



Australian Government

Australian Government response to the House of Representatives'
Standing Committee on Health, Aged Care and Sport
*Report on the Inquiry into the Quality of Care in Residential Aged
Care Facilities in Australia*

October 2019

Introduction

The Australian Government welcomes the House of Representatives' Standing Committee on Health, Aged Care and Sport (the Committee) *Report on the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia*.

The Government thanks the Committee for its work, and notes the wide range of matters covered in the submissions and evidence from individuals and organisations with an interest in the quality of care delivered in residential aged care.

Since the Minister for Health and Sport, the Hon Greg Hunt MP, referred the *Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia* to the Committee, as acknowledged in the Report, there have been substantial reforms progressed regarding the provision of quality of care in aged care services, including the 2018-19 *Better Quality of Care* and 2018-19 and 2019-20 *More Choices for a Longer Life* Budget measures. These include the following initiatives:

- the introduction of unannounced visits for re-accreditation;
- the establishment of the Aged Care Quality and Safety Commission incorporating Quality and Complaints;
- the establishment of a process to publicly name providers who obstruct the resolution of complaints;
- the introduction of new Aged Care Quality Standards and support to assist with transition;
- a new Single Charter of Aged Care Rights;
- the introduction of the National Aged Care Mandatory Quality Indicator Program and the commencement of the development of two additional indicators under the program;
- legislation to reduce inappropriate use of physical and chemical restraint;
- the publication of open disclosure and clinical governance frameworks;
- the development of measures to improve the use of medicines in aged care including the use of psychotropic medicines;
- the provision of funding for a trial of integration of pharmacists into Aged Care in the ACT;
- preparatory work to develop a Serious Incident Response Scheme;
- improved access to psychological services in Residential Aged Care Facilities;
- the Aged Care System Navigator trials to provide new ways to help older Australians who have difficulty engaging and understanding the aged care system; and
- a pilot of innovative technologies to improve care for people living with dementia.

The Government is the principal funder of aged care, providing recurrent expenditure on aged care services of \$21.6 billion in 2019-20¹, an increase of \$1.1 billion on the previous

¹ Page 22 <https://www.budget.gov.au/2019-20/content/bp1/index.htm>

year. The Government has also invested in a range of other measures to provide additional support to elderly citizens living in their own home. For example additional Home Support Program Services and 25,000 additional home care packages.

Government spending on aged care will continue to grow over future years and is expected to reach over \$25.4 billion by 2022-23.

The Royal Commission into Aged Care Quality and Safety

The Government has established the Royal Commission into Aged Care Quality and Safety to determine the full extent of the problems in aged care and to understand how the challenges and the opportunities of delivering aged care services now and into the future can be met. It is also about helping to build a national culture of respect for ageing and our senior Australians.

The Royal Commission's Terms of reference includes to inquire into the quality of aged care services provided to Australians. This is likely to consider the broad scope of issues raised in the House of Representatives' *Report on the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia*.

While the Royal Commission continues to engage with the Australian community through submissions and hearings, community forums, roundtables and site visits, the Government will continue to monitor emerging policy issues in aged care, including residential aged care. In addition, the Government will give due consideration to the Royal Commission's interim and final reports.

Recommendation 1

The Committee recommends that the Department of Health develop national guidelines for the Community Visitors Scheme, including policies for volunteer visitors to follow in the event of observed or suspected abuse or neglect.

The Australian Government **supports** this recommendation.

National guidelines will be developed by the Department of Health (the Department) in collaboration with the Community Visitors Scheme (CVS) Network Members (state/territory Coordinators) and providers in 2019. These guidelines will provide additional practical guidance to the CVS providers, consumers, volunteers and aged care providers to ensure nationally consistent information and implementation of the program. This will include encouraging CVS auspices to develop policies and procedures to address volunteer concerns in relation to abuse or neglect of care recipients.

In addition, the 2019-20 Budget provides for further preparatory work for the introduction of a Serious Incident Response Scheme, subject to future Budget funding for implementation. It is expected arrangements aligned with the scheme will provide for anyone to raise concerns of serious incidents, including aged care volunteers, staff and family members.

Recommendation 2

The Committee recommends the Australian Government review:

- the Aged Care Funding Instrument (ACFI) to ensure that it is providing for adequate levels of care for the individual needs of aged care recipients;
- the adequacy of funding levels to ensure ACFI funding is indexed annually; and
- the range of penalties relating to breaches of ACFI funding standards by aged care providers.

