Quality Aged Care Action Group Incorporated (QACAG Inc.)

QACAG Inc. is an advocacy group that aims to improve the quality of life for residents in residential and community aged care

Please find a submission to the Review of Accreditation Process for Residential Aged Care Homes, July 2009, from the Quality Aged Care Action Group Inc, (QACAG Inc).

About QACAG Inc.
The Quality Aged Care Action Group Incorporated (QACAG Inc) is a community based group which aims to improve the quality of life for people in residential and community aged care settings. QACAG Inc. was established in 2005 and became incorporated in 2007.

QACAG Inc. is made up of people from many interests and backgrounds, brought together by common concerns about the quality of care for people in aged care.

The membership includes people receiving aged care services in nursing homes or the community, family and friends of people in nursing homes, nurses and retired nurses, people who work in aged care or health, and other concerned community members.

The group is steadily expanding with a network of members all across NSW and has a total membership of 135. This includes representatives from some organisations: the Older Women's Network, The Combined Pensioners & Superannuants Association of NSW Inc, the Newcastle Combined Pensioner's Area Council.

Regular meetings occur in Sydney, the Central Coast and the Blue Mountains, and an Annual General Meeting is held each year.

QACAG Inc. Aims
QACAG Inc. provides a forum for members to discuss issues that affect the quality of life for people receiving aged care services in residential or community settings, including:

- what to look for when choosing aged care services
- what services are provided and payment structures
- staffing levels and staff skill mix: nursing staff and other staff
- who runs aged care services: for-profit, not-for-profit, government
- funding and accreditation systems
- state and federal legislation governing aged care
- how to raise concerns or make a complaint
- how to lobby for change

QACAG Inc. strives to raise community awareness about aged care services and to take action to promote and achieve positive change
QACAG Inc. aims to ensure the views of consumers are represented in networks and forums where aged care services are being developed, evaluated or commented upon, in government and non-government sectors
QACAG Inc. maintains communication with providers of aged care services in relation to the needs of consumers, but is not a forum for proprietors or owners.

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The role of the NSW Nurses' Association (NSWNA)
The NSW Nurses' Association acknowledges the importance of QACAG Inc as an autonomous, community-driven action group and recognises the contribution of many nurses and retired nurses within this group. NSWNA provides some sponsorship support to assist the sustainability of the group, including secretarial support and meeting facilities.

Membership to QACAG Inc
Some members of QACAG who are currently employed within aged care have experienced negative pressure from employers who regard membership to QACAG with concern. Several relatives have also raised their fear of negative repercussions for their loved ones due to their speaking up and connecting with others over similar issues. The personal and/or professional experiences of residents, relatives and current or past staff assist to shape the wider goals of QACAG. Members seek to influence change at wider levels than they can influence within individual situations and to promote positive change through collaboration and community action.

Seeking the views of consumers for this Review
A letter was sent to the 135 members of QACAG Inc informing them of the Review of Accreditation Process for Residential Aged Care Homes and providing them with information about the related documents.

Members were invited to submit comments in response to a questionnaire or by writing in their own format.

Twenty written responses were received.

Summary of respondents:
Eighteen have regular involvement with a residential aged care home now or in recent times while two do not currently have active involvement with a home.

Five of the twenty respondents have never worked in aged care, while seven currently work in aged care and eight have previously worked in aged care. Several of those who work or have worked in aged care also spoke from experience of having a loved one in care now or previously.

Some gave added information about their connection to a nursing home: one is a resident, four have a relative currently in a nursing home, two have had a relative recently die in a nursing home. Two people also volunteer at the home where their loved one is, or recently lived. Other people's connections became apparent during their answers.

The twenty respondents represent fifteen different postcodes, spanning metro and country areas, with two undisclosed.

"Have you been informed of accreditation visits scheduled at the nursing home?"
Seventeen said they have been informed of an accreditation visit being scheduled, while three had not.

Four had actively sought to speak with an assessor and three made appointments specifically so they could speak with assessors.

