

Royal Commission into Aged Care Quality and Safety: Update public hearings

February 2019

The first round of public hearings, for the Royal Commission into Aged Care Quality and Safety (Royal Commission), opened in Adelaide on Monday 11 February. Scheduled to run for eight days from 11 February to Wednesday 13 February and then from Monday 18 to 22 February.

The Royal Commission will call 26 witnesses to give evidence in February. Witnesses include representatives from advocacy groups, policy, regulatory and statistical agencies, health professionals, industry groups and unions. The public hearings in February will conclude with more evidence of the lived experience of people attempting to navigate the system. Witness lists can be accessed [here](#).

This document provides a summary of the first week of hearings, for the period Monday 11 February to Wednesday 13 February. It also includes high-level information about the provider survey response rate and public submissions received by the Royal Commission to date.

Provider survey responses

Soon after its announcement, the Royal Commission sought voluntary responses to information requests from the top 100 approved providers. Responses for this group of providers were due by 8 February 2019. All other providers were requested to provide information by 7 February. There were nearly 2000 approved providers in all, and more than 900 responses were received. Of the top 100 providers, 79 providers responded.

Public submissions

The Royal Commission has received over 800 submissions from the public to date. Many of these accounts relate to substandard and unsafe aged care services. A similar proportion raise concerns about staffing levels, including the ratio of staff to care recipients in residential aged care. The Department of Health (the department) has also provided to the Royal Commission the submissions, which were received by the department, when public comments were sought on the Royal Commission's terms of reference.

Summary of evidence

Counsel assisting outlined that the Royal Commission can expect to receive the following evidence, during the hearings in February:

- concerns of some of the advocacy bodies regarding the current state of the aged care system
- the clinical issues affecting elderly people and general challenges that arise in meeting clinical needs
- concerns and views of some medical and nursing professional bodies relating to the current state of the aged care system

- demographic information relevant to the provision of aged care services
- perspective of government and principal regulator as to the state of the aged care system
- the perspective of some workforce representative bodies as to the state of the aged care system
- evidence from people about their experiences in the aged care system and their opinions on issues that need to be addressed.

Counsel assisting also noted that the department has developed a discussion paper on several key topics, which will be available on the Royal Commission website shortly.

Full transcripts of the public hearings are available [here](#).

Summary of evidence: 11 February

Ms Barbara Spriggs, wife of the late Bob Spriggs, a resident of Oakden who died in 2016, was the first witness called to present evidence to the Royal Commission on Monday 11 February. In their testimony, Ms Spriggs and son Clive both urged major changes to the practice of aged care and called for CCTV cameras to be installed in public areas of aged care facilities, a national database of workers who mistreated residents, and mandatory reporting of providers whose residents were admitted to hospital with signs of physical abuse.

Ian Yates, Chief Executive Officer at the Council for the Ageing, told the Commission there was a disconnect between where aged care services were funded and where they were needed, as most residential services had high vacancy rates while there was a 12-month waiting list to access the highest level of home care, and raised concerns about over-medication and the prevalence of ageism.

Professor John McCallum, Chief Executive Officer and Research Director at National Seniors Australia, raised the need to elevate the professionalism of the aged care workforce by delivering the skills and understanding necessary to provide quality care and improve the experience of people in care, the issue of waiting lists for home care packages, and the impact of piecemeal funding. Professor McCallum also presented evidence related to the problems of aged care literacy and people becoming confused or having a lack of knowledge to navigate the system and access the care they require.

Summary of evidence: 12 February

Mr Craig Gear, Chief Executive Officer at the Older Persons Advocacy Network spoke about the difficulties people experience in accessing the system including negotiating My Aged Care and accessing care in a timely fashion, particularly for special needs groups.

Mr Paul Versteegen, Policy Manager at the Combined Pensioners and Superannuants Association presented evidence that:

- the inability to access aged care by reason of 'vast' and 'shocking' levels of undersupply of aged care places and packages is itself a safety issue
- the recent increases in compliance action are not attributable to deterioration in provider performance so much as a recent increase in regulatory action after a period of relative inaction

- there needs to be greater emphasis on the need for better oral and dental care in aged care
- overall, the current system is confusing for consumers, including because costs are not made clear.

Ms Susan Elderton, National Policy Manager at Carers Australia, presented evidence that carers are unable to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education as a result of their caring activities, and limitations in services and supports available to meet the needs of carers.

Justine Louise Boland, Program Manager, Health and Disability Branch, at the Australian Bureau of Statistics, and Louise York with Mark Cooper-Stanbury, Group Head, Community Services Group, and Unit Head, Disability and Ageing Unit, at the Australian Institute of Health and Welfare explained the relevant data and how it may be used to improve quality and safety in aged care.

Summary of evidence: 13 February

Edward Strivens, President, Australian and New Zealand Society for Geriatric Medicine, presented evidence that about 80 per cent of people in residential care with dementia were being prescribed at least one psychotropic drug which include antipsychotics, antidepressants, and sedatives. Mr Strivens presented that the significant overuse of psychotropic medication in people living with dementia in Australia's residential care facilities has resulted in a range of negative outcomes, including increased rates of death.

Ms Annie Butler, Federal Secretary, the Australian Nurses and Midwifery Federation presented evidence on the ways in which staff in the aged care system are not put in a position to provide the standards of care that they would like, and stated that 'unsafe' workloads for many nurses were untenable and had resulted in significant employee churn, while poor remuneration made it hard to attract staff.

Ms Deborah Parker, Chair of Ageing Policy Chapter at the Australian College of Nursing, outlined the challenges that nurses' face in meeting the needs of older Australians, and that the number of nurses within the system was falling while the complexity of resident needs was on the rise.

Public hearings resumed on Monday 18 February. The Victorian Healthcare Association will continue to develop member updates as the Royal Commission progresses.

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