

Australian royal commission into aged care begins second hearing

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18 March 2019

The Australian government's Royal Commission into Aged Care Quality and Safety commences its second hearing in Adelaide today, which will focus on "aged care in the home." The first hearing concluded on 22 February.

The Royal Commission was announced by the Australian Prime Minister, Scott Morrison, in September last year. It was called in an effort to defuse the widespread opposition to revelations of shocking neglect and abuse of the elderly in aged care facilities.

The hearings will undoubtedly be narrowly focussed, avoiding or downplaying the responsibility of successive governments, Liberal and Labor, which have wound back subsidies for aged care which has been increasingly privatised. As a result, cost-cutting has led to chronic under staffing and poor care, particularly in facilities run for profit.

The Royal Commission has heard 27 submissions to date, four of which were made by the relatives of aged care residents, and one from a resident. There were others from government departments, such as the Department of Health Care, and the Aged Care Quality and Safety Commission, a new body formed in January this year which transfers responsibility for compliance and sanction powers from the Department of Health to the new Commission.

A number of submissions were from aged care "consumer and advocacy groups" and organisations that represent aged care providers.

These consumer and advocacy groups, which included organisations advocating for aged care providers, as well as departments and government agencies, were invited to round table discussions with the Commission prior to its initial hearing.

In stark contrast, on the opening day of the Royal Commission, many of the family members of elderly

people who suffered abuse were barred from hearing the proceedings.

In his opening remarks in the first week of hearings in February, Peter Grey QC, acting for the counsel assisting the Royal Commission, stated:

"The dominant narrative in current Australian culture seems to be that older Australians are a burden... A culture of appreciation and respect for older people is needed... The work of this Royal Commission will challenge all Australians to reflect on our attitudes to caring for loved ones as they age."

What was revealed by the staff and families of residents in aged care facilities was not the attitude of "all Australians" to the care of the elderly but of the corporate entities which run these homes for profit.

The Royal Commission into aged care was called precisely because of the exposure and condemnation of the families whose loved ones have been abused and neglected in aged care services, and the workers in aged care, who experience daily the effects of cuts to staff and funding.

The first submission was made by Barbara Spriggs. It detailed the abuse that her husband, Bob, endured at Oakden nursing home in 2016. Oakden was shut down in 2017 as a result of the continued complaints about the abuse of residents.

Within a few months of being admitted into Oakden, Barbara says, Bob was taken to the Royal Adelaide Hospital, where it was revealed that he had been administered ten times the prescribed dose of the anti-psychotic drug Seroquel. He was also suffering from severe bruising, dehydration and pneumonia.

The administration of psychotropic drugs is a common policy adopted by the administrators in aged care facilities, particularly to dementia patients, as a measure to manage their, at-times, difficult behaviour

where staffing levels have been reduced to levels which preclude other forms of treatment.

According to the submission by the advocacy group Dementia Australia, there are currently 436,000 people living with dementia in Australia, and this number is expected to reach 1.1 million by 2056.

In his submission to the Royal Commission, the President of the Australian and New Zealand Society for Geriatric Medicine, Edward Strivens estimated that there are “80 per cent of people in residential aged care with dementia on one form of psychotropic.” He states that the result is increased falls and injuries.

Professor Deborah Parker, of the Australian College of Nursing, in her submission explained that it is registered nurses who have the necessary skill-set to make a comprehensive pain and wound assessment, communicate this information to a general practitioner, and manage the medication of aged care residents.

Despite the growing number of people using aged care services due to the ageing population and the increased complexity of their health conditions, the percentage of registered nurses has decreased, Parker states, from approximately 21 per cent in 2003, to 14.9 per cent of aged care staff.

The Australian Nurses and Midwives Federation (ANMF), the Health Services Union (HSU) and United Voice—conducted surveys of workers in the aged care sector, the results of which were presented to the Commission.

They highlight the immense and unsustainable workloads aged care sector workers have to carry out, the reduced numbers of registered nurses to care for the residents and the lack of adequately trained staff in general.

One survey conducted by the ANMF included a statement from a nurse who reported that as an assistant in nursing, she had 15 minutes allocated in the morning to each patient, in which she was expected to shower, dress and attend to the needs of high care dementia patients.

In another response a worker wrote that, in an aged care facility with 53 residents, “There was an RN (registered nurse) rostered on both morning and afternoon shifts. [In] the afternoon RN was required to administer all medications during all the evening rounds. As a result of the staffing levels, the facility has a high rate of falls and medication errors.”

A submission from the Aged Care Guild, which represents privately-held aged care providers, shows that there is a particularly high turnover rate for nurses in the private sector, with the average years of employment for nurses falling from 2.35 years in 2013–14, to 1.31 years in 2017–18. At the same time, the number of personal carers is increasing.

This statistic, however, does not include the statistics from BUPA, the largest for-profit aged care company in Australia, which declined to contribute its own statistics on nurse turnover rates. BUPA’s aged care services contributed to the health conglomerate’s profits of around \$7.5 billion in 2018.

Despite the wealth amassed by these leading aged care providers, the average carer, the majority of whom are employed on a part time or casual basis, is paid approximately \$21.50 an hour.

When asked why the payment for workers in the aged care sector is so low, the national president of the Health Services Union, Gerald John Hayes, reiterated the line that it is the fault of “all Australians” when he said, “to be quite honest, out of sight is out of mind. The morality of this country needs to be tested at this point in time.”

In reality, this is the attitude of the ruling class, that once the productive life of a worker finishes then the most cost-effective means of providing for them will be implemented.

The effects of the government’s cuts to funding for aged care and its increasing privatisation of aged care services, has meant that the drive of private corporations to make ever greater profits comes at the expense of conditions both for workers and aged care recipients.



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