

Review of The National Aged Care Quality Regulatory Processes

Submission

24 JULY, 2017

Department of Health

Aged Care Quality Review

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ABOUT FECCA

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA has had a longstanding presence in policy and systemic advocacy on ageing and aged care issues for CALD Australians. FECCA is the leading stakeholder in CALD ageing and aged care policy, and has been a significant contributor to a range of collaborations, including the National Aged Care Alliance, and partnerships with other peak bodies, to achieve the inclusion and empowerment of older CALD Australians, their carers, and CALD people who work in the aged care industry.¹ FECCA undertook the consultations to inform the *National Ageing and Aged Care Strategy for People from CALD backgrounds*² and was a member of its implementation committee. Currently, FECCA is represented on the Aged Care Sector Committee Diversity Sub-Group where it is working collaboratively with the Department of Health in developing and implementing the Diversity Framework.

FECCA gives consent for this submission to be published in whole or in part.

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¹ FECCA's 2020 Vision for Older CALD Australians, 2015, <http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf>

² Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds*, 2015

RESPONSES TO THE SURVEY QUESTIONS IN RELATION TO THE REVIEW OF THE NATIONAL AGED CARE QUALITY REGULATORY PROCESSES

QUESTIONS ABOUT ACCREDITATION AND MONITORING COMPLIANCE OF RESIDENTIAL AGED CARE SERVICES

11. Do you think that processes to accredit and monitor residential aged care services are effective?

Response

As at June 30 2015, there were 32,483 older Australians from CALD backgrounds in residential aged care which was 18.3% of the total residential aged care population.³ The percentage of CALD older people in residential aged care has been steadily increasing with a 0.4% rise from the previous reporting term. This represents a significant proportion of people accessing residential aged care. It is imperative that the needs of this cohort are fully embraced when residential aged care services are being monitored and accredited.

The processes to accredit and monitor residential aged care services generally do not cater adequately for the needs of ageing Australians from a culturally and linguistically diverse background. People who experience communication and/or cultural barriers such as older people who are ageing in a land where they were not born, or not able to understand the dominant language – English, should all be consulted with during accreditation and advised of the accreditation and monitoring process which covers all residential aged care services. Whilst the Quality Agency and the Aged Care Complaints Commissioner have translated resources on their respective websites, greater attempts to explain the accreditation and monitoring services need to be in place in order for a fair and equitable complaints system to be in place.

For a truly effective system to exist which accommodates the accreditation and monitoring requirements of residential aged care services there needs to be:

- Accreditation performed by officers of the Quality Agency who have undergone targeted training to assess the outcomes of care for CALD older people. Additionally, it is important for these officers to understand the challenges of the CALD ageing cohort and who are aware of the inherent difficulties which this cohort encounter when receiving services from the sector
- A representation of cultural diversity within the staffing cohort of the Quality Agency
- When interviewing CALD older people during the accreditation process, the Quality Agency commit to utilising face to face interpreting and translating services to ensure that the residents fully understand the questions being asked
- Interview questions by the Quality Agency to residents to be open ended and not closed resulting in a “yes” or “no” response
- Mandatory utilisation of interpreter and translating services to assist residential aged care providers to deliver the accreditation standards in a manner which fully considers the needs of CALD older people

³ Aged Care Financing Authority 2016, *Annual Report on the Funding and Financing of the Aged Care Sector*, p. 83.

For many elderly migrants in residential aged care, adapting to a foreign environment outside of their home is difficult and challenging; particularly if the service does not cater in-house for their specific culture or language group.

FECCA does not consider it appropriate for the purposes of accreditation to engage a bilingual worker who is employed at a facility to assist in any interpreting for the purposes of accreditation. The resident may feel coerced to remark positively to someone working within the facility and it also places undue pressure on the bilingual worker to convey positive messages to the accreditor. As the accreditation process should be considered to be a legal process as it is specifically addressed within the *Aged Care Act 1997*, the appropriate protocol should include that an interpreter is engaged for providing feedback when the resident is from a CALD background and unable to communicate effectively in English.

FECCA has specific commentary to offer on several of the Accreditation Standards.

