



Submission to Australian Aged Care Quality Agency

By Deafness Forum of Australia

29 May 2018

Feedback: Draft Guidance Aged Care Quality Standards

1. What is your email address? (This information will not be published)

[REDACTED]

2. Are you answering on behalf of an organisation? If so, please provide your organisation's name

Deafness Forum of Australia

3. Do you give consent for your submission to be published in whole or part?

Yes, we give consent.

4. Where do you live, or, where does your organisation operate? Please select all that apply

NSW, VIC, QLD, WA, SA, TAS, ACT, NT

5. Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice? If so, what are they?

There is a poor example of where exercise of choice needs to have regard to the needs of others in p 10. This example could be very offensive to hearing impaired people *and should be replaced*.

7. Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care? If so, what are they?

Please see section 14 of this feedback document for the rationale for this request which the Deafness Forum of Australia regards as critically important.

Inclusion of the following information (supporting strategies and reflective questions) in relation to the high-prevalence risk of hearing loss in addition to those addressed in the draft guidance.

ASSISTING CONSUMERS EXPERIENCING HEARING LOSS

Hearing loss affects 75 to 85% of aged care consumers. Even a mild to moderate loss can lead to social isolation and loss of quality of life.

Recent research has shown that over time elderly people with uncorrected hearing loss have an increased likelihood of developing dementia and also depression, particularly in men. It has also been shown that hearing loss is associated with a range of health conditions including diabetes, stroke and other cardiovascular issues as well as increasing the risk of falls.

Organisations are therefore expected to conduct effective assessment of consumers' hearing and make available best practice hearing assistance.

SUPPORTING STRATEGIES

Develop and implement a system for:

- initial and subsequent systematic assessment of each consumer's hearing situation
- actively involving a consumer and their family in consideration of possible measures to minimise the impact of hearing loss consistent with the associated risks, the consumer's circumstances and aspirations. This includes maximising social interaction, access to meaningful activities and self-management of aids/devices where appropriate
- involving health professionals (e.g. audiologists, medical practitioners) in assessment and decision making, including selection of hearing aids or alternative devices
- documenting any assistance required by a consumer to manage their aids/ devices, ensuring that this is included in their care plan and made available to care staff (including reliefs)
- ensuring that staff use effective and respectful communication techniques when speaking with all hearing impaired consumers
- providing encouragement and support to consumers during initial adaptation to aid/device use, obtaining professional advice as necessary
- educating and supporting staff, as appropriate to their role, to:
 - effectively assess consumers' hearing assistance needs
 - identify and develop hearing assistance plans consistent with consumer goals and circumstances
 - provide hearing assistance in accordance with best practice
 - communicate appropriately with consumers experiencing hearing loss
- continuous monitoring and review such that the assistance delivered and its delivery is adjusted in response to information about its effectiveness.

REFLECTIVE QUESTIONS

- How is a consumer's hearing loss identified by the organisation and, if necessary, distinguished from possible cognitive decline?
- What information and support is provided to consumers and family concerning management of hearing loss?
- What access is there to audiologists and hearing service providers to assist consumers experiencing hearing loss?
- Are staff aware of and trained in best practice hearing assistance processes and practices and have the skills to carry them out? What internal advice is available to direct care staff?

- Can relevant staff access a consumer's care plan information related to hearing assistance?
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Also as an entry in the risks summary in the penultimate section of Draft Guidance Standard 3, Requirements 3.1,3.2 and 3.3 A. Intent of these requirements.

Hearing loss is wide spread but generally under-recognised and under-managed in aged care resulting in reduced quality of life and other serious risks.

Requirement 3.6, Information about the consumer's condition...

Supporting strategies, second dot point p 71

- 'Establishing effective communication processes for any necessary hospital transfers...needs and preferences are known.'

Older people, including aged care residents, are often discouraged from taking their hearing aids/devices with them to hospital because of the real risk of damage or loss. Moreover hospital staff are commonly not trained in hearing assistance.

Perhaps something along the following lines could be added to the above mentioned statement:

'Particular care should be exercised in drawing attention to a consumer's hearing aids/ devices and details of any staff assistance needed to manage them - including that the functioning aids/devices are essential to the consumer's ability to respond reliably to medical enquiries and instructions and to avoid anxiety and distress to the consumer.

A clearly marked kit including rigid storage container and spare batteries should accompany the advice.'

9. Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment? If so, what are they?

Requirement 5.3 Supporting strategies 'Use and adapt technology and equipment... hearing loops...'p.108 It may be worth adding after 'loops' 'or other hearing augmentation systems for larger spaces' as the various systems have advantages and disadvantages for particular groups of people.

14. Are there any gaps in the guidance material? If yes, what else should be included in the guidance material, to help aged care service providers to meet the draft new Aged Care Quality Standards?

Despite current accreditation Standard 2.16 and the relevant Quality of Care Principles, there has been widespread under-recognition and under-management of hearing loss experienced by aged care recipients over the past **two decades**.

There have been several reasons for this unacceptable situation. These include failure by the AACQA and its predecessor AACSA to adequately enforce the legislated requirements in relation to hearing loss. (Perhaps the assessors lacked hearing assistance training as has been generally the case for aged care and hospital staff?)

These circumstances have resulted in a quite common expectation that the family provide hearing assistance to a consumer. This may not be feasible and in any case family members are seldom available on a daily basis as may be necessary to insert and remove aids. This is an unacceptable abrogation of carer responsibility.

This lack of attention to the needs of hearing impaired consumers must not be allowed to continue. However, in the draft Guidance there is no **explicit** reference to the need to provide assistance to consumers experiencing hearing loss (except for one reference in a particular context in draft Guidance Standard 2, Requirement 2.1, p 28). It is unrealistic to believe that most current aged care staff will read hearing assistance into the new Standards without a specific statement in a form that makes clear that such assistance is essential to the consumer's quality of life and medical wellbeing and is a requirement if the Standards are to be met.

The proposed additional entry in draft Guidance Standard 3, 'Assisting consumers experiencing hearing loss' would provide appropriate redress for the wide spread neglect of hearing impaired aged care recipients to date and provide a base for improvement. The Deafness Forum has put a lot of time and effort into securing hearing assistance in the requirements for relevant VET qualifications and in developing the necessary training and reference materials for both pre-service and in-service purposes. It is now up to the AACQA to make explicit the requirements for hearing assistance and to enforce them. Anything less would discriminate against consumers suffering hearing loss.

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