



Royal Commission
into Aged Care Quality and Safety

HOME CARE HEARING: DRAFT PROPOSITIONS

7 August 2020

These draft propositions have been prepared by members of the staff of the Royal Commission, and do not necessarily reflect the views of the Royal Commissioners.

We do not expect nor require you to respond to any propositions if your time and resources do not permit.

We do not expect nor require you to respond to any propositions outside your area of knowledge, expertise or experience.

Proposition HC1. More care at home to meet the preferences of older people wanting to age in place (transition proposition)

Until an integrated program of care at home is implemented (combining the Commonwealth Home Support Programme and the Home Care Packages Program), the Australian Government should:

- immediately allocate a home care package at the assessed level to all people on the National Prioritisation Queue (waiting list) that do not have a package or do not have a package at the assessed need
- ensure that new entrants to the waiting list are allocated a home care package at their assessed level within one month of assessment
- allow access to the Commonwealth Home Support Programme for people using a home care package for social support services (group and individual), centre-based respite services, transport services and meals.

Over the next three years, the Australian Government should transition to an integrated program of care at home (combining the Commonwealth Home Support Programme and the Home Care Packages Program) that offers care from very low needs (for example, one hour of domestic assistance per week) to high needs with a maximum equivalent to the maximum the assessed individual would receive in residential care.

The Australian Government should commence immediate work to implement a new planning system and appropriate safeguards to provide unrationed, demand-driven home support and care. The transition to an unrationed, demand-driven program should involve the steps set out in Proposition HC6. Other features of the new program are set out in the other propositions in this document.

Proposition HC2. More funding for care at home to meet assessed needs

To support the transition to an integrated program of care at home, the Australian Government should implement a new model of funding for an integrated program of care at home (combining the Commonwealth Home Support Programme and the Home Care Packages Program). This should involve separate funding for categories of:

- social support (including social support, meals and transport)
- enabling care (including short term enabling plans, home modifications and assistive technology)
- respite care (including at home, in the community and in facilities)
- care at home (including care management, living supports (domestic assistance and home maintenance) and personal, clinical and therapeutic care, and end-of-life and palliative care). The new model should provide personalised funding for 'care at home'.

An independent assessment should lead to the allocation of an entitlement to a person. That person will be able to choose or change providers.

The assessor should also specify the domains of support and care that the individual can receive, and set a plan and budget based on the individual's assessed needs. The assessor should set a budget in light of the standard schedule of fees for the relevant area. The plan should set the hours of care per year to be used across the major domains of:

- care management
- living supports
- personal, clinical, enabling and therapeutic care
- palliative and end-of-life care.

The assessment should also identify when a person is no longer safe at home even if they receive the maximum care available under the program.

Proposition HC3. Changes to consumer directed care

While the 'care at home' category in Proposition HC2 is built around personalised funding, the model will involve changes to consumer directed care. Under the 'care at home' category:

- People will have choice over how the hours of care per year are used, and providers should work in partnership with the older person to make decisions about how care is provided.
- People will no longer be able to use the funding on non-aged care related needs or items.
- There will be a shift from self-management to shared management where the focus will be around delivering care to meet assessed needs.

Proposition HC4. Pricing that accounts for the administration activities of home care providers

The Australian Government should set prices for aged care services at home that include sufficient funding to cover the on-costs associated with the delivery of services, including:

- a. initial and ongoing education, support and training for staff and volunteers
- b. activities to improve management and governance of the provider entity
- c. activities that improve the safety of the workplace
- d. funding to support transition to high quality care.

Proposition HC5. Responsibility for co-ordination of care in the new program

The Australian Government should fund a care management domain in personalised care at home, matched to the complexity of the older person's needs. All older people with an entitlement to care at home will have care management. The hours per year of care management that a person is entitled to will be in their personalised budget.

