

NEWSLETTER January 2018 Edition 65



© Elder Care Watch January 2018 Edition 65

With friends like these

Publication of Aged Care Quality Agency audit reports: Council on the Ageing CEO fails to support more transparency

At an Aged Care Sector Committee meeting in May 2017, Minister Wyatt sought opinion on improving access to existing reports by the Aged Care Quality Agency.

Members discussed two types of reports: *published accreditation reports* and *unpublished reports produced by Quality Agency Staff.*

It can be presumed that the unpublished reports include reports on the current unannounced visits which are mostly mini-audits but called *assessment contacts*.

The reports are not publicly available simply because the *Aged Care Act* does not require them to be public.

The quote on this page shows that Mr Yates (CEO, COTA) not only did not advocate that these reports should be public but he added a diversionary and, arguably misleading, comment about Consumer Experience Reports which are something quite different (see Newsletter, September 2017).

An unpublished report seen by Elder Care Watch was not "more technical" and [so called] "resolution of issues" would be in the next report. So with friends like these



Ian Yates , CEO, Council on the Ageing

Record of discussion

"It was noted that while the release of individual reports on services would provide more transparency, it may not provide information about the resolution of those issues".

"Mr Yates also noted that the Consumer Experience Reports, to be released by the Quality Agency in June 2017, will provide consumers and their families with more information".

Actions

"Members supported linking the existing published reports from the Quality Agency to the 'My Aged Care' website".

"Members expressed caution about releasing unpublished reports from the Quality Agency as they believed that these reports were more technical and, without explanation, may not provide useful information for consumers or their families".

Extracts from Department of Health, FOI Disclosure Log, FOI Request 335 - 1617: Aged Care Sector Committee, Extra-Ordinary Meeting, Summary of Key Issues, 12 May 2017.

National Press Club address Minister enjoys a relaxing walk in the park

On 25 October, consumer advocates and elders watched in disbelief as members of the Canberra Press Gallery asked soft and largely marginal questions of the Minister for Aged Care following his address to them.

That same day, the Minister issued a Media Release in which he stated that the Turnbull government would move as soon as possible to implement one Carnell-Paterson report recommendation namely, that all announced re-accreditation audits be abolished and all future re-accreditation audits be unannounced.

Major change ignored

This was probably the most important single change in regulation affecting quality of care in 20 years - since the introduction of the *Aged Care Act 1997*.



Minister Wyatt addresses the National Press Club 25 October, 2017

Despite this significance, the Minister was not asked one question about accreditation or any other aspect of the quality of care in nursing homes.

'Gap year' diversion The Minister's address had skilfully skimmed across the Carnell-Paterson report and zoomed in on his proposal for a gap year for those approaching retirement.

The journalists seemed seduced by this novel idea as they explored the concept. The Minister obliged with lengthy answers. Then there was a question about the raid on AWU offices and one about indigenous affairs. A golden opportunity wasted.

A sobering claim from the Minister was that 40 per cent of nursing home residents have no visitors. The claim became the headline in *The Australian* story (M.Owen, '40 per cent of people in aged-care facilties have no visitors', <u>The Australian</u>, 26 October 2017).

It's finally official *the accreditation system is a dud*

A new order

all re-accreditation audits to be unannounced but when exactly?

"it is not possible to rely solely on the level of reported compliance with the accreditation standards as a robust indicator of quality [in nursing homes]"

K. Carnell and R. Paterson, Review of National Aged Care Quality Regulatory Processes, October 2017, page 40.

In measured language, the Carnell-Paterson report tells us what we have known for a long time, that the accreditation system is a dud as an indicator of quality care.

The report recommends that all re-accreditation audits be unannounced and Minister Wyatt immediately announced that this recommendation would be adopted by the government.

Changing the law

It will require changes in the law, both the *Aged Care Act* and the *Quality Agency Principles*. Elder Care Watch inquiries have established that it "The old process of notifying providers ahead of re-accreditation reviews will go, replaced by comprehensive unannounced audits.

Our commitment to this will be relentless, on behalf of all older Australians, who deserve nothing but the best of care"

K. Wyatt, Media Release, 25 October 2017

could well be May 2018 before the proposed changes reach the federal parliament.

Lobbying by providers It is a sure bet that the providers will be lobbying the government to make the unannounced audits as infrequent and as brief as they can. To this end, the providers may make use of the recommendation which says in effect that the frequency and rigour of these unannounced audits for each home will be determined by an assessment of the risks to residents at that home (*Carnell-Paterson*, *Recommendation 8 (ii) (c)*).

continued from page 4

A new order

A risk of watering down Because this wording is ambiguous and flexible, lobbying by providers could succeed in having a home's existing accreditation history act as a basis for assessing risk. Of course, under the now discredited system nearly all homes have an impeccable record. Hence they would be assessed as low risk and ipso facto not require frequent or rigorous audits

It would be scandalous if a discredited system was used as a baseline for deciding on the frequency and detail of the new unannounced audits.

What needs to happen is that the slate is wiped clean and **at the outset** all homes are subjected to frequent and rigorous audits, preferably three of them. This would allow a new baseline to be established founded on unannounced audits.

Carnell-Paterson report recommends building a new bureaucracy mandatory quality indicators program and a good deal more

The report recommends a new bureaucracy in the form of an *Aged Care Quality and Safety Commission* to centralise accreditation, compliance and complaints handling.

There would be three Commissioners covering *Care Quality Complaints Consumers*

and a

Chief Clinical Advisor (Recommendation 1).

The Commission would be overseen by a management board just as exists with the current Aged Care Quality Agency.

A number of recommendations spell out functions of the proposed new Commission but these could be adopted without setting up a new bureaucracy, for example the proposals to enhance complaints handling (*Recommendation 10*). Another new feature is the proposal for mandatory participation by providers in a *National Quality Indicators Program* (*Recommendation 3*).

