

Submission to:

Senate Community Affairs Legislation Committee's Inquiry into Aged Care Quality and Safety Commission Bill 2018

5 October 2018

Introduction

Aged Care Crisis (ACC) welcomes the opportunity to make a submission to this inquiry. ACC is an independent group of Australian citizens. Members of our group are engaged with the aged-care sector in a variety of ways – as advocates, health professionals, legal experts, users of services and as volunteers. The tenor of much of our feedback indicates a high level of community concern relating to the mistreatment of aged care residents and the ineffectiveness of the current regulatory framework.

ACC have been monitoring and analysing failures in aged care since the late 1990's¹. The origins of the many current failures can be traced back to the introduction of the 1997 *Aged Care Act*.

We have made submissions to the many reviews, consultations and inquiries into the problems in the aged care system and in its regulation².

This inquiry shines a light specifically on the regulatory framework to which we respond.

¹ Hansard, 14 Feb 2002: <http://bit.ly/2BLc2Eg>
The Riverside Scandal Corporate Medicine website http://www.corpmedinfo.com/nh_riverside.html

² Aged Care Crisis Publications <https://www.agedcarecrisis.com/publications>

1 Executive summary

Powerful New Reforms to Ensure Safe, Quality Aged Care

The Australian Government will ensure Australians in the aged care system are better cared for, through raising the quality benchmarks that homes must meet.

Source: Media release, Ken Wyatt, *Powerful new reforms to ensure safe, quality aged care*, 18 Apr 2018: <http://bit.ly/2Ox2I1i>

Minister's reform program³

The proposals simply move the pieces around and do not resolve the serious underlying problems in the system or its regulation.

The reforms do not address the major flaws in the sector:

1. They focus on regulation without addressing the reasons why the system is so bad.
2. They do not adequately address the staffing problem.
3. They do not resolve the problem of data collection and transparency.
4. They do not supply the data on which choices can be made by those who have the capacity.
5. They do not address the problem that more profit is provided by providing less care.
6. They do not address the problem of a regulator using accreditation, a process that is incompatible with regulation.
7. They focus on processes that do not address the problems that arise from applying patterns of thought to the sector that clash with, undermine and are incompatible with those that facilitate and lead to good care.

The regulation of the system by the department, the Quality Agency and the Complaints system was strongly criticised when it was introduced. It has failed repeatedly since then and has been strongly criticised by staff, by families and in multiple inquiries.

Previous attempts to tinker with it have been singularly unsuccessful and this proposal does little more than that.

What is proposed is counterproductive when a major independent investigation by a Royal Commission is about to take place.

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3 Brief response to key points of the proposed Bill

Claims of the proposed Bill	Aged Care Crisis: Comments
<p>The purpose of the Aged Care Quality and Safety Commission Bill 2018 (the Bill) is to establish a new Aged Care Quality and Safety Commission (the Commission).</p> <p>It is claimed that the establishment of the Commission marks a significant reform in the regulation of aged care providers.</p> <p>This reform is part of a two-year agenda.</p>	<p>In our view the changes are largely window dressing and do not address the real problems in the system. There are few advantages that could not be attained by minor changes to the current system pending the Royal Commission report.</p> <p>The processes should be strengthened by greater rigour, attention to staffing, failures in care and proper public reporting of findings. The system requires major incremental and continuing reform, which will take years.</p> <p>The problems will not be addressed by quick fixes like this. The first step is to stop making it worse with more ideological reform.</p>
<p>The Commission will be a single point of contact for aged care consumers and providers of aged care in relation to quality of care and regulation.</p>	<p>This will make little difference to consumers who need direct support.</p> <p>More direct personal contact and a greater commitment to their needs is needed.</p> <p>The changes proposed will not provide that.</p>
<p>The Commission will regulate residential aged care services, home care services, flexible care services and Commonwealth-funded aged care services, namely the Commonwealth Home Support Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.</p>	<p>We are not persuaded that a one-size fits all over-simplified process is an improvement. There must be a better way of doing this and a regulatory presence in the communities will facilitate this and make it more flexible and responsive.</p>
<p>From 1 January 2019: The Commission replaces the existing Australian Aged Care Quality Agency (Quality Agency) and Aged Care Complaints Commissioner (Complaints Commissioner) by bringing together these functions into the Commission. This will result in the Commission being responsible for the accreditation, assessment and monitoring of, and complaints handling of aged care services and Commonwealth-funded aged care services.</p>	<p>Accreditation is not regulation. The Quality Agency should be replaced with a regulatory body.</p> <p>Unless the Royal Commission results in far greater structural change that addresses the incompatibility of the accreditation process and regulation, this will not address the structural problems in the system.</p>

