

4 September 2020

Royal Commission into Aged Care Quality and Safety – Hearings into the response to COVID-19 in aged care and accommodation

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) held two hearings between 10-14 August 2020. The first hearing, from 10-13 August, was examining the response to COVID-19 in aged care. The second hearing, from 13-14 August, focused on accommodation.

The summaries below are separated into the different policy areas. These brief summaries are intended to provide key details and themes for VHA members. The transcripts of the hearings are available [here](#) and [here](#) on the Royal Commission website, where further details on the witnesses included in the summaries below can be found.

Evidence

- **COVID-19**

The hearing focused on the response to the COVID-19 pandemic in aged care and what could be learnt from this experience for responding to future pandemics, infectious disease outbreaks or other emergencies. The two principal areas of focus were preparedness and balancing infection control with quality of life.

The most contentious element of the hearings was around preparedness. Counsel Assisting was unequivocal that neither the Commonwealth Department of Health nor the aged care regulator developed a COVID-19 plan specifically for the aged care sector. Professor Ibrahim, of Monash University, argued that there was insufficient consideration of the particular vulnerabilities of the aged care sector in the country's COVID-19 planning early in 2020; the health sector emergency plan had 'no specific mention about the failures of the aged care system or what the operating environment is'. Other witnesses similarly criticised the lack of plan or preparedness, highlighting workforce shortages due to outbreaks. The Commonwealth Government disagreed with this characterisation, highlighting a [guideline](#) from the Communicable Diseases Network Australia and arguing that the proportion of aged care deaths is high due to Australia's broader success in managing the pandemic. Counsel Assisting maintained that there was a lack of preparation commensurate to the threat of the virus in his summary.

There was also a lot of criticism of the Aged Care Quality and Safety Commission and a preparedness survey they conducted in March 2020, which found that only 0.5 per cent of aged care services considered that they needed to improve their COVID-19 readiness. There was also concern about the regulator's role and powers of investigation; the Commission has limitations on its investigation of services, while there is a disincentive for a service to confide in the Commission in case of sanctions.

There was also a lot of focus on the outbreaks in Sydney aged care facilities which occurred earlier in the pandemic, looking for what could be learnt from these experiences. One key focus was on confusion around responsibility and the health interface. The CEO of Anglicare said that, initially, the roles and responsibilities of the various state and Commonwealth authorities were unclear. Newmarch House residents were also treated under Hospital in the Home (HITH), with issues around responsibilities and having the correct staff required. New South Wales Health were reportedly concerned about the precedent of moving aged care residents into hospitals. In contrast, the Royal Commission heard South Australia has a policy of automatic transferral. Witnesses from BaptistCare, that administer the Dorothy Henderson Lodge, noted that an initial policy of hospitalisation and clinical excellence support for infection control procedures helped them to stabilise their outbreak, which was the first residential aged care outbreak in Australia. Dr Lyn Gilbert, who conducted individual reviews of these two Sydney outbreaks for the Commonwealth Government, highlighted the need for a stronger focus and training on infection control.

Evidence from Unions, including the ANMF, focused on workforce pressures stemming from COVID-19. Staff are experiencing increased demands at work, as well as dealing with the emotional impact of the pandemic, while some providers are reportedly cutting staff. Witnesses highlighted the correlation between staffing levels and the potential for an outbreak. Diana Asmar, Secretary of the HWU, called for a national extension of the Victorian mandatory staff ratios. Testimony also raised concerns over PPE access and training.

• Accommodation

This hearing focused on evidence about accommodation as the setting in which aged care services are received, including the homes of home-care recipients as well as residential aged care facilities. There was a focus on [7 propositions](#) developed by the Royal Commission, which included propositions on an overarching National Strategy on Housing for Ageing, increased funding for accessible affordable housing and social housing, and establishing National Aged Care Design Principles and Guidelines.

The Commission heard a variety of evidence on different accommodation mechanisms, including cohousing, aged care mixed developments and the small home model. While most older people own their homes, there is a growing trend of renting which is leading to housing insecurity, which is part of a broader social housing shortage. The hearing also heard evidence on the issue of cost around housing and home care which limits the ability of people to stay in their own accommodation. Witnesses were supportive of the proposed National Strategy on Housing for Ageing. There was a big focus on incentives; NDIS measures designed to encourage the development of Specialist Disability Accommodation were a repeated focus point of questioning.

Policy alignment

The Victorian Healthcare Association has made a submission to the Royal Commission on ‘The impact of COVID-19 on the Victorian public aged care sector’, which is available [here](#). The VHA’s submission, based on engagement with members, highlights some similar issues as heard in the hearings, such as confusion between state and federal government agencies, and health and aged care interface issues. The submission also covers other related issues such as workforce, PPE and visitors.

Another issue in the submission is accommodation; many public sector residential aged care services (PSRACS) struggle to obtain capital improvement funds to upgrade facilities as state and territory aged care providers are not eligible for Commonwealth capital grants. This funding inequity has limited the ability of public sector providers to upgrade and modernise facilities aligned with community expectations. Changing this has been a long-term advocacy point for the VHA, and is included in its [‘Pre-Budget Submission Commonwealth 2020-21’](#). The constraints on PSRACS to drive capital improvement was also highlighted in the VHA’s initial Royal Commission submission

Next steps

The VHA will continue to monitor Royal Commission proceedings and update members as the Commission progresses in its work.



For further information contact

Ben Rogers
Advisor, Policy and Advocacy
ben.rogers@vha.org.au
03 9094 7777