

2 October 2020

## Briefing: Royal Commission into Aged Care Quality and Safety – Aged care and COVID-19: a special report

### Background

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) announced on 17 May 2020 that they would hold a brief inquiry into the aged care response to COVID-19. The Royal Commission made the decision that they did not have the resources, and were not appropriately positioned, to hold a full inquiry, leaving it to the Australian Government to initiate a separate process.

The Royal Commission held hearings on the COVID-19 response between 10-13 August 2020. The report was released on 1 October 2020. The VHA's submission is available [here](#).

### Recommendations

The report makes 6 recommendations in total.

- **Recommendation 1:** The Australian Government should report to Parliament by no later than 1 December 2020 on the implementation of these recommendations.
- **Recommendation 2:** The Australian Government should immediately fund providers that apply for funding to ensure there are adequate staff available to allow continued visits to people living in residential aged care by their families and friends.
- **Recommendation 3:** The Australian Government should urgently create Medicare Benefits Schedule items to increase the provision of allied health services, including mental health services, to people in aged care during the pandemic. Any barriers, whether real or perceived, to allied health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds.
- **Recommendation 4:** The Australian Government should establish a national aged care plan for COVID-19 through the National Cabinet in consultation with the aged care sector. This plan should:
  - establish a national aged care advisory body
  - establish protocols between the Australian Government and the States and Territories based on the NSW Protocol but having regard to jurisdictional differences
  - maximise the ability for people living in aged care homes to have visitors and to maintain their links with family, friends and the community
  - establish a mechanism for consultation with the aged care sector about use of Hospital in the Home programs in residential aged care
  - establish protocols on who will decide about transfers to hospital of COVID-19 positive residents, having regard to the protocol proposed by Aged and Community Services Australia
  - ensure that significant outbreaks in facilities are investigated by an independent expert to identify lessons that can be learnt. The results of any such investigations should be promptly disseminated to the sector.
- **Recommendation 5:** All residential aged care homes should have one or more trained infection control officers as a condition of accreditation. The training requirements for these officers should be set by the aged care advisory body proposed.

- **Recommendation 6:** The Australian Government should arrange with the States and Territories to deploy accredited infection prevention and control experts into residential aged care homes to provide training, assist with the preparation of outbreak management plans and assist with outbreaks.

There are four areas where the Australian Government should take immediate action to support the aged care sector:

- Fund providers to ensure there are adequate staff available to deal with external visitors and enable a greater number of more meaningful visits between people receiving care and their loved ones.
- Create Medicare Benefits Schedule items to increase the provision of allied health and mental health services to people living in residential aged care during the pandemic.
- Publish a national aged care plan for COVID-19 and establish a national aged care advisory body.
- Deploy accredited infection prevention and control experts into residential aged care homes.

## Key findings

- There was confused and inconsistent messaging from providers, the Australian Government, and State and Territory Governments, which was a key theme in submissions. It was not clear who was in charge; the report highlights a lack of clarity on decision making, using the examples of the Sydney outbreaks. Only after 2 outbreaks was a protocol for response developed in NSW. The Royal Commission wants similar protocols established in the other states and territories.
- There was not a COVID-19 plan devoted solely to aged care. There were multiple documents used to inform or guide providers. The Australian Health Protection Principal Committee (AHPPC) only released a singular list of eight 'key national statements and guidelines' on 22 August. The report calls it a 'useful framework' for the national aged care plan that should be developed by a national aged care advisory body.
- The report is critical around visitations.
  - The report argues that aged care residents have experienced restrictions beyond that of the regular community. The report, however, does acknowledge that attempts to mitigate this and provide contact with families have failed as there has not been enough investment to facilitate visits.
  - The report focuses on the impact of a lack of visitation on mental health. It argues 'that more can be done' to enable visits, and that the sector must be encouraged to share and celebrate innovative solutions. The report calls blanket bans on visits 'unacceptable'.
- In regards to Victoria, the report highlights that AHPPC did not provide any guidance during the period where community transmission drastically increased, when the risk to aged care facilities also increased. It is argued that establishing a new body, as in Recommendation 4, would stop this oversight happening again. The report also lays the figures bare – there were no cases in Victorian aged care before 7 July; by 9 August there were over 1,000.
- The report also discusses hospital transfers. The report notes the limited evidence, but agrees with the independent review into the Newmarch outbreak which said that Hospital in the Home for COVID-19 cases in aged care facilities can only be effective if there are a small number of cases. On hospital transfers, the report commends an ACSA proposal around establishing protocols to support engagement between the health and aged care sectors.
- For infection control, based on inquiries into the Sydney outbreaks, the report calls for aged access to infection control expertise. The Royal Commission thinks that the Australian Government should make arrangements with the States for easy access by providers to these accredited specialists to use their expertise in training and mentoring roles to increase capacity in the aged care sector. The Royal Commission calls for each aged care home to have at least one dedicated 'infection control champion', highlighting that Hong Kong have had similar positions since 2004 following SARS, which greatly helped them to respond to COVID-19.

- In terms of workforce, the Royal Commission says the workforce is now traumatised, as well as under-resourced. The lack of PPE training is also highlighted as a major issue.

## Next steps

The Australian Government has agreed to implement all six recommendations, and has stated it is already making progress on four of the recommendations. The Australian Government will invest \$40.6 million in the initial response to the Royal Commission's report and recommendations. The response includes:

- Bringing forward the introduction of the Serious Incident Response Scheme (SIRS) and investing an additional \$29.8 million in the SIRS for residential aged care. Legislation to support SIRS will be introduced to parliament in the spring sitting for the scheme to commence in early 2021.
- Making the Aged Care Advisory Group to the AHPPC permanent.
- Investing a further \$10.8 million to enhance the skills and leadership qualities of aged care nurses to ensure older Australians receive the best care possible. This investment will expand the Australian College of Nursing scholarship program, establish an Aged Care Transition to Practice Program, and create a skills development program for nurses and personal care workers in aged care.

The broad reaction to the report has been positive, welcoming its recommendations, with organisations highlighting previous calls for similar changes. There has been some criticism, including from the ANMF, that the report needed to include stronger recommendations over staffing levels and workforce skill level.

## Policy alignment

The VHA made a submission on the Royal Commission into Aged Care Quality and Safety on the impact of COVID-19 on the Victorian public aged care sector, available [here](#).

The VHA's submission has multiple areas of overlap with the Royal Commission report, including:

- Highlighting fragmentation in the response and lack of clarity over responsibility.
- The need for a referral pathway for hospital transfers.
- Issues around PPE, as well as the need for infection control training.

The VHA's submission also identified other important learnings, including the need for better communication, the impact of the Victorian Aged Care Response Centre, and the impact of COVID-19 on the aged care workforce, particularly around furloughing and the need for certain staffing skillsets.