A SIRS for home and community aged care settings

Co-design Paper (Updated Final)

Commonwealth Department of Health

23 February 2021

—

KPMG.com.au

Disclaimer

Inherent Limitations

This Co-design Paper has been prepared as outlined with the Commonwealth Department of Health in the Scope Section of the engagement contract dated 7 September 2020. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the Commonwealth Department of Health consulted as part of the process.

KPMG have indicated within this Co-design Paper the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this Co-design Paper in either oral or written form, for events occurring after the Co-design Paper has been issued in final form.

Third Party Reliance

This Co-design Paper is solely for the purpose set out in the Scope Section of the engagement contract dated 7 September 2020 and has been prepared at the request of the Commonwealth Department of Health in accordance with the terms of KPMG's contract dated 7 September 2020. Other than our responsibility to the Commonwealth Department of Health, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

Contents

1 Background

1.1 Context

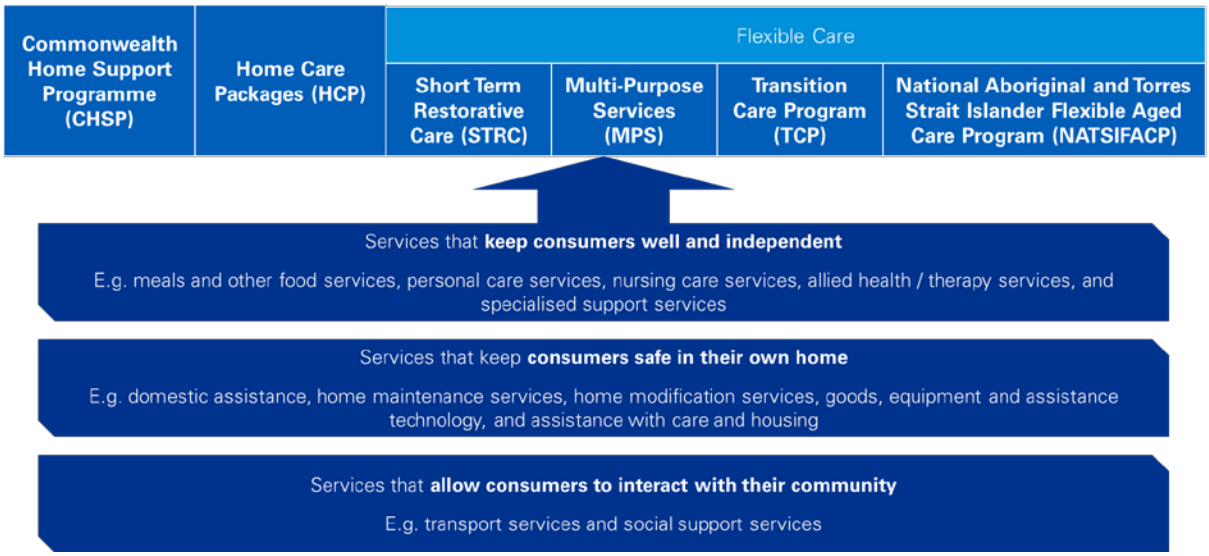
Elder abuse in Australia has become more visible with increased reporting, and the prevalence of this abuse appears to be growing. Estimates indicate that between two and 14 per cent of older people experience abuse.[1] Comparably, 5.4 per cent of Australians from the general population had experienced violence in the past 12 months in 2016.[2] Safeguards are currently in place to protect older people from abuse, with the most recent development in safeguards being the upcoming implementation of a Serious Incident Response Scheme (SIRS) in residential aged care from 1 April 2021.

