

# THE VOICE of Pensioners and Superannuants

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## Aged Care Star Ratings System needs people power



THE Aged Care Royal Commission recommended the introduction of a “star ratings” system to help people decide which nursing home to choose. In the United States, a simple star rating system — one star being the worst, five the best — has been operating for twelve years.

CPSA has written about [Australia's current star rating system](#) before, and, yes, [Australia needs a better system](#).

The US star rating system relies on a mix of self-reported data from more than 15,000 nursing homes and on-site examinations by inspectors. Nursing homes receive scores based on (1) how they fare in those inspections; (2) how much time nurses spend with residents; and (3) the quality of care that residents receive. Those three grades are then combined into an overarching star rating for each nursing home.

The Australian star ratings system recommended by the Aged Care Royal Commission is very similar in design.

Obviously, a star ratings system is only useful if it’s truthful and if it can’t be manipulated by government or nursing homes.

Reports from the US suggest that inspections routinely found problems with abuse and neglect at five-star (the best) facilities, yet these were rarely deemed serious enough to merit lower ratings. Of the more than 3,500 5-star homes over 2,400 were cited for problems with infection control or patient abuse.

Some nursing homes inflated their staffing levels by, for example, including employees who were on holiday.

When it came to quality of care, the number of patients on dangerous antipsychotic medications was frequently understated and accidents and health problems often went unreported.

The lesson for Australia's yet to be constructed star ratings seems to be clear and simple even if its implementation may not be.

Data needs to be corroborated and verified.

This means acquittal of all expenditure on staffing and equipment.

It means verification of data feeding into quality indicators.

Reliance on self-reporting by nursing homes will inevitably lead to wrong information being used in calculating Australia's star rating system.

Perhaps a Google-type review add-on, where people can offer their views on specific providers and nursing homes, is a very necessary counterbalance. Provided this can be done without fear of defamation action, if the reviews of a nursing home were out of sync with its official star rating, this would be a powerful signal to the regulator that something might be awry.

**Related article:** [CPSA's response to the Aged Care Royal Commission final report](#)

## ACCC and CPSA go after funeral homes



WT Howard Funeral Services in Townsville and Coventry Funeral Homes in Taree claimed publicly to be local and independently owned. The problem was they used to be local and independently owned but then they sold to ASX-listed Propel Funeral Partners, which owns 130 funeral homes, besides 31 crematoria and 9 cemeteries.

The Australian Competition and Consumer Commission (ACCC) has slapped both homes with a \$12,600 fine for allegedly making a false and misleading representation about their ownership.

Allegedly, because the ACCC can issue fines just like the police. You can take it to court if you want to, but the fine stands until you do and win.

This is the sort of approach that makes businesses sit up and take notice.

Back in February this year, CPSA published [a list of sixteen regional funeral homes](#) out of which only four complied with the requirement to publish pricing information according to a legislated template.

**Related article:** [NSW is running out of graves](#)

CPSA made this list available to the Better Regulation Division of the NSW Department of Customer Service, which is able to apply substantial fines for non-compliance.

Checking whether these homes comply now, we found that three previously non-compliant homes no longer had an online presence.

Of the remaining nine, previously non-compliant homes, only three now publish the required pricing information on their websites.

The following six homes are still non-compliant as of 18 March when CPSA checked:

Two Broken Hill funeral homes, Fred J Potter Funerals and Shaun Hamilton Funerals.

Griffith Regional Funerals remains non-compliant, while the other two homes in Griffith have now published the required information.

In Wagga Wagga, Daniel Woods is now compliant, while Alan Harris McDonald remains non-compliant.

Both Bathurst funeral homes, Renshaw' Funerals and Godfrey Smith Funerals continue to defy consumer law.

CPSA suggests that the Better Regulation Division of the NSW Department of Customer Service should take a leaf out of the ACCC's book and fine these homes.