The Australian Government **notes** this recommendation.

The Government is already considering options for reforming residential aged care funding to better align the care needs of aged care consumers. In 2016-17, the Australian Government announced it would look into strengthening residential aged care funding, including possibly replacing the existing funding assessment tool, the Aged Care Funding Instrument (ACFI) and considering options for external assessment.

Work has been underway since 2016-17 to build an evidence base for a new funding model. This included the publication of two scoping reports in 2017:

- Review of the Aged Care Funding Instrument by Applied Aged Care Solutions; and
- Alternative Aged Care Assessment, Classification System and Funding Models by the Australian Health Services Research Institute (AHSRI).

Following this, the Government commissioned the independent Resource Utilisation and Classification Study (RUCS) to provide evidence on the drivers of costs of care to assist in the development of a more stable and sustainable funding system. Seven reports outlining the results of the RUCS, including a possible new funding model for residential aged care, were publicly released on 15 March 2019. A consultation paper on the proposed new funding model was also released, and the Government is currently considering more than 90 submissions responding to the consultation paper.

In addition, the Government is continuing to work on reform options for residential aged care funding. The Prime Minister announced a trial of the proposed assessment framework on 10 February 2019. The trial will:

- Field test the assessment tool and supporting software, hardware, IT systems and IT support arrangements, and assessment workforce management processes to ensure suitability of the model for national implementation; and
- Validate findings about the expected distribution of care recipient classifications.

The trial is expected to commence in the second half of 2019 and will be completed in the first half of 2020.

The majority of indexation for the ACFI was returned in 2018-19, after a one-year pause, with full indexation returned in 2019-20.

When an ACFI review identifies incorrect ACFI claims made by an approved provider, a range of measures and penalties exist to address non-compliance. These include:

- downgrading claims to the date of the previous appraisal;
- issuing Notices of Non-Compliance to seek corrective action from providers; and
- making a civil penalty referral to the Federal Court if an approved provider on more than one occasion in a two year period gives false, misleading or inaccurate information following a warning notice from the Department.

If an ACFI review concerns relating to the quality of care, these matters are referred to the Aged Care Quality and Safety Commission.

Recommendation 3

The Committee recommends that the Australian Government review the Medicare Benefits Schedule (MBS) relating to medical practitioner visits to residential aged care facilities.

The Australian Government **supports** this recommendation.

From 1 March 2019 the Government has introduced new MBS arrangements for Australians living in Commonwealth-subsidised residential aged care services, which are intended to make it easier for aged care consumers to see a medical practitioner. The new payment and Medicare claim model better recognises medical practitioners' time spent out of their clinics to attend to aged care patients, and also simplifies patients' claims.

The MBS Review Taskforce (the Taskforce) was established in 2015 and has been reviewing the more than 5,700 items on the MBS and providing advice to the Government on how to ensure the MBS is contemporary, reflects up-to-date clinical practice, and encourages the provision of health services that improve health outcomes. The Taskforce is also identifying any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce established the General Practice and Primary Care Clinical Committee (GPPCCC) in September 2016 to advise it on a range of primary care items, including MBS items for medical practitioners providing care within residential aged care facilities (RACFs). The draft report from the GPPCCC was released for consultation in December 2018, and comments closed in March 2019.

The draft report of the GPPCCC recommended changing from the derived fee arrangements for services provided to patients living in RACFs to an arrangement that would see the payment of an initial flag fall rebate for attendance at a residential aged care service, with a stable MBS fee to be available for each consultation completed thereafter (irrespective of the number of consultations).

Following the release of this draft report and in response to stakeholders' parallel concerns about the sustainability of GP services to patients living in RACFs, the Government announced in December 2018 that it would invest \$98 million over four years to improve access to services for patients in RACFs. This includes the introduction of a flag fall fee, which better recognises the time GPs spend out of their regular clinics and the additional costs they incur in attending patients in RACFs. This initiative was implemented with new MBS items in March 2019.

While not specifically targeting residential aged care, other draft recommendations arising from the work of MBS Review Taskforce have the potential to further benefit patients living in RACFs. For example, the draft GPPCCC recommendations released for consultation include a proposal for the establishment of a voluntary patient enrolment model, which would encourage practices to build continuity and longitudinal care into their business models, and the implementation of a comprehensive package of care for patients with chronic conditions. The Government announced a measure aligned with these objectives in the 2019-20 Budget, with voluntary enrolment for patients aged 70 years and over who have an established clinical relationship with a preferred GP. This is scheduled to commence in mid-2020.

