Response to Counsel Assisting's Final Submissions

Submission to Royal Commission Into Aged Care Quality And Safety

Community and Public Sector Union (PSU Group)

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INTRODUCTION

As the principal trade union representing people working in the Aged Care Quality and Safety Commission (ACQSC), the Community and Public Sector Union – PSU Group (CPSU) welcomes the opportunity to make a submission in response to Counsel Assisting's recommendations into the Royal Commission into Aged Care Quality and Safety. The CPSU wants a regulatory system which protects and supports our elders receiving aged care services, and our members play a pivotal role in achieving this outcome. We recognise the importance of the Royal Commission in shining a light on the delivery of quality and safe services across aged care.

This submission reflects the views of the members and workplace delegates of the CPSU. Those views support the need for more resourcing and for stronger regulatory powers in ACQSC, and more resourcing across the aged care sector generally.

EXECUTIVE SUMMARY

In the CPSU initial submission to the Royal Commission into Aged Care Quality and Safety (the Royal Commission) we made four recommendations on the advice of our members regarding:

1. Staffing increases and removal of the staffing cap
2. Using the full regulatory powers attached to ACQSC
3. Changing operational structures so policies, procedures and systems and better aligned with the work of front-line staff, and
4. Improving workplace diversity to better support culturally appropriate advice and service delivery [1]

The CPSU stands by the recommendations in that initial submission. They are updated in this response to reflect further feedback from our members.

The concerns of our members are long standing and existed well before the pandemic. CPSU members had hoped COVID-19 would have motivated ACQSC to at least consider implementing our earlier recommendations and the initial findings of the Royal Commission as a means to improve regulatory practice and function, particularly in relation to how the organisation has responded to COVID-19. Instead, members tell us much remains the same.

The CPSU and our members are generally supportive of the recommendations made in respect of the regulator, which are explained in Part 1 of this submission. Our members and delegates comment on recommendations concerning separate commissioners under one entity, advocacy, services provided that may impact our Aboriginal and Torres Strait Islander elders, changes to the *Aged Care Act*, consumer experience, the complaints

1 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf

handling process, a graded assessment of service, a star rating system, serious incident reporting scheme, and most importantly, an urgent capability review of the regulator.

This submission starts with comment on the recommendations of Senior Counsel Assisting. Part 2 provides an update on the issues flagged in the initial submission. Part 3 provides the updated recommendations.

PART 1 - RESPONSE TO COUNSEL ASSISTING'S RECOMMENDATIONS

CPSU members in ACQSC were surveyed about recommendations that affected their agency. Their responses have informed this submission.

SEPARATE COMMISSIONERS

The Counsel Assisting recommended the Regulator, in some form, have separate Commissioners, under one entity, oversee Regulation, Complaints, Advocacy and Indigenous Services.

Members generally supported this recommendation, half (51%) agreeing that the Aged Care Regulator should have separate Commissioners in charge of: regulation, complaints, advocacy, and indigenous services under one entity. Only a quarter (27%) opposed the idea. One member explained their support, stating:

> The areas are too vast for one Commissioner to have a full and comprehensive understanding of. The current Commissioner does not actually know what occurs…If there were separate Commissioners under the one organisation there would be more time for the individual areas to liaise with the Commissioner and the Commissioner with the frontline staff who do the work, that way the respective Commissioners would actually know the work the staff complete and be more involved and hopefully less bureaucratic.

A concern is trust in leadership's ability to follow through with the recommendation, however, there is support if it can cause effective and actual change. Comments included:

> … the executive leadership group is out of touch with quality assessor issues. Separate Commissioners would ensure that the major issues are accorded the status and significance they deserve and allow the Commission to be better able to address long-term neglect in the aged care system…

> Currently it feels Ike a particular section is making all the decisions as to how visits are decided. There seems to be oversight in regard to "monitoring" services. If they were monitored, there may not be as much " non-compliance", but we always seem to be chasing our tails, because someone decides we

> need to go in one direction. Now that we are combined, we should be able to address multiple directions. education, monitoring AND compliance, hopefully catching issues BEFORE they are a risk. Having separate commissioners could create an overview of the teams. However, the primary goals need to align.

Concerns have also been expressed regarding how changes have been ineffective in the past, citing the sharing of information as a key problem. Members commented on their experiences with many changes, and a lack of visibility and sharing of information

> *"…nothing has changed except the name, all the management that destroyed the Agency are still around and staff turnover has never been worse.*

The treatment of Aboriginal and Torres Strait Islander providers, elders and employees was also raised. Currently, there are only four self-identified Aboriginal and Torres Strait Islander staff employed at ACQSC, similar to the 2018-2019 financial year.[2] ACQSC has remained static since its inception in building a core of Aboriginal and Torres Strait Islander staff to match its work in regulating Indigenous aged care services.

ACQSC has not developed systems, training or education in cultural competency required to properly serve our Aboriginal and Torres Strait Islander elders. Members provided a range of examples including no information resources for consumers or service providers, the lack of representation in senior leadership levels and the lack of practical training in working with Aboriginal and Torres Strait Islander consumers. Members commented included that:

> The way I would describe the approach is that the ACQSC is a bunch of cowboys going into Indigenous communities. I feel physically sick when I think about this non-Indigenous team going into homes of elders and probing them with questions.
>
> This Commission does not have any priority or regard for Indigenous people so how can they be trusted to work with them.

INDIVIDUAL ADVOCACY

Recommendation 7 of Counsel Assisting's final submissions recommended enhanced individual advocacy. The Counsel Assisting formed a view that "more people receiving aged care services should have access to formal advocacy, delivered by trained and professional advocates."[3]

The vast majority (88.9%) of CPSU members agreed the Australian Government should increase the funding of the National Aged Care Advocacy program to meet currently unmet demand for prompt advocacy services. Nine in ten (93.2%) also agreed that more people receiving aged care services should have access to formal advocacy, delivered by trained and professional advocates.

