QUALITY AGED CARE ACTION GROUP INC

QACAG Submission

Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020

January 2021

About QACAG

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.; Kings Cross Community Centre; Senior Rights Service; NSW Nurses and Midwives' Association and the Retired Teachers' Association.

QACAG members welcome the opportunity, through this submission, to provide input to the *Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020*.

Margaret Zanghi
President
QACAG Inc.

The Quality Aged Care Action Group (QACAG) welcomes the Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020. The collective knowledge and experiences of our members clearly establishes that registered nurses (RNs) are essential to quality aged care and since QACAG's inception we have advocated on this issue.

(a) the need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who require a high level of residential care,

QACAG supports the need for registered nurses to be on duty at all times in all nursing homes and aged care facilities. Aged care recipients in these services increasingly require high levels of care with complex needs and co-morbidities.

Health data shows, as of 30 June 2019, that of those in permanent residential aged care; almost all (99.7%) had a current ACFI assessment on their record, 31% had a high care need rating in all three ACFI assessment areas, 64% had a high care need rating in the cognition and behaviour assessment area and 87% were diagnosed with at least one mental health or behavioural condition[1]. The data shows, irrefutably, that registered nurses must be on duty at all times.

QACAG supports the Australian Nursing and Midwifery Federation's (ANMF) *National Aged Care Staffing and Skills Mix Project Report 2016 Meeting residents' care needs: A study of the requirement for nursing and personal care staff*[2]. This report includes research the ANMF undertook with Flinders University and the University of South Australia. From this work the ANMF have developed a tool for Residential Aged Care Facilities (RACFs) to use that incorporates the time taken for both direct and indirect nursing, personal care tasks and assessment of residents to

[1] AIHW (2020) *GEN aged care data: Admissions into Permanent residential care, by age and sex, 2018–19*. Available at: https://gen-agedcaredata.gov.au/Topics/Admissions-into-aged-care/Explore-admissions-into-aged-care [Accessed 11 December 2020)

[2] Australian Nursing and Midwifery Federation (2016) *National Aged Care Staffing and Skills Mix Project Report 2016 Meeting residents' care needs: A study of the requirement for nursing and personal care staff.* Available at: http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf

reflect the level of care required by residents. This tool identifies the minimum level of staffing required to meet the needs and acuity of residents. A recommendation of four hours and eighteen minutes of care per day, with a skills mix requirement of RN 30%, Enrolled Nurses (ENs) 20% and Personal Care Worker (PCWs) 50% is the evidence based minimum care requirement and skills mix to ensure safe residential and restorative care. Our members strongly advocate that providers should be required to use this tool and skill mix recommendation to determine safe levels of skill mix and staff ratios.

QACAG Recommendation: that registered nurses are on duty at all times in RACFs and other aged care services.

(b) the impact registered nurses have on the safety and dignity of people in care,

Standard 1 of the Aged Care Quality Standards is 'Consumer Dignity and Choice'[3]. Without adequate numbers of suitably qualified staff, quality standards are unable to be met. QACAG members often cite their experience of loved ones not receiving assistance with activities of daily living, such as feeding, due to staffing inadequacies. Our members often spend long hours in facilities to ensure their family members needs are met and it is not unusual that they have assisted other residents when no one else was available. Members fear if they are not present their loved one will not be fed and will miss out on other basic needs. The existing lack of safe staffing levels in aged care leads to chronic episodes of missed care across the sector with staff being unavailable to assist those under their care with activities of daily living.

Our members have often stressed the fact that within the setting of an aged care facility the RN is the most qualified of the health workers. Members who are RNs have described the nature of their responsibility for maintaining clinical oversight in a

[3] Aged Care Quality and Safety Commission (2020) *Aged Care Quality Standards*. Available at: https://www.agedcarequality.gov.au/sites/default/files/media/Aged%20Care%20Quality%20Standards.pdf [Accessed 4 January 2020]

situation where they are the only RN available to a very large number of residents. The RN is the only member of staff trained to make observations and subsequent decisions regarding residents' care and therefore the safety of residents is compromised when an RN is not present.

