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## **ECCV Submission to Australian Department of Health and Ageing Review of the Accreditation Process for Residential Aged Care Homes**

1. Ethnic Communities' Council of Victoria (ECCV) welcomes the opportunity to present a submission to the Review of The Accreditation Process for Residential Aged Care Homes conducted by the Australian Government Department of Health and Ageing

2. ECCV is the state-wide peak advocacy body representing ethno-specific agencies and multicultural organisations. For over 30 years ECCV has remained the principal liaison point between ethnic communities, government and the wider community in Victoria. ECCV has been a key player in building Victoria as a successful, harmonious and multicultural society.

3. ECCV membership consists of approximately 190 organisations that represent groups with an ethnic or multicultural focus, organisations with an interest in these areas, or individuals who support ECCV. They provide services in areas such as aged care services, migration services, discrimination, community harmony, employment, education and training, health and community services, law and justice, and arts and culture.

4. ECCV believes that in a multicultural society, it is necessary for legal and regulatory processes to be continuously adapted so as to remain relevant and equitable to the needs of all peoples and cultures in Victoria. ECCV commends the Australian Government for establishing the Accreditation Standards which have had a positive impact on the quality of care and the quality of life for residents in Australian Government subsidised aged care homes.

5. ECCV recognises that one of the foremost challenges facing culturally and linguistically diverse (CALD) residents in Residential Aged Care Facilities is the lack of access to adequate language services. This becomes particularly problematic for residents suffering dementia and reverting back to their first language. Issues are compounded when the person may not be literate in their own language, does not have a strong support network outside the facility and pose extreme challenges for the facility and the accreditation agency in accessing suitable representatives and mediators to address instances of alleged non compliance. ECCV believes that these issues can most appropriately be addressed systemically by structured consultation between the accreditation agency and community services providing culturally and linguistically relevant services. Such consultation may also inform educational and support activities which are reported to be impacting positively on continuous improvement practices within residential facilities and the accreditation process.

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6. ECCV proposes the following in response to the questions posed in the Discussion Paper 'Review of The Accreditation Process for Residential Aged Care Homes' May 2009

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### **Applying for accreditation**

Q. 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 reassessed 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?

A. ECCV believes all homes should be regularly audited, through both spot checks and planned audits to ensure both consistency of service provision and accountability to the accreditation process. Application for re accreditation would then become superfluous to requirement

### **Self assessment data: removal or not?**

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

A. Apart from providing data to the accreditation body, maintenance of self assessment data would encourage reflection on strengths and weaknesses ensuring the home is constantly aware of possible non compliance issues and the need for continuous improvement.

Q. Would the removal of the requirement to provide self-assessment data on application create a more stressful accreditation site audit?

A. While ECCV believes that the removal of self assessment data initially reduces workload the subsequent lack of opportunity this would mean for a facility to reflect and 'stock take' its compliance processes would create additional stress

Q. If so, how might this be avoided?

A. Having the opportunity to reflect on its strengths and weaknesses a home would be prepared to more clearly account for its management practices. Involving staff in the reflection process would prepare them for audit interviews by reducing defensiveness etc. The reflection process would be enhanced by conducting rolling reviews at regular staff meetings and keeping the relevant documentation of staff discussions for consideration by the assessors at the audit

### **Problems with electronic records**

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

A. ECCV has anecdotal evidence that staff who may be under-skilled and not confident with using a computer would find it difficult to document electronically. Bilingual and newly arrived staff gaining English language

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proficiency may be particularly challenged by computer usage in English and would require additional training.

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

A. In a smaller facility which relies on staff who may not be computer confident this requirement should be eased to include additional proportional reference to paper documents and even video recording. In the case of a CALD worker who may not be confident in English writing or reading having the option to DVD record their contact /action with a patient would offset the issue and could be explored.

#### **Nomination of quality assessors by providers**

Q. 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?

A. In the case of a CALD resident where the home knows of an assessor who is familiar with the culture and /or language of the resident and there may be extenuating circumstances with adherence to standards it is reasonable to nominate that particular assessor. For example a resident may not allow personal hygiene to be attended to by someone of the opposite sex. If the person's hygiene is compromised as a result the nominated assessor may be in a position to advocate on the home's behalf and assist with finding solutions to the problem to benefit both the client and the home.

Q. How can issues of perceived conflict of interest be managed?

A. Transparency of the assessor's input may be assured if the assessor signs an agreement to provide an additional explanation of their assessment against the particular standards. This explanation would assist the home in providing the culturally appropriate care required.

