



Queensland Nurses' Union

*Aged Care (Living Longer Living Better) Bill 2013;
Australian Aged Care Quality Agency Bill 2013;
Australian Aged Care Quality Agency
(Transitional Provisions) Bill 2013;
Aged Care (Bond Security) Amendment Bill 2013;
Aged Care (Bond Security) Levy Amendment Bill 2013.*

Submission to the
Senate Community Affairs
Legislation Committee

April, 2013



Introduction

The QNU thanks the Senate Community affairs Legislation Committee (the Committee) for providing this opportunity to comment on the

Aged Care (Living Longer Living Better) Bill 2013;
Australian Aged Care Quality Agency Bill 2013;
Australian Aged Care Quality Agency (Transitional Provisions) Bill 2013;
Aged Care (Bond Security) Amendment Bill 2013; and
Aged Care (Bond Security) Levy Amendment Bill 2013.

Our submission will address the first two of these five bills. We have made similar comments to the Department of Health and Ageing in the recent review of the *Aged Care Act 1997*.

About the QNU

Nurses and midwives are the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNU - the union for nurses and midwives - is the principal health union in Queensland. The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 50,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

Aged Care (Living Longer Living Better) Bill 2013

In its research into aged care services, the Productivity Commission (2008) highlighted that older people's care needs can be thought of as a spectrum, depending on the degree to which the ageing process has impaired their ability to care for themselves. Older people will often experience increasing support needs either gradually or following acute care episodes. Various bundles of services are available to cater for these needs, ranging from in home support with some everyday and personal activities, through to full-time personal and nursing care provided in a residential care facility.

Nurses provide the linchpin for these services. They are the care and service coordinators across all sectors of aged care and the continuum of care. This gives nurses a unique perspective that is invaluable to policy-makers. We therefore ask the Committee to take our considered comments into account during the framing of this legislation because nurses are at the forefront of aged care in this country.

High Care v. Low Care

The QNU supports the removal of different treatment for high and low care residents. QNU members advise that many providers use the distinction between high care and low care residents' approval as the reason for diluting the skill mix of nursing services provided to the latter group. The well established QNU position is that all older Australians receiving aged care services are entitled to the same safe and quality care that registered and enrolled nurses provide, regardless of any category of care.

The provision of quality, skilled nursing care to recipients with low care needs on the ACFI tool will have a two-fold benefit. The care recipients will maximise their degree of independence for longer, because quality nursing care will decrease the rate of advancement of disease and frailty associated with old age. The second benefit is a financial one to the Department of Health and Ageing, because decreasing the rate of deterioration will decrease the incidence of, and/or rate of advancement to, high care needs, which of course triggers a higher level of funding and greater cost to the Commonwealth.

The QNU believes that, in concert with the removal of a distinction between low care and high care, a model of care should be developed and implemented which also does not differentiate between approval for low care or high care, but is consistent with the specific care needs identified from the ACFI assessment. An appropriate model will provide safe and quality nursing care to all residents, improve residents' health and well-being, slow the rate of deterioration, reduce recurrent costs to the Commonwealth and, to some degree, ameliorate the current perverse funding system which rewards providers through higher funding when residents become more frail and dependent.

The QNU notes that the above changes will require consequential changes to the *Quality of Care Principles 1997*. The QNU looks forward to being engaged in the consultation regarding those changes and to providing further submissions on appropriate models of care for all aged care recipients.

Behaviour Supplement

The QNU supports the introduction of an additional behaviour supplement to enable providers to provide additional and more appropriate care to recipients with dementia. However, we recommend that the additional supplement should be paid subject to the implementation by the provider of a model of care that, at its core, has dementia care being provided by appropriately skilled registered nurses, and enrolled nurses working under registered nurse supervision.

If the challenging behaviours often associated with dementia are to be managed successfully, the funding must improve the skill mix of the staff providing care to dementia sufferers otherwise the initiative will fail in its primary objective.

The QNU would welcome any opportunity to consult with the Department on an appropriate model of care for managing the challenging behaviours exhibited by dementia residents and home care recipients.

Home Care Packages

In April 2012, the Minister for Health and Ageing, the Hon. Mark Butler MHR, announced an investigation into the Aged Care Funding Instrument (ACFI) claiming patterns. The Minister was stated “these increased claims are not happening in other areas that depend on higher levels of clinical evidence, and they don’t appear to be flowing through to increased staffing levels or other spending on care” (Schubert, 2012).

QNU members concur with the Minister’s statement and would extend it to the context of aged care in general. Members advise that as care recipients progress to requiring higher, more complex care, greater funding is received by the provider, but generally there is no corresponding increase in the staffing hours or skill mix required to provide that level of care.

The QNU recommends that to effectively implement the stated purpose of the proposed home care package, providers must be obligated to increase care hours and skill mix for those eligible care recipients as their home care needs and funding increase. Such increase in hours and skill mix should be implemented within a stipulated time frame for funding to continue at that level.