Claims of the proposed Bill	Aged Care Crisis: Comments
<p>Appointment and Advisors: The new commission will be led by a statutorily appointed Aged Care Quality and Safety Commissioner, who'll be supported and advised by the Aged Care Quality and Safety Advisory Council. The commissioner will be appointed for a term of five years.</p> <p>The Bill establishes that the Commissioner may seek and consider clinical advice that is relevant to the performance of its functions. To support this, it is envisaged that a clinical advisor will be engaged by the Commissioner to support the work of the Commission and this role would be supported by an expert clinical panel.</p>	<p>The improvement in clinical skills and support is a significant reform, but it does not require urgent changes that lock the sector into regulations that will need to be redrawn and redrafted.</p> <p>Such a service would be welcomed and could support the Complaints Scheme, The Quality Agency and the Department until its place in a new structure is determined.</p>
<p>From July 2019 - Single Aged Care Quality Framework:</p> <ul style="list-style-type: none"> Aged care providers will also begin to be assessed against a new single set of quality standards that will apply across both home and residential aged care (Single Aged Care Quality Framework). 	<p>Aged Care Crisis will be urging the Royal Commission to move accreditation away from the regulatory body and create a new regulator.</p> <p>As the pre-2014 Accreditation Agency indicated in its 2011 submission to the Productivity Commission, accreditation should be quite separate from regulation and its efficacy can then be evaluated using objective data.</p> <p>The proposed reduction of the number of standards to 8 will reduce the scale of measurement from 44 to less than a quarter making it even less useful for consumers making choices.</p>
<p>From 1 January 2020 - Regulatory functions transfer from the Department:</p> <ul style="list-style-type: none"> The Aged Care Quality and Safety Commission will take over the aged care regulatory functions of the Australian Government Department of Health. As part of the reform agenda, it is intended that the Commission will be responsible for the approval of providers of aged care, compliance and compulsory reports of assaults. 	<p>These are crucial matters that will be central to the deliberations of the Royal Commission.</p> <p>These are matters that Aged Care Crisis and other groups will be taking to the Royal Commission pressing for change.</p>

4 Recommendations

- The Aged Care Quality and Safety Commission should be put on hold until the completion of all other inquiries including the Royal Commission into aged care.

In the meantime steps should be taken to:

- Address the power imbalance for family members and staff working in aged care who make complaints.
- Collect and publicly report the sort of data that the Royal Commission and those making submissions will find useful including:
 - Staffing data by supporting the Sharkie Bill to require disclosure;
 - Data about failures in care;
 - More detailed data about complaints.
- Take preliminary steps to improve the levels of staffing in aged care homes.
- Creating a central and independent online register of complaints - separated from providers.



Aged Care Crisis are concerned that the reforms which include the Aged Care Quality and Safety Commission and the Single Aged Care Quality Framework, will commence operations while the Royal Commission into Safety and Quality of Aged Care is being conducted.

Much of what is proposed will be challenged at the Royal Commission. This is putting the cart before the horse.

We are concerned that aged care reforms to be legislated have ignored the systemic issues that make it difficult to provide good care. When good care is provided this is in spite of the system and not because of it. These must be addressed to be able to move forward.

5 The proposed new framework

In our 2010 submission⁴ to the Productivity Commission's *Caring for Older Australians Inquiry*, we were deeply concerned about the conflicts of interest in the regulatory framework and the failure to meet the repeated promises for more transparency. The Commonwealth Ombudsman also stressed the importance of the independence of the regulator and of its need to report to the public.

The 2010 Productivity Commission recommendations also proposed a multi-faceted central body whose role was to be very similar to the one proposed for the Aged Care Quality and Safety Commission in this Bill. That proposal was opposed and never implemented.

The *Living Longer Living Better* reforms based on the recommendations of that Productivity Commission's recommendations embraced the same patterns of thought and so compounded the problems created in 1997. The ABC 4Corners "Who Cares"⁵ program reveals the consequences. We should be very wary of following any more of the 20101 Productivity Commission's recommendations.



