

3rd October, 2018

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra, ACT 2600

Dear Ms Radcliffe,

Standing Committee on Community Affairs Legislation Committee: Inquiry into the Aged Care Quality and Safety Commission Bill 2018 and related Bill.

Thank you for your invitation to provide this report to the Standing Committee.

I have extensive clinical experience as a Registered Nurse working in residential aged care. Apart from five years working in the acute hospital sector, my clinical experience and research, since 1985, has focused almost exclusively on ageing and aged care. I was fortunate enough to be an educator in a large aged care organisation when the nationally accredited education programs for care workers commenced in 1995 and the organisation was chosen as a project site. It was professionally satisfying being responsible for the education of Assistants in Nursing (AIN) with the support of a substantial program. Unfortunately, since then, the quality of education for AINs varies widely and has dramatically deteriorated.

My initial research in aged care commenced in 1996 and, after a number of smaller research projects, evolved into my PhD. It was unusual in that my PhD was undertaken while working full-time in an aged care organisation. I was not researching the environment 'from outside': I was there, working alongside the registered nurses, enrolled nurses and AINs as they supported older people dependent on care. It was while researching the issue of safety, which was the focus of the PhD, that I became aware of the hidden aspects of abuse and neglect in aged care. I was unsettled by the abuse and neglect going unrecognised as such and even being regarded as 'normal' and taken-for-granted. The greatest revelation for me was that, when managers were alerted to the issues, they did not want to hear, acknowledge or act on the reports of abuse and neglect. Instead, their focus turned to silencing or marginalising those bringing the neglect and abuse to their attention.

Instances of this management denial of abuse and neglect are documented in:

- My PhD thesis from Monash University – “... and the word was made flesh”- the impact of discourses of embodiment in promoting safe manual handling practice in aged care”.
- Peer reviewed research articles, for example – Bernoth, M., Dietsch, E., Burmeister, O.K. & Schwartz, M. (2104) Information management in aged care: Cases of confidentiality and elder abuse. *Journal of Business Ethics*, 122, 453-460. D01 10.1007/S10551-013-1770-7

In all of the instances of abuse and neglect I witnessed and/or identified through my research, the Aged Care Standards and Accreditation Agency failed to detect or recognise the abuse and neglect. Further, when families made approaches to the Agency or to the Aged Care Complaints Commissioner, they were disappointed and even traumatised with the seeming lack of response and perceived lack of sensitivity to the situation they were reporting.

This environment of denial and inaction caused me to move away from the clinical setting and into the academy at Charles Sturt University. My teaching and research has earned me the position of Associate Professor, which enables me to have a stronger voice in my advocacy for quality of life for older Australians. I have undertaken further research and co-edited an award-winning textbook related to ageing, *Healthy Ageing and Aged Care*, in which older people share their stories to contribute to learning for a younger generation.

Instances of seeming disregard by the Agency and the Commissioner for families who made a complaint were shared with me by the participants in the following two research projects documented in peer-reviewed journal articles and in my submissions to the Productivity Commission and the Senate Inquiry into the Future of Australia’s Aged Care Sector Workforce:

- Bernoth, M., Dietsch, E., Burmeister, O.K. & Schwartz, M. (2014) Information management in aged care: Cases of confidentiality and elder abuse. *Journal of Business Ethics*, 122, 453-460. D01 10.1007/S10551-013-1770-7
- Bernoth, M., Dietsch, E., & Davies, C. (2013). ‘Two dead frankfurts and a blob of sauce’: The serendipity of receiving nutrition and hydration in Australian residential aged care. *Collegian*, 21, 171-177. DOI. org/10.1016/j.colegn.2013.02.001
- Bernoth, M. (2010). Submission to the Productivity Commission, *Inquiry into Caring for Older Australians* and the subsequent citations from my submission in the final report of the Commission (page 201).

- Bernoth, M. Submission to the Senate *Inquiry into the Future of Australia's Aged Care Sector Workforce*
https://researchoutput.csu.edu.au/ws/portalfiles/portal/11145249/1000010354_published_report.pdf

The Aged Care Quality and Safety Commission Bill 2018 brings together the Aged Care Standards and Accreditation Agency and the Aged Care Complaints Commission. This aims to protect and enhance safety, health, well-being and quality of life. The track records of both entities in achieving these outcomes has been at best inconsistent and at worst, inept. Consider Calvary at Allandale, Cessnock in 2006 where the facility was fully accredited but only months after accreditation, and after a public outcry, accreditors went back to the facility unannounced, *worked with the staff* and identified that the facility had failed 22 of the 44 standards. Then there is the tragedy of Oakdale in 2017 and the examples I have identified in my research. So, it is difficult to appreciate how the outcome of the Aged Care Quality and Safety Commission Bill 2018 is going to make any difference to the current status quo. I fear that the proposed advisory body will increase the bureaucratic structure but will do little to support the registered nurses, enrolled nurses and care workers as they work with older Australians.

The most important aspect of working with older people is the quality of the relationship between the person providing care or support and the older person themselves. The foundation of the aged care sector should be building and supporting these relationships based on trust, knowledge of each individual and skilled, astute, timely and clinically sound care. This requires that support is immediately available to the person providing care at any interaction. Having an accreditation system and an advisory body which is distanced to the care interactions, is of little value or relevance.

Exacerbating this is the way that accreditation is undertaken. Accreditors do not work with the care workers. They do not observe care being given: no-one goes into the bedrooms or bathrooms and observes what happens - yet it is in those intimate spaces where quality and individualised care is needed and where deficiencies in care will be most apparent.

I believe that the highest priority for improving the care of older Australians is timely, skilled, accessible and experienced support for the clinicians, therapists and managers at each facility.

I propose that a system of support and monitoring be established within defined geographical boundaries, where experts including allied health professionals, educators, nurse practitioners, dementia experts, geriatricians and business advisors would be available to all facilities and services within that area. These 'expert hubs' would be independent from each facility/service, yet have essential local knowledge and be readily available to support and advise staff within the area and monitor and contribute to care provision. It is to these hubs that complaints would be made, where advice can be provided for older people with complex care needs, and where education can be provided for the facility staff. The expert hubs would link with each other to share knowledge, to facilitate research and advise the government re: policy needs and strategies for improvement. The expert hubs would be partially financed from contributions from the facilities/services within the defined geographical area.

Many years of clinical experience, analysis of relevant data, and countless conversations with older people, their families, nurses, AINs, researchers, managers and other staff members have informed my proposal for these expert hubs in the Australian setting. I would invite you to read the articles that accompany this report, and consider whether my 'expert hub' proposal merits further consideration. I would welcome the opportunity to discuss both the contents of this report, and details relating to the hub proposal.

Yours sincerely,

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