> "Due to management's attitude I made my own appointment with an assessor through the Aged Care Rights Service. (relative)
>
> "I made my own appointment to speak with the accreditation assessors." (relative)

Some commented on barriers:

> "The staff seemed unsure how I could arrange an appointment with an assessor." (relative)
>
> "I was not aware that anyone could avail oneself for this, to speak to the nursing home on matters of accreditation. I have since learnt a lot more through attending QACAG meetings." (relative)
>
> "I was not told of accreditation until it happened." (relative)
>
> "No – my request to speak with the agency wasn't followed up – I was at work on the day of accreditation so couldn't be there." (relative)

"Did you ask, or were you asked, to speak with assessors during an accreditation visit?"
Some members had been asked by the Nursing Home to speak with assessors or were approached on the day. Others wrote of being discouraged from speaking freely.

> "I was told to only speak about care plans as these were my responsibility." (RN)
>
> "Yes I agreed to speak – I found, though, that the assessor on one occasion was unwilling to observe my concern." (retired RN)
>
> "Assessors only seem interested in paperwork – it is a waste of time with so much gloss in place for the visit and disappears out the door with assessors." (relative)
>
> "I spoke to an assessor at their request." (relative)
>
> "I was advised by management <u>not</u> to speak to the agency reps." (retired RN)
>
> "Staff usually hide during accreditation – they don't want questions to be asked – the kind they ask. I have been asked twice and both times have said the wrong things and had 'not met' both times – no wonder one doesn't want to be asked." (Prev AiN)
>
> "We were told to be on our best behaviour and not to answer unless instructed to do so by management." (AiN)

"Are you confident that you could (or were) able to speak to Accreditation Agency assessors frankly, without fear of reprisal?"
Eight said 'yes', seven said 'no' and five were 'unsure'. This translates to only 40% being confident they could speak without fear of reprisal. This seems to be of particular concern to staff.

> "I didn't fear reprisal but management weren't happy with me raising concerns." (RN)
>
> "As I recall the assessor made it clear to me that my comments would be confidential." (relative)
>
> "They wouldn't have allowed me to speak my mind and they also (management) sat in when the assessor was speaking to staff." (prev AiN)
>
> "I felt completely responsible, very nervous of saying the wrong thing. Fearful of management's blame." (AiN)
>
> "Student AiNs tell me that some nurses are selected to speak with the auditors and some are rostered off specifically on audit days." (trainer)

Several comments related to a lack of confidence that speaking honestly would have any impact:

> "Seven relatives spoke to the accreditation assessors; issues from shortage of staff to quality of care. No results: how can all those people be wrong? But the nursing home passed on all standards." (RN)
>
> "The assessor told me the complaints I had were the same in every facility they visited and nothing could be done about it." (relative)
>
> "They can not change government policy if paper work is in place to look good and facility passes." (prev RN)
>
> "I feel that the accreditation process has lost its way. Assessors are mainly focussed on documentation and not on the level of care which relatives receive." (RN)

Questions about the content of discussions with assessors:
Members were asked about whether specific topics were discussed with assessors. The topics are core matters of concern to QACAG, and arise frequently in discussion at meetings and community forums hosted by QACAG: quality of care, staffing levels, staff skill mix, and how to raise complaints or concerns. QACAG is concerned with how to address these matters, and while recognising that the accreditation process may not always have authority to address all of these, this review presents a rare opportunity to provide this feedback. Several people went on to add their input about the topic, regardless of whether they had actually discussed it with the Agency.

Eleven people gave replies to this section, many from the point of view of being relatives, and one resident. The questionnaire asked them to comment on whether they and the assessors discussed the following:

1) Appropriateness of overall resident care: Three people recall being asked about this, while seven do not and one was unsure.

"I wasn't asked but I made the assessor aware of my concerns about the level of care for residents. (RN)

"Many relatives don't really know what appropriate care is until something goes wrong and it becomes obvious the care has not been appropriate." (trainer)

"As I now recall the questions were about: *was I satisfied with work done by the staff providing my care*." (resident)

2) Whether there is enough nursing staff to provide care to your relative or residents overall: Two were asked this, eight were not and one was unsure.

