

Consultation on the draft Charter of Aged Care Rights

5 October 2018

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide feedback on the draft Charter of Aged Care Rights (the draft Charter). The VHA is the not-for-profit peak body supporting Victoria's public health and community services to deliver high quality care. The VHA represents Victorian public sector health services, hospitals, registered community health services, multi-purpose services, and bush nursing services delivering residential aged care and home care services.

The VHA supports the work underway to develop a single charter of rights for people receiving aged care aimed at reducing duplication between the existing aged care charters and regulatory compliance for providers delivering multiple types of aged care services. More importantly, the VHA is supportive of a new charter that ensures consumer rights are clear, unambiguous and easy to navigate for both consumers and providers, regardless of the subsidised care type a consumer receives.

In preparation of this submission, the VHA undertook multiple communications with members and on Thursday 27 September the VHA held a dedicated consultation process with interested member organisations, delivering public sector aged care services in Victoria. Their feedback and suggestions have been included in this document and respond to relevant consultation questions, aimed at informing the development of the final Charter.

1. Does the introduction/preamble require clarification or any further information?

As outlined by the Department of Health, while consumers have indicated in early consultations that the draft Charter should only focus on rights and a preamble to the draft Charter is included with the aim to clearly set out the responsibilities of all people in the aged care system, some member organisations of the VHA expressed concern about the absence of clearly articulated responsibilities from the draft Charter.

The VHA suggests that the Department of Health conduct a similar process as has been undertaken for the draft Charter to create a charter of responsibilities. The VHA considers that the revised responsibilities should act as a supporting document to the final revised Charter.

2. Are the rights in the draft charter easy to understand?

Member organisations of the VHA welcome the increased consumer focus in the draft Charter and the phrasing of the rights in the first person, however, the VHA believes that the rights, in some instances, require further work to better support both providers and residents understand their rights. These suggested changes have been included below.

3. Would you change any rights in the draft charter?

b) be treated with dignity and respect and to have my individuality valued

Suggested: be treated with dignity and respect

Member organisations of the VHA consider that the concept of 'individuality' as included in right (b) is already captured in right (c) and leads to duplication between concepts, the VHA suggests that the concept of 'individuality' could be captured in right (c) as per below.

c) have my identity, culture and diversity valued and supported

Suggested: have my identity, individuality, culture and diversity valued and supported

d) maintain my independence

Suggested: maintain my independence, as far as I am able

It is recognised that Australians entering residential aged care are older and frailer than ever before, and while many residential aged care providers strive to maintain and where possible improve the independence of residents, many will, at some stage, require a high level of support to undertake activities of daily living and personal care. Similarly, older Australians are living longer in their homes and requiring a higher level of home care and support to maintain their independence and remain living in their homes.

For these reasons, the VHA suggests that right (d) be slightly altered to require providers to honour a consumer's right to maintain their independence, while at the same time acknowledging that the aged care provider may be required to provide a level of support and/or care to maintain a consumer's independence where they are not able.

f) be informed about my care in a way that meets my needs, have access to information about my rights, care, accommodation and anything else that relates to me personally, and get the information I need in a timely way

Suggested: be informed about my care in a way that meets my needs, have access to information about my care, and have access to the information I need in a timely way

Member organisations highlighted 'care' as an overarching concept which includes many aspects of being a consumer of aged care services inclusive of consumer rights, accommodation and personal situation. For that reason and to further simplify right (f), member organisations of the VHA suggest that right (f) could be altered and the wording changed to the above.

g) maintain control over, and continue to make decisions about my care and personal and social life

Suggested: maintain control over, and continue to make decisions about my care, and matters that are important to me

Member organisations of the VHA highlighted that for older Australians accessing aged care services, maintaining control goes beyond decisions about care, personal and social life and extends to other areas of wellbeing such as spiritual and religious wellbeing. To ensure all elements of consumer wellbeing are captured, the VHA suggests that the right (g) be altered to the above and/or further work is undertaken with consumers to articulate matters that are important to consumers to ensure right (g) is not overly prescriptive and restrictive around consumer rights.

h) be listened to and understood

Suggested: be listened to with patience and understanding

Member organisation feedback suggests that the terminology of 'understood' is subjective and could place providers at risk of unintentionally breaching a consumer's right where a consumer does not feel understood despite efforts of providers to achieve this. Member organisations also highlighted their current use of the charter as tool for setting and communicating the organisation's and consumer's expectations of staff and the suggested wording better reflects those expectations of care. For these reasons, the VHA suggests that right (h) be altered to '*I have the right to be listened to with patience and understanding*'.

i) choose to have another person speak on my behalf

Suggested: elect another person to speak on my behalf

To provide greater consistency across various areas of health and aged care, member organisations of the VHA suggest that the terminology of right (j) be altered to '*I have the right to elect another person to speak on my behalf*'. This phrasing is more consistent with the advanced care directive process outlined in the *Victorian Medical Treatment Planning and Decision Act 2016*. As the prominence of advanced care planning increases and there is greater focus on this process in the aged care system, the VHA considers that work could be undertaken to ensure a more consistent phrasing across the health and aged care domain to reduce interface issues.

j) complain, and to have my complaints dealt with fairly and promptly

Suggested: complain, and to have my complaints dealt with fairly and in a timely way

For language consistency across the rights, the VHA suggests that 'promptly' be replaced with 'in a timely way' as per right (f).

k) personal privacy and to have my personal information kept confidential

suggested: personal privacy and to have information about me kept confidential

To simplify the language of right (k), the VHA suggests right (k) be altered from '*to have my personal information kept confidential*' to '*have information about be kept confidential*' as per above.

4. Would you add any additional rights to the charter?

As per the new Single Aged Care Quality Standards, organisations are expected to consult with consumers about the organisation's service environment, equipment, workforce training, systems, processes or practices that affect any aspect of how an aged care provider delivers personal and clinical care to consumers. To evidence this standards and in line with this requirement, consumers have the right to be involved and heard in the design and redesign of services, therefore, an additional right to the draft Charter should include: *'I have the right to be involved and heard in the design and redesign of services that affect me.'*

Member organisations expressed concern that some of the person directed elements of the existing charter were not included in the draft Charter. For example, the existing charter outlines that *'a consumer has to accept responsibility for his or her own actions and choices even though some actions and choice may involve an element of risk'*. Additionally, the new Single Aged Care Quality Standards include new requirements and a greater focus on risk associated with the care of each consumer. As per the new quality standards, aged care providers are expected to manage risks related to the care of consumers in line with a consumer's care and services plan, however, organisations are also expected to deliver personal or clinical care and manage risk in a way that balances a consumer's rights and preferences with their safety and the safety of others.

The VHA believes that while right (g) could be adapted to capture the concept of risk, an additional right to the draft Charter should include a specific and clear right related to consumer risk and the concept of dignity of risk. The VHA proposes that the following right be added to the draft Charter: *'I have the right to have the information and support I need to prevent and manage risks, accept responsibility for those risks and to take risks'*.

More information

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