



Fairway Hostel

Sandringham Aged Care Association, Inc.

Built by the community,

For the community.

✉ 195 Bluff Road SANDRINGHAM 3191

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SUBMISSION TO SENATE ENQUIRY

TO WHOM IT MAY CONCERN:

Thank you for the opportunity to provide a submission to the Senate Enquiry into Aged Care (Living Longer, Living Better Reform).

Fairway Hostel is a 62 bed not-for-profit community facility – a 'low' level hostel with an upstairs 16 bed dementia specific unit and 46 residents downstairs who have a range of physical and mental conditions and infirmities. Most of our residents are 'high' care in terms of funding analysis based on their needs (ACFI analysis).

A large percentage of residents are non weight bearing or need assistance with mobility. Most are incontinent and require regular monitoring of all functions. All need full support with hygiene and ADLs. Most have a degree of dementia; only the most agitated, aggressive or anti-social behavioural cases go upstairs to our special unit.

Many of our residents have swallowing problems, acute and chronic pain needs, complex would care and management requirements, unstable physical conditions and sub acute and acute needs which we try to manage without sending them to hospital. We also do specialized and individual palliative care and provide constant counseling to families.

WE DO ALL THIS ON A SHOE STRING!

The damage to our service, due to ACFI cutbacks of 2012 alone (ADL claiming changes) has impacted significantly upon our funding. We have a loss of \$20,000 per month from what we had projected on past figures and can now no longer provide the expertise and excellence in care we once offered.

One resident has bariatric needs due to a stroke superimposed upon her obesity. Being unable to afford extra care hours we have had to inappropriately house her in the dementia wing because it has a slightly higher staff ratio. We have had to buy Bariatric equipment – bed, overhead hoist and other items as her family demand this, citing our obligations with security of tenure, ageing in place, etc. Due to her size and incapacity, it takes 4 staff to move her. We need to increase staff hours,



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but cannot do so due to cutbacks. Our staff are reporting back strain and are at risk of injury despite more equipment, manual handling training and the like. She is inappropriate in a dementia environment, but her family will not consider transferring her elsewhere. She is using a bed which should be for a dementia sufferer who would benefit from the higher ratio of diversional therapy staff in this unit.

Diverting dementia staff to this resident's needs means less hours of overseeing for others. In this unit we have 2 male residents who have an occasional propensity for aggression. If we had an injury from this (they have thrown punches before and we could have a death if someone is knocked down and hit their head, etc.) then who would be liable? We cannot put on more staff; we have agitated residents on the best medication regime; we have had the Aged Persons Mental Health Team involved and done all that a reasonable establishment can do.

Minister Butler was interviewed on the media last week around the issue of aggression and assault in the area of dementia – a problem for all as it is on the increase as the population ages. He talked about what a specialization this is, a great challenge for best practice, etc. How could he be so disingenuous when his decisions have meant 1 ½ billion dollars has been directly removed from our bottom line funding? This means less care. Yes, reduced ability to care in the face of a known increased – and increasing – need.

The appalling claim that facilities 'rorted' ACFI funds from 2008 – 2012 and that this justified the government's initiative to reduce funding is unconscionable and without any shred of substantiation. Facilities like ours used extra funds from ACFI to put on more care staff, diversional and physiotherapists and provided enhanced programs and also supplied better quality food. This is what ACFI was meant to achieve, or so we were told in 2008! We have to trim these now and as we prepare our next budget we are at a loss to know who we can do without. The only component who are not on direct payroll are therapists. We face having to reduce their numbers and thereby stop pain management programs and falls and balance initiatives. This will mean the use of more drugs to reduce pain, residents will accordingly be more bed bound and more prone to falls with greater pain killers. Even so, we will in no way break even as this saving will fall short of lost income.

**YOU CANNOT DO WHAT YOU HAVE DONE WITHOUT SERIOUS ADVERSE
HEALTH IMPLICATIONS TO RESIDENTS**



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The changes re accommodation payments: these are yet to be evaluated but will not in any sense help us with bottom line damage.

Should bond retentions be disallowed? This will have a significant impact upon the industry. We will all face reductions in income which will have huge negative impact on care and services.

The Workforce Compact poses another huge impost upon aged care. Despite workers deserving better pay the system will totally collapse if the increases cannot be met by facilities (who were once in the black but are now in the red). Due to EBA percentage increase variations over the years, wage rates now vary enormously between groups (our Cert 3 wages are 11% higher than those specified in government documentation). Workforce percentage increases penalize those currently paying generously. For us, the Compact wage rise of approximately \$55K and 1% cap with \$35 speculated income is an equation which spells doom.

Specified Care and Services

Because the various working parties have not come up with what actually constitutes the 'care' requirement that government funding encapsulates, we are not really in a good position to determine extra revenue streams.

Current budget for expenditure can only be based on current Specified Care and Services in the Principles. If these are expanded as a result of new legislation, current income basis cannot cover increased costs.

It is almost certain that no extra revenue stream we think up could provide anything but tokenism in what is shaping up to be a disastrous year for aged care. Any wonder many projects are on hold and some facilities are going under.

There are absolutely no details within the Bills which inspire confidence to those running aged care facilities. I believe it would be extremely foolish to pass legislation during this period of instability and doubt.

Yours sincerely

SANDY MAY

Chief Executive Officer / Director of Nursing

22nd April 2013