

# Australian Royal Commission covers up causes of aged care crisis

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The Australian Royal Commission into Aged Care Quality and Safety recently held its final hearing, at which 124 recommendations were submitted by the counsel assisting the commission. A final report is due by 26 February 2021.

The royal commission was announced in September 2018 by Prime Minister Scott Morrison, in an attempt to defuse public anger over ongoing reports of the abuse, neglect and malnourishment of elderly residents at aged care facilities. It follows 18 previous inquiries into aged care held since 1997, many of whose recommendations have still not been implemented.

A number of the Royal Commission's hearings were held in the midst of the COVID-19 pandemic which swept through aged care facilities, particularly in the most populous states of New South Wales (NSW) and Victoria.

The recommendations, none of which are enforceable or mandatory, are predominately administrative measures for the creation of new committees and commissions which do not directly deal with improving the quality of aged care services. They include a new aged care act, a minimum staff time quality and safety standard, compulsory registration of personal care workers, the establishment of an independent pricing authority to determine aged care costs and an independent Australian Aged Care Commission.

The commission proposed that the government report to Parliament by no later than 1 December 2020 on the implementation of the recommendations. This is also not enforceable.

The commission heard over 10,000 submissions from aged care residents and their families, staff, aged care providers and government agencies over two years. They detail the catastrophic conditions in aged care including widespread malnutrition, dehydration, untreated sores and infections and social isolation. Submissions also highlighted the increasing rate of young people in aged

care and growing wait times for home care packages.

Counsel assisting admitted: “[N]one of these many problems is revealed for the first time by this Royal Commission. In the last 20 years, there have been repeated reviews of aspects of the aged care system, many of which addressed recurring problems. While we acknowledge that governments are not obliged to adopt all recommendations of a review, they have tended to respond with piecemeal reforms to aspects of the aged care system, which have not resolved the underlying problems. There have also been instances of significant delay in addressing or implementing important and urgent recommendations arising from reviews.”

These “piecemeal reforms” have, in fact, meant governments relinquishing responsibility in aged care by handing over the wellbeing and lives of hundreds of thousands of the elderly to private corporations.

Reports, studies and surveys initiated by the Royal Commission found that government-run residential aged care services out perform those operated by both private for-profit and not-for-profit approved providers on many quality measures. Despite this, the privatisation of aged care has been accelerated over decades by successive Labor and Liberal-National governments.

Ninety one percent of aged care facilities are privately owned, either by corporations (41 percent) or so-called “not-for-profits,” principally charities and churches (50 percent) making this a multibillion-dollar industry. Just nine percent are government owned.

A report presented to the Royal Commission found that in a survey of 391 residents, the biggest concern raised was understaffing (46.7 percent), including unanswered call bells, high rates of staff turnover and agency staff not knowing the residents and their needs.

Despite the proposal for a meagre increase in the minimum staff time allocated to care for each patient and the establishment of staff-patient ratios, the only staffing

figure recommended was one registered nurse per facility for morning and afternoon shifts. Depending on the size of the facility that could translate to one nurse to care for hundreds of aged residents.

The counsel assisting the commission recommends that “From 1 July 2022, the minimum staff time standard should require approved providers to engage registered nurses, enrolled nurses, and personal care workers for at least 215 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.”

This is little change from the average amount of care that residents currently receive, no change to the amount of care received from a registered nurse and no recommendation for time with allied health professionals.

A report submitted to the Royal Commission in 2019 found that per day, aged care residents receive just 188 minutes of care with 36 minutes of care by registered nurses, 8 minutes by allied health professionals and 144 minutes by personal care assistants.

Compared to international standards, Australian aged care staffing was substantially below that of other comparable countries. Only 2 percent of Australian aged care residents are in homes that meet the 22 minutes of allied health services per day recommended in the British Columbia system. Just 7 percent of Australian aged care residents receive the 56 minutes of care per day by qualified nursing staff mandated in Germany.

The counsel assisting recommends that the federal government fund an increase to the Basic Daily Fee by \$10 per resident per day to pay for living needs “including nutrition.” While this was described as an “urgent need for action,” it is only proposed to be implemented by July 1, 2021.

Submissions from the public showed that despite the extraction of 85 percent of the fortnightly pension from every resident in aged care, the average amount spent on food in these facilities is \$6.08 per resident per day. The Australian single aged pension is \$944.30 per fortnight, 85 percent of which amounts to \$802.66. Of this a total of \$85.12 per resident per fortnight is expended on food covering three meals a day and morning and afternoon tea.

The Royal Commission was informed that facilities would opt for finger food platters because they were “low-risk,” cheap and did not require a chef to prepare, and that some meals could be repeated up to three or four times in order to reduce costs. This explains why malnutrition is so prevalent in these facilities.

The outbreak of the coronavirus pandemic in March this year, has exacerbated and starkly exposed the decades-long crisis in aged care. There have been 2,049 cases of COVID-19 recorded among aged care residents and at least 685 have died, meaning a 30 percent death rate among those infected. This toll makes up around 75 percent of all fatalities in Australia, one of the highest rates in the world. Over 1,700 staff have also been infected.

Despite this, the Royal Commission stated that it would not be conducting a “full inquiry” into the COVID-19 aged care outbreaks. Instead, a single hearing was dedicated to submissions on the impact of the pandemic on aged care and a special report released.

The fact that the health departments of both NSW and Victoria, acting under the direction of Liberal and Labor state governments, refused to allow COVID-19 infected patients to be transported to hospital for treatment contributed to the high death rate. The commissioners left such callous decision-making intact.

The report declared: “Now is not the time for blame. There is too much at stake. We are left in no doubt that people, governments and government departments have worked tirelessly to avert, contain and respond to this human tragedy.”

In the recent 2020 federal budget, which was passed with the support of the Labor Party, no additional funding was allocated to aged care. By contrast, the budget was a bonanza for the rich, with \$50 billion in tax cuts, wage subsidies and incentives for big business and the wealthiest individuals.

This is in line with the approach by state and federal governments since the outbreak of the pandemic. Their priority is profit not the preservation of life. They have funnelled more than \$400 billion dollars into the coffers of big business, in the form of wage subsidies, “support” packages and cheap loans.

Meanwhile, Australian governments rejected expert medical advice in April, which outlined a policy aimed at eliminating coronavirus transmission, claiming that this would be too costly. It is ordinary people, particularly the elderly and the most vulnerable who have ultimately paid the price with their lives.



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