Comment

This integrated model in this legislation has a greater capacity to contain and control dissenting views and unwelcome findings.

A single commission will now be making decisions for the entire accreditation, complaints and regulatory functions. This gives far too much central control and breaches the principle of distributive justice.

As Professor Braithwaite found and described in his 2007 book "*The agency almost universally today manages to deal with problems of poor quality care while keeping them out of the media*". The public who are ultimately responsible for ensuring that their vulnerable members are well cared for have been excluded.

As Braithwaite indicated the system has been captured by marketplace values and thinking so is averse to publicity. The public to whom the regulator is accountable only became aware of major problems when whistleblowers, undercover journalists or an outside regulator, as at Oakden exposed the situation. The is a key lesson from Oakden and it is being ignored.



This is one of the major concerns that we will be taking to the Commissioner, a judge. We will be asking him to recommend a regulatory system that embraces the principle of distributive justice and suggesting how that can be done.

We urge the parliament not to waste money by proceeding with this amalgamation. It compounds one of the major problems in the system. Advocates will be asking the Commission to address this.

The claimed intention of this change is to integrate the regulatory process centrally and so try to make it more efficient. While there may be some small benefit in integrating central regulation this is not where the problem lies.

⁴ Aged care Crisis Submission to Productivity Commission Inquiry: *Caring for Older Australians* 20 Aug 2010 <https://www.pc.gov.au/inquiries/completed/aged-care/submissions/sub433.pdf>

⁵ ABC Four Corners "Who Cares", Part 1 (17 Sep 2018): <https://ab.co/2DTbL8E>; Part 2 (24 Sep 2018): <https://ab.co/2NmsDE8>

The regulatory system is failing because:

1. There is too much pressure locally to do the wrong thing and a distant regulator is incapable of addressing that;
2. The regulatory system is fragmented in its local regulatory activities;
3. The regulatory system is seldom on site;
4. There is no on-site warning system to alert the regulators to problems;
5. The function of a regulatory system is to detect failures and address them and it is not structured to do that effectively;
6. The regulatory system does not collect or rely on accurate data and is poorly sited to do this;
7. The problem lies in the fragmentation that occurs locally with different teams seldom on site;
8. Accreditation is a process that is incompatible with regulation and it should not have a regulatory role;
9. In a stable and functioning civil society and in stable capitalist democracies, formal regulation is a final resort when the normal processes of social control fail;

The structure of the current and proposed regulatory system undermines and usurped the normal social processes that challenge inappropriate thinking, change attitudes, detect problems early and address them before harm results.

These are issues which Aged Care Crisis and others will be taking to the Royal Commission. We will be proposing a restructuring of the system to address these problems. If this is accepted, then what is proposed in this Bill will become overkill and redundant.

The new structure in this Bill attempts to address the clinical issues which are so badly addressed by current regulators. It gives them greater emphasis. This is welcomed and valuable.

But we already have a wealth of unused clinical expertise in the form of doctors, nurses, dentists and paramedical staff in local communities. This is where the care is being given. It is a resource that is not being well used, either in the delivery of services or in regulatory oversight. This is where clinical expertise will be most effective. Central regulators will be important in providing oversight and support.

This is another issue that Aged Care Crisis will be taking to the Royal Commission as it presses for a restructuring of the system which addresses the failures of the system introduced in 1997.



It is very difficult for politicians that are ideologically wedded to the ideas that underpinned this system, to develop a workable alternative, which is why the Royal Commission is so important.

“Is the accreditation body a regulator? – No”

Accreditation should not be part of the Aged Care Quality and Safety Commission. A very similar proposal was made by the Productivity Commission in its 2011 draft report. It was strongly resisted by the then agency. They explained the reasons indicating that they are not a regulator and that has been borne out by events since then.

Background: In 1997, accreditation replaced the close state oversight that providers were so unhappy about. Accreditation had already failed as a regulator in health care in the USA and been rejected for aged care. The minister at the time made it clear that accreditation was to help providers maintain standards and was not to act as a policeman. It was set up as a theoretically independent body, whose members were appointed by government.

At the same time as criticism of the system from families, staff whistleblowers and in parliamentary inquiries grew over the years, government and industry strongly proclaimed its rigor as a regulator when discrediting criticisms or marketing our system to potential international customers.

