PARLIAMENT OF AUSTRALIA
HOUSE OF REPRESENTATIVES

Submission No. 6

Kelly Hoare MP
Member for Charlton

12 AUG 2002

STANDING COMMITTEE
12 AUG 2002
ON AGEING

Committee Secretary
Dr M Kerley
House of Representatives Standing Committee on Ageing
Parliament House
CANBERRA ACT 2600

Dear Dr Kerley

Please find enclosed a submission from my constituent, Mr Alan Nicholson, Care Services Manager, Macquarie Shores Centre, Toronto.

The submission is for the current inquiry into long term strategies to address the ageing of the Australian population over the next 40 years, being conducted by the House of Representatives Standing Committee on Ageing. I would appreciate if you could pass Mr Nicholson's submission onto the committee members.

Yours sincerely

Kelly Hoare

KELLY HOARE

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"AGEING IN PLACE"-A NIGHTMARE FOR LOW CARE FACILITIES!

1997 brought with it the concept of "Ageing in Place" which in theoretical terms is a good idea encouraging all Aged Care Facilities to care for their older residents from the time of admission until their eventual deaths. Yes, the Aged Care Structural Reform Bill brought lots of excellent changes :~ the new Accreditation Standards, the revised Resident Classification Scale and the warm and endearing term "Ageing in Place".

It is true these changes were necessary ones, but unfortunately they have caused despair and heartache to many Low Care Facilities which mostly offered care to older people from untrained Personal Care Assistant (P.C.A.) staff who had no nurse training whatsoever. The PCA'S did their best, and did everything from serving meals, cleaning floors and showering some of the residents. Medication administration was Ad Hoc and basic nursing care practices were known to some, but not others. Older people were admitted to Low Care Facilities (Hostels) on a "next on the list" basis and the buildings were modelled on a "homelike environment" which was aesthetically appealing but far from practical when older residents became frail, incontinent, confused and needing good professional nursing care.

Yes, the Aged Care Structural reform Bill brought wonderful changes. It advocated that Nursing Homes & Hostels be now known as "Aged Care Facilities" and all be measured under the same standards and adhere to the same regulations and both embrace the concept of "Ageing in Place" However the Government forgot to examine the difficulties inherent in these changes for Low Care Facilities who had, and still have mostly untrained staff and environmental constraints which make "Ageing in Place" a nightmare to manage.

You see Nursing Homes, historically, have been built and designed to accommodate the needs of older people at the end stages of their life whilst Hostels were designed along the lines of a Retirement Village, with facilities like you would find in your own home ~ i.e. small toilet cubicles & ensuites, normal furnishings, carpeted floors, stairwells etc. and so the list goes on. This normal "home like" environment is no longer suitable when trying to care for Residents who are incontinent, frail, demented and on many occasions requiring bedrest or chairfast care.

Nursing Homes have also historically been managed and staffed by professionally trained nurses whilst Hostels have been managed and staffed by untrained personnel who learned what they could by experience only. In Nursing Homes the nurses deliver nursing care

only, whilst in Hostels the carers do everything from showering residents, dressing them, preparing meals, washing the dishes, cleaning the kitchens, attending to personal laundry, and so on. In Nursing Homes domestic staff undertake these tasks, whilst in Low Care Facilities the Carers DO IT All. So bearing this in mind, is it feasible to expect Hostels to meet the same Standards and provide the same level of nursing service as Nursing Homes do with Registered Nurses on every shift, 24 hours a day, seven days per week. You will find that most Hostels are lucky to have any registered nurses on staff, little lone every shift.

Nursing Homes have, for a long time been built and equipped to care for very frail aged people who need to be totally cared for e.g. showered, toiletted, given bedrest care, palliative care etc. The design of Nursing Homes has always been conducive to these nursing practices with large disabled bathrooms, toilet areas, wide doorways for wheelchair and lifting machinery access, vinyl flooring to cater for incontinence problems, electric high/low beds etc.

