

# Health Consumers Alliance SA response to Draft NSQHS Standards Aged Care Module

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HCA acknowledges the Traditional Custodians of Country. We pay respect to Elders past and present, and recognise that their cultural heritage, beliefs and relationship to Country are important for sustaining health and wellbeing.

## Health Consumers Alliance of SA Inc

Health Consumers Alliance of SA Inc (HCASA) was established in 2002 as the peak health consumer organisation in South Australia as a direct result of grass roots community lobbying. We are a member-based, independent, not-for-profit organisation. We work with our members and supporters to achieve our vision: **Consumers at the centre of health in South Australia.**

Health consumers are people who use, or are potential users of health services, including their family and carers.

HCASA's mission is to engage consumers and health services to achieve high quality, safe, consumer-centred care for all South Australians. We seek to promote and strengthen the voices, wellbeing, rights and leadership of health consumers. We advocate that consumer engagement policy and practice is embedded across the SA health care system.

We believe that consumer engagement results in better planning and policy-making. This leads to better health outcomes and community wellbeing.

HCA is part of a network of state/territory peak consumer organisations that promote and facilitate consumer voice to the health systems across Australia.

## HCASA submission

HCASA's response to the "Draft NSQHS Standards Aged Care Module" is informed by our work with consumers, community and health services, and feedback from our Consumer Advocate Network, members and organisational members. Specifically a focus group was held with a group of health consumers to compile this feedback.

### Purpose

#### Audience

The audience for this module is Multi-Purpose Services (MPS) ie organisations that 'largely operate in remote and small communities, providing a range of care that may include acute, community, primary care and aged care services'. HCASA consumers strongly agreed that the audience should be broader and, in particular, that aged care services should meet the National Safety and Quality Health Service (NSQHS) Standards and hence utilise this bridging module. Consumers agreed that aged care services – in particular residential services - provide a range of health care services and should be accredited accordingly.

Consumers observed that 'health services are now doing it much better because they have genuine person-centred approaches. Aged care needs to do the same.... if some [aged care] services can do it, why can't others?

Contributors noted the lack of clarity arising from the use of terminology that has different meaning across the sectors and which might therefore cause confusion (and discounting) by some of the intended audience. Some examples are:

- 'health service organisation'
- 'residents' and 'consumers' (and 'clients' and 'carers').

There was a suggestion to use and cross-reference to the terminology and definitions used in the respective standards.

### 7. Is the intent of the module clear? Yes or No and suggested improvements

No

The intention needs to be more inclusive and more simply expressed and with clear definitions of terminology used, for example:

- Identity, culture, diversity (Aged Care Quality Standards): cross reference

- Comfortable environment – make sure this is person-centred/meets all individuals' needs
- Inclusion of people with dementia
- Informed choices (again, inclusive of dementia clients)
- 'legally & appropriately qualified' workforce: needs definition
- Important needed for their health
- Services to ensure consumers are
- Be explicit re role of substitute decision makers/legal guardian/representatives/legally acknowledged carer(s)

**8. Is the language in the module clear? Yes or No and suggested improvements**

Partly

- Please see previous comments eg what is meant by 'organisations' / 'people' / 'staff' / 'managers'
- The document talks about 'health service organisation': where does 'health services' and 'aged care service' sit in the document: one is a service setting, the other is a home. Need to be clear: health care rights applied in your residential/home setting
- Mixed terms are used eg re aged care, health services, consumers, residents

**9. What, if any, additional requirements should be included in the module**

- The need for person-centred care, tailored to individuals as much as possible
- Requirement for all staff working with older clients to be trained in aged care and, specifically, working with people with dementia and to undertake regular training updates
- Health services generally provide appropriate services matched to staff levels/grades/qualifications
- Aged care services have lower levels of care staff including nursing staff: this should not be the case if the work is comparable
- Care plans should be developed with the person and their nominated carer(s) in transparent and accountable processes. We need to get around practices which label people for the purpose of getting more money/funding.

