

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

The Standing Committee on Health, Aged Care and Sport

This submission addresses aspects of each of the three terms of reference:

TOR 1) The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers;

It is almost impossible to track the incidences of mistreatment that occur and no-one should rely on the possibility of ad hoc reports of incidents to gain a true insight of what is happening in Care Residences.

There needs to be **mandatory reporting on many** attributes related to Care Providers, their facilities and untoward incidents. This is Consumer information that is currently lacking. Having such information being maintained continuously would make an immediate and positive difference to the way care is provided.

It would reduce much of the need for whistle blowers as Providers would have to continuously report and statistics would highlight situations needing closer investigation/monitoring. Much of this information is currently maintained and will need to be kept up to date to comply with Ad Hoc Accreditation visits.

Responsible Agencies and all potential and actual Consumers should have access to information on Care Providers and each Residence through a Government maintained Web Site:

eg

Facilities (rooms, recreation rooms, facilities eg pool, hairdressers)

Monthly updates on:

- Numbers of staff (Broken down by nature of work),
- Care recipients by category (ambulant, non ambulant, suffering from dementia)
- Specialised staff by category,
- Summary of reports (see below)

SYSTEMS to Monitor and Report on:

- Numbers of and responses to calls for Normal Assistance (time button pushed to time responder arrived)
- Numbers of and responses to calls for Emergency Assistance (time button pushed to time responder arrived)
- Injuries by category
- Staff turnover by category
- Incident Reports (accidents, failures of various kinds to be determined by specialists in this area)
- Complaints by type (facilities [dangerous, dirty, out of order], medical care, neglect, abuse/bullying, discrimination/victimisation, invasion of privacy).
- Infringements of Recipients on other Recipients or Staff rights (Section 2 of the Charter)

TOR 2) 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;

i) The Charter is well meaning, – but in some ways impossible to deliver on – eg the first statement:

a) to full and effective use of his or her personal, civil, legal and consumer rights;

These rights almost always need to be ENABLED for the elderly through mechanisms provided by others. See response to TOR 3.

Mandatory reporting would do much to SHARPEN Provider performance in many areas, reducing the causes of complaints, and delivering on many rights in the process, without the elderly person having to try and exercise those rights personally.

ii) The proposed Ad Hoc Unannounced Accreditation (Approved Oct 2017) will do much to sharpen up Providers.

iii) A simple means for Residents, their family and friends and carers to provide hard evidence (Photographs, recordings, witness statements) to the Aged Care Complaints Commission, when their rights are infringed by Providers, would be of great benefit and allow for more timely, accurate reporting.

iv) MANAGEMENT ATTITUDES

ALL Care recipients, visitors, and staff must be able to provide evidence of inappropriate management attitudes. Management attitudes DRIVE the ethos and behaviour of staff – and it is important that ‘corrupting’ influences are rooted out of the system. Standards are set by management.

TOR 3) The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.

There is virtually no protection for the elderly who are without friends and family CAPABLE of supporting them to exercise their rights. It is hard enough for those who DO have such support.

Access to Advocates

All persons who do NOT have family, friends or other representatives to help them exercise choice and their rights in care) should have access to an Advocacy service which visits/contacts them periodically (determined by the nature of care required) and who is their first point of call in the event of a failure of the Care Provider to support them in terms of the Care Providers contract.

Advocates should

- Be informed by the Provider of ANY incident involving that Care recipient
- respond to requests for assistance – having right of access to all information the Care Provider has in relation to the recipient,
- should take action with the Care Provider to have a problem rectified,
- be empowered to raise complaints to the Aged Care Commissioner where a problem is NOT rectified in a timely manner
- be empowered to escalate issues to the Minister where the Aged Care Commissioner is unable to resolve the matter in a timely manner.

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