Draft single aged care standards
Feedback 21 April 2017

(submitted using on-line form)

Meaningful Ageing Australia
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Please note throughout this document changers are suggested with an underline. The on-line form does not accept this formatting.

1. **Do the consumer outcomes in the draft standards reflect the matters that are most important to consumers?**

Generally, yes, with the major exception that spiritual needs (related to meaning, purpose and connectedness which may or may not have a religious expression) are not acknowledged as integral to wellbeing and quality of life. The importance of spiritual care was articulated by the aged care community in the AACQA Quality Dialogue, a key source for these draft standards.

There is a significant risk that organisations could meet these standards having not genuinely engaged with the older person as a human being with lived experience, but rather continue to 'document' and 'treat' the person.

Why? Do you have any suggestions about how they could be improved?

Following are some practical ways to address these concerns:

Standard 1 consumer outcome:
I am treated with dignity and respect, and can maintain my identity. I can make choices about my care and services and how they support me to live a meaningful life.

Standard 3 consumer outcome:
I get personal care and/or clinical care that is safe, right for me and supports a meaningful life.

Standard 4 consumer outcome:
Over-emphasises 'doing' over 'being' which reduces the value of engaging with an older person who can no longer 'do' things and misses the significance of ageing as a spiritual process.

I get the services and supports I need to help me live a life I value.
Or
I get the services and supports I need to help me live a life that matters to me.

Standard 5 consumer outcome:
The service environment is safe, comfortable and supports my wellbeing.

Standard 6 consumer outcome:
Switch the statements to a more logical order, i.e. I feel safe in making complaints; I see appropriate action taken.

Standard 7 consumer outcome: staff who are "knowledgeable and considerate" is not strong enough.

The type of person who is providing the care is known to significantly alter the experience of the consumer, which in turn impacts quality. This outcome should be altered to:
I get quality care and services when I need them from people who are knowledgeable, understanding and genuine.
Or
I feel genuinely supported by the people who work in the organisation.

2. **Are the organisation statements and requirements in the draft standards achievable for providers?**

   They are achievable if appropriately supported and funded, and expectations are more clearly defined.

Why? Do you have any suggestions about how they could be improved?

A few more definitions to help organisation make the standards more achievable would be helpful (see below).

3. Are the draft standards measurable?

Overall, yes, however measures will be difficult without appropriate definitions (see below).

Why? Do you have any suggestions about how they could be improved?

Definitions are needed for *health, wellbeing*, *quality of life* and *spirituality* which then make measures more possible. Such as:

Health – "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States, Official Records of WHO, no. 2, p. 100). The WHO includes spirituality in their quality of life measure (see below) and definition of palliative care.

Quality of life – "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (World Health Organisation, WHOQOL Spirituality, Religiousness and Personal Beliefs (SRPB) Field-Test Instrument, Geneva, Switzerland, 2002)

"**Spirituality** is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices" (Puchalski, C., Vitillo, R., Hull, S., & Reller, R. (2014). Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus. Journal of Palliative Medicine, 17(6), 642-656).

Spiritual care "involves caring for the whole person holistically incorporating the needs of mind, body and spirit. This holistic approach can enhance spiritual wellbeing and improve health and quality of life. Spiritual care recognises and responds to a person's spiritual needs by supporting them to find meaning, purpose, hope and transcend loss, grief, disability, illness and pain" (Meaningful Ageing Australia. (2016). National Guidelines for Spiritual Care in Aged Care. Parkville).

Wellbeing – "From birth to death, life enmeshes individuals within a dynamic culture consisting of the natural environment … the human made environment … social arrangements … and human consciousness … Wellbeing depends on all the factors that interact within this culture and can be seen as a state of health or sufficiency in all aspects of life… At the individual level, this can include the physical, emotional, psychological and spiritual aspects of life. At a broader level, the social, material and natural environments surrounding each individual, through interdependency, become part of the wellbeing equation" (Australian Bureau of Statistics. (2001). Measuring Wellbeing: Frameworks for Australian social statistics. p 6).

