



care DIGNITY
respect
change HOPE

**Submission to the Standing Committee on
Health, Aged Care and Sport**

**Inquiry into the Quality of Care in
Residential Aged Care Facilities in
Australia**

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About Anglicare Australia

Anglicare Australia is a network of 36 independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. Our services are delivered to one in 26 Australians, in partnership with them, the communities in which they live, and other like-minded organisations in those areas. In all, 18,000 staff and 11,000 volunteers work with over one million vulnerable Australians every year delivering diverse services, in every region of Australia.

Anglicare Australia has as its Mission “to engage with all Australians to create communities of resilience, hope and justice”. Our first strategic goal charges us with reaching this by “influencing social and economic policy across Australia...informed by research and the practical experience of the Anglicare Australia network”.

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Anglicare Australia and aged care

Anglicare Australia’s members play a significant role in providing residential and home based aged care right across Australia. Independently and together they have actively contributed to the Carnell-Paterson and Tune reviews, the development of a single aged care quality framework, and the ongoing reform of the accreditation system, and the reform of the aged care system generally.

Executive staff members from Anglicare providers have represented Anglicare Australia on a number the Australian Government’s aged care reform advisory groups run through the National Aged Care Alliance (NACA), and have made direct representation to the Minister on a number of related issues including sector workforce and training.

We provide this brief submission, under the three terms of reference, as a complement to other contributions made by Anglicare Australia’s aged care providers to the various related reviews and debate

- on their own behalf
- through the National Aged Care Alliance, and
- through LASA and ACSA, the aged care provider peak bodies.

Terms of reference

1. The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers

It is our view that while the incidence of mistreatment of residents in residential aged care facilities is low, every incident of mistreatment warrants close scrutiny for the obvious reasons that it is unconscionable and could be a result of poor procedures, an unhealthy culture, individual incompetence or a combination of these factors. It is also our view that a robust and accessible complaint handling regime underpins an aged care service which puts the wellbeing of the older person at its heart.

Transparency

One of the issues brought to the fore by the Oakden failure is the need for transparency. We can all say we are looking to grow a culture which welcomes complaints and the transparent reporting of failures, mistreatment and poor decisions. But such an approach will only succeed where, as a society, we can tolerate some failure. Duty of care can become such a heavy hand that failure or mistreatment is hidden and complaints or concerns are then rejected or brushed off.

One of the concepts we need to champion – in this and other human services – is that of the dignity of risk. It is not a term that was used in the Carnell Paterson Report, nor the Legislated Review of the Aged Care Act. Nor even was the overarching concept of wellbeing much in evidence in these investigations into quality. That's problematic. Without doubt, people responsible for the care of others, especially the most vulnerable, need to have strong risk assessment and quality assurance processes in place. However, it needs to be framed within an overarching commitment to wellbeing, in which the dignity of risk plays a key part.

We have raised this matter because it seems that a robust complaints and disclosure regime needs to sit alongside this sense of the purpose of care, which is not only about avoiding harm, but rests on the wellbeing and the quality of life enjoyed by people in care. The governance systems residential care providers have in place need to support those goals and values.

Simply adding more stringent compliance procedures and quality assurance mechanisms will not ensure a residential aged care system that is safer and of higher quality. We need to focus on improving the quality of care more holistically to ensure that staff at all levels, and the organisations as a whole, have the care and wellbeing of their residents at heart and in the forefront of their minds. Focussing only on safety and compliance will undoubtedly discourage the organisations from taking such a holistic approach at all levels.

And culture change is very difficult to institute especially across large organisations and industries and are rarely driven by compliance requirements. Indeed, [up to 90% of culture change projects fail](#), and those that succeed do so through an explicit commitment to mission and values.

