AGED CARE LOBBY GROUP

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Submission to the Senate Community Affairs References Committee Inquiry into Aged Care

The Aged Care Lobby Group is a self-funded group of concerned citizens, some of whom have family members resident in aged care facilities in South Australia. The Group is represented on the Industry, Consumer and Union Liaison Committee of the Department of Health and Ageing in Adelaide.

The Lobby Group wishes to make a submission to the Inquiry in relation to item (b) of its Terms of Reference, namely the performance and effectiveness of the Aged Care Standards and Accreditation Agency.

It is our view that, as presently constituted, the Agency is unable to establish satisfactory standards and quality of care for the following reasons:

1. The system under which accreditation is given to aged care facilities is often farcical. Proprietors and/or managers spend weeks in advance of inspection getting all the paperwork up to date, resulting in a further lack of supervision of care assistants. Extra staff are brought in, so that there appears to be an adequate level of staffing, ostensibly to ensure that resident care is unaffected by staff being occupied with questions from the accreditation team. Tablecloths and flowers, air fresheners, lists of activities within the facility and more extensive menus appear during the period of inspection, which tend to disappear once the examiners have departed. The accreditation team does not eat what the residents are eating. The opportunity for residents and family members to speak to the team are sometimes limited to ten minutes. Those who are unable to speak coherently have no voice unless they have a family member.

   When asked how it was possible to gauge the standard of care through paperwork, which may or may not be correctly recorded, the head of the Agency in South Australia had no reply. The team simply takes what it is given and what it is told at face value.

   Whilst at least one facility has developed a system of paperwork which meets the requirements of the Department, there is a strong tendency not to share information between proprietors, as though they are in competition. Whilst the RN is involved with reams of paperwork, he/she is not on the floor supervising the work of the care

assistants. Moreover, due to this lack of contact, the RN has to rely on the care assistants, who have no clinical training, to spot changes in a resident's condition.

We understand that $1.1/2 million was spent on upgrading the RCS, and that this change was to come into effect in July this year. However, due to a further re-assessment of the RCS to reduce the number of categories, there will be no change until 2006. This means that resident will still lack proper clinical supervision whilst the RN is engaged elsewhere.

2. There is no correlation between the period of accreditation and the standard of care between facilities granted a three year accreditation or any other period. Potential knowledgeable consumers may realise that a facility with a shorter period of accreditation than three years may not be as satisfactory, but the facility is unlikely to advise them and they are unlikely to ask.

3. It is our understanding that complaints about care are not necessarily passed on to the Accreditation Agency by the Complaints Resolution Unit unless they are serious or relate to a facility about which persistent complaints have been received.

4. In some instances family members have found the internal complaints system unsatisfactory but have given up complaining to the Department of Health and Ageing. The overall impression they receive from the Department is that their complaints are trivialised or are made by an over-fussy, neurotic or guilt-ridden family member.

5. Whistleblowers amongst staff are few and far between as the providers' network quickly establishes the identities of those who complain and they find it difficult or impossible to get another job in the industry. Many facilities require staff to sign a confidentiality agreement to protect residents, but it also serves to protect those proprietors who are more interested in profit than care.

Recommendations

1. The Accreditation process should be further improved to provide more time to inspect the facility and talk to consumers and family members.

2. Whilst it may be advisable that there should be some way in which potential consumers can differentiate between the standards of care offered, this will only increase the waiting list at the best facilities and cause considerable anxiety to family members and consumers who have to make do with less satisfactory homes until all can be brought up to an acceptable benchmark.

3. The benchmark of care should be established through consultation with consumers, family members and providers, with the emphasis on the former.

4. The Complaints Resolution Unit should become an independent body, reporting to the Department but not part of it, with direct access to the Accreditation Agency.

5. The interim changes to the RCS should be brought into effect immediately, rather than wait for a new version in 2006 in order to provide the hope of better care through ‘management by walking around’.

6. Some means should be devised by which staff can report inadequate standards of care without fear of dismissal.

Thank you for your time in reading our submission. We apologise for its late arrival.

Jenny Booth
Chair – Aged Care Lobby Group