Recent reports and reviews have highlighted the need to introduce consistent safeguards for older people across all service settings, not just in residential aged care. The Australian Law Reform Commission recommended that the SIRS be extended to home and flexible care[3]. The Counsel Assisting's final submissions to the Royal Commission into Aged Care Quality and Safety also recommended the development of a new and expanded SIRS to cover all serious incidents, including incidents in home care. A SIRS for home and community aged care may provide one avenue to address concerns about the quality of care and services. A survey of a representative sample of consumers of home and community aged care services found that less than 70 per cent of consumers of Home Care Packages (HCP) would share their main concerns with anyone, which may be linked to the consumers' knowledge of and confidence in reporting[4]. This is compared to less than 60 per cent of surveyed consumers of the Commonwealth Home Support Programme (CHSP) and approximately 60 per cent of surveyed consumers of residential respite.[5]

The Commonwealth Department of Health (the Department) is exploring the expansion of the SIRS to home and community aged care. The programs in scope are the CHSP, HCP, and flexible care services[6], which are delivered to keep consumers well and independent, safe in their own home, and enable them to interact with their community (see Figure 1).

[1] Australian Law Reform Commission, Elder abuse – A national legal response, (Commonwealth of Australia, Sydney, 2017).
[2] Australian Bureau of Statistics. (2016). Personal Safety, Australia. https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release
[3] Australian Government. Australian Law Reform Commission. (2017). Responses to serious incidents of abuse and neglect. https://www.alrc.gov.au/publication/elder-abuse-a-national-legal-response-alrc-report-131/4-aged-care/responses-to-serious-incidents-of-abuse-and-neglect/
[4] National Ageing Research Institute Ltd. (October 2020). Inside the system: home and respite care clients' perspectives. https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/research-paper-14.pdf
[5] Ibid.
[6] Flexible care services are comprised of Short Term Restorative Care (STRC), Multi-Purpose Services (MPS), Transition Care Program (TCP) and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP).

Figure 1: Home and community aged care



Source: KPMG, 2021.

The Department has engaged KPMG to support the development of options to expand the SIRS to home and community aged care. As part of this, KPMG is engaging with stakeholders in focus groups to co-design a SIRS for home and community aged care.

1.2 Your upcoming participation at co-design focus groups

A range of stakeholders have been invited to participate in co-design focus groups to discuss the design and implementation of a SIRS for home and community aged care. A summary of the co-design process is provided below.

Table 1: About the co-design focus groups

Purpose	To provide an opportunity for a range of stakeholders to discuss options for how a SIRS could be designed for home and community aged care.
Who will be invited	Aged care consumer representative organisations, aged care consumers, aged care providers, government agencies, advocacy and interfacing organisations (e.g. health and disability organisations), and industry peak bodies are invited to attend.
Timing	20 x 2 hour focus groups between mid-March to early April 2021. Each focus group will have between 10-15 stakeholders and will be facilitated by KPMG representatives. To the extent possible, provisions will be made to accommodate for individual preferences and needs to support attendance.
Output	Output from focus groups will be further discussed with government to design options for a SIRS for home and community aged care.
Supporting materials	The co-design paper (this document; see Section 1.3 for details) provides information to inform stakeholders' participation at the co-design. A detailed agenda and accompanying information will be shared with participants on the day of the focus groups.

Source: KPMG, 2021.

1.3 Purpose of this document

The purpose of this document is to support stakeholder participation at the upcoming co-design focus groups. It contains the following information:

- The project context and information about the co-design focus groups (described above)
- The nature of the SIRS being implemented in residential aged care
- The unique characteristics of home and community aged care that may impact the identification, reporting and response to serious incidents
- The nature of other schemes like the SIRS in aged care and other sectors, including how they adapt (if at all) to home and community settings
- High level questions for consideration at the co-design focus groups.

2 About the upcoming SIRS for residential aged care

The SIRS for residential aged care will replace existing compulsory reporting requirements under the *Aged Care Act 1997*. Currently, approved providers ('providers') of residential aged care are required to report an allegation, or a suspicion, of a 'reportable assault'[7] on a care recipient. The SIRS will expand the responsibilities of providers to identify, record, manage, resolve and prevent incidents in residential aged care. A broader scope of incidents will become reportable.