Standard 1.4 Comments and complaints – FECCA acknowledges that there are translated resources available in various languages to cater for the comments and complaints mechanisms which are available to the aged care resident. FECCA argues that merely providing written resources to an elderly person whose first language is not English does not satisfy this accreditation standard for people from CALD backgrounds. The service provider should demonstrate that the resident and/or nominated representative actually understands the process and there should be a mandatory requirement to provide this information to the resident and their support people in a format which is understood. FECCA recommends that an interpreter is utilised by service providers for this specific accreditation standard to ensure that the complaints and comments process is fully comprehended and not left merely to the provision of a translated resource to be handed over during the intake and assessment process. Additionally an understanding and a “sign off” from the resident or advocate should be produced during the accreditation process to verify that CALD residents have understood this important standard.

Standard 1.5 Planning and leadership – That the service’s vision, values, philosophy, objectives and commitment to quality aged care includes a CALD strategy which reflects commitment to providing aged care which is appropriate for ageing cohorts of culturally and linguistically diverse population groups.

Standard 1.6 Human resource management – It is important that human resource management practices outline how the service ‘on boards’ new staff and it should include any orientation strategies for new care staff members. This is particularly important for staff members from diverse cultural and linguistic backgrounds who face challenges in adapting to a new country and also for many, a new workforce sector environment.

Multicultural aged care staff members who are from Non English Speaking backgrounds need to be supported with appropriate tools, resources and training to care and manage interactions with elderly residents who may not be accustomed to dealing with people from diverse cultural backgrounds. This should be included in the review by Quality Agency staff of diversity measures engaged within the facility.

Standard 2.3 Education and staff development – Education and staff development around delivering culturally appropriate care is essential and should be assessed in terms of its regularity and content. FECCA welcomes the contribution of the *Partners in Culturally Appropriate Care* initiative which supports the residential aged care sector to provide culturally appropriate aged care. It is essential that the resourcing of this service is expanded and targeted to provide support for the growing number of CALD residents and for the new and emerging communities that are seeking services. There needs to be targeted cultural briefings developed and delivered where clusters of specific cultural communities are ageing

in place which include health and personal care considerations. As the Asian, South East Asian and Arabic speaking communities are ageing it is important that their needs are fully represented in cultural awareness training.

Standard 2.4 Clinical care – Effective communication is essential as well as an understanding of cultural values which may impact on the care relationship. How are personal care attendants and clinical staff communicating with residents from CALD backgrounds? Are the accreditation and monitoring processes evaluating this feature of care for CALD residents? If gender preferences are articulated due to cultural and spiritual considerations are these in fact being delivered by the facility?

Standard 2.8 Pain management – FECCA is concerned that the communication around managing pain is not always catered for in a culturally specific way and not assessed in the accreditation process. For example, how is the level of pain being communicated to the care and clinical staff if the resident is unable to communicate in English? Is the service actively seeking out methods of communication around pain management in the correct language? Is the service utilising universal assessment tools which may not be culturally appropriate or understood by the CALD resident, such as the *Faces Pain Scale*.

Standard 2.9 Palliative care – Does the service articulate to CALD residents the services available for Palliative Care in their language of choice or in a format which is easily understood? There are cultural implications around the provision of Palliative Care and they need to be understood by care teams to ensure adequate and appropriate care is made available to people from CALD backgrounds. Education about cultural diversity in the palliative approach is recommended for aged care teams to enhance an understanding of care preferences of individuals from different cultural backgrounds. Efforts to accommodate these preferences promote individualised care which benefits individuals and their families.

Standard 2.12 Continence management – It is important to understand that the culture of an individual may impact greatly on the health and self-management behaviours relevant to the prevention and management of incontinence. Discussing the sensitive issues around continence management is particularly challenging if one does not speak English. As well as the lack of English proficiency, attitudes and social taboos common to many CALD groups, make the topic difficult to address. In fact, in some languages there is no direct translation for the continence and incontinence. FECCA considers that the assessment and monitoring of this standard should capture a specific mention of continence education, awareness and management for people from CALD backgrounds ageing in a residential facility.

Standard 2.13 Behavioural management - FECCA is concerned that this accreditation standard is not assessed appropriately for people who experience changes in behaviour from CALD backgrounds. For example, how is behavioural management being conducted for CALD older people living with dementia? Are they communicated to in their first language when changes in behaviour are being addressed (being mindful that many people lose the ability to communicate in any adopted language when living with dementia)? How are changes in behaviour being managed for this cohort? Are specialised teams able to speak and communicate in a language understood by the resident? It is imperative that the monitoring and assessment process specifically addresses this standard and evaluates performance of the any services for all residents being cared for in a facility who are from CALD backgrounds.