As well as making clinical observations the RN plays a role in co-ordinating the delivery of service to residents. An RN may instruct other staff about safety issues, leading by example in demonstrating appropriate interaction with residents and acknowledging their dignity.

Our members have provided examples of times when poor skill mix and shortages in staffing lead to inappropriate delivery of care. In such a context instances of poor clinical care, falls, assaults by residents on other residents and lack of dignity in personal hygiene and toileting have been noted. Improved staffing and clinical oversight would remedy this issue if RNs are employed across the sector in greater numbers and evidence based minimal levels of staffing implemented.

One account was from a member who arrived to find their husband being showered with the bedroom door, window and bathroom door open. When asked why, the response was that the member of staff attending to his care felt *"hot and stuffy"*. An account from another member gives an example where she was "visiting a resident who had end stage dementia and was restricted in their movements because they were cared for in a 'bucket chair'. There were no staff supervising the lounge for considerable lengths of time, but there was another resident who was known to be aggressive circling the room. A relative said they spent a lot of time there making sure the residents are safe because staff did not have time to supervise that room. The resident in the chair could not get out of it to exit the environment if the other resident became aggressive, effectively leaving them vulnerable and afraid. That was their life every day until they subsequently died. I think that incident should have been reportable by the relative, but they would need knowledge of the system and the confidence to report without fear of reprisal. I don't think they had either". These are two examples of many where staffing levels lead to time pressures with safety and dignity inevitably going by the wayside.

QACAG Recommendation: adequate staffing of RNs, ENs and PCWs to ensure dignity of those in care is always maintained.

QACAG Recommendation: that consumers have education on what constitutes a reportable incident.

(c) the impact on residential care of a lack of registered nursing staff on duty in a nursing home or other aged care facility at all times,

QACAG member survey feedback has repeatedly highlighted concerns on the impact a lack of nursing staff has on residential care. Low staffing leads to low level of response to concerns raised and lack of lasting resolution to those concerns. 100% of members agree that registered nurses should be on duty at all times and ratios in residential aged care should be made law. The existing lack of safe staffing levels in aged care leads to chronic episodes of missed care across the sector with staff being unavailable to assist those under their care with activities of daily living including toileting, showering, assisting with eating and general care[4]. The responses from QACAG members regarding what would have assisted in rectifying issues and what would have prevented issues in the first place included having registered nurses on duty and enough staff to meet the needs of the residents.

Our member surveys identified inadequate staffing as a major concern to members. Almost 90% said that having RNs available on site at all times was extremely important to them because dealing with emergency situations, correct handling and administration of medications and liaising with doctors and other external professionals requires clinical decision-making skills that the RN is trained and best placed to undertake.

In addition, a Director of Nursing (DoN) is essential for effective clinical governance. We believe it is of utmost importance to have a knowledgeable clinically trained

[4] Missed care in residential aged care in Australia: An exploratory study (2016). Available at: https://www.academia.edu/29808318/Missed_care_in_residential_aged_care_in_Australia_An_exploratory_study [Accessed 4 January 2021]

individual to direct and supervise safe nursing care. This is demonstrated in the following survey response from one of our members.

A QACAG members husband ended up in hospital having been administered medications that were previously stopped by the General Practitioner due to adverse side effects. In their own words "*I felt very supported by the Director of Nursing, he virtually saved the day.*" The *GP …had signed them off, but then, a period of time later, by mistake had signed them both back on*." The DoN "*then phoned the hospital and informed them that an error had been discovered. This was just in time before a tube was placed down my unconscious husband's throat to deliver the drugs. I now know how important it is to have a competent nursing director in residential aged care facilities*."

Responses from QACAG membership show how vital it is to have trained, qualified clinicians in aged care at every level of the organisation because clinical decision making is required to ensure the safety and welfare of those using and living in aged care services. In the example given above, had minimum staffing levels and skills mix been a reality (including adequate numbers of nurses), the prescription error would have likely been picked up earlier and the outcome where the resident ended up in hospital would have been avoided.

QACAG Recommendation: that a Director of Nursing be present in every facility.

QACAG Recommendation: that improvements are made across the sector in the reporting of adverse outcomes, missed care and incidents.