Further details on the SIRS for residential aged care are provided below but are subject to change as legislation is implemented.

2.1 Meaning, definition and scope of the SIRS for residential aged care

The SIRS for residential aged care defines a 'reportable incident' as an incident (actual, alleged or suspected) committed to a consumer. Different types of incidents include:

- Unreasonable use of force
- Unlawful sexual contact, or inappropriate sexual conduct
- Psychological or emotional abuse
- Unexpected death
- Stealing or financial coercion
- Neglect
- Use of physical restraint or chemical restraint (other than in circumstances set out in the Quality of Care Principles)
- Unexplained absence.

Depending on the incident type, the scope may include incidents committed by:

- Staff
- The provider
- A family member / visitor
- Another consumer, even where the other consumer has a cognitive or mental impairment.

Incidents committed by a consumer to a staff member or visitor are not reportable under the SIRS for residential aged care. These incidents will be addressed (identified, recorded, managed and resolved) in line with a provider's incident management obligations.

2.2 Reporting requirements under the SIRS for residential aged care

Under the SIRS for residential aged care, the requirement to notify the Aged Care Quality and Safety Commission (the Commission) of an incident is dependent on the degree of harm (low level or higher level of harm). The degree of harm determines whether an incident is categorised as critical (and reportable within 24 hours) or serious (reportable in 30 days).

[7] This may exclude certain serious incidents of abuse and neglect occurring in residential aged care, including physical or financial abuse, sexual abuse (note: sexual assault is currently reportable), cruel treatment, unexplained serious injury, or an incident that is part of a pattern of abuse. Violence between care recipients in residential aged care is also exempt from being reported in certain circumstances under the Act.

Table 2: Reporting requirements for unexplained absences, critical incidents and all other serious incidents

Incident type	Description	Timeframe to notify the Commission	Notification to police	Follow-up written reporting requirement
Unexplained absence	Where the consumer is absent from the service, and the absence is unexplained	24 hours of becoming aware of the absence	Yes	Nil
Critical incident	Higher level of harm (e.g. injury or illness requiring onsite treatment or hospital admission, or resulting in permanent impairment or fatality)	24 hours of becoming aware of the incident	Yes – if the incident is of a criminal nature	24-hour notification report If required by the Commission[8]: • Incident status report (within 5 days of becoming aware of the incident) • Final report (within 84 days / 6 weeks of submitting the incident report)
All other serious incidents	Low level of harm (e.g. no impact or minor injury or discomfort that were resolved without intervention)	30 days of becoming aware of the incident	Yes – if the incident is of a criminal nature	If required by the Commission: • Additional information regarding the incident • Final report (within 84 days / 6 weeks of submitting the incident report)

Source: KPMG, 2021.

2.3 Responsibilities of the provider under the SIRS for residential aged care

Under the SIRS for residential aged care, the responsibilities of a provider include to:

- Ensure staff member informants are not victimised
- Protect informants' identities
- Identify, assess, record, manage and resolve all incidents (regardless of whether the incident was a 'serious incident')
- Report alleged, suspected or actual serious incidents to the Commission
- Report incidents of a criminal nature (e.g. assault) to the police
- Provide support to consumers affected by an incident

[8] For example, if the Commission is not satisfied that the incident has been resolved appropriately

- Investigate or contribute to an external investigation
- Use incident data to drive continuous improvement at their organisation and prevent similar incidents from reoccurring.

Staff members of the provider are responsible for alerting the provider of alleged, suspected or actual serious incidents that are within scope of the SIRS for home and community aged care.

Any other persons who is concerned that the care of a consumer is being compromised may raise concerns with the provider in the first instance; or raise concerns with the Commission via the Commission's existing complaints functions.