Accreditation has become the rock on which the systems legitimacy rested.

Throughout this period when government were talking up its regulatory vigour, the agency itself was stubbornly contradicting this. It told anyone who would listen (eg. Professor J Braithwaite when investigating in 2005) that it was an accreditor and not a regulator. It stubbornly continued to accredit and pursued its own strategy of continuous improvement.

In 2011 the Productivity Commission recommended a single central regulatory body similar to what the minister erroneously described as the *“tough new aged care cop – the Aged Care Quality and Safety Commission”* that the current legislation is introducing.

The Accreditation Agency strongly opposed this in its 2011 submission arguing that it was not a regulator under a bold heading ***“Is the accreditation body a regulator? – No”***⁶.

It insisted that:

“The general use of the word ‘regulator’ as a primary or even secondary role of ACSAA is not correct and it misrepresents the Accreditation Agency’s mandated roles - - - The Accreditation Agency does not ‘investigate non-compliance’ with standards”.

And then:

“The proposed model of the PC Report would effectively place two functions that are inherently contradictory into one organisation:- regulatory function and accreditation function”

It indicated that it was better to ***“keep a clear and distinct distance from the regulatory functions”***. We agree.

⁶ Submission By Aged Care Standards And Accreditation Agency in response to draft report Productivity Commission Mar 2011 (pg 5)
<https://www.pc.gov.au/inquiries/completed/aged-care/submissions/subdr763.pdf>

In 2014 the Agency lost its independence and was moved into a government department and the word “Quality” added to its name. We can only surmise the reason for removing its independence but it is clear that its insistence that it was not the rigorous regulator that the government and industry boasted about would have been embarrassing for both.

The CEO of the independent agency was replaced in the new Quality Agency by a leading industry figure, the CEO of LASA. There was no secret about who was calling the shots and pulling the strings. We have heard no more about its not being a regulator. This does however, not invalidate the arguments made by those who were doing it and experiencing the conflict.

The Agency has continued to accredit and instead of increasing its regulatory efforts and collecting objective data, the number of standards to be measured has been reduced from 44 to 8 under the “Single Aged Care Quality Framework” due to begin in 1 July 2019. This will make it even more difficult for families to make sensible choices when choosing a provider.



The community has been promised a regulator and that is what it wants. This contentious issue will be an important consideration for the Royal Commission and Aged Care Crisis will be addressing this issue and advocating change.



Comment

The new Aged Care Quality and Safety Commission is too similar in structure to the older and much criticised framework and it does not address the deep seated problems. There are too few beneficial changes to justify pre-empting the Royal Commission.

It will facilitate the effectiveness of the Royal Commission if accurate data about staffing and about failures across the sector are collected and made publicly available to those who will be supporting and making proposals to the commission.

5.1 Revolving doors: Consulting with the aged care family

We note that *“The bill provides for a continuation of current appointments from the former advisory council to the newly constituted Aged Care Quality and Safety Advisory Council”*.

And that *“This provision will allow for the new advisory council to start work immediately, with no service gaps, while also ensuring stability, a continuity of experience and expert advice.”*

Given the complete absence of data collection and publication of evidence in aged care, it is difficult to ascertain the nature of ‘expert advice’ when the majority of appointees are drawn from industry.

More of the same: We note that the same committees and members that preside over this aged care system that has failed so badly, are also heavily involved in the formulation of the “new” proposed Commission. These are the same managers that have failed us in the past.

In its other submissions Aged Care Crisis has pointed out that management has become a separate discipline in which little actual experience in the service being managed is expected. Managers and owners move from one service to another based on their achievement elsewhere and usually have little experience and understanding of aged care.

These same managers are appointed to government agencies and bodies. Others working in the private sector are contracted as consultants or experts because of their marketplace expertise. Few have any real experience in caring.

This lack of aged care or any other actual caring experience in those making decisions has been and remains a core problem in the sector. This will not change with this bill.

Example. The CEO of LASA has had no prior experience either in providing care or in managing aged care before he was appointed. His lack of knowledge and insight into the sector he was responsible for was graphically revealed on ABC 4Corners "Who Cares" when he was asked about staffing and diet for the elderly.

He sits on the Aged Care Sector Committee⁷ where he advises government, appears at inquiries and speaks to the press about issues in aged care.

