



QUALITY AGED CARE ACTION GROUP INC

QACAG Submission

Consultation on draft Aged Care Visitor Access Code

7 May 2020

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 to provide input to the Aged Care Visitor Access Code.

Margaret Zanghi

President

QACAG Inc.

QACAG is pleased to provide a submission to the draft Aged Care Visitor Access Code.

QACAG has a number of concerns.

The timeframe for the consultation is very limited. Given the current circumstances and the heavy workload and demand on clinicians and other frontline workers, a longer timeframe is needed to allow comprehensive feedback. Many consumers and carers require technological support to provide feedback at a time where visitors who may be able to assist have been unable to access aged care facilities. This is very concerning as workers, consumers and carers are vital in informing the industry of appropriate measures. It appears the consultation process has also not actively sought feedback from workforce representatives, such as Unions. Since the COVID-19 outbreak, Unions that represent frontline workers have been inundated with issues and concerns from workers and have a wealth of information to offer that would inform the development of an Aged Care Visitor Access Code.

There was mention, in the webinar facilitated by OPAN on 6 May, of preventing children under 16 years of age from visiting aged care facilities. The implications of this, particularly to residents who are palliative and/or reaching end of life, are far-reaching for both the resident and their loved ones. Due to compassionate reasons, it is imperative that processes are put in place that allow these visits to occur. To this end, adequate communication strategies must be put into place at all facilities, including adequate numbers of administration staff. Regarding the facilitation of access for all significant people of the resident (regardless of age) facilities must facilitate a coordinated approach that identifies:

- Which member/s of staff co-ordinates communication.
- Who responds to enquiries.
- The gathering and use of communication resources (including, but not limited to, tablet devices and computers).
- Determination of communication methods between residents and their significant others.

The COVID-19 outbreak shows how vital high level clinical governance and good clinical care is in aged care. If you have robust clinical governance, and suitable numbers of Registered Nurses, then long term management of infection control will be a normal part of the care model. Appropriate, evidenced based, nurse to resident ratios and appropriate skill mix is the only way to achieve this. There is every indication that COVID-19 will be the new normal for some time to come.

There is no mention of CALD needs within the proposed framework. Consultation from a broad range of cultural groups is vital in ensuring that the Aged Care Visitor Access Code meets the needs of the diverse community within aged care. The issues of culture are far reaching, from day to day activities of daily living to end of life care and death rituals.

Regarding “Principle 9”, “Providers will continue to ensure person centred approaches to care ensuring chemical restraint is used only as a last resort in accordance with the Quality Care Principles”, QACAG sees no reason for chemical restraint to be included into a residential care visitor access code. We believe no resident should be subject to restraint. Alternative behavioural support strategies should be readily available, and provision of additional staff to support them. Zoning of areas has also proved effective in containing spread.

QACAG recommends an additional Principle be included which outline the provider’s responsibilities in regard to safe visitation. “Providers will ensure resources are provided to facilitate safe visiting. Measures will include, but are not limited to, provision of suitably skilled and well protected staff to monitor and supervise visiting, provision of personal protective equipment including hand sanitisers and handwashing stations, environmental infection control prompts, flu vaccination program and acquisition of external infection control, clinical and medical expertise.”

QACAG looks forward to seeing the outcome of this consultation and hopes our suggested changes are incorporated.

Margaret Zanghi, President, QACAG