

# agedcarelobbygroup

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## **Submission to Senate Community Affairs Committee in relation to the provisions of the Aged Care Amendment (Security and Protection) Bill 2007**

We wish to make the following submissions relating to the provisions referred to the Committee for inquiry and report:-

1. We generally welcome the spirit of the amendments but regard them as largely a bandaid measure which fails to take the fundamental causes of abuse into account. They are, nonetheless, a praiseworthy attempt to deal with a problem of unknown dimensions. Yet we believe they are unlikely to achieve the desired outcome.
2. Ultimately, the basic causes of abuse result from a pervading lack of properly trained and supervised staff in the majority of aged care facilities.
  - 2.1 The cultural climate created by the provider and maintained by the Director of Nursing has a great deal to do with the willingness of staff to join a particular facility. Those facilities which offer flexible rosters, career development and child care seem to have less problems attracting and retaining suitably trained staff.
  - 2.2 There is a widespread shortage of professionally trained nursing staff, resulting in the employment of an increased number of care workers who may have gained Certificate III in Aged Care or who may have no training at all.
  - 2.3 Following completion of the Introductory course, one South Australian provider advertises that it can place students in aged care facilities. The full course may be completed in six weeks and cost between \$1600 and \$1800 (in South Australia). This may be subsidised if undertaken by a job seeker. Hence the direction of young people into aged care as a job not as a vocation.
  - 2.4 It appears to be government policy to direct immigrants and refugees into aged care. Many of these have poor English skills and have difficulty in understanding what is required of them. There is considerable variation in Adelaide amongst training providers as to what level of English is required before commencing Certificate III. One requires proficiency at Certificate II level in English, another Year 10 and a third requires students to have reading, writing and comprehension skills to an unspecified level.
  - 2.5 The gap in permanent staff is filled by agency staff who are paid at a higher rate than permanent staff. However, they do not do any of the paperwork, thus putting a heavier load on the permanent staff.

- 2.6 Directors of Nursing from overseas naturally tend to employ workers from their own culture. This practice can result in an unfamiliar ‘climate’ in the aged care facility with little interaction with the residents and a lack of understanding of ‘the Australian way’. Such an environment can in no way fulfil the ideal that the residents should be able to feel ‘at home’.
3. There is still a tremendous amount of time spent on paperwork, usually written up by the Registered Nurse if one is available. This is a waste of her/his experience.
- 3.1 Who reads this mountain of paperwork, apart from the RCS assessors and the accreditation team? In other words, the paperwork appears to be a tool to provide the owners of the facility with the maximum amount of funding.
- 3.1.1 The voluminous case notes are in most cases not read by agency staff who therefore do not know the clinical condition of the residents.
4. The involvement of the Registered Nurse in paper work allows no time to supervise the careworkers. The old days when the Director of Care did her daily rounds are gone.
- 4.1 The care workers often have so little clinical understanding that they do not recognise when a Registered or Enrolled Nurse should be advised of a residents’ medical problems, leading to delays in summoning a doctor or sending the resident to hospital.
- 4.2 Equally, and importantly in the context of this inquiry, they may be unaware of indications of sexual abuse.
5. With regard to the reporting of abuse, a lack of staff, and meal rosters which take staff off the floor when residents are being put to bed, allows opportunities for unscrupulous staff members to molest residents.
- 5.1 Such molestation is most unlikely to be witnessed.
- 5.2 Should agency staff be involved, suspected and removed from that particular facility, they are able to return to the agency and are sent out to another facility to repeat the pattern. Is the proposed amendment strong enough to prevent this happening?
- 5.3 We believe that all cases of abuse by a resident with dementia should be reported to the relevant section of the Department, in order to ensure that the facility maintains an acceptable behaviour management regime. If that facility reports several such instances, then the Department needs to keep a close watch on it.
6. We strongly support protection for whistleblowers in cases of abuse.

6.1 This should however be extended to other instances of abuse, such as poor nutrition and hydration, residents being left unattended in wet and dirty beds, and being emotionally and verbally abused. However, we recognise that these are not criminal matters.

6.2 We note that there is no protection against victimisation afforded to volunteers or visitors who may see or hear something reportable, but which may not be a criminal matter.

6.3 Bearing in mind that aged care is 'contracted out' by the Government, what kind of cultural climate are we permitting that allows providers to operate facilities in which the staff are afraid to report abuse to management?

6.4 We wonder how ready immigrant and refugee workers will be to report abuse, given their knowledge of the legislation and their history of contact with authority in their former country?

7. We have no submission to make in relation to the provisions relating to the new post of Aged Care Commissioner, in that his/her dealings appear to be with the Department and its agencies.

### **Recommendations**

1. An inquiry should be held into the qualifications offered by Certificate III in Aged Care, particularly in relation to a uniform standard of English prior to entry. Six weeks appears to be an inadequate preparation time.
2. Reports of abuse by residents suffering from dementia should be reported to the Department for monitoring purposes.
3. The Government should legislate for stiffer penalties for breaches of the Aged Care Act and be more prepared to enforce them.
4. The paperwork requirement should be re-examined in order to free up staff to do what they are really paid for, to care for residents.
5. We need a fundamentally new approach to aged care, rather than amendments to a ten year old Act – an approach which puts the residents at the centre rather than used as pawns to maximise funding.
6. A media campaign should be instituted to combat the current effects of 'ageism' and the important role of aged care, stressing that the aged are still worthy members of society who contributed a great deal towards the development of this country. Such a campaign was recommended (Recommendation 10) in the Final Report into the *Recruitment and Retention of Nurses in Residential Aged Care* in 2002.

J. Booth (Dr)  
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