2 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf, page 111

3 Counsel Assisting's final submissions, para 277

Three quarters (73.3%) agreed there should be a two-way relationship between formal advocates and the Commission, and the Inspector-General to allow matters to be directly referred**.** Three in five (62.2%) agreed the Australian Aged Care Commission develops and articulates a complaint handling process, the role of formal advocates should be built into that role**.**

While members support some sort of advocacy program, it should be clear that complaints and advocacy are two separate things. Some of this support from our members would be conditional based on the regulator being a government regulator. Improvements should be made to the complaints handling process:

> …the Complaints process has been around for almost 13/14 years. In the last few years we have moved backwards because the Commissioner is more bureaucratic and not as care recipient focused. (the Complaints process was more robust and timely than what it is nowadays - it appears that the current commissioner does not see it as an important area, compared with other areas in the Commission). The complaints handling process should remain separate, impartial and independent to any advocacy program.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE RECOMMENDATIONS

Recommendations 32[4] and 33[5] related to the diverse needs of our Aboriginal and Torres Strait Islander elders. It is estimated that 1.4% of aged care assessments, 3.1% of Commonwealth Home Support Programmes, 3.9% of Home Care Package Programs and 0.9% of Residential aged care residents were for Aboriginal and Torres Strait Islander Australians as of June 2017.[6]

ACQSC does not currently have offices in all states and territories. In 2016, Tasmania was estimated to be populated with 5,162 Aboriginal and Torres Strait Islander Australians aged 50 and over, the Northern Territory had 11,230.[7] ACQSC does not have a Northern Territory office and instead flies Quality Assessors, rarely a person identifying as Aboriginal or Torres Strait Islander, to do site audits and assessments.

Substantial growth is projected amongst the 65 and over Aboriginal and Torres Strait Islander population, which is likely to significantly increase as a proportion of the Aboriginal and Torres Strait Islander population, meaning today's population of 34,000 could grow to as many as 89,600 by 2031.[8] In the 2019-2020 financial year, there were 35 National Aboriginal and Torres Strait Islander Flexible Aged Care Program services, and only five of these services had a quality audit.[9]

4 Counsel Assisting's final submissions, page 173

5 Counsel Assisting's final submissions, page 176

6 https://www.aihw.gov.au/getmedia/a87628df-a3ea-4e9c-8453-892d6f3c6fdc/aihw-ihw-207.pdf.aspx?inline=true, page 53

7 https://www.aihw.gov.au/getmedia/a87628df-a3ea-4e9c-8453-892d6f3c6fdc/aihw-ihw-207.pdf.aspx?inline=true, page 8

8 https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release

9 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 44

Nine in ten (91.1%) of CPSU members surveyed agree the Australian Government should ensure that the new aged care system makes specific and adequate provision for the changing and diverse needs of Aboriginal and Torres Strait Islander people. There is less but still majority support (61.4%) for an Aged Care Commissioner with oversight of Aboriginal and Torres Strait Islander aged care.

Members expressed that the Aboriginal and Torres Strait Islander community is underrepresented within the ACQSC workforce, particularly within senior leadership levels. Members recommended that the Commissioner with oversight of Aboriginal and Torres Strait Islander care should identify as Aboriginal or Torres Strait Islander.

Members support an 'Indigenous Commissioner' at ACQSC, if ACQSC doesn't end up with an 'Indigenous Commissioner', there is still serious and necessary change that needs to occur. Considering that there are no Aboriginal and Torres Strait Islander staff in leadership roles, this is incredibly important. If a Commissioner is named, this Commissioner should be a person who identifies as Aboriginal or Torres Strait Islander.

CHANGES TO THE ACT

Recommendation 111[10] related to greater enforcement powers and the powers to impose sanctions for the regulator.

Members overwhelmingly supported greater powers. Nine in ten (88.9%) supported a wider range of enforcement powers, including enforceable undertakings, infringement notices and banning orders. Over four in five (86.7%) supported having the power to impose a sanction suspending or removing the group of people responsible for the executive decisions of a provider and appoint an external administrator of the provider, or manager of specified assets or undertakings of the provider. Nine in ten (88.9%) supported having the power to impose a sanction to be applied to a non-compliant provider revoking the provider's approval unless the provider agrees to the appointment of an external administrator or manager.

While supportive, members suggested some changes that would improve the enforcement and sanction process. These included strict guidelines and supports built-in for consumers and a provisional improvement notice option as per WHS legislation.

Recommendation 112.1[11] focusses on strengthening the powers of the regulator to undertake investigations and inquiries. These enhancements were overwhelmingly supported by our members, as the current powers are limiting for our members.

Over nine in ten (95.3%) supported the function of conducting inquiries, including into complaints or reported serious incidents and a similar proportion (95.6%) supported a power to compel the production of documents and information relevant to the performance of its functions. Seven in ten (71.1%) supported having a power to enter and search the premises of residential aged care facilities and other non-residential aged care workplaces without warrant or consent. Nearly nine in ten (88.4%) supported a power to compel by notice an officer, employee or person acting on behalf of an

10 Counsel Assisting's final Submissions, page 438

11 Counsel Assisting's final submissions, page 440-1

approved provider to appear before an officer authorised by the quality regulator for examination.

CONSUMER EXPERIENCE

Recommendation 113[12] about consumer experience reports was overwhelmingly supported by members. Three in five (60.5%) supported ensuring consumer experience reports for a service are informed by consumer experience interviews with at least 20% of care recipients or services users (or their families). Four in five (79.5%) supported taking consumer experience reports into account in accreditation assessment and compliance monitoring processes. Seven in ten (69%) supported publishing consumer experience reports for each aged care service, informed by consumer experience interviews. Four in five (81.4%) supported establishing channels (including an online mechanism) to allow aged care recipients and their families to report their experiences of aged care and the performance of aged care providers, all year round.