(d) the need for further regulation and minimum standards of care and appropriate staffing levels in nursing homes and other aged care facilities,

The *Royal Commission into Aged Care Quality and Safety Counsel Assisting's Final Submissions Proposed Recommendations*[5] has recommended a review of the Aged Care Quality Standard. The current quality standards are non-prescriptive and cannot be used to measure the facilities' performance especially on care management. QACAG agrees that the revised quality standards must include a number of health outcome indicators including specific information which can be measured to show whether care services are meeting the needs of vulnerable residents. Oral care, falls, burns, wound management, pressure injury prevention, urinary tract infections, unexplained skin abrasions/injuries and bruises need to be meticulously documented and reported on. The health outcome indicators must be entered into a Register (legislated in the new Aged Care Act) and reported to the new Aged Care Safety and Quality department, similar to reportable infectious diseases which are reported to the Ministry of Health. Furthermore, using these health outcome indicators to calculate the percentages of residents who obtain negative health outcome could be listed as percentages on the My Aged Care website. The general public can then easily decide which facility is providing quality care.

QACAG members are aware of long waiting times for complaints to the Aged Care Quality and Safety Commission. Without adequate and appropriate staffing, timely investigation and enforcement of quality standards cannot occur. Without adequate, evidence-based staffing of registered nurses and other staff, quality care is unable to be achieved in RACFs. Research conducted by the Australian Health Services Research Institute at the University of Wollongong has found more than half of all Australian aged care residents are in homes with staffing levels that would be rated one or two stars in the United States' five-star rating system. This is simply not good enough in a country as prosperous as Australia.

[5] Royal Commission into Aged Care Quality and Safety (2020) The *Royal Commission into Aged Care Quality and Safety Counsel Assisting's Final Submissions Proposed Recommendations.* Available at: https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/RCD.9999.0540.0001.pdf [Accessed 14 January 2021]

The Aged Care Workforce Taskforce[6] makes a number of recommendations in the report on their findings, to bring about change in workplace culture and practices around workforce leadership, including; review of current feedback and continuous improvement practices focusing on the consistent use and review of consumer experience surveys, employee engagement surveys, 360-degree leadership surveys and pre-employment screening.

Of particular interest to QACAG contained in the report is the recommendation to review current feedback practices and the implementation of consumer experience surveys which were found lacking. We believe the usefulness of existing measures to gauge consumer feedback lack depth and are incapable of providing any level of benchmark against quality of care. We consider their poor design to reflect the tokenistic approach to consumer engagement within the current regulation of aged care. The Aged Care Workforce Taskforce identifies care outcomes as an essential part of feedback for all organisations, and particularly for boards or managing bodies. This is established and recognised as a key feature in the Aged Care Quality Standards. Providers have an obligation to equip the workforce to meet the needs and expectations of those who use aged care services. Providers also must identify and address practices and environments that result in preventable poor consumer outcomes. A mandatory system where adverse outcomes, missed care and incidents are reported and responded to in a timely manner (incorporating principles of open disclosure) needs to be implemented across the sector. The need for open disclosure is important to our members, who frequently come across a culture of secrecy and defensiveness from management when issues and concerns are raised.

QACAG Recommendation: the introduction of open disclosure policy and training in the aged care sector similar to what already exists in the public health sector.

[6] A Matter of Care Australia's Aged Care Workforce Strategy (2018). *Aged Care Workforce Strategy Taskforce*. Available at: https://www.health.gov.au/sites/default/files/a-matter-of-care-australia-s-aged-care-workforce-strategy.pdf [Accessed 10 January 2021]

QACAG Recommendation: that the Aged Care Quality Standards are measurable.

QACAG Recommendation: that the Aged Care Quality and Safety Commission is adequately resourced to respond to complaints and enforce the Aged Care Quality Standards in a timely manner.

