

# 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 Aged Care Complaints Investigation Scheme August 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. Members seek to influence change at wider levels than they can influence within their individual situations and strive to promote positive change through collaboration and community action.

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.

### **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.

### **The role of complaints processes**

QACAG Inc recognises that complaints are a vital part of the aged care system. The process to evaluate and improve services and relationships between people receiving, providing, managing and funding services relies upon open and honest communication between all parties, and this includes feedback about areas of concern or failure. Nursing homes and other aged care services where ongoing feedback is encouraged and acted upon will be able to receive and manage the majority of complaints locally. They may, in fact, invite and welcome this, recognising that an *absence* of feedback, including complaints, is probably a bad sign. Where local channels are not functioning well or where complaints relate to bigger picture matters, it is necessary to ensure there are other avenues for concerns and complaints to be raised and acted upon.

### **Discussions amongst QACAG members: Sydney Metro, Blue Mountains and Central Coast**

Several members of QACAG raised their concerns about negative repercussions for themselves or their loved ones due to their speaking up or connecting with others about complaints or concerns with aged care services. Whether based on experiences or perceptions, it is a significant barrier that must be overcome to keep feedback and complaints processes functioning properly.

### **Knowledge of complaints processes.**

Some members described steps they had taken when they had concerns about specific one-off incidents or overall care standards. Several decided to speak with staff they knew and trusted, while others approached management or proprietors on the basis that they saw them as having more decision-making power. Some were satisfied, others were not. Of those who were not satisfied, some went no further while others took further steps. This included putting concerns in writing to the facility (in some cases with other relatives to support their letter), or contacting an external body: those identified included the Aged Care Rights Service, their local MP, CIS, NSWNA or their GP. Some saw the accreditation process as an avenue to voice concerns or complaints and sought appointments with the assessors. The avenues that some people choose may provide advice and empathy, or may contribute to more 'general' information gathering about the sector, but may not be appropriate to enact any formal response or rectification of the specific complaint.

In a previous written survey sent to 135 QACAG members (for the Review of Accreditation Process for Residential Aged Care Homes in July 2009) one of the areas commented upon was the complaints process. It was apparent that many members were unsure how to make a complaint and to whom. Multiple comments indicated that members (particularly as relatives of people in nursing homes) believed that speaking to the visiting accreditors served as lodging a complaint. Some expressed concern that they did not hear back from the Accreditation Agency afterwards, expecting their complaints to be processed and responded to individually. This clearly indicates a lack of delineation between accreditation activities and complaints avenues. While this is being clarified by QACAG with its own members, it

highlights misinformation that can then hinder people using the most effective complaints channels.

Members understand the preference to take up concern directly with the service or facility, and many do so, in some of the ways described above. It is less clear whether members are aware of their rights and avenues should they wish to take a concern or complaint further.

### **Perception of confidentiality of CIS complaints processes and fear of unwanted outcomes.**

QACAG members frequently express fear of repercussions in considering making a complaint. This perception remains strong regardless of the material which outlines confidentiality processes. Even in considering making anonymous complaints, members have expressed their mistrust that they or their relatives will be identified and that negative repercussions may result.

There appears to be enormous loyalty amongst many relatives towards the majority of nurses and direct care staff. Where a lone staff member is acting inappropriately, there seems much less resistance to making a complaint, either to the facility or externally. However, where the complaint pertains more to overall resources, or overall delivery or philosophy of care, there is concern at whether to trust the outcome of making a complaint. There is concern that complaining will 'make it worse' for the residents and the staff. Some members worry that the staff who do direct care will face repercussions (eg: reprimands or increased workload), rather than see structural changes at a policy or staffing level. QACAG members who are current staff in aged care are also very concerned about threats to their job security through speaking up. The context for these persisting fears must be understood by CIS staff; and the possibility that these are based in actual experiences must not be dismissed.

### **Perception of role and impact of CIS.**

Where complaints from relatives or staff are about standards of care (eg a resident left too long without toileting, being fed in a hurry or when a meal has gone cold), these may be regarded as 'staffing' related by management (ie: management may say it's a time/task management issue, the staff may say it's a lack of staff issue), and it can be difficult to know how to follow this up externally. There seems to be a grey area where this could be named as 'industrial' and therefore fall outside of CIS role. In the survey to QACAG members (for the Review of Accreditation Process for Residential Aged Care Homes in July 2009), many identified staffing numbers as a key concern and as one they sought to raise with the Accreditors. When staffing has a direct impact on standards of care, this must be also the role of CIS to investigate and instruct upon.

Building on an earlier discussion about some lack of knowledge of CIS and complaints processes, there is comment to be made about the perceived power and autonomy of CIS.

Members expressed some caution about the interconnections between CIS the Dept of Health, the Aged Care Standards and Accreditation Agency and provider organisations. Many people were also familiar with the Four Corners' report where the role and power of the Commissioner was questioned, and did not fare well in the story.

This sector is overshadowed by horror stories prevalent in the press, regular changes in ownership and management of facilities, and conflicting messages about the financial viability of the sector and where responsibility lies for 'fixing' this. This sets a context where consumers are bewildered by mixed messages, rapid changes and 'bad press', and can be unsure who to 'trust' in seeking information or redress. It is essential that a complaints service is able to provide an independent, secure and effective avenue for complaints

processing. The terms of CIS convey these aims, but perhaps there remains work to do to engender the trust of the community.

### **Consumer participation**

Some members expressed wanting a 'common sense' approach, both at the facility level or in making complaints externally. To a resident or their relative or advocate, it seems quite clear when something is working and when it is not. The outcome they seek often based on what they might regard as being 'fair and reasonable' – ie: "what I would want if receiving care", or "what people should be able to expect". QACAG hopes that CIS's use of the term 'natural justice' includes this concept. This requires formal links with consumers as consultants or advisors, and QACAG strongly requests that measures are taken to ensure consumers are consulted in a genuine and ongoing manner.

Several members have also accessed agencies such as TARS, and identify this as a more 'friendly' organisation, an advocate, and independent. why people turn to TARS or smaller community based organisations, but then there may not be the power to act...