2.4 Oversight functions under the SIRS for residential aged care

Under the SIRS for residential aged care, the Commission will take on various regulatory functions spanning administration, oversight and system-wide information sharing, learning and improvement responsibilities:

Table 3: Responsibilities of the Commission under the SIRS for residential aged care

Administration	• Administer mandatory recording and reporting arrangements for serious incidents • Receive reports about serious incidents
Oversight	• Oversee the systems of providers for recording, reporting, preventing, managing and responding to allegations or suspicion of an incident(s) • Verify reporting by providers and inquire into providers' responses • Investigate suspected and actual breaches of providers' incident management obligations and undertake enforcement actions • Direct providers' response to a serious incident
System-wide information sharing, learning and improvement	• Support providers to develop and implement incident management systems and build provider capability in incident management • Collect, correlate, analyse and disseminate information about incidents to identify trends or systemic issues • Generate public reports on incident information (e.g. trends)

Source: KPMG, 2021.

2.5 Other components of the SIRS

The SIRS for residential aged care includes reporting protections for a provider or person (e.g. staff member of the provider, consumer, family / carer, volunteer) who reports an incident in good faith. Under the Aged Care Legislation Amendment (Serious Incident Response Scheme and Other Measures) Bill 2020, the provider or person who makes a report would not be subject to any civil or criminal liability, or any contractual or other remedy arising from the disclosure.

3 Unique characteristics of home and community aged care settings

In designing and implementing a SIRS for home and community aged care, the characteristics of home and community aged care providers, their workforce and their service delivery context that are distinct to those found in residential aged care need to be considered.

3.1 Characteristics of home and community aged care consumers and providers

Larger consumer base

The SIRS for residential aged care will apply to the 270,000[9] older Australians who access residential aged care services. However, a much larger proportion of older Australians access aged care services other than residential aged care, with over one million[10] accessing home and community aged care. There has been a strong and growing preference by older Australians to age in their own home. The average age on entry to a HCP is 80 years for men and 81 years for women, whilst the average age on entry to permanent residential aged care is 82 years for men and 85 years for women.[11]

Figure 2: Australians accessing home and community aged care services

Source: KPMG, 2021 based on Productivity Commission, Report on Government Services Part F Section 14 Aged Care Services

More diverse consumer base

Home and community aged care providers have a more diverse consumer base than residential aged care providers.[12] Consumers from diverse backgrounds may require specialised supports (e.g. materials in languages other than English and easy-to-understand English, as well as support to access specialist organisations that advocate for specific special needs groups) to help them understand their rights and be empowered to report incidents.

[9] Sluggett, J. K., Ilomaki, J., Seaman, K. L., Corlis, M., Bell, J. S. (2017). Medication management policy, practice and research in Australian residential aged care: Current and future directions. Pharmacological Research, 116, 20-28. doi: 10.1016/j.phrs.2016.12.011
[10] Productivity Commission, Report on Government Services Part F Section 14 Aged Care Services
[11] Parliament of Australia. (2019). Aged care: a quick guide https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1819/Quick_Guides/AgedCare2019#:~:text=The%20average%20age%20on%20entry,ages%20than%20non%2DIndigenous%20Australians.
[12] GEN Aged Care Data. Aged Care Data Snapshot 2020 Release 3.

Figure 3: Consumer diversity across aged care services

Source: KPMG, 2021 based on GEN Aged Care Data. Aged Care Data Snapshot 2020 Release 3

More providers of home and community aged care

There are significantly more providers of home and community aged care (across CHSP, HCP and flexible care combined) compared to the number of approved providers of residential aged care.[13] Home and community aged care providers may require significant support in adopting a SIRS as they may have limited experience with SIRS-type schemes (unless they have operated in residential aged care, where there has been a reporting scheme).

Figure 4: Number of providers across service settings

Source: KPMG, 2021 based on the Australian Government. Department of Health. 2019-20 Report on the Operation of the Aged Care Act 1997.

More services based in regional and remote areas

More home and community aged care providers are based in regional and remote areas[14] compared to residential aged care providers.[15] In implementing a SIRS for home and community aged care, there may be a need to consider how geographic distribution and providers operating in rural and remote can implement a scheme and participate in implementation activities such as training.