"I complained to her about the lack of enough nursing care." (relative)

"There are enough staff on the day of assessment but not always." (AiN)

"It is rare that there are enough staff on to meet the needs of the residents in compliance with the standards." (retired RN)

"I complained to her that there was not enough nursing staff. Staff are too busy to give quality care to our frail relatives." (relative)

"There are always enough staff on accreditation days and rarely enough trained staff outside of this." (trainer)

"It is very obvious to me that since (provider) has taken over from (provider), staff numbers have been reduced – they allege that one nurse can take care of eight category 1 residents and two residents in the high care section. When I came to this facility six years ago there were six nurses doing now what four nurses are required to do. The facility has a number of three and four bed rooms and a number of these beds are empty. This will become an increasing problem as a new facility is opening in our area with single rooms." (resident)

3) Whether the skill mix of staff is appropriate to provide the necessary care: Two people were asked about this, nine were not.

"In recent years the majority of residents have very high level of dependence – the level of funding appears to be inadequate." (RN)

"We complained that different agency staff are in charge regularly." (relative)

"We see student AiNs who have completed just 3 months who are then training new staff. Facilities sometimes think that all training is supplied off site and that they should not have to provide active support eg: 'buddy' shift, induction or credentialing for medications." (trainer)

"Some care staff do not have adequate English skills to carry out appropriate care." (RN)

4) Whether you know how to raise concerns or complaints: Seven people had discussed this, two didn't and two were unsure.

> "I am aware of a complaint form" (relative)
>
> "Due to management attitude, I contacted TARS and QACAG." (relative)
>
> "I wasn't asked. However, I did once make a complaint when my husband was severely handled by a nurse leaving bruises on his arms. After I complained, I was told that my husband would not have this nurse anymore but I came in one morning and the nurse was there and my husband was very upset. I made another complaint and the RN in charge told me they had not been informed of this previous matter. I offered to come in early and wash and dress him if they were short for staff. My husband has since died in hospital and the staff there were wonderful in their kindness to him and myself." (relative)

"Were their questions that were not asked that you believe should have been asked?"
Members were asked to describe questions or topics that they felt should be included in accreditation visits.

> "Never have I been asked the kind of questions I wish I'd been asked." (relative)
>
> "Should ask about the level of staffing. And the level of education for AiNs. Also, should ask about staffing mix – not enough RNs or career structure – too much responsibility on RNs." (RN)
>
> "To the assessor's defence, I didn't have enough time to speak fully to her as I had duties to attend to." (RN)
>
> "Skill mix - why is there not a skills mix which is generated by the acuity of the residents of a nursing home?" (AiN)
>
> "As a past auditor, I know that there are questions that are not asked. If the documentation is in place it is hard to prove that anything other than what is observed on the day is usual". (trainer)

"Do you believe that residents, family members or community members are adequately consulted when a residential facility is having accreditation visits?"
Eleven people said 'no' to this, four said yes, and one was unsure.

> "I think relatives are also fearful of saying the wrong thing – I would say they are fearful. My mother was a resident in the nursing home I worked in for 12 years and I was never invited to be there for accreditation as a relative." (relative)
>
> "I do not believe relatives and community understand the process. Also, many residents in high care can not understand the process due to dementia or frailty." (RN)
>
> "I believe they are not consulted adequately as the management is afraid they might complain about the inadequate staffing levels, food, inadequate care that their loved ones are having." (prev AiN)

"Staff, residents and family members still worry about reprisals if they speak frankly with auditors." (trainer)

"I have been present at multiple site visit audits and accreditation audits and have repeatedly experienced and observed: questioning by the auditor to be convoluted, not open and transparent, resulting in residents, family and staff becoming distressed and frustrated by the process." (retired RN)

"I have no idea how accreditation works and I would like more information." (relative)

Suggestions for change:
Members were asked to comment on areas that could be changed and improved. Comments reflected some key themes:

Timing and announcement of visits:

"Yes – they should be unannounced to the facility. Facilities just prepare and gloss up for visit. This is very, very wrong giving them warning of a visit gives them time to prepare paperwork etc." (relative)