**Consumer Dignity and Choice**

**For the following pages questions will be asked on each of the six Actions. Please read the Action and answer the following questions:**

**A1. The health service organisation has processes to routinely provide residents with:**

- Opportunities to establish and maintain relationships of their choice, including intimate relationships**
- Support for daily living that promotes, emotional, cultural, spiritual and psychological wellbeing**
- Mechanisms to optimise independence to promote quality of life**
- Support to make choices about their care, including taking risks**

**10. Is the intent of this action clear? Yes or No and suggested improvements**

Yes

- It is especially good to see intimate relationships stated as well as risk taking
- Person-centred care should be the driving principle, with everyone's safety prioritised
- Aged care providers do not have processes to routinely provide residents with any of these measures, nor do many health services
- In the experience of consumers, there is some reluctance to change with terms such as 'staff safety' or 'occupational health and safety' or 'duty of care' and other terms used to get around the aged care charter and the new aged care charter
- There must be zero tolerance re sexual harassment/assault

**11. Is the language of this Action clear? Yes or No and suggested improvements**

Partly

- Add with 'consenting partners of any sex without fear of bias or abuse'

- Spiritual and psychological are different – reword as ‘spiritual, and /or psychological’
- Terms like ‘opportunities’, ‘support’, ‘mechanisms’ are non-directive and leaves it open to abuse/discounting

**12. Can compliance of this Action be easily measured? Yes or No and suggested improvements**

No

- There is no way this could be measured. Providers may have written statements somewhere in documents, but they would not be followed and hence they could not be measured

**13. Is the requirement on this Action appropriate to Multi-purpose Services? Yes or No and suggested improvements**

Yes

**14. Do you have any specific comments on this Action**

As above

**Services and supports of daily living**

**A2. The health service organisation has processes to support residents to:**

- Participate in meaningful activities within and outside the organisation**
- Have social and personal relationships**
- Do things of interest to them**

**15. Is the intent of this action clear? Yes or No and suggested improvements**

Yes.

This is strongly supported, especially person-centred activities related to everyday activities in the service eg helping in the kitchen/garden or going on outings eg daily walks.

**16. Is the language of this Action clear? Yes or No and suggested improvements**

Yes

Sometimes the provider might have the processes in writing but doubt whether this occurs due to staffing shortfalls

**17. Can compliance of this Action be easily measured? Yes or No and suggested improvements**

It cannot be measured properly at present due to the need for a restructure of functions of the Aged Care Quality Agency

It needs something like the South Australian Visitors’ program with trained visitors that residents can trust to provide feedback for which there is an obligation to respond.

Consumer engagement in aged care should be the same as in health care.

**18. Is the requirement on this Action appropriate to Multi-purpose Services? Yes or No and suggested improvements**

No

This is a function required in aged care but it is something that happens in the true health care service/area. For example, if you are in a hospital, do you get to do something of interest?

**19. Do you have any specific comments on this Action?**

A weakness exists in the aged care system re systemic access to ‘meaningful activities’

### Services and supports of daily living

#### 20. Is the intent of this action clear? Yes or No and suggested improvements

Yes

Good to see to specific reference to healthy, nutritious, appetising and adequate quantity of feed – that the residents enjoy

Add appropriate to the medical needs, personal wishes and wants of the consumer. Some services can do this – why can't others?

#### 21. Is the language of this Action clear? Yes or No and suggested improvements

No.

Consumers/residents

#### 22. Can compliance of this Action be easily measured? Yes or No and suggested improvements

Yes, it could be, if systems were in place. People need to have the rights of choice including re food consistency (normal, soft etc). Some consumers are put on incorrect food inconsistency. This is mainly due to incorrect handover from hospital to nursing homes and poor systems in aged care.

#### 23. Is the requirement on this Action appropriate to Multi-purpose Services? Yes or No and suggested improvements

Yes

Poor systems need to be fixed. Discharge information from hospital to a nursing home needs fixing.

Why is malnutrition, dehydration and constipation a problem?

#### 24. Do you have any specific comments on this Action?

### Organisation's service environment

#### A4. The health service organisation provides a welcoming and homelike environment that optimises consumer's sense of belonging and interactions, with support to access indoors and outdoors

#### 25. Is the intent of this action clear? Yes or No and suggested improvements

No, not completely, for example:

Again, 'health service organisation' terminology is insufficient

It should be welcoming from the first step inside

Aged care providers do not follow these statements and the corresponding aged care standards. Nursing homes are not homelike.

Bed sizes should be a matter of personal need and preference.

#### 26. Is the language of this Action clear? Yes or No and suggested improvements

Yes, wording & language are OK - but nursing homes are not welcoming and homelike.

