# Submission to the Productivity Commission

For the Caring for Older Australians Inquiry July 2010

From the Quality Aged Care Action Group Inc

Blue Mountain Branch

# Quality Age Care Action Group Inc

# Blue Mountains Branch (QACAG)

The Blue Mts Branch of the QACAG was formed by a group of nurses, aged care workers carers and community members. The group meets bi monthly and some members attend the meetings held in Sydney.

The aim of the group is to improve the quality of life for people in residential and community aged care.

QACAG Inc provides a forum for members to discuss issues that affect the quality of life for people receiving aged care services in residential or community settings including.

- What to look for when choosing aged care services.
- What services are provided and payment structures.
- Staffing levels and staff mix, nursing staff and other staff.
- Who runs aged care services: for – profit not for profit, government .
- Funding and accreditation systems
- State and federal legislation governing aged care.
- How to raise concerns or make a complaint?
- How to lobby for change?

Some members of our group have been R.N's for over 40yrs and have vast experience in aged care.

Members of our group have discussed the scope of the inquiry and would like to make the following comments for your consideration.

1. Funding : The general experience of members working in aged care over many years is that no funding model has improved the quality of care for residents in aged care facilities or supported aged care workers to deliver high quality, best practise care. The Cam/Sam tool pre 1997 Aged Care Act at least had staffing levels legislated.

The ACFI, the current tool does not:

- reflect care needs:
- Uses up precious nursing hours:
- Does not allow for changeable care needs – residents care needs can change from day to day especially those diagnosed with difficult behaviours.

We believe the funding should be based on the ACAT assessment.

High level care to be paid at the current level 1.

Low level care to be paid at the current Level 4.

If a residents care needs change from low to high – they need to be reassessed by ACAT.

If ageing in place in a low care facility, and are assessed as high care, the provider needs to be accountable to provide extra staffing hours for the high level care residents (In many cases to-day this does not happen).

Outcomes

This would give certainty of income for providers and reduce time consuming paperwork.

The Accreditation Agency could be given the resources and legislation to review resident care plans and staffing levels.

Reduce staff spending time filling in forms and be able to spend the time caring for residents.

Accountability and Transparency

The providers both for profit and not for profit receive funding from the Federal Government (Tax payers money) which amount to billions of dollars a year, and contributions from residents, 85% of pensions and extra for those with assets.

The providers need to be fully accountable and transparent with the money they use from these funds.

We do not know if the providers need more funding, we do not have access to the funding and how it is allocated by the provider. We know that it is not reflected in staffing levels, equipment and food in the many facilities we as a group have worked in.

We are very concerned that people in high level nursing home care may have to pay entry bonds as in low level care hostels. A person makes a lifestyle choice to move into a retirement village or hostel, we do not know of one person who has made the choice to move into a nursing home.

The level of care now required by people in high care is that, high level nursing care that you would expect to receive in a hospital. Palliative care, enteral feeding, complex pain management, dialysis etc. Often people are transferred to a nursing home from hospital. No chance to say good-bye to their home no choice about whom they share a room with and no opportunity to have their precious belongings in their small space. The average length of stay in high level care is 6-12 mths (some times one week) the house would not be sold in that time and the resident would have lost everything. The payments for high care could be through Medicare with an increase in the levy (over time) especially for aged care as in the case in some European countries.

2. Staff Wages, Training, Workloads, Quality of Care, Staff Mix & Staffing Levels.

Registered Nurses (R.N's):

Paid less than acute care nurses, increased responsibility – can be responsible for 30, 40, 50, up to 150 residents and supervision of all other staff. No resident Doctor, Pharmacist, Social Worker, O.T, Physio or Ward Clerk, the R.N does the lot as well as spend time with relatives and dying residents.

R.N's are not attracted to aged care because of pay levels, work loads and no career path. The average age of an R.N in aged care is 55yrs we have some colleagues who are in there 70's.

- EEN's & EN's:

- Are given more responsibility and again poorly paid.
- The cost of training for an EN or EEN is prohibitive to many (EN $10 to $15 Thousand).

AIN's

- Very poorly paid (up to $17.00 per hour).
- Not licenced.
- Can receive more pay working in a supermarket.
- Not enough time for R.N's to support and supervise.
- Provide all the basic nursing care to the resident.

Cert 4 AIN's

- Now trained to give medications from blister packs. (they do not know or recognise medications, no side affects, contra indications or interactions of drugs).
- There is no award for a certificate 4 and no recognition.

Training

- Training needs to be uniform across the sector.
- Comprehensive training package for AIN's and Certificate 3 and 4.
- Fully trained and accredited lecturers, including hands on experience working in aged care, dementia care for more than 2yrs.
- R.N's: Should be given the opportunity to obtain postgraduate diplomas in aged care.
- R.N, EN, AIN training should be accessible and free or / Hecs and flexible so that people can train and work, as many people could do further training but have to work to support their family's.

Work loads Staff Mix and Staff levels

These issues are interrelated.

- Work loads are unreasonable and unsafe for both staff and residents.
- Staff levels need to be legislated as per 1997 as aged care bill.
- Staff mix needs to reflect the levels of care needed in High care facilities.
- We need a mix of R.N's, EEN's, EN's and AIN's Cert 3 and 4.

The government is holding an inquiry into staffing levels and staff mix in high care. We believe that the inquiry should include staff who actually provide care and have extensive experience in aged care not just providers, bureaucrats, academics, union reps and managements. This is such an important issue to get right.

Quality of Care

The quality of care cannot improve unless the staffing levels increase and the work load reduced.

Most staff in aged care love the work they do, they wont to provide the best care but are frustrated and unset that they cannot provide the level of care the know the residents need.

A Facility can be very attractive and beautifully appointed but if it is poorly staffed the quality of care suffers.

3. Accreditation Agency

- Visits from the agency should be unannounced and over a 24hr period.
- Some facilities employ extra staff on accreditation days.
- Many hours are spent updating forms for the visit at the cost of care hours.
- The agency should have legislative powers to:
    - investigate the use of funding by providers
    - Staffing levels and staff mix.