QUALITY AGED CARE ACTION GROUP INC

QACAG Supplemental Submission on the Impact of COVID-19

7 September 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, through this submission, to provide additional input into the impact of COVID-19 on aged care services to the Royal Commission into Aged Quality and Safety.

Margaret Zanghi
President
QACAG Inc.

QACAG made a submission to the Royal Commission on the impact of the COVID-19 pandemic in July 2020. Our members are pleased that our concerns regarding Mable Pty Ltd and lack of infection control expertise at local level has been subject to inquiry. We however remain concerned about the impact this pandemic continues to have on our most vulnerable elderly.

Despite several injections of commonwealth funding into the sector there continues to be a distinct lack of transparency for the way these funds have been spent. The latest funding of $563.3 million announced on 31 August for example, being subject only to end of year tax returns and not subject of increased regulatory scrutiny in the preceding 10 months until year-end.

This latest funding is designed to support enhanced infection control capability, including through an on-site clinical lead. Funding may also be used to address other COVID-19 related costs such as increased staffing costs, communications with families and managing visitation arrangements.

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 registered nurses and Director of Nursing roles. Reductions that have been made without challenge by the Aged Care Quality and Safety Commission.

In relation to increased staffing costs we understand there has already been significant cash injections made to support surge staffing, costs that have been largely met by the Government. Anecdotally we have heard through our members employed in the sector that some providers have continued to make staffing cuts throughout the pandemic. We would suggest that aged care providers should be seeking to retain as many staff as possible to ensure continuity of care, not pressing ahead with restructures. Again, these issues appear to have fallen under the radar of 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, particularly given the low numbers of facilities outside Victoria with any cases or located within localised hotspots.

In 2013 the Australian Institute of Health and Welfare released its report 'Depression in Residential Aged Care 2008-2012'[1] where it identified 52% of all permanent aged care residents have symptoms of depression. In 2018, QACAG commissioned a survey of members on their experiences of Residential Aged Care Facilities (RACF). Findings indicated people living in RACF already experienced loneliness owing to under-staffing. 80% of members were not satisfied with the level of activities and companionship provided in the RACF. The isolation caused by the COVID-19 pandemic compounds what is an existing problem and illustrates the importance of additional staff to provide meaningful activities and companionship.

We question how the government can justify further allocation of commonwealth funds for staffing given the lack of transparency or monitoring of how existing money has been spent and failure to effectively regulate the sector.

As the pandemic has continued along a protracted trajectory, we have noted the profound impact this has had on the mental health of older people. Chronic loneliness and depression will soon emerge as the new pandemic within a pandemic.

Whilst no-one could have foreseen this, we believe the pandemic has exposed existing gaps in aged policy. There has been a failure to adequately fund access by older people without significant financial resources, to connect with their community. There needs to be a renewed focus on supporting older people living on their own

[1] Depression in Residential Aged Care 2008-2012. https://www.aihw.gov.au/getmedia/7ad35fb2-bc14-4692-96b1-c15d73072319/16256.pdf.aspx?inline=true

whilst in isolation during the pandemic and whilst separated from relatives and friends by border closures.

Our members have recounted experiences particularly in country areas, where the monthly allocated quota for community transport vouchers is used up in a single return trip, compounding issues of access to services and leading to increased isolation.

Members contact with the outside world is also ad-hoc. There is no single system, or co-ordination of different systems to ensure all older people on their own receive safe and well checks or calls. This can lead to people not hearing from or seeing people for weeks on end. COVID-19 has compounded an already failing system for many and is having a profound negative impact on mental health. Even prior to COVID-19, one in five elderly Australians were isolated[2]. This can only have increased since COVID-19[3].

The Centre for Social Impact along with the University of NSW, the University of Western Australia and Swinburne University of Technology examined the impact of COVID-19 and social isolation[4] including risks of loneliness, depression and anxiety. Some of the suggestions from the Centre for Social Impact paper to reduce isolation, anxiety, and depression mirror some of the suggestions from our members.

QACAG members have expressed the need for systematic processes for checking in on our most vulnerable elderly members of society. Help lines, buddy “check in” systems, the use of community and religious groups to improve contact within those cultural groups, increased support for physical and other activity have been suggested.

[2] Regional variation in social isolation amongst older Australians. https://www.tandfonline.com/doi/full/10.1080/21681376.2016.1144481?scroll=top&needAccess=true
[3] Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30230-0/fulltext
[4] COVID-19, Social Isolation and Ageing. https://www.csi.edu.au/media/uploads/csi_fact_sheet_social_covid-19_social_isolation_and_ageing.pdf

A novel approach used in a community in the United Kingdom for those isolated in their own homes was the use of a red card/green card system placed in the window. If a red card is placed in the window, a designated community member would reach out to assist. Initiatives such as this would be easy to implement and have a significant benefit to older people isolated in the community during the pandemic. The fact initiatives like these have not been implemented is a sad reflection of the value we place on our elderly.

The Australian Governments "Be Connected" website[5], designed to develop online skills to help older people confidently and safely make online transactions such as banking and shopping, needs to be better promoted for those who do have access to relevant technologies.

Recommendation 1: **That effective systems are put in place from Government and aged care providers to reduce isolation experienced by aged care recipients.**

Recommendation 2: **That staff and resources are ring-fenced and subject to monitoring to address issues of loneliness and isolation.**

Recommendation 3: **That the regulator is sufficiently resourced to monitor and enforce compliance with the standards in a timely manner.**

A pandemic should never come at the expense of social connection and access to loved ones and next of kin. Isolation and resultant loneliness, anxiety and depression cannot be separated from access. Access cannot be separated from staffing. Some of our members currently have family members in Residential Aged Care Facilities (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, then I emailed to*

[5] https://beconnected.esafety.gov.au/

management, signed a declaration that myself and our personal carers will comply with all infection control procedures and precaution measures. I was approved by the facility to visit more than two hours". With adequate clinically trained staff and rigorous infection control practices in place this scenario need not occur in the first place.

Infection control practices and principles to prevent the spread of COVID-19 (and other infectious diseases) must be undertaken by Registered Nurses who provide supervision to Enrolled Nurses and Assistants in Nursing/Personal Care Workers (however titled), working within their scope of practice.

Evidence based skill mix of staff in RACF is essential such as that presented by the Australian Nursing and Midwifery Federation, along with Flinders University and the University of South Australia[6] to ensure adequate containment and management of infectious disease. Also to allow for ongoing engagement between recipients of aged care services and their significant others.

Recommendation 4: **That rigorous systems are in place to ensure minimal disruption in access between aged care recipients and their significant others due to communicable disease.**

Recommendation 5: **That minimum, evidence based, staffing levels and skills mix are made mandatory to ensure appropriate infection control measures are maintained.**

QACAG has made a number of recommendations throughout this document to the Royal Commission into Aged Care Quality and Safety in the context of COVID-19, infection control, staffing and skills mix and the impacts on anxiety, depression and isolation. It is hoped the insights of our members assist.

[6] 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. http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf

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