Figure 5: Geographic distribution of aged care providers

Source: KPMG, 2021 based on GEN Aged Care Data. Aged Care Data Snapshot 2020 Release 3.

[13] Australian Government. Department of Health. 2019-20 Report on the Operation of the Aged Care Act 1997. https://www.gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/20366-Health-Report-on-the-Operation-of-the-Aged-Care-Act-2019–2020-accessible.pdf
[14] Based on the Australian Bureau of Statistics Australian Statistical Geography Standard
[15] GEN Aged Care Data. Aged Care Data Snapshot 2020 Release 3.

3.2 Characteristics of the home and community aged care workforce

Higher and increasing median age

The median age of the home and community aged care workforce is higher and increasing, compared to the median age of the residential aged care workforce.[16] While age should not impact on the management of incidents, it may be linked to issues around workforce supply. This in turn brings to question the resourcing capacity of providers to effectively operate under a SIRS.

Figure 6: Median age and aging trends of the aged care workforce

Source: KPMG, 2021 based on Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karmel T et al. (2017). 2016 National Aged Care Workforce Census and Survey – the aged care workforce, 2016.

High proportion of workforce born overseas

A substantial proportion of the home and community aged care workforce is born overseas.[17] The implementation of a SIRS for home and community aged care may need to consider specialised supports and training that account for different English language proficiency levels and workers' potential lack of prior experience in identifying and reporting serious incidents.

Figure 7: Place of birth of the aged care workforce

Source: KPMG, 2021 based on Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karmel T et al. (2017). 2016 National Aged Care Workforce Census and Survey – the aged care workforce, 2016.

More common use of volunteers, casual or contracted staff

There is a broad range of workforce types (e.g. volunteers, contractors and subcontractors) used in home and community aged care.[18] In implementing the SIRS for home and community aged care, specific approaches may be required to support training delivery for different workforce types.

[16] Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karmel T et al. (2017). 2016 National Aged Care Workforce Census and Survey – the aged care workforce, 2016. https://agedcare.royalcommission.gov.au/system/files/2020-06/CTH.0001.1001.2805.pdf
[17] Ibid.
[18] The Senate. Community Affairs References Committee. Future o Ibid. f Australia's aged care sector workforce. https://engage.dss.gov.au/wp-content/uploads/2017/07/Aged-Care-workforce.pdf

Figure 8: Workforce types across aged care settings

Source: KPMG, 2021 based on The Senate. Community Affairs References Committee. Future of Australia's aged care sector workforce.

It has been suggested that casual or contract employees tend not to raise concerns at work (e.g. incidents) to avoid potentially negative impacts on their job security.[19] This has implications on the effectiveness of incident identification and reporting.

Lower uptake of training and development

The uptake of training and continuing development opportunities is lower by the home and community aged care workforce compared to the residential aged care workforce.[20] The differences may be due to challenges presented by the service delivery environment. Low uptake of training and professional development opportunities can impact the ability of staff to deliver quality and safe care. There may be a heightened need to drive adoption of a SIRS for home and community aged care to increase the level of safeguard to consumers.

Figure 9: Rate of workforce training and continuing development across aged care settings

Source: KPMG, 2021 based on Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karmel T et al. (2017). 2016 National Aged Care Workforce Census and Survey – the aged care workforce, 2016.

3.3 Service delivery environment of home and community aged care

An uncontrolled service delivery environment

Providers have less control over the care environment within a home and community setting than they do when delivering residential aged care.[21] For example, providers have limited control over:

- the nature / set-up of the home
- who visits the consumer, when the visit occurs and the duration of the visit.

