



Submission to the Senate Standing Committee
on Community Affairs

on the

Aged Care Amendment (Implementing Care Reform) Bill 2022 (Provisions)

Prepared by
Estia Health

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Estia Health Ltd

Estia Health is one of Australia's largest aged care operators, with 68 homes across SA, Vic, NSW and Qld. We have over 7,500 staff who care and support over 8,000 residents every year.

At Estia Health, we exist to enrich and celebrate life together. We create residential aged care homes where everyone is welcome. Homes that reflect the residents who choose us, the local communities around us and the people that support and work with us.

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Introduction

Estia Health welcomes the Bill as part of the suite of changes that are essential if Australia is to build on the reforms introduced in the Aged Care Act 1997.

The Royal Commission pointed to the importance of a sector that is responsive to consumer needs, provides high quality care as the norm and is financially sustainable. We agree with those sentiments.

The challenge then is to develop new arrangements that can be implemented, support the broader objectives and do not create unintended consequences. In this submission we address Schedule 1 of the Bill.

Schedule 1 – Registered Nurses

Estia Health fully supports the proposal that requires approved providers of residential aged care to ensure that at least one registered nurse is on site and on duty at all times (24 hours a day, 7 days a week) at each residential facility they operate. The presence of a registered nurse is a significant contribution to the quality of life and the care and safety of residents.

Estia Health has had registered nurses rostered 24 hours a day, 7 days a week for a number of years. However, achieving this is difficult given the current workforce challenges which are expected to become more difficult as providers from acute care, aged care and disability services compete for this finite workforce.

We note and accept the proposal to create an exemption regime as recommended by the Royal Commission. Our observation in this regard is that the Aged Care Quality and Safety Commission should rigorously enforce the application of the exemption provisions. To do otherwise would create the risk of a two-tier system where some consumers are denied the protections of an on-site nurse.

The briefing pack that includes the overview of the Bill published by the Department of Health and Aged Care in July 2022 states, '*Subordinate legislation will mandate an average 200 care minutes per day by 1 October 2023, and an average 215 care minutes per day by 1 October 2024.*'

It is this aspect that this submission will address.

Government policy

- Give carers more time to care through a mandated increase to 215 minutes of direct care a day¹. Assumption: this will be adjusted for their AN-ACC classification and averaged across the residential aged care facility (RACF)
- 44 minutes of care time to be provided by registered nurses.

Issue

Care minutes

- Limiting the definition of care minutes to that provided as 'direct care' does not recognise that there are other activities in the home that have a direct positive impact on the health, safety and wellbeing of a resident, such as allied health, lifestyle and recreational activities, psychosocial services and some food services such as assistance with eating
- Introducing a 215 minute model as the base and not including other relevant activities promotes a notion that:
 - Services other than direct nursing/clinical care are of lesser importance to the health, safety and well-being of residents and do not contribute to a resident's quality of life; and
 - Creates the potential for additional rostered carer time to meet a statutory requirement and cost without demonstrable benefit to the resident.

Registered nurse

- The mandated registered nurse allocation is likely to have an unintended consequence of making enrolled nurses unattractive to the sector as they do not contribute to the registered nurse count of minutes and carers may thereby be preferred in the overall staff mix
- Enrolled nurses play an important role in the delivery of clinical care in the aged care sector. This proposition is evidenced by the Enrolled Nurse Standards for Practice² published by the Nursing and Midwifery Board of Australia
- The proposed policy has the potential to lead to highly experienced enrolled nurses exiting the aged care sector and being replaced by less experienced registered nurses from overseas or new graduates with no resultant discernible benefits
- Based on current workforce demand and supply projections it is unlikely this policy is achievable in the short to medium term, particularly in relation to registered nurses. We note that there is a shortage of registered nurses across the acute, aged care and disability services sectors. Arguably the shortfall is most acute in the residential aged care sector

Proposal

- Department of Health and Aged Care, approved providers and consumers collaborate to define a list of activities that contribute to the quality of life and the health, safety and well-being of residents
- Activities that are direct care and other activities such as allied health, group and personal activities in the home, and outings directly supported by staff, could be included in activities that count toward the 215 minutes per day
- The Aged Care Quality and Safety Commission functions be amended to include authority to assess activities that support the health, welfare and safety of a resident as counted toward the 215 minute requirement
- Direct care services must comprise 80% of the minimum 215 minutes provided to the resident
- The mandated registered nurse minutes can include up to 25% of enrolled nurses

¹ <https://anthonyalbanese.com.au/media-centre/budget-reply-2022>

² <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/faq/enrolled-nurse-standards-for-practice.aspx>

- If the proposed amendment remains, there should be transition arrangements to allow enrolled nurses to upskill and retain their positions while doing so
- Implementation of the initiative commences when there is a workforce sufficient to meet the labour requirement.

Key benefit of proposal

- Ensures that policy implementation outcome does not have the unintended consequence that activities that are not direct care are not sacrificed in order to meet the care minutes requirements because of funding pressures
- Sends a strong message that the health, safety and well-being of residents (whole of life experience in the home) has a broad base linked to quality of life
- Results in the mandated minutes supporting outcomes for residents whilst being achievable and sustainable.