ACFI Appraisals

The QNU supports greater and improved accountability of providers in their ACFI claims for funding for aged care. Nursing is the profession that is held in the highest regard by the Australian public and any shorting of the funding process by providers reflects poorly on, and diminishes the morale of their nursing staff who are working diligently, often with difficult workloads and for relatively poor wages, to provide safe and quality care to our frail aged.

Australian Aged Care Quality Agency Bill 2013

The Quality Agency

The QNU supports changes to the system of accreditation of residential aged care facilities and improved governance of quality care provision in home and community care providers. However, we believe the proposed measures still fall short of those necessary to ensure quality care is provided in both sectors.

QNU members have provided anecdotal evidence of residential aged care facilities failing to implement professional nursing standards or to maintain sustainable workloads, but still achieving compliance with all 44 criteria for accreditation. Some members have also advised that they have been directed not to come to work on days when Agency assessors are present. These members claim that such directions are driven by management's fear that the member will advise assessors of suspected areas of non-compliance.

QNU members also advise that when some facilities fail to meet all 44 criteria, the facility's management place the responsibility for that failure upon individual nursing staff, resulting in disciplinary action, despite those nurses having previously identified their inability to maintain safe and quality care due to unsustainable workloads and having also made recommendations on how to rectify the problem.

The QNU recommends that, in concert with the transition to a statutory agency for high quality care and accreditation, the consequential amendments to the *Quality of Care Principles 1997* should include a wholesale review of the Accreditation Principles and the Residential Care Principles. We believe this review should be conducted with a primary focus on including criteria relevant to the assessment of compliance with professional nursing standards, as well as the sustainable workloads, staffing and skill mix required for the provision of quality care.

The accreditation review of a facility includes interviewing selected staff on duty. Whilst the interview is purported to be confidential, the accreditation report lists the numbers and categories of staff that are interviewed. In most residential aged care services, it would not be difficult for managers to confidently identify persons who were interviewed, based upon daily rosters, their personal knowledge of the staff and the details contained in the report. Care staff are acutely aware of this, which of course provides a disincentive to speak openly and honestly with assessors.

The QNU recommends that any review of the process for accreditation of approved providers and facilities considers the benefits of accreditation reports not identifying to the provider the numbers or categories of staff who were interviewed. In addition, the review should also consider implementing more expansive powers and time-frames for assessors to review professional nursing standards and workload issues and to interview off-duty and after-hours staff regarding compliance with accreditation criteria. In that way, staff interviews can remain more confidential and promote true and accurate assessment and reporting.

With regard to quality in home and community care services, the current process for home care providers to demonstrate the provision of quality care is through self-reporting to the Department and a review of that report by a Departmental officer. QNU members report that some home care providers fail to implement professional nursing standards and they also require registered nurses to undertake unsustainable workloads, particularly in the areas of delegation and supervision of nursing care performed by unregulated healthcare workers. The QNU recommends that home care providers be required to undergo the same level of scrutiny as residential services regarding the provision of quality care, professional nursing standards, workloads, staffing and skill mix for the home care services being provided and funded.

Aged Care Quality Advisory Council

The QNU supports the implementation of an Aged Care Quality Advisory Council and recommends that there be such a Council established in each and every state and territory of Australia. We make this recommendation based on the fact that states and territories have varying legislation impacting upon the provision of safe and quality care in general, with some jurisdictions having legislation specific to aged care and/or nursing homes.

The QNU would welcome the opportunity to have an appropriately qualified QNU member or official appointed to the Council.

Recommendations

1. That a model of care be developed and implemented which does not differentiate between approval for low care or high care, but is consistent with the identified care needs from the ACFI assessment. This model must include the provision of care by registered and enrolled nurses.
2. That the additional behaviour supplement be paid subject to the implementation by the provider of a model of care that, at its core, has dementia care being provided by appropriately skilled registered nurses and enrolled nurses working under registered nurse supervision.
3. That when providers claim higher care funding for a recipient of a home care package, the provider must demonstrate, within a stipulated time frame, a corresponding increase in skill mix and nursing care hours provided to the recipient.
4. That, in concert with the transition to a statutory agency for high quality care and accreditation, the consequential amendments to the *Quality of Care Principles 1997* includes a wholesale review of the accreditation principles and the residential care principles.
5. That any review of the process for accreditation of approved providers and facilities considers the benefits of accreditation reports not identifying the numbers or categories of staff who are interviewed.
6. That the review of accreditation processes considers implementing more expansive powers and time-frames for assessors to review compliance with professional nursing standards, sustainable workload, adequate staffing and appropriate skill mix, including the capacity to interview off-duty staff regarding compliance with accreditation criteria.
7. That home care providers be required to undergo the same level of scrutiny as residential services regarding the provision of quality care, professional nursing standards, sustainable workloads, adequate staffing and appropriate skill mix.
8. That there is an Aged Care Quality Advisory Council established in each and every state and territory of Australia.

References

Productivity Commission (2008) *Trends in Aged Care Services: Some Implications*, Research Paper.

Schubert, M. (2012) *Sydney Morning Herald*, 15 April.