Increased support and advocacy for residents

In looking then specifically at the recommendations of the Carnell Paterson report, our members are united in the belief that increased support and advocacy for residents and their families are essential, and that more robust complaints processes need to be established across the industry. We suggest the Committee seek evidence from oversight agencies in similar industries, such as the Disability Services Commissioner and the Victorian Health Complaints Commission, which are developing collaborative person-centred complaints resolution processes underpinned by continuous improvement; as they are likely to deliver better outcomes for consumers in particular.

Terms of reference

- 2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the Charter of Care Recipients' Rights and Responsibilities in ensuring adequate consumer protection in residential aged care*

Risk aversion and over complicated systems

Many of the Carnell-Paterson recommendations involve the reforming of structures to ensure greater accountability and higher clinical standards. All of these initiatives would involve considerable development work and consultation; could over complicate compliance and reporting requirements; and would require significant government investment. There is a high risk too that a more rigorous and detailed approach to quality and care governance come at the eventual cost of residents' quality of life.

The key concept of integrating regulation, accreditation and compliance functions into one commission, as Carnell Paterson inquiry proposed, has mixed support. However, Anglicare members are united in the belief that enhanced communication (either within an integrated commission or between separate agencies) could help alert the relevant authorities to danger and risk, encourage proactive decision making and encourage prompt action.

They also make the point that the effectiveness of these systems relies on the training, capacity and impartiality of assessors, and in their adequate resourcing. We suggest that it is increasing the capacity of these services, and investing more in the highest quality professional staff that would best address the real weakness in the current system.

We point out there is an inconsistency in the government moving towards a cost recovery model of accreditation without exploring the option of deregulated accreditation programs – as exist in other services – which could prove both more streamlined and better targeted.

Consumer rights and human rights

It seems to us that too much of the analysis has been focussed on promoting and protecting consumer rights rather than the human rights of older people. That is reflected in the existing aged care framework which forces providers to be naturally risk adverse. This often manifests in prohibiting an older person's right to make informed choices and take risks, and thus inhibited their autonomy.

In that context, we suggest it is time to revisit and strengthen the Charter of Care Recipients' Rights and Responsibilities, noting it is their human right to be treated with dignity, and to be accorded agency and respect, which will guard best against mistreatment and failure of care

Access to information about rights and responsibilities that is easy to understand is essential to empower residents and drive provider performance and accountability. This is currently not necessarily available. As well as being familiar with an enhanced Charter of Care, residents and their families need easy access to the Quality Agency and the Complaints Commission. There is a role here for providers, but equally there is a responsibility for those agencies and associated advocacy bodies to provide the support, advance notice and visibility that residents might need. The Australian disability movement might be a good model of action on this front, where we can see a better integration of statutory bodies such as the Disability Services Commissioner and Australian Human Rights Commission have significantly strengthened the disability rights framework.

Terms of reference

- 3. The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.*

One of the key roles of values-based residential aged care providers is to include pastoral care in their service offering. It is reflected in the [national guidelines for spiritual care in aged care](#), and would qualify as one of the human (rather than consumer) rights of people as they age. While pastoral care is important for everyone, it takes on an extra dimension for those residents who are not supported, or well supported, by families and friends. While current aged care funding does not extend to pastoral care as a matter of course, that is an obvious extension of support and responsibility that our aged care system needs to embrace.

We also make the point that some residential aged care services are particularly designed to address the needs of older people who have little by way of natural support. Anglicare Australia members The Brotherhood of St Laurence, Anglicare SA at Brompton and St Bartholomew's House in Perth all provide dedicated services that are (so often) the closest thing to a home and a community that their residents have ever known.

It is essential but not enough to ensure there is a system of public advocates and community visitors with an interest in the wellbeing of residents who maybe otherwise alone. It is also vital that services are funded to provide that deeper level of care and support that the most marginalised and vulnerable members of our society need.

Evidence for the Committee

There would be members of the Anglicare Australia network interested in appearing before the committee at any public hearings you wish to hold. Please don't hesitate to get in touch with us through this office if the opportunity arises.

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