"**Wellness** is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings" (WHO. WHO Health Promotion Glossary: new terms. Health Promotion International Advance Access published September 7, 2006 doi:10.1093/heapro/dal033)

4. Are there any gaps in the draft standards? If so, what are they?

The importance of facilitating meaning, purpose and connectedness (spirituality) for older people is not strong enough. It has been relegated to a list of possible characteristics, like ethnicity, rather than being understood as integral for wellbeing and quality of life. By adding definitions for 'wellbeing' and 'wellness' to the document, it would be clearer that a person's spirituality (more than religious beliefs) is integral to their overall quality of life.

Spiritual wellbeing was raised as a key issue in the AACQA's Quality Dialogue (Shaping the future National consultation report December 2015) however in the draft standards, 'wellbeing' is mentioned numerous times but not 'spiritual wellbeing'. These draft standards do not support contemporary research in relation to old age as a psycho/spiritual development stage in its own right – in particular it being a time for continued learning, inward reflection and spiritual expression. Further:

- they appear weighted in favour of physical health outcomes rather than holistic experiences
- if these standards were adopted, many older people receiving care could miss out on deliberate inclusions of spiritual support as part of their care
- they do not offer inspiration or incentive to take aged care services to a higher level
- it is disappointing at this time of growing awareness of the intersection of cultural, spiritual and mental elements of health, especially in relation to the experiences associated with end of life and palliative care, that these elements are not promoted
- there is no reason why all of aged care cannot be served by a single set of standards however to really give older people the opportunity for extraordinary end of life support they need to focus on more than the mundane/physical elements of health
- there seems to be a shadow of the medical model underlying these standards despite the wording around consumer direction.

At a minimum, Standards 1 and 4 should recognise the National Guidelines for Spiritual Care in Aged Care as a concrete example of how to achieve the kinds of outcomes the Standards are seeking; and that organisations have a responsibility to understand and respond to what is important to the consumer *at depth*.

Spiritual wellbeing should be adopted as a key outcome area for the organisation in standard 2:
The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and spiritual wellbeing in accordance with the consumer's needs, goals and preferences.

5. Is the wording and the intent of the draft standards clear?

Yes the wording of the standards is clear. The intent can be improved as there is a risk they are perceived as interested mainly in functional rather than experiential aspects of care and ageing.

Why? Do you have any suggestions about how they could be improved?

By adding definitions and other suggestions as mentioned in this response.

6. **Are any draft standards or requirements NOT relevant to the following services? If so, please provide details below.**

- Residential care
- Home care
- Commonwealth Home Support Programme services
- Transition care
- National Aboriginal and Torres Strait Islander Program services
- Multi-purpose services
- Innovative care services
- Short term restorative care services

7. **Do you have any specific suggestions in relation to draft Standard 1: Consumer dignity, autonomy and choice? If so, what are they?**

Organisation statement - add

- Supports opportunity for growth and exploration of new aspects of life

Requirements

1.2 – Each consumer's identity, culture, spirituality, beliefs and uniqueness is respected.

Rationale and evidence

Add content under the heading:

Dignity and respect—Being treated with dignity and respect is essential to quality of life. It includes:

- If physical dependence increases, the older person still feels valued
- Respecting the older person's beliefs and their choices to live out of these beliefs

- The statement 'Quality is influenced by the consumer's right to make informed choices, to understand the range of choices available to them, and to retain independence for as long as they wish' should be modified to include "/are able". Physical challenges, whilst not the focus of the standards, is still the reality for many people as they age. It is unrealistic to suggest that the care delivered can be entirely governed by the choice of the older person. Suggested modification: "Quality is influenced by the consumer's right to make informed choices, to understand the range of choices available to them, and to retain independence for as long as they wish/are able".

- Acknowledge that consumer choices may conflict with the philosophy or guiding principles of an organisation (this requires clear communication from the organisation about these potential clashes before a consumer 'joins' the service)

8. Do you have any specific suggestions in relation to draft Standard 2: Ongoing assessment and planning with consumers? If so, what are they?

The older person's inherent need for meaning, purpose and connectedness is not explicit enough. Assessments should include spiritual screening for all older people, otherwise this aspect of their care is too easily left out.

Organisation statement – addition

The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and spiritual wellbeing in accordance with the consumer's needs, goals and preferences.