Consumers are told when to get up, when to shower, when to eat, what to eat & drink. They are told when to go to bed and are forcefully instructed to do so. They are neglected when they press call bells, they are left in bed unattended and not assisted when required. They are subjected to various forms of abuse.

All this has been witnessed and raised in the Aged Care Royal Commission.

Witnesses in the commission have openly stated that they are living in institutions. Not homelike services.

Residents should have ultimate determination of what risks they want to take.

**27. Can compliance of this Action be easily measured? Yes or No and suggested improvements**

Yes. It is obvious when consumers are 'marched in' to meals at the same time. Care staff (PCW) will inform assessors of issues when and if they are able to walk freely. Without fear of intimidation or harassment. Consumers and family members will also open up with issues/problems.

**28. Is the requirement on this Action appropriate to Multi-purpose Services? Yes or No and suggested improvements**

No. This is appropriate to aged care facilities but does this fit with hospitals?

**29. Do you have any specific comments on this Action?**

A complete restructure of aged care services is required. The quality agency needs a major revamp to assist correct these practices.

Funding improvements with regulation changes are required.

**Human Resources**

**A5. The workforce is planned and health service organisation use the recruitment and training systems to ensure the number and skills mix of the workforce can deliver safe, and quality care and services**

**30. Is the intent of this action clear? Yes or No and suggested improvements**

Overall - but the confused wording doesn't help.

**31. Is the language of this Action clear? Yes or No and suggested improvements**

No.

The first four words confuse the action. I assume they mean the workforce should not be made up of those who can fit in shifts from elsewhere in the facility, not specifically trained in aged care, or be made up of casual agency staff. If this is what is meant then it needs to be explained in detail eg a core ongoing workforce is specially selected for their affinity with aged care, and the health service organisation uses the recruitment and training systems and updates to ensure the number and skills mix of the workforce can deliver safe, respectful and informed aged care and services.

**32. Can compliance of this Action be easily measured? Yes or No and suggested improvements**

Certainly numbers/ratio of staff and mix of ENs/RNs/carers per resident and even different sexes and cultures can be easily measured, as can the amount of training, recruitment processes etc

Whether the care they provide is 'quality' can be very subjective however.

Consumers should be on interview panels for staff.

Carers need to be accredited with associated accountabilities.

Staffing ratios should be adhered to.

**33. Is the requirement on this Action appropriate to Multi-purpose Services? Yes or No and suggested improvements**

Yes

**34. Do you have any specific comments on this Action?**

There is a need to address residents' preferences for gender and ethnicity of care worker; while it is completely unacceptable to be racist or sexist, some residents will have histories and engrained prejudice which need to be managed.

Selecting staff who have an affinity with and empathy for the aged is really important, not just whether they can show a certificate in aged care. Residents need to feel that they are respected as individuals and that they can freely approach staff about their needs without being made to feel silly or that they wasting staff time.

## Organisational governance

### A6. The health service organisation has processes to identify and respond to abuse and neglect of residents

#### 35. Is the intent of this action clear? Yes or No and suggested improvements

Yes

Long history of coverup in aged care

#### 36. Is the language of this Action clear? Yes or No and suggested improvements

Yes

Resident meetings are a joke.

They are held in work hours and are dominated by staff requirements – not residents' issues. And issues are silenced with an excuse of 'privacy'. And minutes need to be straight after the meeting and be accurate.

Residents/family members should be at all residents (and many other) meetings with the same power in decision-making as staff.

#### 37. Can compliance of this Action be easily measured? Yes or No and suggested improvements

Yes.

The processes should be clearly stated, transparent and regularly reviewed and updated in accordance with any instances that may arise and instances documented and reported. If there are no such processes and/or residents and their family/visitors and staff who identify instances are ignored or are responded to inappropriately then the MPS would be assessed as non-compliant.

Currently they neither identify or respond. Family not notified. Bruising not documented. There needs to be a specific common system for all to use.

Only if a common system (report sheet) is produced by authorities and mandated use. The quality agency can then confirm correct system and follow-up.

Open disclosure policy needs to be used and checked by contact with family and consumers.

#### 38. Is the requirement on this Action appropriate to Multi-purpose Services? Yes or No and suggested improvements

Yes

#### 39. Do you have any specific comments on this Action?

No

It is/will be difficult, as many factors need to be considered to make this work as it should. Standardisation is important as checking compliance is difficult otherwise.

The Aged Care Quality Agency is unable to follow up compliance at the moment.