QUALITY AGED CARE ACTION GROUP INC

Submission to the Quality of Care in Residential Aged Care Facilities in Australia

January 2018

Quality Aged Care Action Group Incorporated (QACAG Inc.)
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Introduction

Quality Aged Care Action Group Incorporated (QACAG) is a community group in NSW that aims to improve the quality of life for people in residential and community aged care settings. QACAG is made up of people from many interests and backgrounds brought together by common concerns about the quality of care for people receiving aged care services.

QACAG Inc. was established in 2005 and became incorporated in 2007. Membership includes: recipients of aged care services in NSW nursing homes or the community; relatives and friends of care recipients; carers; people with aged care experience including current and retired nurses; aged care workers and community members concerned with improving aged care. Membership also includes representatives from: Older Women's Network; Combined Pensioners & Superannuants Association of NSW Inc.; Senior Rights Service; NSW Nurses and Midwives' Association and the Retired Teachers' Association.

Many of our members have had first-hand experience of visiting residential aged care facilities over extended periods of time, either as a member of the workforce or as a visitor to family members. This experience gives unique insight into the daily happenings of life in residential care and the quality of care that people are receiving.

Overview

QACAG Inc. welcomes this inquiry. Our action group was founded on concerns about the poor quality care we have experienced in residential aged care services, and the way that our concerns were handled. Many of our members feel they have no voice when placing a loved one into care.

It is our view that any attempt to enhance quality of care must be supported by changes to legislation. We have recently seen horrific media coverage of poor care such as maggots in a persons' mouth, and deaths arising because resident on resident aggression was poorly managed. We know from our own experiences, and confirmed through these media stories, that aged care providers cannot all be relied upon to place the needs and interests of residents ahead of profits.

As we have also seen, through the Oakden scenario in SA, we cannot be assured that the current system for regulation of the sector is effective in protecting our most vulnerable elderly. It is our opinion that the wording contained within the *Aged Care Act 1997* and associated legislation is not fit for purpose. Legislating in terms of 'sufficiency' and 'adequacy' is inherently flawed and opens the door to provider interpretation. Similarly it does not provide an adequate platform for aged care regulators to gauge performance.

Finally, we believe that good quality care is determined by a good quality aged care workforce. There have been many inquires over the past two years looking at the issue of workforce. However, no improvement in the level of skill and number of workers has occurred as a result. Referral to further committees and now a taskforce has been the only response from Government. We believe this is a blatant attempt to placate the aged care sector, by ensuring they continue to have free range in determining what their staffing costs should be, regardless of the presence of a staffing model to inform what safe staffing might look like.

At some point there must be accountability at the highest level for ensuring safe staffing of residential aged care. We hope this inquiry will be more successful in providing a solution to what is increasingly a concerning state of aged care.

The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers.

Our experience is that mistreatment of residents is widespread and endemic in residential aged care. We have experienced some very caring staff who try to do their best but are stifled by poor working pay and conditions. Many residential aged care facilities (RACFs) do not have staffing models in place to determine optimum staffing skills mix and numbers, based on resident's needs (both direct and indirect care needs).

Therefore we find it difficult to understand how the Government can determine that aged care providers are best placed to make decisions about staffing. We would question on what basis this conclusion has been drawn. This certainly hasn't been evidenced through the care at the Oakden facility in SA[1] over a sustained period. It similarly is not evidenced in the sharp rise in unmet outcomes as reported in the Australian Aged Care Quality Agency's (AACQA) annual report[2].

"My mother at 91 was diagnosed with cancer and chose to return to her aged care facility to be cared for. There was only one registered nurse on duty overnight for over 100 residents. As a result sometimes her 'as required' pain medication was not delivered in a timely manner and this caused her unnecessary suffering and distress. This in turn distressed our family. The situation only resolved when family members remained present at all times and ensured staff were attending to her 'as required' pain management needs."

QACAG member, and registered nurse

We believe that there is no quick fix to this situation. However, currently there are very few clear benchmarks to determine what quality care might look like. Professor Ibrahim in Victoria has produced a report on preventable deaths[3] which shows that data *is* available on RACFs. There must be a more concerted effort to both collect, and analyse such data. Also to use this to inform best practice when assessing compliance.

[1] Groves A, Thomson D, McKellar D and Procter N. (2017) *The Oakden Report*. Adelaide, South Australia: SA Health, Department for Health and Ageing.
[2] https://www.aacqa.gov.au/about-us/annual-reports/AACQAAnnualReport2017PRINTED.pdf
[3] Ibrahim, J. (2017) *Recommendations for prevention of injury-related deaths in residential aged care services*. Monash University: Southbank.

Similarly the Australian Nursing and Midwifery Federation has undertaken extensive research in the area of safe staffing[4]. They are calling for ratios of registered nurses, enrolled nurses and assistants in nursing/care workers. They have proposed a staffing model on which to determine optimum staffing and skills mix. If such evidence-based research is available, we question why no efforts have thus far been made to implement this to improve the treatment residents receive?

"Even the 'better' more expensive homes are fraught with residents full of fear of reprisals and ridiculous cuts in even basic nutrition. Let's not talk about unreported/investigated deaths due to poor hygiene and low staffing with outbreaks from gastro, sepsis, etc. and untreated pressure sores finally requiring amputations. It's appalling and continues to be."

