QUALITY AGED CARE ACTION GROUP INC

Response to

Consultation: Draft Guidance Aged Care Quality Standards

May 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: older people, some of whom are receiving aged care 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, Retired Teachers' Association, Multicultural Communities of the Illawarra and Kings Cross Community Centre.

My husband will eventually go to heaven, but I want him to live with dignity and have quality of life, so that I will have no regret. I constantly get very, very tired visiting every day and I am not getting any younger.

Wife of aged care resident

We have waited with anticipation for these draft standards. We note with interest that your consultation page refers to the fact that a *Standards Guidance Reference Group* contributed to their development. Also that the group includes industry and consumer representatives with relevant experience and expertise.

To our knowledge, none of the individuals or organisations aligned to QACAG Inc. have been involved in this group, and your website appears to have omitted listing member organisations. Lack of transparency has been a common feature of aged care regulation for many years. We believe it is in the public interest to openly disclose membership and call for this information to be visible on your website.

No-one enters aged care as a lifestyle choice. It is always because the persons' needs are so great that they cannot be cared for at home, by informal carers. We believe that the quality agency has lost sight of this in proposing these draft standards.

Our members believe these standards are meaningless because they are not underpinned by legislation. The *Aged Care Act 1997* (*the Act*) is now over 20 years old. It was born out of a time when people in aged care were much more mobile and incidence of dementia related illnesses less prevalent.

The Government's commitment to the ideology of "Ageing in Place" means that many of those previously in aged care are now able to stay at home for longer. Rising longevity has also exposed our 'very old' to ageing conditions, including dementias and increased comorbidity and poly-pharmacy. As a consequence *the Act* is no longer relevant or fit for purpose, even given the later amended legislative instruments.

The draft standards focus on consumer choice, consumer control and dignity. However, it fails to acknowledge the impact of unsafe staffing as a mitigating factor across the eight core standards. There is nothing dignified, no choice or control involved in the scenarios presented by our members throughout this paper.

Sitting in urine soaked clothing because there are no staff to assist you to the toilet. Having cold food, or simply going without because no-one is around to help you eat. Having basic cleanliness overlooked because staff do not have time to shower you.

These are all are common stories we hear from our members, who are currently being failed by the existing regulatory system.

Our members do not need 166 pages of meaningless words. They need clear consistent legislation that secures them access to safe ratios of workers and registered nurses so they can have a dignified end of life. It is the workforce who ensure safe outcomes for people. Simply put, if there aren't enough staff to deliver the quality indicators, none will be met.

We have argued for outcomes not to be tested solely by visits from the quality agency, but monitored against evidence based quality indicators such as incidence of pressure sores, anti-psychotropic drug use, complaints, infection control rates, mortality, behaviour management. All areas our members believe would provide a greater indication of quality than surveyor assessment of self-reported internal governance systems. This is the system we currently have, and it doesn't work. It's time for change. Unannounced Inspections and star ratings are only useful if they are based upon meaningful data and prescriptive legislation.

We entrust aged care providers to care for our most loved parents, relatives, friends and children. We suggest there is much work still to be done before these draft standards, and the entire system for regulation offers a meaningful and safe system for consumer protection.

We believe that the words of our members provide sufficient commentary about these draft standards and inform our recommendations.

Margaret Zanghi
President

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

Recommendations

1. The *Aged Care Act 1997* and associated statutory Instruments must be amended to ensure they are fit for purpose and prescribe minimum ratios of staffing and skills mix to underpin standards.

2. Legislation should be amended to require a Registered Nurse on duty at all times and a Director of Nursing to ensure clinical governance in facilities accommodating residents with high complex care needs.

3. Legislation to require a staffing model to be in place to calculate numbers of staff over and above minimum ratios, that is evidence based. This to account for the acuity of residents, building layout, direct and indirect care duties to be performed. (We advise this is based on the ANMF Staffing and Skills Mix research[1]).

4. The ability of the staffing model operated by the RACF to meet quality outcomes, should be tested as evidence against each of the 8 core standards.

5. Care outcomes should also be evidence through enhanced collection and analysis of data. Areas where data could be of benefit include incidence of pressure sores, anti-psychotropic drug use, complaints, infection control rates, mortality and behaviour management.

[1] ANMF (2016) National Aged Care Staffing and Skills Mix Report. Available at: http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf

It is all very well to allow the consumers to make decisions about their care especially so called 'person centred care', but with inadequate staffing, nothing can be achieved.

