/creatively/innovatively, especially around consumer connection
- Rehearsals must be realistic simulations (minimum 24 hours in outbreak mode)
- Outbreaks can go for 80 days plus and then a second one can occur at the same service
- Key relationships that will be relied on, need to be in place before the outbreak; once it has started, it's too late for dating
- · Communication needs to work for each receiver of the message, in both content and frequency



Impact on consumers - Key lessons for providers



Residential aged care services - Restricting visitors

- · Visitors and partners in care provide essential support
- Services must not apply "just in case" restrictions on visitors or total lockdown on residents
- Expectation that services will safely facilitate visitation
- · Monitoring of physical conditioning and psychosocial wellbeing of residents is essential
- Maintaining normal routines for residents

Home care services - Safety and continuity of care

- Ongoing communication with and reassurance of individuals receiving care (for RACS as well)
- Appropriate training in use of personal protective equipment
- Reducing the footprint of where staff visit
- Ensuring staff report COVID-19 symptoms and not work while symptomatic
- Contingency planning to avoid disruption if workers unavailable



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Questions?



Further Information



https://www.agedcarequality.gov.au/ https://www.agedcarequality.gov.au/covid-19-information



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