It is expected the Taskforce will finalise its GP and primary care recommendations later in 2019, at which point they will be available for consideration by the Government.

Recommendation 4

The Committee recommends that the Australian Government:

- legislate to ensure that residential aged care facilities provide for a minimum of one Registered Nurse to be on site at all times; and
- specifically monitor and report on the correlation between standards of care (including complaints and findings of elder abuse) and staffing mixes to guide further decisions in relation to staffing requirements.

The Australian Government **notes** the recommended introduction of legislation to ensure all residential aged care services provide for a minimum of one registered nurse to be on site at all times.

The Government **notes** the Committee's recommendation in this regard does not account for the differing levels of support that different care recipients need. The relationship between staffing and the quality of care provided is complex and there is considerable diversity in personnel arrangements across accredited homes in Australia. This is to be expected given the variation across the sector including the nature of the residents' needs, facility size and design, the way work is organised and the extent to which some services are conducted in-house or outsourced. Consequently, there is no particular staffing mix which meets the circumstances of all care recipients in residential care facilities.

The Australian Government **notes** the recommendation to monitor and report on the correlation between standards of care and staffing mixes to guide further decisions to staffing requirements.

Some aged care consumers need a lot of nursing care, others need very little nursing care but would benefit from allied health care. Some aged care consumers would benefit from re-ablement programs or restorative care. Others need palliative care. Care needs are variable and acuity can change very quickly. There is no ‘one care model’ that is best practice for every aged care consumer.

In September 2018, the Government released the final report of the Aged Care Workforce Strategy Taskforce (the Taskforce). The report identified 14 strategic actions designed to grow and sustain the aged care workforce.

The Taskforce recommended residential aged care services and home care providers adopt a new approach to workforce planning in which the number and mix of staff is based on the cumulative needs of aged care consumers identified in care plans.

The Aged Care Quality Standards (the Standards), Standard 7, Human Resources, requires that the organisation has a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services. The organisation is required to demonstrate to the Aged Care Quality and Safety Commission (Commission) that the workforce is planned and the number and mix of the workforce enables the delivery and management of safe and quality care and services.

In order to determine this, quality assessors will ask consumers to determine if they believe they are getting quality care and services when needed and the people providing those services are knowledgeable, capable and caring. Quality assessors clarify this information with staff and may review rosters, including information regarding unfilled shifts. Other information that may be reviewed includes availability of training for staff and that management has policies and processes in place in order to support monitoring and review of performance of each member of the workforce. A finding of non-compliance with Standard 7 may be made if information provided through consumer interviews is not supported by information provided by staff interviews, or cannot be supported through document review including rostering and staff education and training provision.

Complaints received through the Commission in relation to staffing can be made openly, confidentially or anonymously. They will be managed in accordance with the complaints resolution processes, and include the ongoing assessment of risk and the sharing of information within the Commission as appropriate. Complaints officers use a range of strategies to manage and resolve complaints, including engaging with providers, complainants and care recipients and seeking information from or attending the premises of providers.

Recommendation 5

The Committee recommends that the Department of Health ensure consumer information, including the Charter of Rights, for aged care residents and their families is available in a wider range of languages to ensure better access for those from culturally and linguistically diverse backgrounds.

The Australian Government **supports** this recommendation.

The Department has translated the single Charter of Aged Care Rights (the Charter) into 18 different languages. A Charter of Aged Care Rights booklet has been designed to support consumer understanding of the Charter. The booklet has also been translated into 18 languages.

In addition, the Department produces a range of resources to support senior Australians to access aged care information and services. This includes information to support people from Culturally and Linguistically Diverse (CALD) backgrounds with many resources translated into 18 languages. The Department also makes available resources translated into four Aboriginal and Torres Strait Islander languages. The My Aged Care website features case study videos showing real people from CALD backgrounds, including in language Chinese and Italian, and Aboriginal and Torres Strait Islander people, receiving aged care services.

The Department considers available data to help inform the selection of languages, including the estimated number of people over 65 who speak the language, are literate in that language, and cannot also read English materials. The number of people accessing the translated information online, as well as the community's capacity to distribute materials, is also taken into account.

Recommendation 6

The Committee recommends that an independent review and a parliamentary inquiry (by the appropriate Committee) be undertaken into the Aged Care Quality and Safety Commission (the Commission) after two years to determine its effectiveness in ensuring high standards of care, best clinical practice and reducing mistreatment.