Standard 2.15 Oral and dental care – As greater numbers of older people are retaining their natural teeth longer it has been highlighted that people living in aged care have

substantially poorer oral health outcomes.⁴ This indicates to FECCA that this particular standard is failing to protect the oral health of older Australians residing in care, as they have up to 'three times the risk of untreated tooth decay' than the general public.⁵ This is particularly concerning for residents of CALD backgrounds who may not be aware of addendum dental services due to a lack of English language proficiency. Studies have demonstrated that there are several important discrepancies between the recommendations made in evidence-based guidelines for oral care and the implementation of such practices in residential care settings.⁶ FECCA urges that the assessment and monitoring of this standard is revised to explicitly address this issue with recommendations for assessors to personally inspect residents on their oral hygiene state. FECCA additionally requests that oral health policies should specifically address oral health procedures which cover people from a CALD background and what communication techniques are utilised by care staff. FECCA would like to understand how CALD older people are communicated with on the importance of attending to oral hygiene.

Standard 3.3 Education and staff development – There needs to be stronger emphasis or a formal requirement to demonstrate ongoing education and staff development around cultural capability and intelligence around residents' being able to retain their personal, civic, legal and consumer rights. It is not acceptable that satisfying this criteria includes obtaining resources in specific languages or attending conferences. It needs to be demonstrated to the accreditation officer that meaningful engagement is carried out over the term of the accreditation period with ongoing commitment to cultural awareness education which leads to acceptable and enhanced engagement practices with the resident in order for them to take active control of their own lives within the residential care service and in the community.

Standard 3.4 Emotional support – FECCA is aware that many CALD older people ageing in residential facilities experience loneliness and isolation. This can be due to a number of reasons, however, most pertinent is the lack of language immersion and cultural disconnect experienced by the CALD resident. FECCA specifically requests that the accreditation and monitoring process addresses how the residential facility is catering for CALD emotional support. In regards to assessing depression, are the depression assessment and diagnostic scales being delivered in a culturally appropriate format? Is this being addressed in the accreditation and monitoring process? How does a facility demonstrate that they are understanding this accreditation area for people who do not speak English? Are interpreters being utilised for this important standard area?

Standard 3.7 Leisure interests and activities – Overcoming language and cultural barriers is essential to assisting CALD residents to develop a sense of social connectedness and belonging. For example, how is the facility fostering and supporting a sense of belonging for CALD residents? Do they run dedicated programs for CALD residents? FECCA recommends that residential facilities address how they are linking in with local culturally specific social support groups who are able to provide leisure activities for CALD residents. This is particularly necessary if the CALD resident does not have a family who can bridge the need for cultural and leisure support. This is particularly important as the lack of English language proficiency can inhibit the CALD older person from connecting with other residents who speak English only on a daily basis which can lead to the curtailing of their leisure interest participation.

⁴ The Conversation Media Group Limited 2010-2017, *The Conversation*, May 22, 2017, *The Shocking State of oral health in our nursing homes and how family members can help*, available at <http://theconversation.com/the-shocking-state-of-oral-health-in-our-nursing-homes-and-how-family-members-can-help-77473>. Accessed 20 July, 2017.

⁵ Ibid.

⁶ Hilton S, Sheppard JJ, Hemsley B, NCIB, 'Feasibility of implementing oral health guidelines in residential care settings: views of nursing staff and residential care workers', 2016 May 30; 194-203.

Standard 3.8 Cultural and spiritual life – Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued, fostered and understood by all levels of staff with appropriate supplementary support of ongoing culturally competent training as CALD ageing cohorts present for care within the service.

Standard 4.6 Fire, security and other emergencies – Is all signage and information pertaining to fire, security and emergency procedures displayed in a format which is understood by ALL residents, including those who are not literate in English and/or their own language? Many of our CALD elderly constituents are not literate in their own language and therefore will be unable to understand written signage which is essential in the case of an emergency.

FECCA recommends that communication formats include audio and/or visual resources to enable a full understanding of the emergency procedures which are essential in a residential aged care facility with specific assessment and monitoring around this safety issue.