Wife of Aged Care Resident

These standards talk about dignity. They should look at staffing for a start. There is nothing more undignified than being made to wait for the toilet because there are not enough staff to go around. What about checking how staffing is calculated? If cuts need to be made the staff are the first to go, but if we are talking about something as fundamental as dignity, it should be staffing that are the last to be reduced.

QACAG member

As there is not enough staff to shower all residents, the night staff has to shower one resident at night usually at 4am or 5am (resident has no concept of time and other relatives are not aware of this practice). I consider showering any elderly at this time is cruel and inhumane.

Wife of Aged Care Resident

Nursing assistants are being replaced by home makers. They are expected to not only provide direct care but also do cooking and cleaning. But no extra staff are being provided = less actual time on care duties. Residents weren't consulted. Where's the choice in that? The only people making a choice are those making financial choices. How much commonwealth money is spent on care and how much goes to shareholders.

QACAG member

The indignity of having to soil a “nappy” like a baby during the night because of staffing levels amounts to elder abuse.

Friend of resident in RACF

Registered nurses not only provide direct care, but they ensure preventative healthcare is available to reduce unnecessary hospitalisations and ensure people die with dignity in the comfort of the facility they have chosen to be their home. They supervise unlicensed care workers who often only have basic skills due to the lack of mandated minimum standards of training they require. They not only supervise medications but are skilled to provide as-required pain relief and monitor its effect. This is not a matter of choice, but of dignity and safety.

QACAG member

Standard 3: Personal care and clinical care

One night I had to attend to a skin tear on Mum's arm as the only RN on duty (for around 100 residents) was attending to a very sick resident and no-one else was available to attend to Mum's skin tear - fortunately I was there and knew what to do

Daughter with parent in aged care

The facility advertised that they had the services of a physiotherapist. In reality what happened was that a Physio would come to the facility and devise some exercises for residents who were referred to him. Then the exercises were added to the duties of the nurses who were already struggling to perform to meet the needs of the residents.

Wife of husband in RACF

There is enormous pressure on staff to get in and out of a room as quickly as possible to complete whatever "round" it is they are performing, there is no regard for who may be visiting the resident. Examples where incontinence pads are thrown on a table in front of visitors or even times where residents are required to put on these pads in front of visitors are common often because the round has to finish by 5pm. These people are not incontinent but have to wear a pad rather than risk a fall by going to the toilet alone during the night because there is not enough staff to get to someone in time for them to go to the toilet in comfort. This is a disgrace.

Friend in RACF

Based on my 3 years and 10 months daily observations, I dared to say all falls, pressure area sores and the flu outbreaks every year are attributable to inadequate staffing.

Wife of Aged Care Resident

One of our friends has just been found to have bedsores and it is unclear how long these have been present. Given he spends nearly all his day in bed (other than showering and toileting) you would have thought pressure area care would have been top of mind. However, because everything happens so quickly eg showering, changing bed linen due to low staffing levels and particularly the lack of knowledge about these potential problems because of the lack of "experience/ understanding" these sores have gone unnoticed for some time.

Friend of resident in RACF

My husband had some pressure sores on his heels which were being treated successfully. An enrolled nurse had been given the task of wound management and this worked well. However a change of management meant that this nurse was taken off the duty and there was a deterioration in the condition of my husband and of other residents who required wound dressing.

Husband in RACF

Due to the all too common Staff shortage, and the lack of time available for those on duty, I have evolved a system to 'self-medicate' and wound dress my ulcerated toes myself. The staff are flat out from the beginning to the end of their shifts, and are not to be blamed. Appeals to Senior Management have fallen on deaf ears, as they are of the opinion that there is enough staff, and all the staff need to do is to work more efficiently to increase productivity.

Aged Care Resident

One staff member in a dining room trying to feed 10 patients went from one resident to the next like a conveyor belt. As a result all meals are cold so nobody wants to eat. Poor nutrition, waste of food /money. Meat and 3 veg in 3 pureed dollops – awful.

Daughter of mother in aged care

One of our volunteers who attends a RACF five days per week to volunteer at lunchtime to feed 2 people who are not related in any way to her, but, to whom she grew quite close while her sister was in the facility (she was there for approximately 18 months). This volunteer continues to go to help with feeding these ladies even though her sister died some 12 months ago. She cannot stand to see the way these people are fed by staff who have no time to feed people with any respect and as she puts it “shovels it in whether it gets swallowed or not”.

QACAG member

Either my sister or I went in every night to feed Mum as there were not enough staff on for the number of residents that required feeding. We did this because we discovered that Mum was slow to eat so she was either left till last and the food was cold or not fed all her meal as staff had to move on to the next resident.