As part of care management, a provider should assign a care manager and undertake:

- early discussions with the person and, if applicable, their carer on the person's strengths, capabilities, aspirations and goals
- consultation with the person and, if applicable, their carer, to develop a holistic care plan, including activities to promote various aspects of health and wellbeing and to enhance their ability to live and participate in the community
- care plan implementation
- regular monitoring and review of the person's progress and situation, with adjustments to goals and service delivery as appropriate
- consideration of current service use and determination of additional services needed, in line with the personalised budget
- use of technology to meet and exchange information with representatives of the older person if requested.

The care manager, the older person and, if applicable, their carer should develop a care plan. This plan should include strategies to achieve the person's goals and detail services to be provided by aged care and other programs or providers. Services should then be planned and delivered in a manner that reflects the priorities and preferences of the person and carer.

The effectiveness of the care plan should be monitored through the care manager's communication with the person, carer and other providers. The care plan should be reviewed and updated bi-annually.

The care manager must meet the hours of care management set out in the personalised budget. The care manager must support the older person to access re-assessment as their care needs change.

The care manager must have relevant qualifications or experience, matched to the complexity of needs of the older person. This may include qualifications and experience as a registered nurse, allied health professional or experienced personal care workers.

Proposition HC6. Transition to the new program

Proposition HC6(a) A suitably trained and skilled workforce

The home care workforce should be valued and supported to ensure that it can provide high quality and safe care. To this end, arrangements for the home care workforce must:

- include oversight, supervision, and support to and protection of the health and safety of all workers providing home care services
- promote and facilitate professional development of the home care workforce, including a career path.

Personal care workers providing home care should have a minimum certificate IV qualification.

Proposition HC6(b) Suitable employment and engagement arrangements for home care workers

The engagement of contract and sole trader aged care workers, including through online worker brokerage platforms and labour hire arrangements, must be regulated.

Regardless of how, or by whom, a home care worker has been engaged, approved providers must comply with the Aged Care Quality Standards. This includes circumstances where an approved provider facilitates care recipients to select sole trader or agency aged care workers to deliver care services.

Providers should be required to deliver a set percentage of their care hours through the care worker they employ directly.

The Australian Government should include specific labour standards for home care workers in the Aged Care Quality Standards for providers, to include:

- paid travel time
- minimum hours per week.

Proposition HC6(c) Quality regulation

Proposition HC 6(c)(i) Certification prior to delivering services

Home care providers should be subject to certification of their suitability, viability and capability prior to delivering services.

Certification of home care should consist of two distinct stages:

- 'provider approval' and
- 'service approval'.

Applicants must first be approved as a provider prior to seeking service approval. Provider approval would review the suitability (i.e. fitness and propriety) of the applicant. Service approval would review the capability (i.e. governance, clinical systems and processes) of the applicant to deliver the specific service(s) for which they had sought approval. Where an existing provider sought to add additional services to their existing approval, they would be required to seek approval specific to those additional services.

Proposition HC6(c)(ii) Continuing certification

Certification of home care providers should be subject to continuing high quality services and be reviewed annually by the quality regulator.

The provider should be required to demonstrate that the quality management system in place for all care and service provision systems is maintained and improved.

In assessing renewal of certification, the quality regulator would consider suitability (i.e. fitness and propriety) and capability (i.e. governance, clinical systems and process) proportional to the assessed risk category of the provider.

Approval periods for providers should vary based on their risk category, e.g. new providers may have a shorter approval period compared with more experienced providers.

Proposition HC6(c)(iii) Assessment of home care certification

Assessment of home care certification should include direct consumer experience reports or direct contacts with at least 20% of the recipients of the service. These assessments should be included in aggregate form for each provider on the provider's and the quality regulator's websites.

Proposition HC6(c)(iv) Publication of annual report

The Australian Government should require home care providers to publish an annual report on the quality of care, services offered, financial performance, complaints and consumer feedback. This report should follow a standard format for both care-related and financial performance.