Standard 4.8 Catering, cleaning and laundry services – Are the catering services appropriate for the cultural needs of elderly residents. Are elderly people from CALD backgrounds having their catering needs attended to? If an elderly CALD resident has specifically requested meals which are not standard for the facility, then have they been provided?

12. Do you think processes to review and investigate non-compliance with the accreditation standards are effective?

FECCA understands that as part of the non-compliance process is the opportunity for information to be passed onto the Quality Agency through the Department from various bodies including; health complaints bodies, consumer advocacy groups, from within the Department itself and through media reports and letters to Members of Parliament. FECCA recommends that awareness raising in regards to submitting complaints to Regulatory bodies for issues of non-compliance are made available to the extended network of cultural, ethno-specific and religious organisations. FECCA is open to engagement and discussions with The Department on this point.

Additionally, FECCA requests that the Quality Agency does not impose a low risk non-compliance judgement to care recipients where their cultural needs are not being met. The absence of culturally appropriate aged care is considered a high risk to a CALD older person's health and wellbeing.

13. Are you aware that sanctions can be imposed on residential aged care services when they fail to comply with the accreditation standards?

Response

FECCA is aware that sanctions can be imposed on residential aged care services when services fail to comply with the accreditation standards and there have been immediate and severe risks to the health, safety and wellbeing of residents.

FECCA strongly urges that the Quality Agency pay particular attention to the aged care outcomes of residents of aged care facilities who are from culturally and linguistically diverse backgrounds; particularly those living with dementia and those who have limited access to family support and/or people who are able to actively advocate for them. Considering that the prevalence projections of people living with dementia from CALD backgrounds by 2030

will be over 61,000⁷ this represents a huge number of people living in Australia who will require at some stage a high level of care due to the rapid ageing of many CALD communities.⁸

14. Do you think these sanctions are effective?

Response

FECCA understands that the matter of imposing sanctions can be fraught with difficulty, particularly considering the ongoing care of vulnerable individuals where a facility has been sanctioned. It is important that the Department of Health continues to maintain vigilance in regards to sanctions and be prepared to restrict operations and funding until the facility is deemed fit to continue with its service provision, including the non-compliance of delivering culturally appropriate care.

15. What features of the existing assessment and monitoring process should be retained?

Response

FECCA supports the process of unannounced periodical spot checks on residential facilities carried out every year by the Quality Agency. FECCA also supports on site assessments and would recommend that the Quality Agency do not curtail this process by adopting a self-assessment based procedure or leaving assessments up to management or boards of management.

FECCA sees much value in the accreditation process including on site observations at mealtimes, medication routines and behavioural management strategies. FECCA also would request that the accreditation process specifically includes observations around communication techniques involving CALD residents by a suitably qualified CALD 'culturally intelligent' accreditation officer. Additionally, FECCA would strongly urge that the Quality Agency interview CALD residents with the support of an appropriate independent interpreter who understands the aged care sector and the requirements of the accreditation standards.

16. What features of the existing assessment and monitoring process should be changed?

Response

FECCA receives feedback in regards to CALD ageing people in residential facilities who are not receiving culturally appropriate care. For example, the Chinese community are not keen to age in a residential aged care facility because they feel socially and culturally isolated due to a few factors.

- The food typically served in residential aged care facilities is not appropriate for them

⁷ Access Economics, *Keeping Dementia front of mind: incidence and prevalence 2009-2050*, August 2009, p. ii

⁸ NSW Government Health Ministry, *Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia (BPSD)*, 2013. Available at, https://www.ranzcp.org/Files/Publications/A-Handbook-for-NSW-Health-Clinicians-BPSD_June13_W.aspx p. 5.

- The lack of knowledge of their language and not having an alphabet based on the Latin alphabet means that they are unable to communicate their needs to the care staff. This has dire implications for these people not only for dietary and social needs but also for clinical considerations where interventions become necessary.
- The lack of consideration for cultural and spiritual needs extend to affecting the mental health of our ageing CALD residents. Lacking the ability to engage or have these needs met can lead to outcomes which are not equitable. Chinese community leaders have discussed that their community members “die of a broken heart” when placed in residential aged care that does not meet their cultural requirements.

