

# Adapting to genuine choice

Residential providers need to use a consumer-directed model of care to meet the new quality standards, writes MARK SHELDON-STEMM.

The introduction of aged care's new quality standards, which all providers of Commonwealth-approved aged care will be assessed against from 1 July 2019, has generated an interesting response from providers, the quality agency, peak bodies and other stakeholders.

Collectively, the new single Aged Care Quality Standards centre around aged care recipients playing a key role in the type and direction of services they receive.

Each of the eight standards has a consumer outcome as the overarching requirement, and the principles of dignity, choice and independence at their core, which is a significant shift away from

current standards and service models.

In meeting with the different groups, providers appear to be taking one of several approaches to prepare for the new standards, including:

- providers taking current policies and procedures and revamping, changing the words or reshaping them so they meet the new standards
- reviewing operations and introducing a series of documents to be filled out to show how consumer choice is being met
- revising the complete operation of residential care and introducing a proper consumer-directed model of care and services.

The first two approaches are the most common responses I have found when discussing this matter with many in the industry.

Unfortunately, these two approaches are doomed to fail and will place any organisation at risk of not complying with the new standards.

I also find the first two approaches are accompanied by a statement such as "we already give residents choice and understand how consumer directed care works." Again, this is a misconception.

In order for residential aged care providers to meet the new standards they will need to introduce a new system of consumer directed care that enables the consumer to choose the services they require and how they wish to have these provided including when, where and how.

The current system in residential care is normally based around three factors:

- a routine set by a series of tasks to be completed within a set time
- a system that documents these tasks have been completed
- an assessment process of consumers needs and wishes that is often centred on their medical condition.

While aged care providers carry out the tasks and assessments with care and dignity they do so inside a system of institutional care. The residents are

institutionalised as are the staff.



Mark Sheldon-Stemm

Our research has shown that trying to provide genuine choice in an institutional model doesn't work.

In one of our very early trials we introduced choice but did not change the way staff worked and did not use a CDC model of care. The trial was a failure for the residents, their families and the facility's staff.

The choices were made and noted and there were real efforts to provide these choices. But the working method did not change and nor did the system. Habits did not move away from the institutional model and choices were therefore not met.

The trial showed us that facilities need a completely new method of care and service delivery and a change to how staff work.

While genuine choice cannot be provided in an institutional system, a CDC model provides a way for individualised services to be provided in a communal setting.

There are several providers who have abandoned the institutional model of care and reframed their services. They are providing residents with the ability to choose services and the way they wish to have them provided.

However, there are many others continuing with an old institutional model of care and trying to adapt it to the new world of consumer choice and empowerment.

Providers preparing for the new standards need to realise that if they continue doing what they have done in the past, they will not meet the requirements in the future.

Instead, they need a completely new model and set of policies and procedures. The solution requires introducing CDC services along with an engagement and financial model, like that currently used for Home Care Packages.

There is a chance that making minor changes might allow providers to survive a while longer. But if nothing substantial changes, consumers will continue to be denied the choices they should really have and they will choose to go elsewhere.

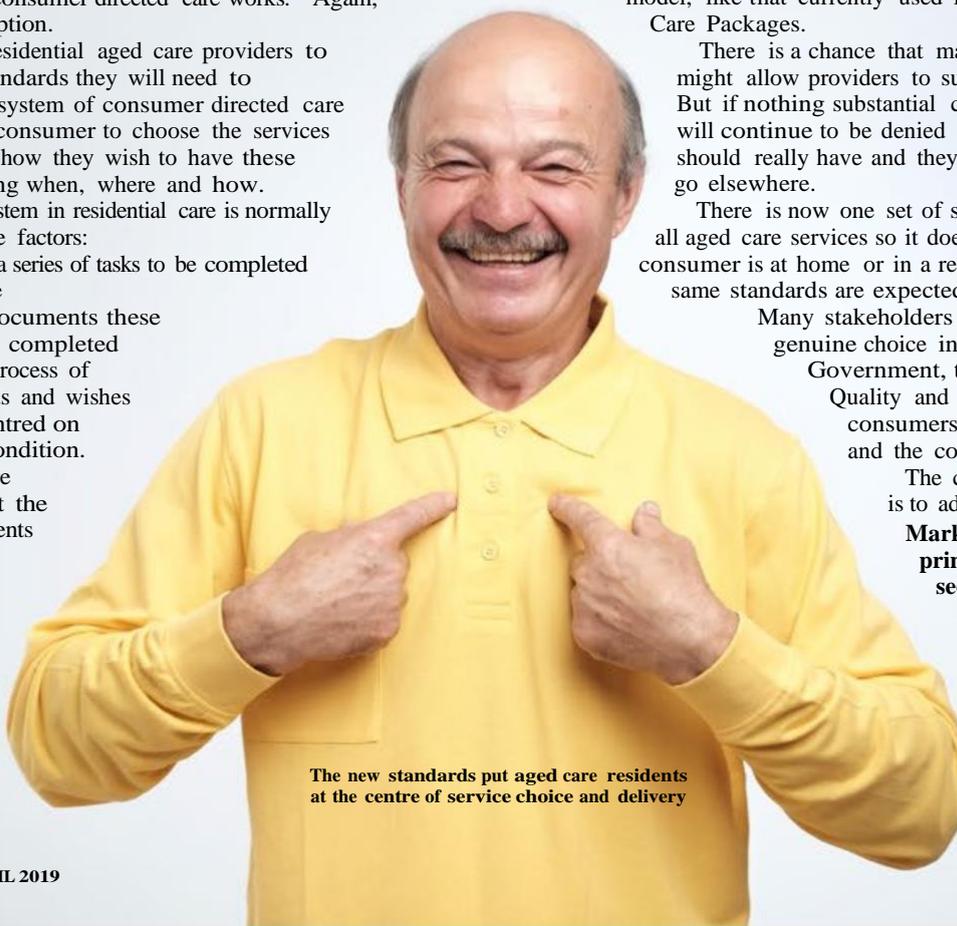
There is now one set of standards covering all aged care services so it does not matter if the consumer is at home or in a residential setting. The same standards are expected.

Many stakeholders will demand genuine choice including the Federal Government, the Aged Care Quality and Safety Commission, consumers and their relatives, and the community at large.

The challenge for providers is to adapt or die. □

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**residential aged care.**



The new standards put aged care residents at the centre of service choice and delivery