2.2 should be revised as follows:

2.2 b. focuses on optimising health and spiritual wellbeing

9. Do you have any specific suggestions in relation to draft Standard 3: Delivering personal care and/or clinical care? If so, what are they?

This standard over-emphasises the functional side of care and does not pay enough attention to the human experience that heavily impacts the experience of ageing and engaging with aged care services.

Requirements
- By adding the word 'spiritual' to requirement 3.1 (see below), the organisation is required to think more broadly than efficient wound management (for example). Assuming spiritual screening/assessment has occurred as part of standard 2, then knowing what is needed for the person's spiritual wellbeing would be captured and here it is demonstrated as being acted upon. This may include creative responses such as singing whilst showering, etc.

3.1 Personal care is safe, effective, aligns with the consumer's preferences, and optimises their health and spiritual wellbeing.

3.3 The needs, beliefs and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Also: Include reference to person's right to not to have further care

10. Do you have any specific suggestions in relation to draft Standard 4: Delivering lifestyle services and supports? If so, what are they?

Organisational Statement
This statement should include opportunity for person to explore new opportunities for growth, personal meaning and fulfilment. The current standard implies that older people reach a plateau and no longer wish to explore further opportunities for learning, growth and development. This can be achieved by adding the word 'spiritual' as it requires organisations to engage more broadly with the person about their needs.

Suggested modification:
The organisation facilitates the consumer's access to services and supports that enhance spiritual wellbeing, and quality of life.

Rationale and evidence - addition

Services to –

Add: - explore meaning, purpose and connectedness for this phase of their life

Or

- explore and express their identity

Also add services to –

- support intimate relationships

11. Do you have any specific suggestions in relation to draft Standard 5: Service environment? If so, what are they?

The World Health Organisation describes the impact of healthy settings on overall health and wellbeing (WHO. (1998). Health Promotion Glossary. Geneva). A healthy setting is created not only by a physical environment, but also by the actions and emotional engagement of others. This Standard should be modified so that it is not reduced to the physical environment but includes requirements regarding the WAY staff interact with consumers.

12. Do you have any specific suggestions in relation to draft Standard 6: Feedback and complaints? If so, what are they?

Point 6.2 should articulate that in giving feedback, people need to be protected and feel safe in doing so. This is noted later in this standard, but it should be up front rather than in the explanatory notes.

13. Do you have any specific suggestions in relation to draft Standard 7: Human resources? If so, what are they?

We need more from aged care staff than knowledge and consideration, otherwise the relational aspect of care can still be largely avoided. The industry needs staff who empathize and understand ageing and aged persons.

Organisation requirement
This should include a statement regarding staff being selected for their warmth and genuine interest (or maybe their ability to deliver on the organisation's core values/mission) as much as their technical skills.

Suggested modification:
The organisation has sufficient skilled, empathetic and qualified workforce to provide safe, respectful and quality care and services.

14. Do you have any specific suggestions in relation to draft Standard 8: Organisational governance? If so, what are they?

Organisation statement
This should include a reference to the organisation's accountability for the emotional/cultural/spiritual wellbeing of the person.

Suggested modification:
The governing body is accountable for safe and quality care and services that promote all aspects of health and wellbeing.

15. Do you have any other comments or suggestions about the draft standards?

Overall the draft standards are satisfactory in addressing the well documented issues and key concerns across the delivery of aged care services. For the most part they are workable and applicable; however they do not offer providers any inspiration or incentive to take their care service and relationships to a higher level.

The draft standards:

- focus too heavily on needs and not enough on desires, wishes and dreams
- are sometimes too mechanical and miss the subjective experience of being
- focus too heavily on functional independence rather than the lived experience
- appear weighted in favour of physical health outcomes rather than holistic experiences
- do not support contemporary research in relation to old age as a psycho/spiritual development stage in its own right – in particular it being a time for continued learning, inward reflection and spiritual expression
- are not clear that wellbeing and quality of life by necessity includes attention to the spiritual domain

There is no reason why all of aged care cannot be served by a single set of standards. To really give older people the opportunity for extraordinary support for their final phase of life, they need to focus on more than the mundane/physical elements of health. There seems to be a shadow of the medical model underlying these standards despite the wording around consumer direction.