Parent in aged care

It was revealed at a recent Carers/Residents/Managerial meeting, that at lunch, on a daily basis, seven residents had to be fed by Carers/Relations, because there was not the staff to do it. At the evening meal, the situation worsened as only two Carer/Relations were able see to two of the seven.

Resident – RACF

Party pies were often on the menu for the evening meal, which could be served as early as 4.30pm so staff had time to clear up before assisting people to bed. Only residents who remained up received some form of supper at about 7.30pm. The other residents went without food or drink for approximately 15 hours.

Husband in RACF

I made a complaint to the Complaints Unit, but the reply I received amounted to whitewashing. When I raised an issue about my husbands' wound care, the complaints unit told me that new management were doing "the right thing". It did not change the fact that very obviously no one ensured that all staff knew how to care for his wounds. They clearly did not look at the bigger picture and took the managers explanation at face value. I am not confident that an amalgamation of the same agencies will make any difference to care outcomes

Husband in RACF

Where [redacted] is staying, I have discussed with senior management a number of times and raised my concerns about inadequate staffing. I was told that the organisation has had external consultant to look at their staffing and the consultant's assessment confirmed that they have adequate staffing at all shifts, and, in fact, better than lots of residential aged care facilities. I asked them to show me the measurement tools, of course, that was not possible!

Wife of Aged Care Resident

Staff frequently clock on early, and clock off late, to ensure that they can get though the major part of their day's duties. Inspection of the electronic time records will reveal these facts, to the hour and to the minute. While some may clock on early to have a cuppa, no one will remain late for the same reason.

Resident RACF

During tea break and lunch break, there are half of the staff number on the floor. No one can wait if she/he needs to open her/his bowels, let alone the elderly. For this reason, those who can't wait any longer, will get up from the wheelchair and try to walk to the toilet with no assistance, and falls occur.

Wife of Aged Care Resident

On weekends there were a number of times that Mum was left in bed because she was a two person lift and there were not enough staff to get her up and dressed for the day.

Daughter with parent in RACF

As staff are constantly run off their feet to try to their best, some would take short cuts and not clean residents properly after an incontinence incident. I found faeces in [redacted] groin and back side. If I don't visit daily and provide hands on care myself that would stay on [redacted] skin till he is due for his bath every second day.

Wife of Aged Care Resident

The facility where [redacted] is, they employ personal care assistants now rather than assistants in nursing. These staff do more duties so have less time for direct care, but no more numbers of staff have been provided. It took a staff at least 15 minutes to set up tables. There are more than two residents on each corridor who require assistance to eat. I noticed the staff have to feed one resident one spoonful, then turn around to feed someone else, with other residents yelling out for care. Furthermore, the staff are required to empty all dishes, fold up all table clothes and remove resident's bib, and take these away to the kitchen and laundry and rush off to lunch break by a certain time. They have no time to wash their hands after picking up dirty serviettes and bibs with nasal discharge, then feed someone or pick up a wheelchair or walking frame for the resident who wants to return to the room. No wonder the facility has the flu outbreak every year.

Wife of Aged Care Resident

Staffing levels at weekends were reduced that included RNs and personal care workers. This meant that she was left in bed for longer Not attended as promptly when she rang her bell. Increased stress for her and overworked staffs. One RN at weekend to cover a nursing home of 60 beds and a hostel. It doesn't matter whether it is Tuesday or Sunday, residents still need to be washed and fed, medication given, the list goes on.

Daughter with mother in aged care

GPs will be called more often to address issues that an RN could have made decisions about e.g. starting antibiotics, dressings change medication. Without RNs there will be more admissions to A&E as inadequately trained staff are not confident to handle situations. The health of residents will deteriorate making more work and stress for staff. People in jail have better staffing levels.

Surely the men and women – mothers and fathers, brothers and sisters who made this country what it is deserve the best that this country can provide.

Daughter of mother in aged care

We are the last line of defence for the voiceless people in residential aged care. The silent army of family, visitors and advocates who volunteer their own time to compensate for the prevailing apathy towards addressing safe staffing in residential aged care. We are in crisis and it is our frail, elderly citizens who are caught in the cross fire between those demanding good quality care and those whose sole focus is profitability of the sector.

Unless urgent and decisive measures are put into place through legislative reform and meaningful prescriptive standards, we will fail to stem the rising epidemic of elder abuse and neglect that prevails under the current guise of aged care.

QACAG member