These conditions can act as a barrier to prevention, early identification and response to incidents. For example, it may be difficult to identify the person(s) who has committed an incident. This is because multiple people (e.g. staff members from different providers, including subcontractors) may have been in contact with a consumer at any time, and the provider is not always present at the consumer's home (since home and community care is episodic or may be one-off, as is the case of

[19] Royal Commission into Aged Care Quality and Safety. COVID-19 hearings. https://agedcare.royalcommission.gov.au/system/files/2020-08/RCD.9999.0432.0001.pdf
[20] Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karmel T et al. (2017). 2016 National Aged Care Workforce Census and Survey – the aged care workforce, 2016. https://agedcare.royalcommission.gov.au/system/files/2020-06/CTH.0001.1001.2805.pdf
[21] Lang, A., Edwards, N. & Fleiszer, A. (2007). Safety in home care: a broadened perspective of patient safety. International Journal for Quality in Health Care 2008. 20(2), 130-135.

home maintenance). Without identifying the actual or alleged perpetrator, the provider may not be able to prevent that person(s) from doing further harm to a consumer.

The uncontrolled service delivery environment may contribute to certain types of incidents occurring frequently. For example, research has found there has been increasing demand from informal caregivers (e.g. a family member) to use restraints in a home care setting as a 'safety measure'[22]. A staff member may accept the informal caregiver's request for restraint to be used. This may occur if the staff member has an inadequate understanding of what constitutes a restraint (e.g. misperceiving that a restraint may not be considered so if it is used for a particular purpose) or the staff member lacks knowledge around person-centred care and alternative behavioural management strategies.[23]

Frequency of one-on-one service delivery

Home and community aged care staff are more likely to be delivering care in a one-on-one format and independently of supervision from other staff or informal carers. In one-on-one situations, staff may be less inclined to report an incident that they are directly involved in or may expect that incidents are reported by consumers, their family members or carers, or another support worker.

The workforce may require more structured guidance and training to help them understand the importance of reporting and build their capacity to recognise incidents on their own. Consumers and their family / carers may also require support to understand their rights, recognise incidents and raise complaints through existing complaints channels or by notifying providers. Further, a role may be played by community members and advocates to help with identifying and reporting incidents.

[22] Scheepmans, K., Dierckx de Casterle, B., Paquay, L., Van Gansbeke, H. & Milisen, K. (2020). Reducing physcial restraints by older adults in home care: development of an evidence-based guideline. BMC Geriatrics, 20(169).
[23] Scheepmans, K., Dierckx de Casterle, B., Paquay, L., Van Gansbeke, H. & Milisen, K. (2020). Reducing physcial restraints by older adults in home care: development of an evidence-based guideline. BMC Geriatrics, 20(169).

4 About other SIRS-type schemes in aged care and other sectors

KPMG examined schemes similar to the SIRS for residential aged care to inform the design and implementation of a SIRS for home and community aged care. The review sought to understand the operation and effectiveness of other similar schemes, and how their design components may be impacted by the home and community care context. This section presents the review findings.

4.1 Understanding 'SIRS-type' schemes

Reporting schemes exist across a variety of sectors. This review narrowed the types of reporting schemes examined to those that are similar to the SIRS for residential aged care (referred hereafter as 'SIRS-type schemes'). SIRS-type schemes capture incidents related to the conduct of staff (generally covered by 'reportable conduct schemes' in ageing and human services systems) and incidents that are of a serious nature but may be related to provider systems, policies and processes (generally covered by 'incident management schemes' in the health system). SIRS-type schemes are therefore comparable to both reportable conduct schemes and incident management systems.

4.2 SIRS-type schemes in aged care internationally

Examples of SIRS-type schemes that cover both residential and home and community aged care settings were found internationally, including in England and Scotland. However, there were no SIRS-type schemes found specifically dedicated to the home and community aged care setting.

The SIRS-type schemes found in England and Scotland defined reportable incidents in a similar way to that of the SIRS for residential aged care (i.e. including incidents that result in high levels of harm to a consumer); see case studies on the next page. These SIRS-type schemes also provided structure around the notification and reporting process, with requirements for providers to report an incident to a designated regulator within a specific timeframe.