#### **Contracting 'expert members'**

Q. 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?

A. ECCV believes YES.

Q. 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?

A. If it is not possible to engage an assessor who has knowledge of the relevant CALD community ECCV believes it would be appropriate to contact an 'expert member' who may be a professional or community leader able to advocate on behalf of the CALD resident/s or the home. A signed statement

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declaring neutrality to offset conflict of interest issues and lack of bias would be required of the expert member.

Q. 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?

A.ECCV would answer YES. If a medical issue needs to be addressed in the context of the assessment process an interpreter should also be available for those residents or their representatives who are not proficient in English and need to have the issue and the way it is to be handled by the home explained in a language the person can understand. This would also be consistent with the assessment function b. 'promoting high quality care, and helping industry to improve service quality, by identifying best practices and providing information, education and training to the aged care industry'

### **Announced Accreditation Site Audits**

Q. Should accreditation site audits be unannounced?

A.ECCV believes that the CALD community would view this as added assurance of accountability by the accreditation body

Q. If not, why not? How can the public perception that announced site audits provide the assessment team 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?

A. Staff should be given the opportunity to comment on standards at staff meetings. This would encourage openness and reflection on the issues which could be documented anonymously and referred to during audits.

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

A. These would need to be very carefully considered so that the residents and their representatives are not intimidated by the process. Fear that anything critical said of the home would jeopardize the care or tenancy of the resident may prevent candid reporting.

To overcome this at least partly the accreditation body would reserve the right to maintain a full register of residents and their representatives to contact. Conversely the resident and their representatives should have access to the contact details of the accreditation agency. There should also be a blanket invitation by the agency to all residents and representatives to contact the agency with concerns. This needs to be supported by an assurance that any information will be privileged to the person and the agency and will not be available to the home unless there are legal proceedings started. When a non English proficient person seeks to lodge a complaint, language services such as use of interpreters should be a mandatory requirement.

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Q. 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?

A. This does not seem appropriate. Patients still need care during blackout days. Assessors should be able to see how staffing contingency plans are put into effect during days when standard routines may be disrupted.

**Appropriate levels of consumer input?**

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

A. No. Small or minority CALD groups require opportunities for input with interpreters and ethno-specific support personnel. Additionally ECCV has considerable evidence that Regional Aged Care homes usually have a far greater CALD mix than their metropolitan counter parts, which compounds the problem of relaying information to the residents and or staff. This issue underscores the need for accreditation bodies to pay particular attention to interpreter and advocacy needs in regional areas.

Q. 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?

A. If the accreditation agency effectively promotes its openness to consultation in the way outlined in the answer to Q3 then increasing the minimum target set for consultations does not seem necessary. Again interests of non English proficient residents or their representatives should be addressed by assuring as much as possible the availability of an interpreter. In the case of a resident from a community speaking a rare language for which an interpreter is not available attempts should be made to find a community representative to interpret, mediate or advocate.

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

A. Yes. For those relatives/ representatives who work normal business hours this would be a particularly courteous measure. It may also free up discussion around the accreditation process also bringing up additional information.

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

A. As well as the strategies outlined in the Answer to Q3

- Phone or email consultation with the agency may be explored.
- Use of the website glossary of medical terms in the 20 languages prepared by the Centre for Cultural Diversity may be of value particularly in e consultation



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### **Compulsory provider/resident/representative meetings**

Q. 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?

A. ECCV asserts that non compliance should be treated seriously whether it is in just one area or all. Requiring homes to organize meetings to discuss noncompliance, although providing an avenue for discussion may be counterproductive without the presence of a mediator from the accreditation agency. This may become a particular issue where residents or their relatives or representatives are fearful of reprisal for complaining by having their care compromised or even losing their residential bed.

### **Confidentiality**

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

A. Yes

Q. 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?

A. Yes

### **Care, safety, quality and the accreditation regime**

Q. 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?

A. All information related to the care of the resident and management of the facility should be collected and stored for reference during audits. A uniformly prescribed minimum data set mandating information about cultural diversity and language proficiency and the means adopted by the home to address CALD issues would also ensure attention to CALD needs.

### **Administrative Appeals Tribunal**

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

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

A. Where a decision regarding compliance has been impacted upon by a CALD issue and language services are required decisions would most effectively and appropriately be appealed to the Administrative Appeals Tribunal. For the CALD community an advantage of this would be in preserving the availability and potentially the neutrality of interpreters. For instance there would be less call on the services of an interpreter if they were called out to interpret at an appeal only the once rather than potentially becoming embroiled in recurring discussions at the facility or across a number of facilities.

