The Secretary
Senate and Public Administration Committee
PO Box 6100
Parliament House
Canberra A.C.T 2600

INQUIRY INTO RESIDENTIAL AND COMMUNITY AGED CARE IN AUSTRALIA

PREAMBLE

1. This submission intends to express the views and concerns of **ADVOCATES FOR SENIORS IN CARE** an informal association of present and past carers who are very concerned about the lack of compassion and the quality and safety of care provided to residents in Nursing Homes.

1.2. Our comments relate to the experiences and observations made
(1.) from visits to Nursing Homes
(2.) our involvement with C.I.S (Commonwealth Investigation Scheme)
(3.) Aged Care Standards and Accreditation Agency during their assessment of standards of care.

1.3. These concerns relate particularly to
(1.) the different standards of care given at different facilities and
(2.) the inability of facilities to provide consistent acceptable standards of care.

2. We identify different categories of residents

2.1 Residents who are frail, dependent but have no cognitive impairment. They receive regular visits from relatives and friends to advocate for them to obtain the best possible care.

2.2 Residents with the same health status as above, but do not receive visits from anyone and therefore have no one to speak for them.

2.3 Residents who are cognitively impaired resulting form numerous causes (including the administration of drugs from with “the facility) to prevent them from calling out to receive attention. They may or may not receive visits from interested visitors.

3. The Senate Community Affairs Committee Inquiry 2004 into Aged Care identified two areas of Aged Care which required further attention (1) staffing (2) care

3.1 Staffing
Recommendation 13 of the report states that the Agency in consultation with the aged care sector and consumers develop a benchmark of care which ensures that the level and skills mix of staffing at each residential aged care facility is sufficient to deliver the care required considering the needs of the residents. The benchmark of care that is developed needs to be flexible so as to accommodate the changing needs of residents.

3.2 Care
Recommendation 14 that the Commonwealth, in consultation with industry stakeholders and consumers review the Accreditation Standards to define in more precise terms each of the expected outcomes and that this review address the health and personal care needs of residents, especially nutrition and oral and dental care and include specific consideration of cultural aspects of care provision including the specific needs of CALD and indigenous residents.

3.3 We note that many of facilities who have not complied with accreditation standards have failed in nutrition and hydration, infection control, continence management/ (basic fundamental care). Failure to comply with these standards constitutes gross to physical abuse of residents.

3.4 There issues relate to components of the recommendations 13 & 14 of the previous Senate Inquiry which have not been addressed.

4. **RECOMMENDATIONS**

4.1 We hope the 2008 Senate Inquiry will act to have working parties established immediately to deal with recommendations 13 & 14.

4.2 We would like to have consumer representation, people who have witnessed and have experience of what happens in Nursing Homes included in the working parties.

4.3 We cannot expect Government to contribute an increase in funds for aged care without knowing how current subsidies are spent.

4.4 We believe that working groups will determine credible daily food costs and the number and skill mix of staff required. The costing of theses items allows subsidies to be paid as the tied grants for the services which are provided.

4.5 We submit that the costs to providers will be reduced if residents are healthier and the workforce better motivated.

4.5.1 This will be an outcome of
(1) good nutrition for residents
(2) improved care when realistic staff workloads are negotiated with relevance to the number of tasks and the skills required.

4.6 We suggest Government subsidies should not be paid based solely on economic data but that they reward compliance and drive ongoing work towards achieving better safety and quality of care standards.

4.7 If there are no radical changes to the methods used to fund aged care residents of facilities, residents will live on a second rate health system and facilities will become in some instances repositories for victims.

CONCLUSION

Time constraints and inability to access financial data about the business arrangements of providers in aged care, limits the scope of comment about the issues under consideration.

We would welcome the opportunity to appear before the Senate Committee to be questioned and to elaborate on the issues we have raised.

G.J JACKMAN (SPOKESPERSON)

ADVOCATES FOR SENIOR IN CARE

PO BOX 605
GOODWOOD SA 5034

TEL 08 8276 4606