In the absence of a SIRS-type scheme in certain jurisdictions, there is an increased focus on community involvement in making reports and complaints. Consumer complaints mechanisms and/or Adult Protective mechanisms are made available for the reporting of a broad range of matters. Similarly, several jurisdictions have introduced regulatory requirements to identify, report and respond to incidents. However, such mechanisms are also found in jurisdictions with a scheme.

There is little limited evidence of the effectiveness of the SIRS-type schemes in general. This may be due to the limited number of reviews examining the quality and safety aspects of SIRS-type schemes, including schemes that involve home and community care. In addition, there has been recent changes to SIRS-type schemes, which have not yet been reviewed.

Case studies

England and Scotland have SIRS-type schemes that cover both residential care and home and community care. Those SIRS-type schemes did not appear to adapt their approach for the home and community care setting. Rather, the requirements for providers in home and community care were the same or similar to that for residential aged care.

England

Registered personal care providers in England are required to report certain incidents to the Care Quality Commission (CQC), which regulates social care services. Incidents that are reportable include allegations of abuse, absences, deaths, serious injuries as well as certain changes / events that affect service delivery or consumers.[24] This scheme includes the same requirements for both residential aged care providers and home care providers. There appears to be limited guidance documents for this scheme. The guidance documents found online were limited to notification forms.

The *Care Act 2014: Safeguarding adults* is the legal framework for how local authorities and other parts of the health and care system must work together to protect adults at risk of abuse or neglect.[25] The CQC works with local authorities with safeguarding duties under the Act to protect adults at risk of abuse or neglect.[26] Unlike the CQC, the role of local authorities in adult care and support is focused on the provision of service, information and advice.[27]

There are also specific channels to make complaints about 'care homes', which are settings that offer accommodation and personal care. However, no specific complaints channel is found for complaints about services delivered in the consumer's own home.

Scotland

Registered care service providers in Scotland are required to report two categories of items to the Care Inspectorate, which regulates the quality of care. Providers are required to report 'events' immediately, and 'serious incidents' within five days. The incidents that are reportable are broad in nature, covering accidents, incidents or injuries, significant equipment breakdown and criminal convictions resulting in unfitness of a manager, absence of a manager in addition to allegations of abuse and neglect. Certain incidents are only reportable under specific settings. Detailed guidance is provided on the process following a report (e.g. case reviews).

The Care Inspectorate also manages and investigates complaints about registered care services in Scotland.

4.3 SIRS-type schemes for other sectors

KPMG had previously explored SIRS-type schemes in other sectors (i.e. beyond aged care) as part of the Strengthening Protections for Older Australians[28] report ('the 2019 Report'). In the current review, KPMG looked to explore any changes to those other SIRS-type schemes since the 2019 Report, and whether evidence has emerged of their effectiveness. However, the evidence on their effectiveness continues to be limited.

[24] Care Quality Commission. (2020). Notifications. https://www.cqc.org.uk/guidance-providers/notifications/notification-finder?page=1
[25] Department of Health & Social Care. (2016). Guidance. Care Act factsheets. https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets
[26] Social Care Institute for Excellence. (2016). The Care Act: safeguarding adults. https://www.scie.org.uk/care-act-2014/safeguarding-adults/
[27] Department of Health & Social Care. (2016). Guidance. Care Act factsheets. https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets
[28] KPMG. (February 2019) Strengthening protections for older Australians. https://www.health.gov.au/sites/default/files/documents/2019/12/strengthening-protections-for-older-australians-strengthening-protections-for-older-australians-development-of-models-and-options-for-a-serious-incident-response-scheme.pdf

The changes that have been introduced are broadly in line with the policy direction of the upcoming SIRS for residential aged care. Other sectors appear to have adopted similar definitions, reporting requirements and timeframes, and have similar delineation of roles and responsibilities to the SIRS for residential aged care.

