

**Submission to the Draft
Report Of the
Productivity Commission**

For the Caring for Older Australians Draft Report
January 2011

From the Quality Aged Care Action Group Inc
Blue Mountain Branch

Quality Age Care Action Group Inc
Blue Mountains Branch (QACAG)

The members of the Blue Mountains Branch of the QACAG are responding to the Draft Report of the Productivity Commission January 2011 inquiry.

We would like to make the following comments.

1) Funding

- There is no mention of accountability and transparency for the funding received by the providers and how it is to be used to improve the high level care needs of the Nursing Home residents.
- 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 practice care. The Cam/Sam tool pre 1997 Aged Care Act at least had staffing levels legislated.

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, workloads 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 \$16 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 effects, 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's, En's, AIN's: 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 families.

3) Work loads Staff Mix and Staff levels

These issues are interrelated.

- Workloads 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.
- 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 want to provide the best care but are frustrated and unless this is change they will not and cannot provide the level of care they know the residents need.

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

4) 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.
 - The amount and quality and cost of food served for all meals.
- Agency staff should have recent experience, training in aged care.
- Agency staff should talk to staff at random not staff that have been selected by the facility manager and told what to say or not to say.

4) Complaints Unit

- Staff are fearful to report to the complaints unit because of retribution and loss of job. Even if it is confidential, facilities can often identify staff who have made the complaint.

- Relatives are also fearful of reporting issues to the agency for fear the residents will lose their place and not be able to find another one or the resident will be somehow penalised for the complaint.
- The inquiry needs to look at the recent review of the complaints unit and the recommendations.

5) **Training AIN's 3 & 4**

- Because of the lack of standards and course content and the qualifications of the trainers and the companies who provide the training. The issue of medication management in ACF is of great concern. The Cert 4 A.I.N.'s level of medication education and the inability of R.N's to supervise due to workloads, paper work, and responsibility make it unsafe.

Closing Comments:

We are a group of Aged Care Workers, Carers and community members who are concerned about the quality of care in aged care facilities and the workforce. We were very encouraged by the Productivity Commission Inquiry but we feel that the above have not been heard and responded to and covered by the report, we believe it is important for our voices to be heard on behalf of our residents and the staff who care for them.

18th March 2011

Quality Aged Care Action Group Inc – Blue Mountains Branch

Annette Peters

Shirley Ross-Shuley

Frederike Huiskamp