(e) the administration, procurement, storage and recording of medication by non-registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, as compared with hospital clinical settings,

A survey of our members showed that 84% were extremely worried about care workers instead of RNs administering medications in RACF. Supporting information from members stressed that only an RN can administer PRN medications. RNs have training in pharmacology and therefore have knowledge about the medications they administer as well as the side effects and interactions. Such knowledge assists in keeping the resident safe. When an RN observes a resident, he/she has the capacity to review that resident's health at that moment to make clinical decisions whether a medication should be given or withheld. In addition to RNs, it is essential to have DoN in RACFs to provide clinical leadership to the RNs. Department of Health guidelines for medication managements state "nursing staff are most commonly responsible for the administration of medicines in RACF[7]. Findings of a survey conducted by the New South Wales Nurses and Midwives Association (NSWNMA) found that unregulated care workers were administering medications the majority of the time[8]. In the NSWNMA survey, when asked who administers medications in their facility, 64% indicated that unregulated care workers were administering medications. The survey also indicated that in facilities formerly classified as nursing

[7] Department of Health and Ageing (2012) *Guiding principles for medication management in residential aged care facilities*. Canberra: Commonwealth of Australia 2012.

[8] NSW Nurses and Midwives Association (2017) *The state of medication in NSW residential aged care: results of a NSW Nurses & Midwives Association member survey.* NSWNMA.

homes, over 50% of medication administration was undertaken by care workers despite 75% of residents in those services requiring complete assistance with medication administration. This is in contravention of the *NSW Public Health Act (2010)*[9] and the *NSW Poisons and Therapeutic Goods Regulations 2008.* The NSWNMA survey found 90% of nurses in facilities formally classified as nursing homes had concerns about medication administration.

QACAG members are unanimous that having RNs available in RACFs at all times is of upmost importance. It is concerning that only RACFs who are classified as former nursing homes fall under the *NSW Public Health Act (2010).* These facilities must have a RN on duty and yet do not have nurses in adequate numbers. For the rest of RACF who do not fall under this legislation, the reality is even more dire where nurses are even more limited or, at times, are not on duty at all (particularly during night shift).

QACAG Recommendation: that RNs (and ENs under the supervision of RNs) are responsible for the administration, procurement, storage and recording of medications in all RACFs.

(f) the potential for cost-shifting onto other parts of the public health system as a result of any legislative change to the current provisions for care in nursing homes or other aged care facilities,

Cost-shifting is already occurring from RACFs to the NSW public health system. A survey of members by the NSWNMA[10] found that 94% of respondents had transferred a resident to hospital in the past year due to a fall, with 75% stating that falls could have been avoided if there were better staff ratios in RACF. Nurses have identified that RNs and adequate staffing, including staff ratios, would reduce falls through increased supervision and behaviour management.

[9] NSW Government (2010). *Public Health Act 2010.* NSW Government. [Accessed 13 January 2021] Available at: https://www.legislation.nsw.gov.au/view/html/inforce/current/act-2010-127

[10] NSW Nurses and Midwives Association (2019) *Why Ratios Matter: Hip Fractures in Residential Aged Care*. Available at: https://www.nswnma.asn.au/wp-content/uploads/2019/03/Why-Ratios-Matter.pdf

The NSW Aged Care Roundtable *Joint report on avoidable hospitalisations from residential aged care facilities in NSW and delayed discharge*[11] found that 90% of survey respondents had experienced delayed discharges from hospital back to RACFs ranging from a day to 120 days. Reasons included refusal of accepting back residents over the weekend or after hours and refusal to accept back complex and difficult residents. Having no RN and insufficient staffing were identified as reasons for delayed discharges from hospital back to RACFs. Moving residents unnecessarily to hospital not only shifts the burden of costs from the provider to the public health system, but is also potentially harmful to the resident, particularly those living with dementia.

Given the already high rate of cost-shifting, any loosening of the current legislation will only exacerbate an already significant issue. Strengthening of the current legislation to mandate RNs at all times in RACFs would go some of the way to ensuring appropriately skilled staff are available to prevent residents requiring hospital admission in the first place, and where hospitalisation is appropriate, allow for the transfer of residents back to the RACF in an appropriate and timely manner.

QACAG Recommendation: that RACFs are appropriately staffed with RNs to prevent cost-shifting to the public hospital system.