Frontline staff commented that consumer experience reviews are not always an effective mechanism and will require interviewing consumers. One member commenting that:

> …having conducted many consumer experience interviews this is not as effective as talking about a range of topics individualised to the consumer being interviewed. Time must be provided to the assessors to be on site a reasonable amount of time and to be able to spend time talking to gain an understanding of the consumer experience.

To implement this recommendation properly will require a significant increase in work and will require a significant increase in staff.

> Interviewing should be by assessors or a workforce skilled in interviewing elders. It will be near impossible to interview 20% of home care clients as some services have hundreds of clients receiving services such as transport. Maybe 20% of home care package clients?

Finally, the aged community are not always capably of completing a CER online and may require education or support. The reports themselves require significant improvement, members citing poor question design and that:

> The consumer experience reports are not worth the paper they are written on. Very poor question design.

> attributing an arbitrary number for CER can be easily manipulated by the providers.

12 Counsel Assisting's final submissions, page 444

COMPLAINTS HANDLING PROCESS

Recommendation 114[13] makes suggestions to improve the complaints management process, in:

- Complaints handling,
- Complaints referral and coordination,
- Promoting open disclosure and publishing information about complaints, and
- Consideration and determination of requests to maintain confidentiality of the identity of complainants. [14]

Seven in ten (69.8%) CPSU members support a duty to advise complainants of the proposed outcome of complaints and seek views, before deciding to close a complaint or continue an investigation. Four in five (77.8%) supported a duty to publish reports at least every six months on: number of complaints received, subject matters, number of complaints by provider/service, outcomes, average time for conclusion, satisfaction.

While members agree in principle to these recommendations, front-line staff have raised concern that that 6 monthly reports may be too frequent, and rather yearly reports may be sufficient to demonstrate a trend. 6 monthly reports would be an onerous task and would require a large increase in staff.

Further, there should be a provision for ACQSC complaints staff to be able to close a complaint when a complainant may disagree if the complaint is resolved if there is no prospect of a conclusion or to avoid vexatious complaints.

> Communicating to the complainant is necessary and part of administrative fairness, however the commission should have the power to close a complaint even if the complainant considers it is not resolved.
>
> The complainants should have right of reply throughout the stages of a resolution process however the decision to close must be made by a delegate taking in consideration the evidence gathered in a timely process. This is because there must be a point that a complaint is finalised if there is no prospect of satisfaction of parties to manage taxpayer resources.

GRADED ASSESSMENT OF SERVICE PERFORMANCE

Recommendation 116[15] was for graded assessments and performance ratings against the Aged Care Quality Standards. Three in five (57%) supported a graded assessment of service performance against the Aged Care Quality Standards.

Members raised questions as to who would develop a grading system, and how would the grading be consistent. Further, Assessments must be understandable and clear to the public.

13 Counsel Assisting's final submissions, page 446-7
14 Counsel Assisting's final submissions, page 446
15 Counsel Assisting's final submissions, page 452

STAR RATING SYSTEM

Recommendation 117[16] suggests the Australian government develop a star rating system to be published for people seeking care. Two in three (64%) supported a system of star ratings based on objective and measurable indicators that allow older people and their families to make meaningful comparisons of the quality and safety performance of providers.

Some members did raise concern that star ratings are opinions, not a measure of compliance with providers responsibilities in the Aged Care Act.

SERIOUS INCIDENT REPORTING SCHEME

Recommendation 118[17] suggests a new and expanded serious incident reporting scheme. 86.4% of CPSU members supported that the new scheme should include all serious incidents, including in home care, regardless of whether the alleged perpetrator has a cognitive or mental impairment; supports the matching of names of individuals accused of being involved in a serious incident with previous serious incident reports.

75% of CPSU members supported a scheme that requires the regulator to publish the number of serious incident reports on a quarterly basis at a global level, at a provider level, and at a service or facility level.

86.4% of CPSU members supported that statutory powers on the quality regulator to requisition a plan of responsive action from a provider who has reported a serious incident; obtain evidence from the provider to satisfy itself that the responsive action has been taken and is effective; satisfy itself as to whether or not the responsive action has been taken and is effective; require the provider to take further or additional steps, in circumstances where the quality regulator is not satisfied with the effectiveness of the responsive action.

Members overwhelmingly agree with these recommendations; however, it will be necessary for ACQSC to significantly increase its staff to prepare these reports.

> this is what we used to do in complaints when they first implemented reported assault legislation. We need to go harder in this area, as we need to ensure the vulnerable care recipients are protected.

URGENT CAPABILITY REVIEW

Recommendation 122[18] suggests that the Australian Government conduct an urgent capability review of the Aged Care Quality and Safety Commission.

Nine in ten (86%) supported this recommendation with members identifying the following issues in order of priority as key for any capability review:

- Staffing/Staff retention

16 Counsel Assisting's final submissions, page 452-3
17 Counsel Assisting's final submissions, page 455-6
18 Counsel Assisting's final submissions, page 464

- Average staffing level (ASL) Cap
- Use of Labour hire instead of ongoing APS employment
- Case management
- Training/mentoring
- Cultural and/or linguistic diversity

Members overwhelming agreed that all these identified issues should be considered in an urgent capability review of the aged care regulator.

Staffing/Staff Retention – Training and Mentoring

Staffing issues, training and mentoring were some of the most pressing matters raised by CPSU members to be reviewed in a capability review. In a year, exits from ACQSC have nearly doubled, from 38 separations recording in the 2018-19 financial year to 72 in 2019-20.[19] CPSU has received overwhelming feedback from our members regarding the stress of working at ACQSC, being overworked to the point that the can no longer bear the burden and resign from their positions:

> The Commission staff are leaving in droves. There is no clear guidance on the process for managing cases. The outcomes are taking too long and we appear to have lost sight of our purpose.