This demonstrates distinctly to FECCA that the existing assessment and monitoring processes around the service provision to elderly CALD residents is lacking in attending to the outcomes for CALD ageing cohorts. Aged care provision in government subsidised care must be accessible and equitable to all population groups. These groups must be afforded care which is appropriate to their health, social, cultural, spiritual and economic needs. FECCA initially recommends that:

- Staff development and training around cultural competency in aged care service delivery must be mandated to be delivered on a regular basis. This is particularly important considering the typical staff turnover within the aged care workforce. This training should not be generic training but specific with attention paid to targeted cultural briefings which investigates several areas and trains aged care staff in such areas as:
 - End of life care for culturally and linguistically diverse groups
 - Cultural attitudes and perspectives of death and dying
 - Cultural attitudes and perspectives of palliative care
 - Cultural attitudes and perspectives of dementia
 - How to deliver culturally appropriate personal care
 - How to connect with communities who may assist with providing volunteer services to benefit and enhance CALD social connectedness
 - Multi-level cultural competency training which targets boards of management, senior and middle management and quality staff as well as personal care, allied health and clinical staff
 - This training should also include an assessment feature. There also needs to be a follow up mechanism where the training is evaluated post implementation to understand whether it has made a difference to the way that care has been delivered.

26. Do you have any suggestions for how complaints handled by the Aged Care Complaints Commissioner could be better handled?

FECCA considers it imperative that complaints handled by the Aged Care Complaints Commissioner are captured and data is produced as to the population group lodging the complaint. The data then needs to be disaggregated. The CALD ageing policy, sector support and operational areas will benefit by having access to the statistics that indicate what percentage of people from CALD ageing backgrounds are making complaints or initiating communication with the Commissioner. Without this information it is difficult to evaluate the effectiveness of the translated resources which are produced regarding the complaints mechanism.

FECCA understands that some people prefer to remain anonymous when making complaints to the differing regulatory bodies. Without specific disaggregated data it is difficult to implement changes to specifically assist CALD older people to support their grievances

with aged care organisations that are providing services necessary to support them to continue living in a residential aged care facility.

ADDITIONAL COMMENTS

27. Do you have anything else that you would like to contribute to the Review?

FECCA considers it important that providers of residential aged care services are expected and able to clearly demonstrate how they are meeting accreditation requirements in a manner that can actually be measured and assessed for cultural inclusivity and culturally appropriate service provision and organisational practices. FECCA highly recommends that accreditation standards include that a CALD strategy is required by organisations providing aged care services captured in their strategic management portfolio. Additionally, for new providers when applying for Approved Provider Status must demonstrate the inclusion of a CALD strategy in their organisational policies and procedures.

FECCA also urges that the regulatory processes consider the challenges faced by CALD older people and adopt the recommendations to monitor and assess service outcomes. For example:

- Can the service demonstrate what proportion of their customers are from a CALD backgrounds
- Does the service collect, produce and make available for public knowledge CALD specific data?
- What strategies are in place to cater for CALD specific needs in the area?
- How does the service engage and communicate with CALD residents, especially those residents not proficient in the English language?
- Does the service conduct dedicated programs for CALD residents?
- How do they draw meaningful feedback from their CALD residents?
- What is the make-up of the workforce? Does it reflect the diversity of their resident cohort?
- Does the service employ bilingual bicultural staff?
- Does the service consult and plan with other organisations in order to deliver effective services and programs for CALD residents? If so, how are they demonstrating this?
- How is the service conducting their professional development in regards to CALD cultural capability? It needs to demonstrate that practical and engaged training is helping to achieve heightened outcomes for residents and should be assessed and reviewed periodically.
- Is diversity management reflected in the values and mission of the organisation, as well as its policies, procedures and workforce development principles and practices.
- Is the multicultural staff cohort appropriately trained to deal with the complexities of the aged care system in Australia? This should address the inherent attitudes towards staff from diverse cultural and linguistic backgrounds by non-CALD residents and staff.

FECCA recommends that a separate standard is inserted and accredited against and this could be entitled '**Responding to Diversity**'. This addition will ideally fit in with the proposed new Diversity Framework which is currently being developed by the Department of Health with the assistance of representatives from diverse population groups from the ATSI, LGBTI and CALD consumer groups, including FECCA.

FECCA wishes to thank the Department for the opportunity to contribute to the Review of the National Aged Care Quality Regulatory Processes submission.