(g) the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions and unnecessary ambulance call outs and the consequent effect of this upon the provision of ambulance services to the wider community,

The NSW Aged Care Roundtable *Joint report on avoidable hospitalisations from residential aged care facilities in NSW and delayed discharge*, of which QACAG is a member, examines the reasons for avoidable admissions and delayed discharges. The report found that *"avoidable hospitalisations of RACF residents occur as a result*

[11]NSW Aged Care Roundtable (2019) *Joint report on avoidable hospitalisations from residential aged care facilities in NSW and delayed discharge*. Available at: http://www.asmofnsw.org.au/NSW%20Aged%20Care%20Roundtable%202019%20LR%20FINAL.pdf

of systemic or incidental inability to provide the level and quality of personal and clinical care that might be reasonably expected to be available in a RACF compliant with residential aged care regulation." Delays in residents being discharged from hospital is also a frequent occurrence due to RACF inability to provide the care needed. The most common reasons for avoidable hospitalisations were identified as: behaviour management (78%); falls (62%); urinary tract infections (62%); dehydration and/or poor nutrition (53%); upper respiratory infections (50%); simple wound care (including pressure sores) (47%) and pain relief (47%). The NSW Aged Care Roundtable found that factors influencing avoidable hospital presentations included the general practitioner (GP) not able/willing to attend (78%); lack of knowledge /skills of staff employed in the RACF (70%); person/ family requested transfer to hospital (67%); lack of RN available (60%); Lack of clinical supervision (52%) and lack of an Advanced Care Directive (48%). Behaviour management plans and easing of workload pressures on RNs were identified as beneficial to reducing hospital admissions.

The lack of sufficient staffing levels and appropriate skills mix shift the cost of care to the public health sector. The transfer out of the resident's usual environment also places a high burden on the resident and their loved ones that would be avoided with appropriate staffing. In addition to improvements in the availability of RNs, incentives for GPs to visit RACFs must be considered to reduce unnecessary hospital admissions. RNs need to be available for collaboration with GPs and hospital staff.

Adverse consumer outcomes of care such as unplanned hospital transfers, falls, pressure injuries, and use of restraints (chemical and physical), all of which impact significantly on quality of life and can be prevented, are also frequently reported by QACAG members. There is a widespread failure by management in the aged care sector to respond effectively to these concerns and issues or to provide solutions to prevent their occurrence. Whilst it is concerning that residents who have relatives to advocate for them achieve little success when raising concerns, those without anyone to advocate for them have even less chance of seeing quality improvements.

QACAG Recommendation: that collection of data on hospital admissions and discharges of RACF residents be mandated.

QACAG Recommendation: that RNs be on duty at RACFs at all times to prevent unnecessary hospital admissions, delays in discharge and ambulance callouts.

(h) the lessons that can be learnt in New South Wales from the impact of the COVID-19 crisis on private aged care facilities where staffing ratios are not mandated

During this time the Australian public have been confronted by the many sad facts concerning the management of COVID-19 residents in RACF. We have been made aware of facilities where response to the illness has spiralled out of control and the Aged Care Quality and Safety Commission (ACQSC) response has been slow, resulting in prolonged situations.

Since its inception, QACAG has advocated for government mandated ratios of nurses to residents in RACFs with a good skill mix of RNs, ENs and PCWs. We have emphasised that RNs possess essential clinical skills which RNs provide for good clinical governance. The consequences of a lack of RNs in the aged care sector has become glaringly obvious during this pandemic.

The members of our group who have professional nursing qualifications and clinical experience have observed that at the first sign of COVID-19 amongst residents, providers should have actively sought out the services of experts in infection control to carry out an audit of their practices and to offer education to their staff. Our members have expressed concern that in facilities with poorly qualified staff and lacking the supervision of a clinical manager, symptoms went unnoticed and necessary responses to the residents and to infection control resulted in the tragic consequences that have been publicly documented.

It is on the public record that public health experts, globally, have been warning of the inevitability of a global pandemic for years. Previous outbreaks, including (but not limited to) SARS, should have signalled governments to prepare the responses of government, industry and society more broadly, in readiness for the current pandemic. Media coverage on a Western Sydney RACF demonstrated how the COVID-19 pandemic has revealed limitations of regulation by the ACQSC[12]. The RACF passed ACQSC accreditation standards prior to COVID-19. After the outbreak, the ACQSC identified evidence of lack of infection control policies and issues around responses to concerns raised by residents and their families. Those in our society receiving aged care services are amongst our most vulnerable cohort, requiring a highly trained and skilled workforce.