CPSU members comment that lack of training and mentoring are a direct link to staff retention issues. Staff don't receive enough training and mentoring from the beginning of their employment, and many negative experiences begin early in their employment experience:

> There is a very high turnover of staff…Due to the demands of our schedule, there is not enough time available to support and mentor new assessors and develop their skills. Sometimes very inexperienced teams are sent on complex visits with only one experienced assessor. There is an expectation that the output is still the same in terms of time and quality.

> The Aged Care Quality and Safety Commission does not provide staffing modelling on site to allow sufficient time for staff to gain information or get a sense of the care and services provided to the consumers ,it is a tick that visit is done. Valuing of the job the 'workers' of the commission are doing is nil and the pay crappy.

19 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 121

ASL Staffing Cap, Labour Hire/Contract Work

ACQSC has a significant portion of its current workforce employed as labour hire or contract work positions. ACQSC is rumoured to have over a quarter of its staff as labour hire contractors. For example, 16% of assessors in 2019-20 were contracted through a labour hire agency.[20] One member explained their experience:

> …far too many contractors are used who then don't stay. lots of time, money and effort is put into training a revolving door of contractors. mistakes will happen if permanent, experienced staff, continue to leave the Commission.

Case Management

Staff do not consistently receive intelligence to support them conducting visits because senior management continue to operate on a 'need to know' model of case management. For example, assessors cannot access ACQSC's database to review information held there on a provider they are visiting. They have to ask an EL1 to access information (that is not included in a visit work-pack) for them. This hampers preparation for visits and gives the impression that assessors cannot be trusted with access to such information.[21] Since COVID-19 this has become even worse as it appears ACQSC want to limit staff access to systems and data bases and rely more heavily on asking EL1's to provide selective information.

Cultural and linguistic diversity

CPSU members strongly support a review of the diversity of their workforce, as well as how this impacts the needs of our elder community. "Aged care and services are expected to be responsive, inclusive and sensitive to consumers from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples, and LGBTI communities."[22] One member commented on the lack of a Diversity and Inclusion Strategy:

> They do not have a D&I strategy and a dedicated position in HR. They tack on the title to Quality Assessors and then they are expected to organise morning teas and the like without extra resources or time. There is no disability or Indigenous rep or 'champion'. The is no disability or LGBTIQ network. There is absolutely nothing and when you contact HR they say they don't have capacity.

Other members specifically noted the need to review the diversity and support for the Aboriginal and Torres Strait Islander staff at ACQSC and the elder community. ACQSC currently has no Reconciliation Action Plan, nor do they have enough staff representative of the Aboriginal and Torres Strait Islander elder community ACQSC are meant to support.

20 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 59
21 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 11
22 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 72

Other

CPSU members suggested other topics for review, including:

Work Health and Safety, leadership, organisational structure, flexibility in regulating, use of resources, recruiting, performance management, ageism in the workforce, time allocated to prepare for onsite visits, time allocated during visits and time allocated to report on visits to aged care facilities

> Review the time on site, time to report (the actual reports) are they providing the right information - too lengthy, each audit needs to be at least 3-5 days depending on the size /layout of the service and number of consumers /families at that service

PART 2 – UPDATES ON CURRENT ISSUES

ASSESSOR WORKFORCE

The Assessor Workforce is responsible for the assessment, quality review and accreditation of aged care services (mainly home and residential care, as well as the indigenous flexi-care program). In the 2019-2020 financial year, ACQSC's workforce had 207 registered quality assessors nationally, nearly 40% of its total staff. [23]

- 136 (66%) were employed by the Commission on a full-time, part-time, or casual basis,
- 12 (6%) were external assessors engaged on a contract basis, and
- 34 (16%) were external assessors engaged on a contract basis through a labour hire agency.[24]

An Assessor role is a highly complex and difficult role. It requires strong interviewing and observational skills, critical analytical skills, flexibility, adaptability and the ability to think on your feet to assess, analyse and investigate clinical, quality of life and governance systems across a broad range of aged care services.

The CPSU surveyed the Assessor workforce for our original submission. Respondents stated they lack the proper training to do their job, did not have enough time to do work like prepare for audits, reviews, assessments and complete reports. In turn, there is no time to identify gaps in requirements that put elders at risk. New standards are not easy for providers to understand and meet.[25]

The Assessor workforce told the CPSU that:

- Staff do not know what they are doing on a week-to-week basis as work schedules keep changing, often at the last minute and therefore they are unable to plan their work in advance,
- Communication within ACQSC did not support them to do their job,
- There was a lack of a healthy work-life balance, and
- Considerable workload issues.[26]

Three in five (61%) stated they had considered leaving ACQSC in the 6 months prior to the survey because their workload was unmanageable.[27]

Since the Royal Commission commenced, our members have consistently been telling us they are over-worked and feel unsupported by ACQSC. Assessors, although state based do extensive amounts of regional travel. They often complete their reports or work preparation in their own time. They told us there have not been enough staff to complete the regulatory work they are required to do. There has been significant staff

23 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 121
24 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 59
25 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 4
26 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 4
27 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 4

turn-over; in the last financial year there were 72 separations at ACQSC, of which 34 were quality assessors.[28]

> The Quality Assessor workload is horrendous. We are working round the clock in our own time for free in order to get the work done, because we are so committed to the aged care clients receiving quality care. Quality Assessor work schedules do not take safety, health and well-being into account. Will it take someone to dud on the job before anything is done about this?
>
> Commissions quality monitoring is under resourced and staffed. The revolving door of labour hire is causing stress and burnout for permanent staff.