Again; without all this, is it reasonable to expect Hostels to adopt a "Nursing Care Model" in current buildings, and lacking the appropriate staff mix and equipment to adopt a Nursing Model.

It is irrational to state that Hostels should <u>not care</u> for the more frail (high care) residents, as this defeats the purpose of "Ageing in Place", and in practise, finding a Nursing Home bed for a Hostel resident when they have become frail can take months to achieve. So in the meantime Hostels struggle on with untrained staff, in environments thwart with OH&S problems, in an effort to provide the best care they can to older Australians, who have become chairfast, bedfast, incontinent, demented &/or all of the above. In amongst all of these difficulties most Low Care Facilities have managed to measure up against the Accreditation Standards but not without casualties. Many Carers and Nurses are leaving the Industry finding it just too difficult to comply with Standards and regulations in environments not conducive to do so. It is clear to me that a review of Hostels and associated Aged Care services is urgently required. Low Care Facilities can achieve the same standards as Nursing Homes but to do so competently need some urgent "injection" of funds and a review of their staff mix to enable them to do so.

<u>Why are Low Care Facilities(Hostels) now required to adopt a Nursing Care Model?</u>

Well its simple. Community Aged Care is doing a great job, keeping older people in their own homes for much longer, so what

used to be the typical Hostel type admission is staying at home much longer and being serviced by Community Aged Care Packages (CACP'S). Staying at home longer is good for Older Australians, however inherent in this is that the entry level to Hostels is now an older person whose needs have increased and are in need of complex medical and nursing care management strategies. The typical admission to a Hostel 5 years ago would be walking unaided, may have needed some Hotel like services e.g. meals catered for etc. whilst now most admissions have at least a walking frame, need help with most Activities of Daily Living and have complex medical problems associated with the Ageing Process. The average age of people entering Hostel care is 85 years, and they very quickly change from a Low level entry status to High care in a matter of months. Along with complex medical conditions there is a high incidence of mild to moderate Dementia requiring an increased need for direct supervision and professional nursing care. Yes a greater number of more dependent older people are entering Low Care Facilities and are being cared for by mostly Assistants in Nursing (AINS), in environments not suitable for more dependent older Australians.

Oh! and of course there is the saga of the Resident Classification Scale (RCS). This type of Funding tool has been in existence in Nursing Homes for many years and has been managed by Registered Nurses (RNS) for just as long. In 1997 all Aged Care Facilities came on line with the RCS but unfortunately Hostels did not; and still do not have the Registered Nurse population to cope with a documentation system that demands a fairly high level of professional documentation based on the Nursing Process. Hostel staff are in general very caring people but it would be safe to say that they have limited knowledge of the Nursing Process, on which the RCS is based. Most Hostels are still staffed by Assistants in Nursing(AIN'S) and Personal Care Assistants(PCA'S) many of whom have limited basic education and next to no Nursing Education what so ever. These staff do their best to care for residents who are becoming increasingly more frail but have little concept of the professional documentation required by the RCS process. TO survive you will find a handful of staff (usually supervisory staff) attending to the entire RCS documentation process at the expense of resident care and other important Supervisory duties.

In Summery, The Aged Care Industry needs to be critically reviewed in regard to :

1. The impact of Ageing in Place on Low Care Facilities and the need for urgent financial support to upgrade buildings and

equipment to enable a "Nursing Care Model" to be adopted in Hostels.

2. The need to adopt a Professional nursing model in Low Care Facilities i.e. a greater trained skill mix is now required and nursing duties need to be separated from domestic duties.

3. The demands of the RCS needs to be reassessed and the impact that it is having on Low Care Facilities with limited staff resources to attend to the required professional nursing documentation.

From my experience as a Registered Nurse (28 years) and from managing both High Care, and most recently a Low Care Facility I feel the RCS does not support the concept of "Ageing in Place" or the aspirations of the Aged Care Accreditation Standards.

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