Some of our members currently have family members in RACF and they have described their recent experiences.

A QACAG member advocated for themselves and their next of kin to gain right of access to the RACF where their partner resides. In the members own words *"I was unable to visit my husband for four days in early March (2020), then I emailed to management, signed a declaration that myself and our personal carers will comply with all infection control procedures and precaution measures. Then I was told the visit was limited to two hours by the Department of Health. I followed that for four days and applied to the Minister of Health for exemption. Although I won't receive any response until the end of May (2020), I have been approved by the facility to visit no more than two hours. I have to go straight to the room and not go anywhere until I leave and walk straight to the front entrance. The care is much the same, but the staff have to do more, such as put our home-cooked lunch in the fridge on my arrival, reheat our meals at lunch and bring the tray to our room"*. With adequate clinically trained staff and rigorous infection control practices in place this scenario need not occur in the first place.

[12] NSW Ministry of Health (2020). *NSW Health response to final report of the independent review into the Newmarch House COVID-19 outbreak.* [Accessed 15 January 2021] Available at: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/newmarch-house-response.aspx

Robust systems should have already been in place to ensure that access to family members (particularly next of kin) remained. The current Royal Commission into Aged Care Quality and Safety has highlighted the vulnerability of those in RACF, the systemic inadequacies that exist from aged care providers and, as a result, the need for residents and recipients of aged care to have access to those who are their advocates and their voice.

The pandemic has certainly highlighted the vulnerability of aged care residents, and the need to better integrate aged and heath care at state level. The sector is on record as acknowledging it simply is not equipped to provide hospital type healthcare. We agree. However, we do not attribute current failings to the pandemic. Rather it is a symptom of long-standing rationalisation of aged care budgets, ageist policy and a sector more concerned with profit than care. Mandating that boards of directors of RACF must have a balanced mix of business, medical, nursing, allied health and consumer representatives would go a long way toward ensuring more appropriate decisions are made within the sector.

It is no secret that people residing in aged care facilities are getting older and frailer. Indeed, it is government policy to ensure wherever possible, people are able to stay longer in their own homes. However, the government, and aged care sector, cannot have it both ways. If residential aged care is intended to cater for the most vulnerable, it must be funded and staffed accordingly, and receive a level of clinical governance consistent with public hospitals.

More broadly, good governance depends upon a balanced approach to board membership. The business-driven approach to aged care can be summarised by the experience of one QACAG member, who, at the time was DoN at the RACF where she worked. When visited by a board member she was told that the priority of the company was to the shareholders. This was incompatible with her code of ethics, leading to her resigning and seeking alternative employment.[13] [14]. Governance must

[13] Nursing and Midwifery Board (2018). *Code of Conduct for Nurses.* NMBA. Accessed 9 July 2020: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx
[14] Nursing and Midwifery Board (2018). *Registered Nurses Standards for Practice.* NMBA. Accessed 9 July 2020: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx

include board members and managers with clinical backgrounds to ensure quality health care outcomes for recipients of aged care services.

It is our belief, and to a certain extent evidenced in the higher number of coronavirus infections arising in private compared to public run aged care in Victoria, that had aged care been subject to the same staffing and clinical care standards and governance as a public hospital, we may be seeing a much improved picture in relation to the current outbreak.

We are aware that aged care providers have been awarded several substantial one-off payments by the federal government during the pandemic to cover associated costs. In addition, the government offered free supplies of personal protective equipment (PPE) and surge staffing at no cost to the RACF where needed. However, we are also aware there are several aged care providers who continue to make staffing cuts, on the basis their occupancy has reduced owing to the pandemic. If the additional pandemic payments have not been used to purchase PPE, or to secure surge staffing, we would question where these one-off payments have been spent.

We seek transparency around the utilisation of pandemic payments. Also, justification why some providers are making staffing cuts at a time when experienced staff are at their most valuable.