The Australian Government **supports in-principle** this recommendation.

The Government is committed to undertaking an independent review into the Commission. Subsequent to the Committee's report, the Government brought forward amendments to the Aged Care Quality and Safety Commission Bill 2018, which were incorporated in the Bill that was passed by both Houses of Parliament providing for an independent review into the Commission's operations.

Specifically, section 76A of the *Aged Care Quality and Safety Commission Act 2018* (Quality and Safety Commission Act), provides for a review of the operation of that Act

and the *Aged Care Quality and Safety Commission Rules 2018* (Commission Rules). Section 76A of the Quality and Safety Commission Act states an independent review of the operation of the Act and the Commission Rules is to be conducted within 6 months after the fifth anniversary of the commencement of this Act. A written report of the review is to be provided to the Minister who must cause a copy of the report to be tabled in each House of the Parliament within 15 sitting days of that House after the report is given to the Minister.

This longer timeframe will enable a review to consider the second stage of reforms which will bring the aged care regulatory functions of the Department into the Commission.

Recommendation 7

The Committee reiterates and supports the recommendation from the Carnell-Paterson Review for the current move to unannounced audits in residential aged care facilities and that any unannounced visits to residential aged care facilities should not be confined to business hours.

The Australian Government **supports** this recommendation.

Following a decision by Government, legislation was amended to enable unannounced re-accreditation audits to apply to all applications for re-accreditation by residential aged care services from 1 July 2018. Accreditation and monitoring of the quality of care and services delivered by approved providers of residential aged care now forms part of the regulatory functions of the Commission and includes unannounced site visits to services.

All re-accreditation audits of residential aged care services are now unannounced. In addition, each residential aged care service also receives an unannounced site visit each year.

The Commission exercises search powers under the Quality and Safety Commission Act. These powers are not limited to business hours and are able to be exercised at any time of the day. The Commission currently conducts some visits outside business hours and on weekends. The timing of these visits takes into account the nature of the concern and the risk profile of the provider.

The Commission has commenced a program to increase the proportion of unannounced visits undertaken outside business hours and on weekends.

The Government also announced as part of the 2018-19 Budget *More Choices for a Longer Life Package*, in the *Better Quality of Care – Improving aged care quality protection* measure, that it will establish a robust risk profiling approach to support the Commission to better identify risks to consumers and enable regulatory processes to respond quickly to care failures by aged care providers.

This enhanced risk-based approach will identify and respond to individual and systemic risks to aged care consumers. It will also inform the frequency and scope of compliance monitoring of accredited services and support a more responsive regulatory system.

Recommendation 8

The Committee recommends that the reportable assault ‘resident-on-resident’ exemption, in which assaults committed by an aged care consumer with a cognitive impairment are not required to be reported to the Department of Health, be removed.

The Australian Government **supports in-principle** this recommendation.

In the 2019-2020 Budget, the Government committed to undertake further preparatory work to introduce a Serious Incident Response Scheme in residential aged care. As part of this preparatory work, the Department is conducting research into the prevalence and nature of resident on resident aggression in residential aged care, that is currently exempt from reporting. Resident on resident on resident incidents are included within the proposed definition of a serious incident in the model that is subject to public consultation (closing 4 October 2019). The research and the public consultation process will inform advice to Government. Removal of the exemption would require legislative amendment.

Recommendation 9

The Committee recommends that the National Aged Care Quality Indicator Program:

- be made mandatory for providers of Australian Government-funded residential aged care facilities; and
- be expanded to include a broader range of key indicators, to be determined with the involvement of the aged care sector.

The Australian Government **supports** this recommendation.

From 1 July 2019, all Commonwealth subsidised residential aged care providers are required to comply with the National Aged Care Mandatory Quality Indicator Program. The new requirements are contained in the *Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019*.

Residential aged care providers are required to submit data, on a quarterly basis, on three clinical quality indicators: pressure injuries, use of physical restraint and unplanned weight loss. The quality indicator data will be consolidated and published on the Australian Institute of Health and Welfare website, GEN Aged Care Data.

In addition, the Government has committed to the development of an expanded set of indicators including indicators on falls and fractures and medication management, to be mandated as part of the National Aged Care Mandatory Quality Indicator Program by July 2021.

