

ACCV congress edition

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Elder Behaviour

Welcome to ACCV State congress

Welcome to the ACCV State Congress edition of Elder Behaviour

This brief edition will give you a taste of the free email newsletter that we write for staff of aged care residential and community settings as a service to the industry.

Two major changes that affect aged care providers and their staff are discussed in this edition (1) compulsory reporting of assaults and (2) changes to the complaints handling process for aged care providers. These changes will require considerable adjustment

from providers and from their staff.

We also discuss what it means to be person centred when sexual behaviour occurs in the context of dementia.

We hope you enjoy this edition of Elder Behaviour and the ACCV State Congress 2007

Bernie McCarthy MAPS
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Compulsory reporting

It has always been a duty of care for the aged care provider and their staff to report assaults, This has been at their discretion which has been a difficult responsibility for many who found exercising this discretion somewhat onerous.

The new Aged Care Amendment (Security and Protection) Act 2007 makes such reporting compulsory.

Compulsory reporting of assaults in aged care settings comes into effect on July 1st 2007.

Responsibilities of providers under this new legislation are:

- to report suspected or alleged abuse;
- to ensure their staff report suspected or alleged abuse
- to provide a system to protect those who report such abuse

A 'reportable assault' is defined as

- Unlawful sexual contact

- Unreasonable use of force; and
- Assault as specified in the Accountability Principles and which constitutes an offence under Commonwealth or State law.

The only exception to this is if the assault is minor and is committed by a person who has a diagnosed and documented 'mental impairment'.

This requires that residents with dementia or other cognitive impairment have a documented assessment of their mental impairment. This can be done by a GP or specialist or a nurse.

In addition each person with such a 'mental impairment' must have a documented behaviour management plan in place prior to the assault taking place. Providers must ensure that if they are to avoid making compulsory reports of assaults by people with diagnosed dementia they must

(Continued on page 2)

Compulsory reporting

(continued from page 1)

ensure these assessments and behaviour management plans are in place prior to July 1.

Staff responsibilities

The provider must report suspected or alleged assaults within 24-hours to both police and the Secretary of the Department of Health and Ageing.

It is the providers responsibility to ensure that staff, contractors and agency staff report to one of

the key personnel, someone designated by the provider to receive reports, a police officer of the Secretary of the Department.

Whistleblower protection

There is protection to ensure that people who make reports are protected from termination, victimization, or threats. However, it should be noted that this holds only if certain strict criteria are met in the reporting.

This change will require considerable vigilance from providers and senior staff as they ensure they are compliant with the systems and protocols required by this section of the Act.

McCarthy Psychology Services can assist providers with assessment of cognitive impairment and the writing of behaviour management plans.

Complaints Investigation vs Complaints resolution

The old Complaints Resolution Scheme had many faults, not the least of which was the difficulty aged care providers had in being able to defend accusations once made by disaffected complainants.

However, it had one admirable aim—the resolution of complaints. This was often achieved before mediation was necessary but if it came to it mediation was conducted in a professional and sober manner. Its goal was resolution and the mending of a fractured relationship. This was more often than not beyond repair.

The new scheme if Investigation will give a very different focus. It is not interested primarily in resolution but in investigation. Complaints once made to the scheme will be investigated and a judgment made by the investigator as to whether the aged care provider has breached their responsibilities

under the AgedCare Act 1997. If they are found to have breached their responsibilities they will be issued with a notice requiring certain actions to remedy the breach. They can appeal this to the Aged care Commissioner.

It is uncertain how this process will affect both the nature of complaints made and the outcomes. Ideally it would lead to improvements in the quality and consistency of care provided. In practice it is likely to make already stressed and stretched providers edgy and watchful.

It should also prompt them to improve their complaints handling practices and attitudes. Many complaints should not develop beyond an initial mention of a problem to staff. However, staff regularly ignore these minor matters and they subsequently grow into substantial problems as people feel they have been

fobbed off or ignored. Early intervention and a focus on sustaining the relationship with customers in a service ethic can prevent many complaints coming to investigation in the first place.

It is to be hoped that aged care providers will see this as an opportunity to improve their complaints response practices by adopting a customer service focus. Proactive attention to the quality of relationship between provider and customer can avoid many problems developing.

McCarthy Psychology Services can provide training in customer service and complaints handling for all staff, coaching for senior staff and management, and also act as an independent case manager to assist both provider and complainant to achieve a resolution or mending of the relationship in an effort to avoid complaints investigation