Members cited recommendations of non-compliance as a major issue. Seven in ten (70%) surveyed reported most of their recommendations of non-compliance were overturned by the decision maker following approved provider response. Decision makers currently are office based at an Executive Level 1 (EL 1) or above, who read this evidenced-based report and the provider's response to make a decision on compliance. Assessors are frustrated they are rarely advised if their recommendations have been taken up by the decision maker. They are also not provided with a copy of to the Approved Provider's response and are provided minimal feedback to better understand why their recommendations have been overturned in the final decision. They receive minimal feedback which they say does not support good ongoing professional development in their assessor role.

For 2019–20, ACQSC conducted 497 site audits. The Commission found non-compliance against the Quality Standards in 209 of these audits.[29] They conducted 33 review audits and found non-compliance against the Quality Standards in 32 of these audits.[30]

HOME CARE SERVICES

ACQSC is meant to conduct quality reviews (audits) of home services to assess whether providers are meeting the Quality Standards and to monitor the quality of care and service through assessment contacts. Home services, in line with residential service requirements, are supposed to undergo a quality audit at least once every three years.[31]

The Aged Care Quality and Safety Commissioner, Janet Anderson commented in her Royal Commission appearance that *'At the moment I'm not convinced that our regulatory gaze in home care is as strong as it needs to be'.*[32] Home Care Services are assessed by an already understaffed and overworked assessor workforce and are not seen as a separate business unit under ACQSC. Members have reported massive deficits in visits to Home Care Services facilities and poor training for staff in how to audit home care. One member reported that throughout their two years at ACQSC they had never conducted a home care audit. In the 2018-2019-year, 1268 assessment contacts and quality reviews

28 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 121
29 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 39
30 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 40
31 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 42
32 https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-18-february-2019.pdf; page 362

out of 2244 Home Care Services were conducted on Home Care Services.[33] However, in 2019–20, only 76 quality audits were conducted on Home Care Services. It is likely that the number of providers in this field has further increased over the 2019-2020 year and many of these have not been audited by ACQSC.[34]

Assessors noted a range of endemic risks in Home Care Services such as lack of skilled workers, potential financial abuse by family members or the approved provider and a lack of oversight of workers in the home. CPSU members have stated that ACQSC has never prioritised Home Care Services but suggest that Home Care services could be effectively regulated if ACQSC management resourced and prioritised this work.[35]

With the impacts of COVID-19, Home Care Services have fallen even further behind, to a detrimental level, for our elderly community. For those requiring complex care at home, i.e., support with dementia, mobility, palliative care and nutrition, an example might include that if an Assessor is not able to visit a service for 12-18 months after a provider has been approved, ACQSC cannot know whether the consumer is getting the appropriate level of care or services. A consumer with dementia for example may not be getting support to assist with taking medication on a schedule and safely or eating nutritious meals in a timely way. If this support is not provided appropriate to their needs, this could seriously impact on the consumer's quality of life and lead to a deterioration of their dementia and a need for residential care.

COMPLAINTS WORKFORCE

The Complaints Workforce (Complaints Resolution Group (CRG)) are responsible for examining concerns about residential/respite care, home care packages, Commonwealth Home Support Program Services, flexible care, and concerns under the *Aged Care Act* 1997.[36] In the 2019-2020 financial year, 24% of ACQSC's workforce, with a headcount of 516 as of June 2020 were complaints officers.[37]

In response to our CPSU survey for our original submission, the Complaints workforce informed us that:

- They were unable to deal with all complaints in a timely manner.
- They were unable to resolve complaints to the satisfaction of the complainant.
- The complaints they handled were significant.
- The complaints handling process is not efficient or streamlined.
- Complainants do not understand what CRG staff do and have unreasonable expectations.

CRG members frequently express their frustration in their capacity to resolve complaints in a timely manner. These frustrations lead to high levels of dissatisfaction with complainants. There has been a significant increase in the number of complaints. In the 2018-2019 financial year, there were 17,580 overall contacts and complaints that

33 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf, page 2
34 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 43
35 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 12
36 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 63
37 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 121

the Complaints workforce engaged with.[38] There was a 13% increase in contacts in the 2019-2020 financial year, with a total of 19,782 contacts.[39] There is also no national consistency for caseloads amongst staff, standards are instead managed by state. In some states, staff may carry 10 cases at a time, while in other states, staff may carry more than double that. This lack of consistency throughout the country can result in significant dissatisfaction amongst staff.

Without an increase in workers, it has led to a blowout in timeframes for resolving complaints. In early 2020, management expanded guidelines and the timeframes for complaint resolution in acknowledgement of the increased workload. Cases now span from 30 days to well over 190 days.[40] In the 2019-2020 year, an ACQSC key performance indicator was that they resolved 80 per cent of complaints within 60 days and finalised 6,053 complaints (75 per cent) within 60 days.

Members told the CPSU that at times there have been over 300 cases in the unallocated queue, some older than 50 days before they are passed to a complaints officer. In a bid to reduce unallocated cases, the Commissioner told staff that there was to be no more than 50 unallocated cases in the queue at any one time, without resourcing the team with enough staff. The consequence has been any unallocated cases over the 50 are allocated to complaints officers at the EL1 level who now have between 30-80 cases at any one time. As a result, complaints officers told CPSU the complaints resolution time has blown out exponentially. It is not uncommon for complaints officers to have complaints older than 150 days.[41]

The Complaints workload has seen continual increase, with not enough increase in resources to match the workload.

38 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf, page 18

39 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 64

40 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 6

41 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, pages 6-7

THE JOURNEY OF A COMPLAINT

A call to ACQSC is taken by an intake officer who will make a risk assessment of the complaint and refer it on to the Approved Provider for a response.