Recommendation 10

The Committee recommends that the Australian Government amend the *Aged Care Act 1997* to legislate that:

- the use of restrictive practices in residential aged care facilities be limited to the ‘least restrictive’ and be a measure of last resort only;
- any use of restrictive practices within the legislated meaning be recorded by providers and collected by the Department of Health;
- restrictive practices are only to be used after a medical practitioner has prescribed/recommended such use; and
- the legal guardian and/or family member must be advised immediately.

The Australian Government **supports in-principle** this recommendation.

Since 1 July 2019, residential aged care providers have had specific responsibilities in the *Quality of Care Principles 2014* (the Principles) relating to the use of physical and chemical restraint. These new requirements, for the first time, put explicit obligations on residential aged care providers in respect of the use of physical and chemical restraint.

The arrangements require providers to satisfy a number of conditions before restraint can be used, including assessment by an approved health practitioner (for physical restraint) or assessment by a medical practitioner or nurse practitioner who has prescribed the medication (for chemical restraint).

The aged care provider must also have the informed consent of the consumer or their representative before using physical restraint, unless restraint is necessary in an emergency. Where chemical restraint is used, if the consumer or their representative has not been informed, the provider must inform the consumer’s representative as soon as practicable after it starts to use the restraint. Restraint must only be used as a last resort.

In addition, the regulatory arrangements require residential aged care providers to document the behaviours that are relevant to the need for the restraint, the alternatives to restraint that have been used and reasons the restraint is necessary. The provider must ensure it uses the least restrictive form of restraint to address the risk of harm. Any use of restraint must also be regularly monitored.

The Department consulted with a group of key stakeholders to inform a regulatory approach to minimise the inappropriate use of restraints, treating chemical and physical restraints as separate issues. The stakeholders included aged care providers and their peaks, consumer peaks, academics, and other government agencies including the Department of Social Services.

Additionally, the Standards, which commenced on 1 July 2019, strengthen providers’ requirements relating to clinical care, including medication management. The Standards require that clinical care is best practice and supported by a clinical governance framework that minimises the use of restraint.

Recommendation 11

The Committee recommends the Department of Health work with the aged care sector to implement a rating system (for example, a star or point rating system) for residential aged care facilities, and develop an action plan for how such a system could be implemented.

The Australian Government **supports** this recommendation.

As part of the 2018-19 Budget measure *Better Quality of Care – greater transparency of quality in aged care*, the Government announced from July 2020, differentiated performance ratings of residential aged care services will be published on the My Aged Care website, together with a tool to compare services. Ratings will allow consumers to better compare the quality of different residential aged care services.

Work has commenced on the development of the differentiated performance ratings system, including testing with consumers and engagement with other stakeholders.

Recommendation 12

The Committee recommends that the public be provided with information through the My Aged Care website regarding the number of complaints and reportable incidents that have been lodged, responded to and resolved, and the number of complainants, at individual aged care facilities.

The Australian Government **supports in-principle** this recommendation.

As part of the 2018-19 Budget measure *Better Quality of Care - greater transparency of quality in aged care*, the Government announced that providers who obstruct the resolution of complaints can be publicly identified. This measure is due to be delivered by July 2020.

The (former) Aged Care Complaints Commissioner, and its predecessors, were restricted by protected information provisions under Division 86 of the *Aged Care Act 1997* from publicly releasing certain complaints information. This included naming providers and matters relating to the affairs of the approved provider, including how individual complaints were managed and resolved.

The Commission is now empowered under section 59 and 59A of the Quality and Safety Commission Act, to publish information about a provider's performance in relation to their responsibilities under the *Aged Care Act 1997*, the Quality and Safety Commission Act or their applicable funding agreement.

However, any information made publicly available must not include any personal information. Personal information would include complainant and consumer details.

Within this regulatory framework, the Commission has developed a protocol for a regular release of data on its website for a range of performance measures. The first release was July 2019. This included publication of sector-wide data on complaints.

The Commission is also developing a report to publish, by 2020, the names of providers who have been issued a direction where the Commissioner is not satisfied that the provider is meeting its responsibilities in relation to an issue raised in a complaint. The Commission has committed to publish names of providers where a complaints direction is given.

Recommendation 13

The Committee recommends that the Australian Government examine ways to ensure all consumers have access to the Older Persons Advocacy Network (OPAN) advisory services, and include in consumer experience reports the providers that refuse OPAN access to their facilities.

The Australian Government **supports** examining ways to ensure all consumers have access to OPAN and **supports in-principle** the specific suggestion in relation to consumer experience reports.

