

## Response ID ANON-E7DX-RG7Q-S

Submitted to **Single Aged Care Quality Framework - Options for assessing performance against aged care quality standards**  
Submitted on **2017-04-21 20:21:20**

### Introduction

#### 1 What is your email address?

**Email:**

policy@daa.asn.au

#### 2 Are you answering on behalf of an organisation? If so, please provide your organisation's name.

Yes

**Organisation:**

Dietitians Association of Australia

#### 3 Do you give consent for your submission to be published in whole or in part?

Yes

### More detail about you

#### 4 What role best describes you? Please select all that apply.

Peak body - professional

roles - describe other roles:

#### 5 Do you identify with any special needs groups, or, does your organisation provide support or services to any special needs groups? Please select all that apply.

#### 6 Where do you live, or, where does your organisation operate? Please select all that apply.

NSW, VIC, QLD, WA, SA, TAS, ACT, NT

#### 7 What is your location, or, the location where your organisation operates. Please select all that apply.

Metropolitan, Regional, Rural/Remote

#### 8 If you are an aged care provider, please select all the types of care your service delivers.

#### 9 If you are an aged care service provider, which option below best describes the size of your organisation?

Not Answered

### Questions about how service provider performance is assessed against the aged care draft standards

#### 10 What are the features of the existing assessment and monitoring process that should be retained?

**Existing features you want retained:**

The Dietitians Association of Australia (DAA) welcomes a new assessment and monitoring process.

#### 11 What are the features of the existing assessment and monitoring process that need to be changed?

**Existing features that need to be changed:**

We are pleased to see that the standards themselves are changing.

There is potential to improve consistency and transparency in assessment. Supporting new assessment and monitoring processes with digital technology has the potential to more easily analyse assessment and monitoring data to inform service improvements.

### Questions about the Options Proposed

#### 12 Which option do you prefer? Please give reasons.

Option 2

**Reasons for preferred option :**

A primary concern to DAA is that the accreditation standards and assessment process support safe and quality care with respect to food and nutrition. As the draft standards are written, Standards 3 and 4 are particularly relevant to supporting this aim, but other Standards are also highly relevant. So specifying compliance with some but not all standards is problematic and this would present problems in saying which standards were required.

Also problematic is defining low risk. Not meeting nutrition and hydration needs impacts on the health and wellbeing of older people, poor nutritional status is known to be an accelerator to entry to residential care. So we would be concerned about the design and operation of the risk assessment tool to determine which organisations could be accredited by Option 3.

It is the experience of Accredited Practising Dietitians that provision of meals for example is seen as a low risk activity by service providers, care workers, and others in the community. Or that meals in respite or in residential care are seen as 'hotel services' which can be provided by anybody without qualification, despite the consumers being at considerable risk of malnutrition and that nutrition in that case can be considered a therapy. People often assume that home delivered meals or meals in day care programs are nutritious, despite the fact that until recently there were no national guidelines for such meals and almost no professional dietetic guidance available to program deliverers. Also, despite there now being guidelines, they are not mandatory and there has been no national program of dissemination and training to support their implementation.

In this case, requiring organisations to comply with other regulation would mean they would comply with food safety regulation, but there would be silence on the matter of nutrition quality which is relevant to the well being of consumers.

It might seem that reasonable to gauge risk on the percentage of the day that the supported activity covers, however we would caution against this for aspects of clinical care or food and nutrition related activities.

**13 Please provide details of any other options that we should consider.**

**other options:**

**14 Will your preferred option/s maintain appropriate safeguards for consumers? Please explain your answer.**

**Text box appropriate safeguards for consumers:**

YES

**15 Will your preferred option/s decrease the regulatory burden on aged care organisations? Please explain your answer.**

**Regulatory burden textbox:**

No

Developing computerised audit tools might be a way of reducing regulatory burden, i.e. if a validated tool could be developed for various aspects of compliance, that might contribute to reducing the burden of external assessment. Computerised or desk top audits would need to be verified from time to time to ensure integrity of the system.

We are aware that the Quality Agency is developing a computer-assisted audit tool but we are unaware of the content at present, or whether it will adequately assess nutritional risk of services. We are not aware of professionals being involved in the development and would welcome the opportunity for Accredited Practising Dietitians and other allied health professionals to be involved.

We support greater involvement of consumers in the accreditation process, and consider the feedback of carers is highly valuable.

**Other Comments****16 Do you have any other comments or specific suggestions about the matters discussed in the Options Paper?**

**Text box - other comments:**