The current program is voluntary and limited to three quality of care indicators:

pressure injuries; physical restraint; unplanned weight loss. Also the data is not publicly available!

The report says Australia lags behind the leader in this field, USA, and the narrow snapshot of provider performance may misrepresent care standards. It recommends increasing the indicators and mandatory reporting of comparative provider performance. This should enable consumer choice and promote competition (Report: 98-101). See page 7 for further discussion of the report.



Media Release

6 December 2017

Ignoring alleged assaults in nursing homes

In a recent Media Release *(1 December)* covering the operation of the *Aged Care Act* in 2016-2017, Aged Care Minister Ken Wyatt ignores the 2,853 reported alleged assaults in nursing homes during that 12 months *(2016-17 Report on the Operation of the Aged Care Act, page 83)*.

The Minister's indifference matches the information in the Annual Report. The number of suspected or alleged assaults reported is accompanied by the bland statement that this represents 1.2 per cent of the permanent aged care population. There is no further comment, hence the message appears to be 'nothing to see here'.

It is hard to imagine such a lack of interest if another vulnerable group, primary school children, were the subject of nearly 3000 alleged assaults. We would surely not turn a blind eye to that, yet this seems to happen when our elders are involved. The community would want to know more: how many allegations were serious, how many were substantiated. If staff were found guilty, we would want to know what happened to them.

Historically, both provider associations and Ministers for Aged Care have played down the significance of alleged assaults and nothing changes. The paucity of information on this significant feature of nursing home life continues despite a year of disturbing media exposes of abuse.

The Law Reform Commission (Elder Abuse Inquiry) and the Carnell-Paterson review of regulation both recommend expanding mandatory reporting of alleged assaults to include all 'serious incidents'. They recommend that outcomes of nursing home in-house investigations be reported to a regulator who could in turn investigate. However, they don't mention reporting to the public.

Elder Care Watch calls on the Minister, Ken Wyatt to require the Department of Health to follow up the alleged assaults and to publish statistical data on the outcomes. The community should have a complete picture not a cryptic note.

Contact Carol Williams (03) 9894 2290 0429 807 860

Carnell-Paterson report a few more of the recommendations

There were 10 recommendations, each with many elements, and all but one, the recommendation for unannounced re-accreditation audits, was linked to the creation of the super bureaucracy(*see page 5*). As already noted however, most recommendations could be implemented, if the government so decides, without changing the existing bureaucracy: Quality Agency (care quality), Complaints Commissioner (complaints), Department of Health (compliance).

A serious incident response scheme (SIRS)

(Recommendation 6) Also recommended by the Law Reform Commission (See Elder Care Watch Newsletter, March 2017). The proposal expands, and improves somewhat, the existing dead-end reportable assaults law.

'Serious incidents' would include neglect, ill-treatment and serious injury. There would be a watching brief for the new Commission to see what action the provider takes plus the power to investigate such incidents.

Accreditation standards: two new standards

(1) Limit the use of physical and chemical restraints

(Recommendation 7).

Also recommended by Law Reform Commission.

(2) A Medication Management Review (to be conducted on admission, after hospitalisation, upon deterioration of behaviour or any change in medication regime) (Recommendation 9 (v)).

Complaints handling: more consumer centred and transparent

(Recommendation 10).

Complaints Commissioner to have power to publicly name providers who are not sufficiently responsive to, or will not comply with a direction issued by the Commissioner, but the provider to be warned of this prospect first. Nothing else recommended on enforcement or compliance powers.

Publish a monthly activity report online showing complaints dealt with, including: the subject matter of the complaint (the examples provided continue to be imprecise and unhelpful just as in the Commissioner's annual report) and the process for dealing with the complaint *eg.* quick resolution *vs* investigation.

Nursing homes required to adopt an 'open disclosure' policy, the core elements of which include 'open and timely communication' and 'apology and expression of regret'. Policy to be adapted by the Commissioner from the acute health sector policy.

Minister orders review audit of homes with deadly flu outbreaks

reports reveal poor management

Twelve residents who contracted influenza at St John's Nursing Home in Wangaratta died during August and September and six residents died at Uniting AgeWell Strathdevon in Tasmania during August.

Minister Wyatt ordered the Quality Agency to conduct review audits at both locations.

St John's failed 13 of the 44 standards and accreditation was reduced to one year. The Agency will monitor the home through unannounced visits.

In addition to *infection control*, failed standards included: *clinical care*, *comments and complaints* and *human resource management*. The adjacent Hostel failed 12 standards but no ill residents died.

More intense scrutiny?

The Agency reports were highly critical of management leaving the



St John's Village, Wangaratta, Victoria

experienced reader of Agency audit reports with the impression of a regulatory agency newly energised perhaps by the prospect of a fight for survival? *(see page 5).*

The home "did not implement a coordinated and timely infection control program A total of 64 care recipients contracted influenza like respiratory illness A total of 58 staff reported influenza like symptoms"

www.aacqa.gov.au St. John's Retirement Village Nursing Home <u>Audit Report</u>

This newsletter is written and published by C. Williams, PO Box 408, Blackburn, Vic., 3130. Phone (03) 9894 2290 www.eldercarewatch.com.au "Staff vaccination rates at both homes were low, with only around one third vaccinated ahead of the outbreaks In response Health Minister Greg Hunt has moved to make it mandatory for aged care facilities to implement flu vaccination programs for staff

K. Wyatt, 'Aged care influenza reviews released', <u>Media Release</u>, 13 November, 2017.

Independence

Elder Care Watch is independent. It does not seek or accept funds from governments or private organisations. It relies on support from subscribers to help meet the costs of operation.