Depending on the risk rating of the complaint, the aged care provider will have between 24hrs to 2 weeks to respond to the complaint. Once the response is received the intake officer will contact the complainant and provide them with this initial information and the case is transferred to an unallocated queue where it will stay until it is allocated to a complaints officer who will work with the complainant and the provider to resolve the complaint.

Support can be offered through 'early resolution.'

If 'early resolution' is not successful, CRG will use the 'resolution process' to resolve the complaint by using means of conciliation, investigation, service provider resolution and/or mediation.

Outcomes of the resolution process may include an agreement, a direction or no further action.

Once the case is allocated, the general time frame for resolution should be approximately 30 days.[42]

Members in CRG were asked about their work in general and the work of ACQSC in the future:

- Their workload is unmanageable and had a negative impact on their energy level and personal life.
- Over a third of complaints officers who responded had considered leaving ACQSC because of their unmanageable workload.[43]

As of 30 June 2020, there were 72 separations at ACQSC, 6 were complaints officers.

OFFICE BASED STAFF

Office based staff work in a range of different roles across ACQSC ranging from HR, IT to regulatory performance, corporate support services, operations, education (internal and external) and quality. Office-based staff feel their workload is unmanageable, impacts on their energy levels and impacts on their personal life.[44]

Reflecting the regulatory roles, administrative staff work is complex, but staff feel this is not reflected in their role categorisation or delegation.

42 https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_resolving-concerns-factsheet_0.pdf
43 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 8
44 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 8

Administration teams have asked for training and professional development for a career path for years but have been ignored. This was raised during the last enterprise bargaining agreement (2019-20) and was dismissed as not a priority.

HEALTH AND WELLBEING

In August 2020, ACQSC distributed a wellbeing pulse survey report[45]. The report identified that:

- 33% felt they had unrealistic time pressures.
- 50% reported their work was emotionally demanding to a large or very large extent.
- 38% agreed or strongly agreed that they felt burnt out by their work.

Staff generally commented on the need for more non-contractor (permanent) staff, more resources, streamlining of work processes and the balancing of workloads between states and regions across the Commission.

Assessors specifically recommended better planning of travel, scheduling and ergonomics to enhance their work health and safety requirements for working in the field.

Most importantly, staff commented on workload. Including the need for realistic timeframes, proactive measures, and prioritising work. Burnout is high, and staff are working well beyond standard days and hours, one respondent stating *"Respect non-work time, burnout is high. Some of us are working 10-14 days straight."*[46]

ASSESSMENT CONSISTENCY AND DISCRETION

CPSU members reject the characterisation that the application of assessments and assessment findings has been inconsistent [47] due to individual Assessors. [48] Assessors report that little advice has been provided on how to ensure the compliance findings are consistently applied, one stating that:" *senior managers have been known to reply 'google it' in meetings when asked how would we know what best practice is in an aspect of clinical care...*[49]

Members have highlighted that the inconsistency in assessments is exacerbated by the lack of staff retention, training and mentoring of staff.

> The Commission staff are leaving in droves. There is no clear guidance on the process for managing cases. The outcomes are taking too long and we appear to have lost sight of our purpose.

45 Aged Care Quality and Safety Commission Wellbeing pulse survey: August 2020

46 Aged Care Quality and Safety Commission Wellbeing pulse survey: August 2020, page 5

47 https://lasa.asn.au/news/ceo-sean-rooney-address-to-congress-2018-29-october/

48 https://lasa.asn.au/news/ceo-sean-rooney-address-to-congress-2018-29-october/

49 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 9

> Far too many contractors are used who then don't stay. lots of time, money and effort is put into training a revolving door of contractors. mistakes will happen if permanent, experienced staff, continue to leave the Commission.
>
> We have lost so many long serving staff and I'm going to leave as we are used and abused.

Assessor work is incredibly complex. It requires intense attention to detail, forensic note taking and critical thinking. If greater training was provided to Assessors, with a supportive environment, they would be able to acquire and retain the necessary knowledge and experience required for them to do their work.

Assessor members regard it as a gross mischaracterisation that assessments are a 'tick and flick' approach.[50] Members said ACQSC should steer away from any tick sheet approach (such as the use of prompts). Staff also reported increased frustration with changes to the templates used for report writing being pre-formatted. As reports are frequently written by two or more assessors, preformatting impedes the writing and report combination processes. Pre-formatted, scripted, or automated reports reduce accuracy as well as efficiency.

Members do support the use of quality indicators as 'a step in the right direction', it was noted that more work needed to be done.[51] Most agree there should be some sort of star rating to 'allow older people and their families to make meaningful comparisons of the quality and safety performance of providers.'[52]

ISSUES WITH CURRENT SYSTEMS

Machinery of government changes moved from the Department of Health some two years ago, yet not all ACQSC staff are on the same platform. The Complaints Workforce are still required to use the Department of Health platform to do their job, affecting what information staff have access to.

ACQSC also does not have a phone system but uses MS Teams as a function to do their job. The Complaints phone line relies solely on an MS Teams function. Systems have frozen and calls have dropped out. Members have expressed issues with MS teams, Outlook and remote login issues for some time.

COVID-19

During COVID-19, ACQSC staff had additional work on top of their regular work, partnering with public health responders, considering the serious outbreaks in aged care services.[53] COVID-19 has had a significant impact on the operation of regulation by ACQSC. Live in-person visits were all but suspended for a period of time and regulatory

50 https://agedcare.royalcommission.gov.au/ publications/Documents/interim-report/interim-report-volume-2.pdf, page 28
51 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 10
52 https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/RCD.9999.0541.0001_1.pdf, Recommendation 117
53 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 32

monitoring was occurring mainly through either telephone surveys or telephone assessment contacts.