4.4 Adapting SIRS-type schemes to home and community aged care

While no specific adaptations appear to be made, different schemes have recognised similar challenges to those faced in home and community aged care. The challenges include the varying maturity of providers, the unsupervised nature of service delivery and possible underreporting of incidents. Different measures are used across sectors to respond to these challenges, including:

- **The regulator plays an active role in capacity building of providers.** For example, the New South Wales (NSW) Office of the Children's Guardian has an enquiry line for providers to ask questions about the scheme, and training and resources on responding to reportable allegations.
- **The regulator provides detailed guidance and fact sheets on how to identify, report and respond to incidents.** For example, the NDIS Commission has published an Incident Management System Guidance to support registered NDIS providers to develop or improve their incident management systems. The Victorian Commission for Children and Young People has published a range of resources and support materials on various aspects of the scheme.
- **The regulator makes available materials for consumers to understand the scheme and how to engage with the scheme**. For example, the NDIS Commission has published a fact sheet (in English and other languages) for NDIS participants and what they can expect of providers in responding to incidents.
- **Additional measures are introduced for an independent organisation or a person to 'visit' the home and check on residents**. For example, the NSW Official Community Visitors Scheme has a role in reporting matters that affect children and young people in out-of-home care, including incidents of abuse and neglect. However, it is important to note that out-of-home care providers are not subject to unannounced visits by the regulator.

5 Discussion questions

We would like to seek your views on how the upcoming SIRS for residential aged care may be expanded to the home and community aged care sector.

5.1 Design of the SIRS for home and community aged care

Below are questions around the design of the SIRS for home and community aged care.

Table 4: Discussion questions on the design of the SIRS for home and community aged care

Meaning, definition and scope	• Do existing definitions within the SIRS for residential aged care reflect the types of incidents that occur in home and community aged care? • Can the types of serious incidents as currently defined for the residential context be reasonably identified by a provider in home and community aged care? Consider for example, incidents committed by a family member / visitor, incidents committed by staff of other providers, and unexplained absences.
Reporting requirements	• Is it necessary for reporting to be mandatory? • What are the consequences of, and expectations around relying on voluntary compliance? • How can barriers to reporting in a home and community setting be overcome? • What role should the broader community play in identifying and reporting a serious incident?
Investigation, analysis and response processes	• What are the existing requirements for home and community care providers regarding incident management? How could this change under a SIRS? • Do existing home and community aged care providers have the capacity and capability to undertake additional responsibilities in incident management? • How do home and community aged care providers investigate incidents related to subcontracted care?
Oversight functions	• Should any aspect of the Commission's oversight functions be amended or enhanced for the home and community aged care context?

Source: KPMG, 2021.

5.2 Implementation approach for the SIRS for home and community aged care

Below are questions around the implementation approach for the SIRS for home and community aged care.

Table 5: Discussion questions on the implementation approach for the SIRS for home and community aged care

Change management	• What types of change management activities might be required to enable the effective adoption of a SIRS for home and community aged care? • How can home and community providers be supported to integrate a SIRS into any existing processes and procedures at their organisation?
Implementation timeframes	• What might be the timeframes and milestones for implementing the SIRS for home and community aged care?
Support to providers	• What support, if any, will providers need to adopt a SIRS for home and community aged care? • What support, if any, will different types of providers need to identify and manage serious incidents?
Consumer / family empowerment	• How can consumers and their family / carer be empowered to recognise and report incidents / or make a complaint? • How might this differ for consumers with diverse needs, such as consumers who identify as being from an Aboriginal and Torres Strait Islander background or a CALD background?
Role of the community	• What role may the broader community play in identifying serious incidents in home and community aged care?
Intersection with other quality and safeguarding mechanisms	• What role may community visitors or other quality and safety mechanisms play in identifying serious incidents in home and community aged care? For example, how could the Commission's existing complaints scheme intersect with a SIRS for home and community aged care?

Source: KPMG, 2021.

Contact us

Nicki Doyle
Partner

(02) 9335 7794

0428 742 728

ndoyle@kpmg.com.au