This is the published version


Available from Deakin Research Online

http://hdl.handle.net/10536/DRO/DU:30066222

Reproduced with the kind permission of the copyright owner

Copyright: 2014, Australian & New Zealand Continence Journal
Australian and New Zealand Continence Journal

Volume 20 Number 3 – Spring 2014

115

The unintended effects of the regulatory framework on continence care in Australian residential aged care facilities

J Ostaszkiewicz1, B O’Connell2 & T Dunning1

1 Deakin University, Melbourne, Victoria, Australia
2 Manitoba University, Winnipeg, Canada

Introduction: In 2011–12 the Australian Government spent almost $9 billion on residential aged care1. One-third of this funding was spent on meeting residents’ continence care needs2. However, in order to receive any funding, facility providers must comply with regulations under The Aged Care Act, 1997, which is operationalised through a regulatory framework. The regulatory framework for the Australian residential aged care sector consists of:

· The Aged Care Complaints Scheme.
· The Funding Model and Aged Care Funding Instrument (ACFI).
· The Aged Care Accreditation framework.

Managers or service providers of residential aged care facilities apply to the government for a subsidy to meet the cost of each resident’s care needs using the ACFI. To be eligible to obtain funding, facilities must be accredited, by the Aged Care Standards and Accreditation Agency (ACSAA), against four standards and 44 expected outcomes. The four standards3 are:

1. Management systems, staffing and organisational development.
2. Health and personal care.
3. Residents’ lifestyle.
4. Physical environment and safe systems.

The expected outcome of Accreditation Standard 2.12 is that ‘Residents’ continence should be managed effectively.’ To date, there has been no in-depth and independent analysis of how residential aged care staff understand and/or operationalise the standard and how they understand their obligations under the Aged Care Act. As part of a larger Grounded Theory study, which described and explained how residents’ continence care needs were determined, delivered and communicated in Australian residential aged care facilities, this paper reports the findings related to the impact of the regulatory framework on residents’ continence care.

Materials and method: Using Grounded Theory methodology the researcher interviewed 18 residential aged care staff members and conducted 88 hours of field observations in two residential aged care facilities. The grounded theory methods included theoretical sampling, constant comparative data analysis, theoretical sensitivity, memo writing, identification of a core category, and theoretical saturation. Data generation and analysis occurred simultaneously using open coding, theoretical coding and selecting coding until data were saturated.

Results: Staff experienced a high degree of regulatory control in their day-to-day work. This regulation had a major impact on the way staff determined, delivered and communicated residents’ overall care as well as their continence care.

Factors that contributed to working in a highly regulated work environment included:

· Fear of being found non-compliant with regulation.
· Difficulty completing the Aged Care Funding Instrument (ACFI).
· Difficulty complying with the Aged Care Accreditation Standards.

The funding incentive associated with caring for residents with high care needs resulted in organisational rules and peer norms that caused staff to conduct frequent, onerous, and potentially unethical checks of residents’ continence status, and in some cases, to withhold pads and support during the assessment period so that staff could identify residents’ maximum levels of dependence and incontinence. However, staff were not always able to collect and document the information needed to complete government questions about residents’ continence status. Hence, information was not always accurate.

Another unintended effect of the ACFI was that it undermined clinical assessments because completing the ACFI assumed greater priority than completing a clinical assessment. Conducting clinical assessments were subsumed by assessments to obtain funding and continence assessments were reduced to a function of ticking forms to comply with government requirements.
The high degree of regulation in the residential aged care sector also created a situation in which staff were constantly worried about the possibility of ‘getting into trouble’. They perceived any documentation anomaly could be interpreted as a lack of evidence of adherence to standards or as evidence of a false ACFI claim. Attempts to protect themselves and the facility from complaints, adverse events, and sanctions caused staff to adopt a highly risk-adverse and overly-protective approach to care, which had the potential to negatively impact on a resident’s autonomy and continence status. It also caused considerable stress for staff, who were caught between a ‘rock and a hard place’, in terms of trying to comply with regulatory requirements and their duty of care to prioritise residents’ care.

**Conclusion:** There is a need to rethink the quality framework and funding model for the Australian residential aged care sector to ensure regulation does not yield unintended beliefs and pressures that negatively impact the abilities of front-line workers to address residents’ social and emotional needs.

**References**