ACQSC received 2,613 contacts in the 2019-2020 year, of these, 1,269 were complaints. The main themes raised in contacts were:

- visitor restrictions
- concerns about preparedness for and prevention of outbreaks
- impact of a COVID-19 outbreak or of visitor restrictions on the quality of care.[54]

ACQSC undertook 157 infection control monitoring visits. 36 were unannounced and 121 were short notice.

Our members were concerned at the reliability of COVID-19 preparedness self-reporting telephone surveys as a means of assessing aged care services ability or preparedness to manage COVID-19 should it occur in their service. There were 2,503 assessment contacts with services by telephone to monitor and support the quality of care to consumers. The focus of these assessment contacts was to support providers' infection control programs and outbreak preparedness and providing advice on tools and resources available to providers to assess their COVID-19 readiness. These contacts were made to approved providers of residential services and providers of home services.

ACQSC also did an online self-assessment survey to help evaluate providers' infection control preparedness. There were 2,638 residential services responses, and 1,416 home service provider responses.

In the thick of the COVID-19 pandemic, ACQSC asked for staff volunteers to do infection control monitoring visits. While no staff visited a facility that had a known COVID-19 outbreak, assessors travelled in COVID-19 hotspots. Of deep concern was that labour hire staff would be doing these assessments, with no access to paid sick leave, or paid pandemic leave.

On 14 August 2020, CPSU wrote to Senator Richard Colbeck, with our concerns regarding staffing and safety at ACQSC. With the large percentage of labour hire staff at ACQSC, and the possibility they may be exposed to COVID-19 performing a critically important public health role in the middle of a pandemic, the CPSU sought for Senator Colbeck to convert these staff to APS employees under the *Public Service Act* 1999, to grant them access to paid leave and employment security. Noting that converting a workforce would take administrative time, we asked that labour hire staff have immediate access to paid sick leave and paid pandemic leave.

Senator Colbeck responded on 16 September 2020. In his letter, Senator Colbeck states that:

- "some highly skilled, capable quality assessors prefer to work as contractors rather than employees"
- "contractors have been advised to contact their labour hire company to enquire about the support and provisions they have in place should they contract COVID-19 or are required to self-isolate."

54 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 30

- "contractors are able to access other appropriate government payments should they be unable to carry out their work for the Commission, including the Commonwealth Pandemic Leave Payment for people living in Victoria."

Currently, contracted labour hire workers are still performing infection control assessments in our aged care facilities. These workers do not have access to paid sick leave or paid pandemic leave as part of their employment entitlements.

GREATER POWERS FOR ACQSC AND HEAVIER PENALTIES

The assessor workforce know that providers respond to assessments and recommendations when there is a financial penalty. Members raised concern that the powers they have are insufficient and that ...*We often feel we are regulating with our hands tied behind our backs."*

Assessors consistently tell the CPSU that the adequacy and competency of staff across aged care services is a significant issue undermining the delivery of care and services. [55]

Members understand that financial penalties can disproportionately affect smaller providers and assessors need the greater powers and mechanisms for this.[56]

PART 3 – UPDATED RECOMMENDATIONS

RECOMMENDATION ONE – EXTRA ACQSC STAFFING AND RESOURCES/REMOVAL OF THE ASL STAFFING CAP

To improve ongoing standards in aged care in Australia and facilitate many of the recommendations from the Counsel Assisting, additional staffing resources are necessary. This requires lifting the Average Staffing Level (ASL) cap, which limits the number of APS employees.

ACQSC's workforce had a headcount of 516 as of 30 June 2020. Of that, 84 percent were full-time employees. Leadership roles were held by 117 of these staff (nearly a quarter of the workforce). 25 percent were quality assessors, and 24 percent were complaints officers.[57] 34 (16%) were external assessors engaged on a contract basis through a labour hire agency.[58] We understand that ACQSC currently employs over a quarter of its staff as labour hire employees.

55 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 10
56 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 10-11
57 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 121
58 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 59

Our members overwhelmingly agree the current environment has too many non-ongoing and labour hire employees that should be permanent employees. The extensive use of labour hire increases staff turnover, and by extension, loses long term staff with retained skills and knowledge, reducing long-term regulatory capability.

During COVID-19, there was an overwhelming increase in calls to ACQSC, explained above. CPSU members expressed frustration that there was little to no time left to work on their cases, which resulted in a massive backlog in complaints. The massive backlog in complaints is due to high workload and under staffing, further increased by the attention provided by the Royal Commission.

An issue ACQSC is silent on is the extraordinary cost of recruiting, training and then rapidly losing front-line staff. Many contracted staff have good skills and potential to be competent assessors, but do not last the 12 months of their contract or are 'head-hunted' into permanent positions by aged care providers:

> The training given by ACQSC to new staff does not allow for this competence to be developed to fully do the job in the timeframe they expect… There has been a very high attrition rate of new people recruited in the last 3 years - many of the good ones with promise have left because of the pressure they were put under in their first months…[59]

The needs of the ageing population will only continue to increase, as will the work that is required of the regulator. The current workforce, most notably front-line staff, are not equipped to handle the current and future workforce demands. ACQSC requires more permanent staff, with a lifting of the staffing cap.

RECOMMENDATION TWO – USE AND ENHANCE THE FULL REGULATORY POWERS ATTACHED TO ACQSC

Our members welcome recommendations for the regulator to have more powers.

ACQSC staff do not currently use all the powers they have. Current regulations limit what information is gathered and how it is gathered during an assessment. Assessors are consistently restricted from taking photos as part of their role and are required to rely on 'note taking' when compiling information from sources such as care plans, progress notes and reports. Providers are still able to restrict or monitor access of assessors to documentation. Assessors should be able to access all the relevant information and documentation to their regulatory function and there should be significant consequences to approved providers who impede this process.

Every aged care provider is required to meet government regulations and standards to maintain a standard of care and quality of life for our elders. 'Compliance' is the process of ensuring providers meet these requirements and taking actions when they do not.