QACAG member, daughter of parent in residential aged care

It is our member's experience that residents and relatives are stifled from making complaints because of the inherent fear of reprisals against either themselves, or their loved ones. We have examples within our organisation of being issued with warning letters by aged care providers when we have raised our concerns about poor quality of care. Many of us have felt the only way to assure ourselves of safe, appropriate care for our loved ones has been to be present ourselves in the RACF for much of the time and deliver personal care ourselves.

Our members consider that the extortionate money charged for accommodation should at least guarantee there is a member of staff available to provide a basic level of good quality care. In addition, we should be entitled to appropriate numbers of registered nurses to ensure the clinical care needs of our loved ones are met.

Very few relatives know about organisations such as the Seniors Rights Service and Older People's Advocacy Network and Combined Pensioners and Superannuants. These do a fantastic advocacy job and it should be a mandatory part of the information issued upon every admission to a RACF.

[4]http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf

The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the *Charter of Care Recipients' Rights and Responsibilities* in ensuring adequate consumer protection in residential aged care.

The Aged Care Complaints Commission has recently been more proactive about receiving complaints. However, there remains an inherent fear of being exposed as a whistle blower or complainant, and fear of retribution. As described earlier, this fear is based on past experience of our members and not assumption. There must be more protection for residents, relatives or significant others to enable them to raise concerns about care.

It is without doubt that public confidence in the AACQA has been lost. The Agency appears more concerned about upsetting aged care providers, than enforcing good standards of care. However, we do believe that the accreditation process and the *Aged Care Act 1997* and associated regulations provide little clarity to determine compliance. Loose terminology such as 'adequate' and 'sufficient' are not robust enough to determine compliance and withstand provider challenge. We would like to see changes to the *Aged Care Act 1997* so that it clearly identifies a benchmark standard of care that a RACF must not fall below. This must be defined in measurable terms to be assessed against; and underpinned by measurable legislation.

We acknowledge that in terms of staffing, there needs to be a degree of flexibility. However, we do believe that the acuity of people entering aged care means that there should be a registered nurse on site at all times as a minimum. In addition, there should be a mandatory requirement for all RACFs to have an evidence-based staffing model in place to determine staffing and skills mix. Staffing models must account for both direct and indirect duties to be performed, level of residents care need, unique characteristics of the resident group and configuration of the accommodation.

The Government are currently revising the outcomes to assess against when the AACQA carries out its accreditation and site audits. We are concerned that the draft document further dilutes the wording, leaving determination of quality even more exposed to individual provider, and assessor interpretation. We were disappointed

that the document again used terms of ‘adequacy’ and ‘sufficiency’ when describing staffing outcomes.

The review of outcomes provides an ideal opportunity for the Government to finally address the ‘elephant in the room’ that is the aged care workforce. Once again the opportunity to finally ensure safe staffing is both mandated, and assessed properly during accreditation and site visits is seemingly being sidelined. Unannounced inspections will not enhance quality if no measurable legislative requirements exist. It creates a ‘lip service’ style of regulation that is undeserved by our elderly and fails once again to protect our most vulnerable.

The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or their representatives to help them exercise choice and their rights in care.

Many people have no choice than to place their loved on in a RACF because they are too unwell, or infirm themselves to care for them. In this circumstance they are unable to visit frequently. This is very traumatic for them, knowing they are powerless to do anything, or be there themselves. Even those who have family members, due to circumstances determined by employment or housing affordability, they are often living a distance away and many are also not able to visit with any frequency.

As previously recommended, all residents and their advocates should be provided with information about consumer advocacy services on admission. In addition, independent consumer advocates should be appointed to undertake regular visits to residents and represent them.

A summary of our recommendations can be found on the next page.

Thank you for receiving our submission.

Margaret Zanghi
President

On behalf of the Quality Aged Care Action Group Inc, NSW
15 January 2018

Recommendations

1. **There must be a more concerted effort to both collect, and analyse data about the performance of a RACF between accreditation visits. This could include data such as mortality statistics, infection rates, hospital admissions and untoward incidents. Evidence gathered should be used inform any judgement about compliance.**

2. ***The Aged Care Act 1997* and associated regulations must be updated or replaced and legislation re-worded in measurable terms that can be assessed against, to determine a basic level of quality care that a RACF must not fall below.**

3. ***The Aged Care Act 1997* and associated regulations must be updated or replaced. Legislation must require an evidence based staffing model to be in place in all RACFs. Staffing models must account for both direct and indirect duties to be performed, level of residents care need, unique characteristics of the resident group and configuration of the accommodation. This should determine the staffing levels and skills mix to be provided, and include the requirement to have at least one registered nurse on site at all times where people requiring high levels of clinical care are accommodated.**

4. **The provision of information about aged care advocacy organisations should form a mandatory part of the information issued upon every admission to a RACF.**

5. **There must be more protection for residents, relatives or significant others to enable them to raise concerns about care without fear of reprisal.**

6. **Independent consumer advocates should be appointed to undertake regular visits to residents and represent them.**