



QUALITY AGED CARE ACTION GROUP INC

QACAG Submission

**Aged care system governance, market management, and
roles and responsibilities**

13 July 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.

Margaret Zanghi

President

QACAG Inc.

QACAG members welcome the opportunity to provide input into examination regarding aged care system governance, market management, and roles and responsibilities. The Royal Commission into Aged Care Quality and Safety (The Commission) has exposed concerns QACAG has been raising for many years. Particularly around governance and additional services.

QACAG members have a number of comments to make on the question of the governance of residential aged care facilities. It has long been our experience to note that the quality of care delivered to residents is determined by the governing body of the providers. At the workforce level, facility directors and staff are not decision makers in terms of funding and they merely carry out their duties within the confines set by the company's board of directors.

The boards of directors of provider companies are comprised mainly of people from a business background. The recent COVID-19 outbreaks in some nursing homes has raised questions about the composition of boards and the non-inclusion of medical and health professionals and consumer representation. It would seem evident that good governance would depend 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 director of nursing when the facility that she worked in was taken over by a large company. Our member was visited by a board member and told that the first priority of the company was to the shareholders. This criteria was incompatible with our member's ethics and she sought another job and resigned^{1 2}. QACAG members, both those who have worked in the profession of nursing and those who have loved ones in aged care, have noted inconsistencies between the expectations, professional standards and codes of conduct ascribed to nurses and the expectations assigned to these same workers in the workplace. Governance needs to include board members and managers with clinical backgrounds to prevent this cultural dissonance that is palpable in the aged care sector.

¹ 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>

² 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>

In recent times QACAG has become aware of the practice of some providers implementing packages of additional services. These additional services (not to be confused with the official extra service status of some facilities) are charged to the resident and constitute an unregulated source of income to the provider. Last year QACAG conducted a survey into these packages, which are named in various ways including “comfort club” or “special services”. We found that these services included such items as meal choices, sweets and lollies, excursions, and wine with dinner. Aged care staff have reported the impracticality of keeping track of ‘club’ members and confusion amongst residents about differing treatment. For many residents the additional service offered is not compatible with their care plan. One member quoted that the relative she visited was diabetic and the lollies she was offered were inappropriate.

Our survey reveals that the money spent by residents is not of value to their care and wellbeing and QACAG have concerns about the price creep in the cost of care³. An example in the findings includes \$25 per day costs for extras such as enhanced food choices, Foxtel, beer, wine and quality linen. At an annual cost of \$9,125, it’s easy to see that purchase of these extras from a relative would be much a more cost effective option. Across a range of providers it was found these extra fees were between \$6 and \$77 per day. QACAG argues that many of these “extras” should be offered as part of the basic service, particularly regarding food, drink and activities. Appropriate clinical governance is required to ensure those who cannot benefit from services are not charged for what they cannot use. Effective governance must also ensure that services required for acceptable levels of sustenance and physical and mental activity are not charged as additional extras.

Recommendation 1:

Consideration should be given to mandating that boards of directors of Residential Aged Care Facilities must have a balanced mix of business, medical, nursing, allied health and consumer representatives.

Recommendation 2:

³ Quality Aged Care Action Group (2019). *The Charges Creep: hidden costs in residential aged care*. QACAG.

All charges in a Residential Aged Care Facility must be transparent and consequently regulated.

Recommendation 3:

The appropriateness and validity of additional services should be investigated and published.

Margaret Zanghi
President
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