Government see people with little experience as credible and accept their advice. This is because aged care is seen primarily as a market and rarely if ever as an intimate and personal human experience by people who actually care.

Industry is always consulted and then after a marketing exercise using words to set the parameters for discussion, the community's rubber stamp is sought.

5.2 Consultations

The explanatory notes of the Bill⁸ reveal that:

"... As part of the Review of National Aged Care Quality Regulatory Processes (Carnell-Paterson Review) extensive public consultation took place with a range of stakeholders including aged care regulators, consumers, carers and approved providers to inform the recommendations of the Carnell-Paterson Review. Targeted sector meetings were held.

The Department of Health has met with the Aged Care Quality Advisory Council⁹ - established under section 29 of the Australian Aged Care Quality Agency Act 2013 and the Aged Care Sector Committee¹⁰ Quality Subgroup.

A targeted sector meeting was also held in early August 2018 to discuss the establishment of the Commission. Information from these meetings has helped to inform the development of this Bill.

This Bill has been developed in partnership with the Quality Agency and Complaints Commissioner. ..."

We note that *"This Bill forms part of a broader government response to the Carnell-Paterson Review"*.

We are aware of the large number of very critical submissions that have been made to recent inquiries and reviews including the Carnell-Paterson Review.

⁷ *Aged Care Sector Committee, as at 5 October 2018, <http://bit.ly/2DZVT4k>

⁸ Link: <http://bit.ly/2RI7o8U>

⁹ Aged Care Quality Advisory Council: <http://bit.ly/2O3Fssf> (as at 3 Oct 2018)

¹⁰ Aged Care Sector Committee: <http://bit.ly/2DOVHF6> (as at 3 Oct 2018)

We wonder how many of the critical staff, families and advocacy groups with alternative ways of addressing the problems in aged care that challenged or impacted on government policy were invited to these consultations?

Were those advocating for staffing ratios, disclosure of ratios and for data collection and reporting represented? Were they seriously considered? If the community were given the facts and understood the issues, most of them would want real change. The proposed regulatory changes do not address these core issues, which are far more important for our citizens than anything in this legislation.

5.3 Analysis of the regulatory system

Aged Care Crisis has researched the sector and its regulation in depth over the years. In its recent submissions it has done a critical expose of the flaws in the system and explored the reasons for these in depth. It is clear that both major parties are deeply committed to and have been pursuing policies that have failed our citizens. The patterns of thinking have been very appealing and promised much, but they were deeply flawed and have not worked.

It is consequently difficult and confronting for both major political parties to address these issues. Most of the inquiries and reviews have chosen to ignore rather than confront. We can understand why inquiries and reviews have avoided even commenting.

Many of the criticisms made in our submission to the Carnell/Patterson review were those made by Professor John Braithwaite. We quoted extensively from his book. Braithwaite is our most credible and well-known regulatory authority. He has taken a special interest and studied aged care regulation in several countries since the 1980s. Carnell and Patterson quoted and used Braithwaite's regulatory model but simply ignored his criticisms of the system, which were equally applicable to the proposals made in their final report.

When we consider Carnell's background as a liberal politician, her many roles serving government and her involvement as a member of the board of the Quality Agency during the period that is criticised, we can understand her difficulties in confronting this.

We have done in depth analyses in the following submissions and we refer the committee to these.

1. Aged Care Crisis (August 2017) submission to the Senate Community Affairs References Committee, Inquiry into the "*Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practiced*" (<http://bit.ly/2A4Uu6x>)

In this submission we refer to the difficulty in regulating a system when the system itself is flawed and dysfunctional. Regulation alone could not address and contain the powerful social forces at work. It was particularly difficult when this regulation was largely controlled by the sector being regulated. We did an in depth analysis of the reasons for regulatory failure and suggested ways of addressing this. This submission built on our submission to the Carnell/Patterson Review.

2. Aged Care Crisis (March 2018) submission to the House of Representatives Standing Committee on Health, Aged Care and Sport, Inquiry into the "*Quality of Care in Residential Aged Care Facilities in Australia*" (<http://bit.ly/2l69uZv>)

This submission looks at the history of failed care in Australia, the evidence that it is failing and then critically examines the role that problems in the regulatory system have played in allowing the sad situation we now have to develop. It explores this in depth.