The annual report should include:

- the names of people who had been key personnel during the year
- a financial report including profit and loss and balance sheet information
- information on service utilisation
- information on the number, type, and disposition of complaints
- information on staffing, including staff turnover.

Proposition HC6(c)(v) Serious incident reporting framework

A Serious Incident Reporting framework should apply in home care.

Proposition HC6(c)(vi) Graduated reporting system

The graduated reporting system (star ratings) being developed by the Australian Government for residential aged care should be extended no later than 1 July 2022 to all home care providers. The

star ratings system for home care providers should include, amongst other things, indicators on staffing, serious incidents, and results from consumer experience surveys.

Proposition HC6(d) Safeguards for older people receiving home care services

The Australian Government should ensure that:

- assessors' identify potential vulnerabilities of potential care recipients, and assessor reports are available to the care finders and providers responsible for the management of care needs for those recipients
- care finders have access to quality indicator outcomes relating to the care recipients for whom they have case management responsibilities
- advocacy organisations are funded and empowered to act on behalf of home care recipients, including by funding at least two advocacy organisations in each region.

The quality regulator should be required to recognise the standing of advocacy organisations in making representations on behalf of home care recipients and receive complaints lodged by advocacy organisations on behalf of home care recipients.

Proposition HC6(e) Systemic indicators of health and well-being

The Australian Government should:

- establish, as soon and efficiently as possible, objective and measurable indicators of outcomes for the home care population at a system level
- implement a comprehensive Quality of Life assessment tool
- assign responsibility for the maintenance, update, amendment, introduction and removal of quality indicators to [an entity within the institutional architecture], including:
 - promoting [in cooperation with the National Health and Medical Research Council] ongoing research into the use and evidence basis for quality indicators
 - publishing guidance for and educating providers and the industry more broadly on how to use indicator data to identify risks and publish guidance on evidence-based risk management.
- establish the following reporting, benchmarking and performance measures in relation to quality indicators:
 - targeted and easily digestible reports for different stakeholders, including services and consumers, on the basis of raw data
 - benchmarking of services, where appropriate, on the basis of classes of services/case-mix
 - tracking of sector performance and considering improvement targets, where relevant and appropriate.

Proposition HC6(f). System management and coverage

The Australian Government should undertake a market analysis and invest in market and capability development to ensure the availability of suitable and competent providers capable of providing the full range of home care services.

Where necessary to achieve equitable access to services, the Australian Government should consider commissioning home care services on a region by region basis.¹

Proposition HC7. Duty on home care providers to provide high quality and safe care

Home care providers should be required to ensure that the aged care that they provide is of high quality and safe, so far as is reasonably practicable and having regard to:

- the views and preferences of the older person;
- the nature and scope of the services that the provider is funded to provide for the older person.

Proposition HC8. Carers Leave

The National Employment Standards under Part 2-2 of the *Fair Work Act 2009* (Cth) should be amended to provide an:

- entitlement of up to two years unpaid leave to care for on older person, for long term permanent and casual employees with a return to work guarantee
- entitlement to flexible work arrangements for the purpose of caring for an elderly person (as opposed to the right to request them).

Proposition HC9. Minimum staff contact time for home care

Home care providers should be required to ensure minimum contact time for delivery of high quality and safe personal and clinical care services, which should be sufficient to enable wellbeing and quality of life care. This minimum contact time should apply to care provided by nurses, personal care workers and allied health professionals.

Proposition HC10. An enablement approach to care in the home and community

The assessment process for older people to receive home care should identify the care and services (including allied health services) that they need to restore their physical and mental health to the highest level possible (and maintain it at that level) to maximise their independence and autonomy.

Providers of home care services are responsible for:

¹ See <https://agedcare.royalcommission.gov.au/submissions/submissions-system-governance>.

- ensuring the delivery of these services; and
- monitoring the status of people receiving care and adjusting the nature and intensity of the care provided within available funding; and
- referring people for re-assessment if additional funding is required.

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