



QUALITY AGED CARE ACTION GROUP INC

QACAG Submission

Productivity Commission:

Examination into employment models in aged care, and the effects that policies and procedures to preference the direct employment of aged care workers would have on the sector

April 2022

About QACAG

Quality Aged Care Action Group Incorporated (QACAG) is a community group in NSW that aims to improve the quality of life for people in residential and community aged care settings. QACAG is made up of people from many interests and backgrounds brought together by common concerns about the quality of care for people receiving aged care services.

QACAG Inc. was established in 2005 and became incorporated in 2007.

Membership includes older people, some of whom are receiving aged care in NSW nursing homes or the community; relatives and friends of care recipients; carers; people with aged care experience including current and retired nurses; aged care workers and community members concerned with improving aged care. Membership also includes representatives from: Older Women's Network; Combined Pensioners & Superannuants Association of NSW Inc.; Kings Cross Community Centre; Senior Rights Service; Aged Care Reform Now; NSW Nurses and Midwives' Association and the Retired Teachers' Association.

Margaret Zanghi

President

QACAG Inc.

QACAG provides this submission to the Productivity Commission's examination on employment models in aged care, and the effects that policies and procedures to preference the direct employment of aged care workers would have on the sector. QACAG is a consumer-focused group, as such this submission will focus on concerns for those accessing aged care services.

Quality and continuity of care and care recipients' risk of having to assume the responsibilities of being an employer

QACAG agrees with recommendation 87 of the Royal Commission into Aged Care Quality and Safety¹ (RC) requiring aged care providers to have policies and procedures that preference direct employment of workers and where nursing work is contracted, that the entity providing the worker has similar policies. Where staff are not directly employed by a provider, systems must be put in place to ensure the quality of care is not compromised and that policies and procedures are complied with and enforced. The Quality Regulator must include assessment of compliance of these policies and procedures including records of the extent to which contracted workers are accessed. Caution must be taken to ensure that the delivery of flexible and innovative models of care does not come at the expense of quality care that is well regulated, appropriately staffed and sufficiently funded.

QACAG is concerned about the casualisation of the workforce and the rise of online platforms to engage workers. Regarding the use of procuring staff via online platforms, providers cannot have the same oversight regarding the qualifications and quality of those staff as they would have if they employed them directly themselves. If engaged by the recipient of care, a primary concern is that the recipient may not have the ability to assess the appropriateness of the worker to perform the tasks required. Where clinical nursing care is required, placing the onus on the recipient is problematic because clinical knowledge is required to be able to make a comprehensive and robust assessment pertaining to the appropriateness of staff procured. Where care is provided by a worker via an accredited aged care provider with appropriate policies and procedures within a well-regulated system, protection is

¹ <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-recommendations.pdf>

provided for the care recipient and the onus of workforce assessment is placed back to the care provider. In addition to improving and maintaining quality of care, direct employment of staff, and reversing casualisation of the workforce will improve continuity of care.

In a study on the *attraction, retention and utilisation of the aged care workforce* by the university of Adelaide², issues relating to working arrangements and conditions were a common source of dissatisfaction. Poor pay and insecure employment (in the form of casual contracts and variable working hours) were reported. Resolving these issues will improve continuity of care and assist in staff retention.

Accountability for providing high-quality care

The Analysis and Policy Observatory (APO), in their report *Careless on Accountability: Is Federal Aged Care Funding Siphoned Away?*³, case studies of aged care providers demonstrate an urgent need for government reforms to require transparency and public accountability on federal aged care funding. The Royal Commission's two-year review found a system characterised by neglect, the title of its interim report. Despite major recommendations, to date, little has been done to reform the underlying structural problems in the sector. Providing additional funding without improving transparency and accountability will not improve care. Those already profiting from the publicly funded sector will continue line their pockets further while understaffing and neglect continue.

Government funding must be quarantined to direct care, including costs associated with staffing. Providers who receive government funds must be transparent, with spending of these funds publicly available. The regulator must be adequately resourced to effectively enforce standards. Staffing and skills mix must be evidenced based⁴. Key findings from evidence presented in the *National Aged Care Staffing and Skills Mix Project Report 2016* include:

² <https://www.adelaide.edu.au/future-employment-skills/system/files/2020-04/research-attraction-retention-utilisation-of-aged-care-workforce-2018.pdf>

³ <https://apo.org.au/sites/default/files/resource-files/2022-03/apo-nid317169.pdf>

⁴ http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf

- Residents should receive an average 4 hours and 18 minutes of care per day, compared to the 2.84 hours which is currently being provided.
- A skills mix of Registered Nurses (RN) 30%, Enrolled Nurses (EN) 20% and Assistant in Nursing/Personal Care Worker (AIN/PCA) 50% is the minimum skills mix to ensure safe residential care.

It should be noted that these evidence-based recommendations exceed those from the RC.

Thank you for the opportunity to provide input into the Productivity Commission's examination on employment models in aged care, and the effects that policies and procedures to preference the direct employment of aged care workers would have on the sector.

Kind Regards,

Margaret Zanghi
President
QACAG Inc.