

I am writing in relation to the Living Longer Living Better Aged Care Reforms package that is presently being considered by the Senate Community Affairs Legislation Committee.

I have had 24 years experience in the Aged Care industry and have seen many changes during that time. On my initial commencement in the industry the Deficit Funding system was in the process of being changed over to the CAM, SAM & OCRE funding model. This then moved to the RCS and subsequently to ACFI.

During this time, the finances of the facilities that I work with have become more stretched whilst we continue to meet ever increasing care needs of residents, expectations in relation to care and services, documentation and standards. The facilities are now at breaking point.

I was hopeful when I first heard that a Productivity Commission Report into Aged Care was being produced, that regional facilities such as ours would benefit from any changes to future funding systems. It does not appear that this is the case.

The facilities that I work with have had Enterprise Bargaining Agreements in place for Registered Nurses and Enrolled Nurses for a number of years now. We embarked down this road in an attempt to ensure mid-long term sustainability of staffing in our facilities. We also offer in house bursaries to staff to up skill to EN's or RN's. In our region we are constantly competing with the local Hospital for staff. Therefore it is necessary to provide wages that are comparable with the Hospital to attract and retain appropriate levels of suitably qualified staff. This has worked in one respect in that our facilities are reasonably well staff in this area but it has also meant that our expenditure has increased to an unsustainable level. I was hopeful of the Workforce Compact being a way of 'reimbursing' what we are already paying our staff. Instead it appears that our facilities may be actually worse off due to the wording and conditions attached to the Compact. However, at this stage insufficient detail is available to Providers to make a full determination as to extent of the effect on our facilities.

Further concern is the new Accommodation Pricing. Our facilities are in an area with a relatively low socio economic background. Our average bond is quite low and the number of supported residents in our facilities is quite high. Therefore there is no benefit in being able to charge higher bonds as these cannot be achieved in our community. We cannot look outside of our community for placements to our facilities as this would not be welcomed by those in our community still seeking placement and I expect there would be limited numbers of people wanting to move to a regional area more than 3 hours from a Capital City. There does not appear to be sufficient operational funding support to regional providers who cannot attract large bonds. Yes, the viability supplement is increasing but we are not eligible for the supplement. One of our facilities has single bedrooms with ensuite bathrooms which I would expect would attract a higher price in a metropolitan area. However in a regional area where there is only one provider and residents with limited capacity to pay, the higher price will cause great angst and may prevent prospective residents from making the step into residential care, even if there care needs require it.

Higher user pay fees will also put increasing pressure on Aged Care Providers. With higher user pay fees, comes higher resident/family expectations, especially in a community based facility.

The removal of the distinction between low level and high level is good on one level. However for providers that only provide low level care at present and whose facility is not set up for high level care, and do not have appropriately qualified staff on duty 24/7 to provide high level care, this will cause another concern. At present, if a resident with low level needs has a major stroke and is unable to be supported in the facility, the facility works with the family to find appropriate placement in a high level facility while the resident is still in hospital. The removal of the distinction between low and high is putting more pressure on the aged care provider to keep the resident ageing in place. I'm sure that both hospitals and families will be pointing out to the facility that there is no such thing as low or high anymore. However, there is still a duty of care involved which may require the aged care provider to employ additional staff hours (if you can find the actual staff to enable this to occur) without receiving sufficient funding levels to fund the additional hours over a 24 hour period. There needs to be an 'out' clause for providers who cannot provide high level care due to the physical environment (i.e. can't get lifting equipment into bedrooms and bathrooms etc) of the facility or the inability to attract sufficient numbers of qualified staff (RN's) over a 24 hour period.

Our high level facility has a high number of residents with severe behavioural issues. I have not been able to find detail on the value of the dementia supplement to be provided to residential care to cater for these residents. However, the supplement may not be of much benefit if we still struggle to access Psycho-geriatricians and have to wait months for the Dementia Behaviour Management Advisory Service to attend to review residents (and then be told that you are doing a great job and that there's nothing else that they can suggest). Support from the constantly changing pool of overseas GPs is also limited when trying to seek a full assessment of the resident in a specific hospital/facility. Meanwhile other residents and staff are still at risk from these behaviours. During an unannounced support visit by the Aged Care Standards and Accreditation Agency, one assessor made the comment "I can't believe the number of residents with behaviours, why do you take them?" Our response was "Well, where else can they go?"

After 24 years in the industry, I am now seriously considering a new career path as I cannot see how our regional facilities can continue to provide a high quality service to our residents. I loathe reducing the quality of care that is provided to our ageing community members who have provided so much to our community over the years. It seems that the only way forward for our facilities is to sell out to a larger operator who has a significant investment in the industry. I am worried that this may be to the detriment of our ageing community members.