If you have had the experience of organising a funeral, or if you have any concerns about the funeral industry, the ACCC would like to hear from you.

The ACCC is conducting a survey to gather information from consumers about their dealings with funeral homes and other businesses in the funeral industry. The survey is available on the ACCC website or [by clicking here](#). Competition and consumer issues in the funeral services sector are a priority for the ACCC this year.

## Ageism affects health, jobs and economy: WHO global report



THIS March, the World Health Organisation (WHO) released the ‘*Global report on ageism*’.

The report found that every second person in the world holds ageist views and that in Europe, one in three older people said they have been a target of ageism.

The WHO defines ageism as “the stereotypes, prejudice and discrimination directed towards others or oneself based on age”. The report looked at how ageism affects both younger people and older people.

The section of the report that focuses on ageism experienced by older people draws on information from 500 studies from more than 50 countries. The report found many confronting findings, the most shocking of which are summarised below.

It was found that health care is overwhelmingly rationed by age. Older patients may find that they are less likely to undergo medical procedures or receive treatments than younger people. Decisions to withhold ventilator support increased by 15 per cent with each decade of age, the decision to not go ahead with surgery increased by 19 per cent per decade, and denying the use of dialysis increased by 12 per cent per decade. This would mean someone aged

70 is 57 per cent less likely to get the go ahead to have surgery than someone aged 40.

Ageism was also found to affect all aspects of employment. During recruitment, older people are less likely to be hired than younger people. In the workplace older people are given less opportunities to engage in training. And older people who experience ageism in the workplace are more likely to retire early.

Age discrimination in the job market was found to be associated with unemployment and underemployment (being employed for less hours than desired), contributing to poverty among older people. The WHO report cited Australian research that estimated that if employment for people over the age of 55 increased by 5 per cent, there would be a positive impact of around \$48 billion to the Australian economy every year.

Perhaps Australia's road to economic recovery from the COVID-19 pandemic should see a greater focus on preventing ageism and getting older people into jobs.

\$48 billion a year is no chump change.

### **Aussies alarmingly complacent about exercise and heart health: new data**



Recently, the Heart Foundation launched a program to motivate more people to take up regular walking, as new research reveals Australians' alarmingly high complacency about physical activity and heart health.

In a Heart Foundation survey of more than 7,000 Australian adults, two in three (65 per cent) said they know that exercise can lower their risk of heart disease, the nation's single leading cause of death.

Yet concerning, two-thirds of these people also said that they do not meet Australian physical activity guidelines (30 minutes of moderate physical activity five or more days a week).

At the same time, 44 per cent of survey respondents said they have been told by their doctor that they need to be more active.

The Heart Foundation's research suggests that while many Australians know that movement is good for their hearts, and they have been advised by their doctor to be more active, they are not acting on this.

Overall, around one in two Australians aged 18 to 64 – that's almost eight million people – are not active enough for good heart health. This is extremely concerning given physical inactivity is a key risk factor for heart disease, which takes 50 Australian lives each day, or one every 29 minutes.

To encourage more Australians to get moving, the Heart Foundation has launched its Personal Walking Plans initiative.

In this free, six-week program, participants will receive a walking plan tailored to their current activity levels, as identified during an easy, two-minute sign-up process.

Plans will be delivered via weekly emails and texts, which are designed not only to support and motivate participants, but also to deliver information about the many benefits of walking beyond fitness and heart health.

Walking for an average of 30 minutes a day can reduce your risk of not only heart disease, but also stroke, diabetes, dementia and some cancers. It can also help maintain healthy blood pressure, cholesterol and weight.

The Heart Foundation's Personal Walking Plans have been developed by the organisation's experts in physical activity and exercise science, with input from consultants at Exercise and Sports Science Australia.

So get started with a free [Heart Foundation Personal Walking Plan](#), or check out CPSA's [Seniors Activities Guide](#) to find a walking club near you (NSW only at this stage).