"Tragic though the crisis is in Victorian aged care homes, this may be a turn-around in public awareness about the state of play and the time has come for closer accountability of how the providers use the LARGE sums of money given to them by the taxpayers. Better pay for aged care workers and staff patient ratios. I notice that the figures for infections in Government run homes, where there are better staff resident ratios, is less than the private ones. That in itself says a lot". (QACAG Member).

Given the high acuity of the resident cohort in RACFs, there should be recognition that RACFs are clinical environments and there must be a requirement for a clinical

expert in every facility. Something that could be achieved if a Director of Nursing position was required, along with improvements in the numbers of RNs and ENs.

We are concerned about the lack of consistent and compassionate advice on visiting arrangements throughout the pandemic. Thanks to organisations such as OPAN there have been some improvements. The lack of trust the public has, that aged care providers can deliver quality care, only heightens the need for people to access their loved ones.

In addition, the sustained depletion of skilled workers in aged care, and lack of staffing ratios, means our members have little confidence our loved ones would receive the necessary care and treatment unless we, the unpaid and voluntary workforce, are there to assist them with meals and personal hygiene.

Issues identified from the Royal Commission into Aged Care Quality and Safety and during the Covid-19 pandemic have identified that more RNs and ENs are required in aged care to identify and respond to clinical issues in a timely manner. We believe the presence of infection control capability and a clinical lead should have been a fundamental component of every aged care facility prior to this pandemic. It is a requirement of the Aged Care Quality Standards that was subject to regulation. We believe this basic of safety nets has been missing in aged care with the gradual reduction in RN and DoN roles. Reductions that have been made without challenge by the Aged Care Quality and Safety Commission.

In relation to funding for communication with visitors and managing visitation arrangements, these are basic rights and protections that should have been managed within the allocation of previous cash injections into the sector. They are not newly presenting issues and should have been addressed by now.

As stated throughout this document, QACAG recommends that all RACFs and other services providing aged care services in a private home or other community settings have adequate numbers of RNs and an evidence-based skill mix including ENs and PCWs. Those in RACFs receiving aged care services are amongst the most

vulnerable in our community. As such, highly trained clinical staff are required to respond promptly and effectively particularly in a COVID-19 world. With effective clinical knowledge, outbreaks of COVID-19 in staff, residents and visitors will be prevented and contained and effective processes will be implemented that allow next of kin and other significant others access to residents in RACFs.

QACAG Recommendation: Consideration should be given to mandating that boards of directors of RACF must have a balanced mix of business, medical, nursing, allied health and consumer representatives.

QACAG Recommendation: RACF must have RNs on duty at all times and staffing ratios based on evidence-based recommendations, to respond effectively to infectious disease outbreaks.

QACAG Recommendation: RACF must be funded and staffed to receive a level of clinical governance consistent with public hospitals.

QACAG Recommendation: RACFs are clinical environments and there must be a requirement for a clinical expert in every facility, including a DoN and an infection control expert who is a RN.

QACAG Recommendation: robust systems must be implemented to ensure that access to family members (particularly next of kin) remain.

QACAG Recommendation: **That the regulator is sufficiently resourced to monitor and enforce compliance with the standards in a timely manner.**

(i) any other related matter.

Advocacy

Consumers continue to be overlooked in aged care. In August 2019, Senior Counsel Assisting Peter Gray of the Royal Commission into Aged Care Quality and Safety, stated "the voices of providers are predominant in the Australian system and appear

to be highly influential in policy debates with ministers, departments, agencies and officials, but the voices of consumers, families and consumer advocates are relatively weak."[15] Consumers are the ever-present participants in, and observers of, care delivery and they provide a true insight into care services. There must be structures put in place which involve and empower the consumer, and this means giving them a role as stakeholders in decision making processes at all levels.

QACAG Recommendation: that consumer representation be mandatory on boards of directors of provider companies.

QACAG Recommendation: that consumer representation be mandatory on State and Federal Government committees and enquiries related to aged care.

QACAG Recommendation: that the promotion of and access to independent advocates be improved across the aged care sector.

Thank you for the opportunity to provide input into the *Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020*.

Kind Regards,

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[15] https://www.southernhighlandnews.com.au/story/6320935/tardy-govt-urged-to-overhaul-aged-care/