"I disagree with facilities being advised of dates and times – I would also like to see accreditation visits conducted during weekends." (relative)

"Extra staff were rostered on and the meals were of much better quality then usual for the time assessors were present." (retired RN)

"Yes I do believe they should have more spot checks on weekends and at night as well as throughout the week. At the moment they are told when they are coming out, and what is happening is they put on more staff ie nursing, cleaning, kitchen staff. The RNs Ens and AiNs have to catch up on all the paperwork so all is in order, and all the staff for 1 to 2 weeks before they come have to clean and scrub the place out so it looks spotless for the assessors when they arrive and then after they have gone, the staff is cut again." (prev AiN)

"To see the real picture, visits need to be timed across the roster – eg: evening shifts are often understaffed, residents being put to bed as early as 1pm so that evening staff don't have to do this." (trainer)

"There should be something that said if the assessors decide to come back one to two weeks later, it should not be the same time and day as before." (prev AiN)

"I have previously worked as a community nurse (not in aged care) and as such was involved with many accreditations. When I was subject to accreditation visits, we were notified well in advance of accreditation visits which seems to defeat the object of the exercise ie; to assess who well the system is really working." (relative)

How to consult with and report back to relatives:

"Residents and their family or friends should be asked if they would like to speak to assessors. Maybe a register of family & friends could be given to assessors to phone to speak to them outside of the facility so their concerns can remain anonymous." (relative)

"Look more closely, ask more questions, and take more notice of complaints from relatives and ask the staff." (AiN)

"Relatives or staff don't get the feedback. Just told the basic outcomes." (retired RN)

"We have had none (feedback) at all and are not likely to." (relative)

"Would suggest relatives are advised in writing when the assessor is available for meetings rather than a notice up in reception which is easily missed." (relative)

How to consult with staff:

"Give each staff member a survey of questions as above and send these out 2 weeks before accreditation. When management places the most pressure on staff leading up to accreditation so should make these confidential. Should have more questions directed to staff behind closed doors – encourage staff to be completely honest about procedures all year round, not just leading up to accreditation." (RN)

"Care staff could be more involved and perhaps it could be more of an on the spot process ie not so much notice enabling things to appear better than they really are." (retired RN)

"The accreditors should be forced to spend at least a month a year working in an aged care facility so they will have a much better idea of the hollow nature of accreditation process and the amount of time staff spend complying with the demands of this process instead of spending time in counselling and clinical care of residents." (RN)

"Yes – management should not be able to sit in on an interview with staff members, it should be private and they should be able to speak to as many staff members, residents, and their families; they should be able to pick up any resident's file and not be advised which ones to pick up. The staff should not be worried that after the assessors have left, they will be quizzed by management about what they said. The staff members are afraid they will be targeted if they say anything bad about the home, as they may not have a job after that. The assessors should have more spot checks at any time day or night." (prev AiN)

Concern at the focus on paperwork:

"Very stressful for staff. Facilities spent weeks preparing. Time spent on paperwork instead of caring for residents. Emphasis is on improving systems but not on care to residents." (RN)

"It seems to me that correct paperwork and names identifying absolutely everything takes precedence over the physical delivery of care to the resident…. the stress that this puts on particularly the assistants in nursing." (prev AiN)

"Accreditation assessors only appear to be interested in documentation, graphs and better practises. We need better nursing care for our relatives." (relative)

"Feedback from the administrative staff was that it seemed to be all about checking fire drill folders and extinguishers, procedure manuals, files picked at random but only

the front page read to see if 'intact', care plans looked at BUT nobody came to see if what was on the care plans was actually being done and assess competence." (relative)

About the role of auditors:

"The assessors need to be independent of management and of the home being assessed." (relative)

"Auditors must be better trained or selected so that they do not approach / undertake an audit with hidden or personal agendas. They must have a better understanding of the meaning of open and transparent." (trainer)

One thing that bothers me is that it was rumoured that one assessor actually knew the Director of Care of the facility and this is not a good policy if the assessors are not independent and facilities are assessing each other or assessors are assessing each others facilities. (relative)