3. Aged Care Crisis (March 2018) submission to the House of Representatives Standing Committee on Health, Aged Care and Sport, Inquiry into the "*Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018*" (<http://bit.ly/2DTIzzy>)

In this submission we strongly support the Bill for transparency in staffing. In doing so we do an in depth review of the history of staffing in aged care showing how the political and regulatory process was subverted by a belief in the infallibility of markets. We look at the way this impacted on staffing and created a context in which efficiencies in reducing staff costs were seen as desirable.

The way this was done saw a steady decline in staffing levels and skills when compared with other countries that collect data. This occurred at the same time as resident acuity increased and more skilled nurses were required. The role in regulation in this is explored.

We closely examine the role of managers trained in management skills but without experience in aged care. We explain how they have become the primary source of information and advice for government and for informing the public.

This submission has not yet been published by the committee and we therefore attach a copy for the committee's use.

Difficulty for political committees

As we have indicated, these submissions are challenging for a political system that has embraced and is deeply committed to a set of beliefs that developed in the late 20th century - beliefs that are being strongly criticised by those who study these things and which clearly play a role in many of the other problems that our western societies now face. The initial response is instinctively defensive and to ignore, discount or discredit.

The language and concepts are very different to those that are central to current political and market discourse so may be both challenging and perhaps difficult for some to grasp.

This is why a totally independent assessment by a judicial mind that is trained to think independently and consider each issue on its merits is so important.

The proposed legislation is simply muddying the waters. It should be deferred.

6 Appendix

Call for big business to butt out of aged care and for community groups to take the reins

Source: *Gold Coast Sun*, 3 Oct 2018, <http://bit.ly/2y3Duhx>

AN aged care advocate has called for the community to be empowered to care for the elderly - instead of big corporate organisations.

Lynda Saltarelli, of the Aged Care Crisis group, said the two groups had completely different values and those of the community and caring professions should underpin aged care.

“Problems in aged care have stemmed from an unshakeable faith that markets and their values will always deliver desired outcomes,” she said.

However, recent media coverage into abuse of the elderly in aged care facilities and the appointment of a Royal Commission had shown this was not true.

“The values that underpin the provision of good care are incompatible with market values. They lie with the community and caring professionals.”

Ms Saltarelli said Aged Care Crisis had been advocating for the empowerment of communities and community organisations to provide aged care for the past 10 years.

“There needs to be far greater reliance on local expertise so that the community can impose its values on this market,” she said.

“Government’s role should be to support communities to manage their affairs. Instead, it has eroded them.”

She pointed out the majority of information about serious failures in aged care had come from whistleblowers, undercover journalists or outside investigators.

“The success of the Royal Commission will depend on it confronting the dominance of open market values and successfully replacing them with community and professional values, as well as the people who uphold them,” she said.

Ms Saltarelli warned that those who opposed this would make every effort to prevent the Commission from doing so.

Leading Age Services Australia (LASA) chief executive Sean Rooney said there was an urgent need for an increase in Government funding to better resource the aged care system.

“We also need our industry workforce to be developed in line with the Workforce Taskforce Strategy,” he said.

“This will deliver more staff with appropriate qualifications and skills, opportunities for ongoing learning and advancement, as well as ensure that staff receive fair pay.”

Mr Rooney said a more effective regulatory and standards regime should be introduced so that providers delivering appropriate quality of care were quickly identified and sanctioned and those that don’t are shut down.

“While the Royal Commission is underway, we must press on with addressing key workforce and funding issues and not lose sight of making the system better right now,” he said.

Meanwhile, the Combined Pensioners and Superannuants Association of NSW said more skilled staff was particularly important in the light of the high number of aged people on medication.

“Nearly two-thirds of nursing home residents are given psychiatric drugs every day,” a spokesman said.

“A drug use survey by the University of Tasmania has shown that 61 per cent of 11,300 residents in 150 homes were on daily doses of benzodiazepines - a type of tranquilliser drug - or antidepressants, many of which were also sedatives.”

He said the study found these drugs were often inappropriately prescribed as a form of chemical restraint to control the behaviour of residents, particularly those with dementia.

“Evidence shows this has limited or no benefit for residents. In fact, the drugs often have adverse effects, including deaths, stroke and heart problems and are linked to increased rates of pneumonia, falls and seizures.”

The study found that these drugs are being used to manage even common behaviours such as wandering, agitation and calling out.