ACQSC should have a range of powers to sanction providers who consistently breach compliance requirements. This includes streamlined sanctions that are effective in implementing the changes needed to compliance and ensuring those using aged care

59 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 14

services are not compromised during or leading from sanctions. This includes ACQSC having authority to monitor the effectiveness of nurse advisor/consultants used to achieve compliance and address care and service deficits.[60]

RECOMMENDATION THREE – OPERATIONAL STRUCTURES

ACQSC must improve its case management system that involves and consults with front line staff in a meaningful way; and is proactive rather than reactive. Staff who are conducting visits need to be part of the case management system. ACQSC needs to encourage and support its frontline staff in case management such as informing staff of the decision outcomes from visits they have conducted in a timely way.

Currently, the case management system is a forum defined by senior management with limited consultative powers or influence on decision making processes for front-line workers. ACQSC implements policies, procedures and operational systems that support the regulatory work it does. That these provide clear operating systems to guide staff across its business to effectivity and consistently carry out their work roles.

Assessors consistently tell us that the adequacy and competency of staff across aged care services is a significant issue undermining the delivery of care and services. They also believe the same problem applies within ACQSC. They see ACQSC needing improvement to be consistently effective in its role as regulator in this sector. Members have raised ACQSC's culture of managing top down as undermining the primary role of ACQSC to regulate through its front-line staff. Staff expressed frustration that despite numerous reviews and change processes which have occurred (from the Accreditation Agency to the Quality Agency and now ACQSC) there has been no improvement in how meaningful consultation with staff occurs.

RECOMMENDATION FOUR – WORKPLACE DIVERSITY

ACQSC requires a more culturally and linguistically diverse workforce to better support culturally appropriate advice and service delivery [61] This is especially so for our ageing Aboriginal and Torres Strait Islander population.

In the 2018-2019 year, ACQSC had 4 employees who recognised as Aboriginal and Torres Strait Islander.[62]; This employment did not grow in the 2019-2020 financial year, still with only 4.[63] Clearly not enough to be representative of Aboriginal and Torres Strait Islander communities.

Further, the aged community is populated with a myriad of diverse cultures, ethnicities, religions, languages, etc, across the country. ACQSC should be culturally competent and committed to reflect the diverse cultural and linguistic needs of our aged community.

60 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf, page 15

61 https://www.cpsu.org.au/system/files/cpsu_submission_to_aged_care_royal_commission.pdf

62 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR_2018-19_Full_Final.pdf, page 111

63 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 134

The Australian government has developed a Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020-2024, developed to 'close the gap' of the underrepresentation of the Aboriginal and Torres Strait Islander people in the Commonwealth Public Sector, focussing on cultural integrity, career pathways development and advancement.[64] *"Priority actions should be sequenced to reflect the different context and varying levels of maturity in cultural integrity and Aboriginal and Torres Strait Islander employment across the Commonwealth public sector."*[65]

If ACQSC is to be involved in the application of services to Aboriginal and Torres Strait Islander and diverse communities, there should be staffing numbers reflective of those communities as well as meaningful cultural educational to all staff. We note that, in Submissions to the Royal Commission, Aboriginal and Torres Strait Islander communities have raised similar concerns.

There were 35 National Aboriginal and Torres Strait Islander Flexible Aged Care Program services as of 30 June 2020 and only five of these services had a quality audit in 2019–20.[66] This program is not run by an employee who identifies as Aboriginal or Torres Strait Islander, with next to no consultation with the Aboriginal and Torres Strait Islander community on how to run this program.

Currently ACQSC does not even have a reconciliation action plan (RAP) in place. The development of this plan is being 'considered' but with the probability it will be implemented from the top down rather than through consultation with Aboriginal and Torres Strait Islander staff as the drivers of the process and not the executive leaders team.

PART 4 – CONCLUSION

CPSU members acknowledge that ACQSC needs substantial change to ensure our elders receiving aged care services are safe. This requires a regulator to undergo changes to provide the most robust regulatory implementation and enforcement. COVID-19 has further highlighted a need for reform and investment into ACQSC.

Our members are deeply proud and passionate of the work they do and go above and beyond what is required of them to ensure our elders are safe. Members are frustrated with the harsh criticisms that ACQSC has received during the Royal Commission, and during COVID-19, despite their never-ending commitment to this community.

The CPSU is generally supportive of the recommendations made in respect of the regulator. Our members and delegates comment on recommendations concerning separate commissioners under one entity, advocacy, services provided that may impact our Aboriginal and Torres Strait Islander elders, changes to the *Aged Care Act*, consumer experience, the complaints handling process, a graded assessment of service, a star

64 https://www.apsc.gov.au/indigenous-workforce-strategy

65 https://www.apsc.gov.au/sites/default/files/commonwealth_aboriginal_and_torres_strait_islander_workforce_strategy_2020_-24_0.pdf, page 25

66 https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_AR2019-20_FULL_FINAL.pdf, page 44

rating system, serious incident reporting scheme, and most importantly, an urgent capability review of the regulator.

The future capacity of the Commission depends on reform and investment to implement the recommendations from the CPSU original submission

- Staffing increases and removal of the staffing cap
- Using the full regulatory powers attached to ACQSC
- Changing operational structures so policies, procedures and systems and better aligned with the work of front-line staff, and
- Improving workplace diversity to better support culturally appropriate advice and service delivery

The recommendations need to be implemented in a timely and consultative way that allows staff and unions to have a genuine say on any future changes to ACQSC. Employees are uniquely placed to provide input into how ACQSC can be improved and remove risks to our elders when addressing the complex issues ACQSC faces. Properly involving and utilising the capacity and experience of the front-line staff at ACQSC and implementing the above recommendations will result in a functioning regulator and will ultimately result in the improved safety of our elder community.