"What skill base is in the assessment team? Are they non-nursing bean counters? What expertise do they in the area they are accrediting?" (relative)

General comments:

"Too many hidden facts; during the visits there are staff on extra hours with extra things that aren't usually available – eg rubber gloves, aprons, extra clean linen. (relative)

"The problem with the accreditation process is that it is geared towards the management of the facility and the written area of compliance with the standards rather than the palliative care of people who have entered the nursing home because they are at the end stage of Alzheimer's, Parkinson's, cancer or lung disease for example, and require complex care to control their symptoms and counsel them and their relatives about their poor condition." (current RN)

"The whole system from government down needs to be overhauled. While I do believe that standards need to be met, regulation is becoming too punitive. And with many services moving to 'extra special services' I fear that a 2-tier level of care in aged care – one for the wealthy and one for the poor, neither of which are acceptable. Standards of nurse-resident ratio need to be legislated and addressed. With an ageing population, aged care is a time bomb and needs creative input now! Our elders deserve better!" (RN)

"Facilities should be audited as to what they spend tax payers and residents monies on. Where else would you find people paying bonds and 85% of income for substandard care – ie not enough staff to give the care. Some of the bonds are very high, families are expected to provide transport to appointments etc many partners just cannot do this as they may not have transport or are too old themselves. Residents who don't pay bonds just don't have any money to pay for extra care if required. This should be looked at by assessors as to how treatment is obtained etc eg: physio, dental, podiatry, etc if they get these at all. Assessors need to check facility is providing Drs visits to residents. My relative's Dr did not visit them for the past 7 months of his life. I found this appalling and a failure of duty of care – and for

this care we paid and paid and paid. I don't mind paying but I find it unjust how these residents are treated. It shows a lack of respect a lack of responsibility and poor integrity of facilities that fly under the radar of assessors. This facility tells me its not responsible for the Dr visits." (relative)

Summary:
The above documents the words of concerned community members which includes relatives, a resident, retired nurses and current employees within aged care. Many comments reflect personal experiences with care at a day to day level, attempts to redress problems and omissions, and efforts to provide comment about these at accreditation visits.

There is an apparent lack of information flow to relatives in particular about the role of accreditation visits, and how to fully participate. Many residents or relatives appear to regard the accreditation visits as the main or only avenue to address their concerns, and several have made mention of not getting feedback for their written or verbal complaints to assessors. This suggests that even if their concerns are more appropriately handled through another avenue, they did not understand this even after meeting with assessors. In terms of the accreditation outcomes, there seems to be a failure to adequately feed back results to relatives, or to therefore inform them of and involve them in improvement strategies.

It is vital that processes are improved to thoroughly inform residents and relatives of accreditation processes and to seek comment from residents and relatives. Fear or experience of reprisals can hamper relatives speaking freely and this must be overcome. Mechanisms must be improved to notify and solicit comment from a wide range of residents and relatives: and not solely at the home's selection.

Staff must be able to participate appropriately and speak freely. Education about the role and scope of accreditation is essential: and it is unacceptable for management staff to intimidate or exclude staff in order to 'improve' the home's performance.

There is significant lack of confidence from consumers in the ability of accreditation processes to gain a clear and accurate picture of care. In particular, many relatives and staff alike criticized the practice of temporary modifications being presented as 'usual' during accreditation visits. Examples included changing the routine of the day to create a better impression, rostering extra staff on the day of the visit, requiring usual staff to do extra tasks such as intensive cleaning in preparation, and in some instances having extra items such as linen, incontinence supplies and better food and that these were not sustained after the visits.

Some matters raised perhaps extend beyond the role of accreditation. However this highlights that the voices particularly of those receiving care, or supporting their relatives, are not being adequately sought or heard. Added to this, people are frequently dealing with great change, loss and grief associated with frailty, separation, illness and death. Placing the responsibility upon recipients of care and their relatives to drive change is unacceptable unless true collaboration and systemic change underpins this. These must be core roles for the Accreditation Agency.