#### **Publication of reports**

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

A. It would be a major concern for the CALD community if they are not available in the language of a potential resident and their community seeking information about a facility's credibility and compliance.

Q. 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?

A. No ECCV believes that having reports available firstly on the assessment and then on the accreditation decision would be potentially very confusing, especially if their outcomes differ. For CALD peoples the language barrier would make differences in the reports even more difficult to comprehend

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

A. To ensure transparency of process and reassurance to residents and their representatives reports on decisions should be made available.

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

A. Please see the response below.

Q 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?

A. It is ECCVs view that if the pre-review audit reports carry the potential to seriously damage the home's reputation as well as unsettle the residents and their representatives with the threat of losing their care then it is not in any party's interest to report before the final determination. However in the interest

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of transparency about the process and the home's credibility all reports from the assessment and the accreditation body should be made available to all involved parties, not necessarily to the general public. This may be achieved by issuing codes to involved parties to access the accreditation body's website.

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

A. The fact that the reports are available should be made public. Information about how to access those reports should also be made public with the CALD community. Cost of translation of the material may be an issue for negotiation between both the interested CALD community and the Accreditation Agency.

### **Appropriateness of different types of visits**

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

A. ECCV agrees that the limitations attached to the various types of visits may undermine the overall role of the accreditation body in ensuring that residents receive the appropriate level of care.

This could be addressed by amending the legislation to provide the accreditation body with standardised powers and obligations, regardless of the type of visit that they are conducting. For example a support contact could seamlessly become a review audit. Such an approach would reduce delays in taking appropriate action where major noncompliance is detected and ensure that the technicality of a visit being of a certain type does not impact on the overall task of the accreditation body.

### **Education to industry by the accreditation body**

Q. Is it problematic for the accreditation body to provide education to industry?  
If not, why not?

A. ECCV agrees with the accreditation body providing education to industry.

Q. 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?

A. ECCV recommends closer consultation with ethno-specific welfare agencies, multicultural organisations, and ethnic peak bodies having potential interest in the home, to enhance CALD specific knowledge about care. All information obtained in any consultation either with individuals or groups should be maintained in a central data base available to the home, the accreditation agency and the Department of Health and Ageing.



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**Recommendations:**

- ECCV believes all homes should be regularly audited, through both spot checks and planned audits to ensure both consistency of service provision and accountability to the accreditation process
- That retention of self assessment data be required to encourage reflection on the management process and compliance in all 44 standards
- That electronic data records be supplemented with hard paper documentation to cater to those workers who have difficulty using computers or may still be developing their English proficiency
- That where the home knows of an assessor who is familiar with the culture and /or language of the resident and there may be extenuating circumstances with adherence to standards it is reasonable to nominate that particular assessor
- That if it is not possible to engage an assessor who has knowledge of the relevant CALD community required for the assessment ECCV believes it would be appropriate to contact an 'expert member' who may be a professional or community leader able to advocate on behalf of the CALD resident/s or the home
- ECCV believes accreditation site audits be should be unannounced and that the CALD community would view this as added assurance of accountability by the agency
- ECCV believes that interests of non English proficient residents or their representatives should be addressed by assuring as much as possible the availability of an interpreter. In the case of a resident from a community speaking a rare language for which an interpreter is not available attempts should be made to find a community representative to interpret, mediate or advocate
- ECCV believes homes should be required to organize meetings to discuss noncompliance, although providing an avenue for discussion may be counterproductive without the presence of a mediator from the accreditation agency.
- ECCV asserts that strategies that may increase engagement with residents and/or their representatives should include: availability of phone or email consultation with the accreditation agency and the use of the website glossary of medical terms in the 20 languages prepared by the Centre for Cultural Diversity may be of value particularly in econsultation
- That 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



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- That a uniformly prescribed minimum data set mandating information about cultural diversity and language proficiency and the means adopted by the home to address CALD issues would also ensure attention to CALD needs
- That where a decision regarding compliance has been impacted upon by a CALD issue and language services are required decisions would most effectively and appropriately be appealed to the Administrative Appeals Tribunal. For the CALD community an advantage of this would be in preserving the availability and potentially the neutrality of interpreters
- That publications are available to be translated in the language of a potential resident and their community seeking information about a facility's credibility and compliance
- That culturally and linguistically specific information should be maintained in a central data base available to the home, the accreditation agency and the Department of Health and Ageing

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