The National Aged Care Advocacy Program, which is delivered by OPAN, is available to everyone who is accessing, or seeking to access, Commonwealth-funded aged care services and their family members and carers.

The Government has already taken steps to promote the availability of advocacy services to aged care consumers and providers.

In January 2019, the then Minister for Senior Australians and Aged Care, the Hon Ken Wyatt AM MP, wrote to all residential aged care providers emphasising the importance of the National Aged Care Advocacy Program and encouraged providers to “promote OPAN to care recipients and their families as a resource for support”. In June 2019 the Department provided posters to all residential aged care providers promoting OPAN services to staff, residents and their families and friends.

Information about the National Aged Care Advocacy Program is available on the Department, My Aged Care and Commission websites.

The Commission’s website includes the brochure *How aged care advocacy can help you*, as well as guidance for providers on implementing the Standards, including the requirement that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

When assessing provider compliance with this requirement, the Commission considers feedback from consumers and information received from other parties, such as advocacy services. Accreditation reports are publicly available on the Commission’s website.

The Government will continue to work with OPAN to further increase awareness of the advocacy program.

In addition, the Government will explore the potential for new or expanded activities for the advocacy program which are discussed in the Committee's report for possible inclusion in the next service delivery contract which will commence from July 2020.

The Government notes the Commission's Consumer Experience Reports are based on a defined set of ten questions developed and tested for validity with consumers for the purpose of capturing their experience of care, rather than a report about specific types of provider behaviour, such as refusing access to OPAN advocates.

Recommendation 14

The Committee recommends that the Australian Government agencies responsible for delivery of aged care services commit to a more consumer-oriented focus, with greater, and more transparent, consumer involvement in the delivery of aged care services.

The Australian Government **supports** this recommendation.

A range of reforms are being progressively implemented which support a more consumer-oriented focus, with greater, and more transparent, consumer involvement in the delivery of aged care services.

The Charter of Aged Care Rights

The Charter, which commenced on 1 July 2019 makes it easier for aged care consumers, their families and carers to understand what they can expect from an aged care service provider, regardless of whether they are in residential care or receiving care in the home. The Charter places the consumer at the centre of care by giving them choice and recognising their right to be treated with respect. It acknowledges that identity, culture and diversity are to be valued and supported.

From 1 July 2019, providers are required to assist consumers to understand the new Charter and invite them to sign it. This provides an important opportunity for providers and consumers to enter into a partnership.

The Aged Care Quality Standards

The Standards commenced on 1 July 2019 and apply to all aged care services including residential care, home care, flexible care and services under the Commonwealth Home Support Programme.

These Standards focus on quality outcomes for consumers. This makes it easier for consumers, their families, carers and representatives to understand what they can expect from a service.

Providers are required to partner with consumers, and other people consumers wish to involve, in the ongoing assessment and planning, delivery and review of the consumer's care and services.

The Charter and Standards complement each other in promoting a consumer focus.

The Aged Care Quality and Safety Commission

The Commission was established on 1 January 2019. Combining the functions of the former Australian Aged Care Quality Agency and the Aged Care Complaints Commissioner into one independent agency provides a single point of contact for consumers and supports better engagement on quality of care issues.

The Commission also has an explicit function and role to play in developing and promoting participative models for providers to engage and empower their consumers in co-design and continuous improvement of service delivery.

From January 2020, subject to legislative amendment, the Commission will incorporate the Department's aged care regulatory responsibilities.

The Commission's regulatory approach recognises the importance of engaging with consumers, their families and carers, as well as consumer peak bodies and advocates in understanding outcomes for consumers of government funded aged care services and using this information to inform regulatory focus.

Interviews with consumers and their families are integral to the Commission's assessment of aged care service's performance against the Standards. For accredited residential services, Consumer Experience Reports provide greater transparency of the consumer experience of care.

Open Disclosure Framework

An open disclosure framework was published on the Commission's website in June 2019 to assist the sector to meet the new Standards by encouraging providers to discuss adverse care-related incidents with care recipients and their families. This approach supports a consumer-centred approach to care and service improvement to assist consumers and their representatives.

Greater transparency of quality in aged care

Under the 2018-19 Budget measure *Better quality of care – greater transparency of quality in aged care*, from July 2020, differentiated performance ratings of residential service providers will be published on the My Aged Care website, together with a tool to compare providers. Simplified, plain English accreditation reports will be published with the existing Consumer Experience Reports.