

RECOMMENDATIONS

Aged Care Workforce

Recommendation 1

2.97 The Committee welcomes the Commonwealth's allocation of 400 extra nursing places at universities in the 2004-05 Budget. However, the Committee recommends that the Commonwealth further increase the number of undergraduate nursing places at Australian universities to 1000 as recommended by the Hogan Review.

Recommendation 2

2.98 That the Commonwealth work with aged care providers to ensure that their shared responsibility to assist enrolled nurses to complete medication management training meets the target as recommended by the Hogan Review.

Recommendation 3

2.99 That the Commonwealth implement a strategy which allocates an appropriate number of undergraduate nursing places on the basis that recruitment for those places occurs from the current residential and community care workforce in both rural and urban settings proportionally.

Recommendation 4

2.100 That the Commonwealth investigate the effectiveness of incentives for staff to work in aged care settings in rural and remote areas.

Recommendation 5

2.101 That the Commonwealth, as a matter of priority, expand the National Aged Care Workforce Strategy to encompass the full aged care workforce, including medical and allied health professionals, and all areas of the aged care sector, in particular the community care sector.

Recommendation 6

2.102 That the Department of Health and Ageing and the Department of Education, Science and Training, as part of the National Aged Workforce Strategy, ensure the inclusion of quality aged care curricula in undergraduate nursing.

Recommendation 7

2.103 That the Commonwealth consider implementing mechanisms to ensure that the conditional adjustment payment aimed at restoring wage parity for nurses, personal carers and other staff in the aged care workforce is used to meet this aim.

The Accreditation Agency, Accreditation Standards and complaints resolution

Recommendation 8

3.37 That the Agency ensure that the training of quality assessors delivers consistency in Agency assessments of aged care facilities.

Recommendation 9

3.38 That the Agency publish data on the accuracy of assessors' decisions in conducting assessments against Agency benchmarks and that this data be provided in the Agency's annual report and on its website.

Recommendation 10

3.55 That the Agency further develop and improve information provided to residents and their families about the accreditation process, including those from CALD backgrounds and Indigenous people, and more actively involve residents and their families in the accreditation process.

Recommendation 11

3.56 That the Agency develop a rating system that allows residents and their families to make informed comparisons between different aged care facilities. The Committee notes that work is being done on a web-based prototype; however it considers that the rating system should not be limited to a 'star rating' but should include easily understood descriptions of a range of attributes, such as type and range of services provided; physical features of homes; staffing arrangements; costs of care; and current accreditation status.

Recommendation 12

3.74 That the Agency ensure that all facilities be subject to a minimum of one annual random or targeted spot check and at least one site visit with notification over its accredited period.

Recommendation 13

3.93 That the Agency, in consultation with the aged care sector and consumers, develop a benchmark of care which ensures that the level and skills mix of staffing at each residential aged care facility is sufficient to deliver the care required considering the needs of the residents. The benchmark of care that is developed needs to be flexible so as to accommodate the changing needs of residents.

Recommendation 14

3.125 That the Commonwealth, in consultation with industry stakeholders and consumers, review the Accreditation Standards to define in more precise terms each of the Expected Outcomes and that this review:

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- address the health and personal care needs of residents, especially nutrition and oral and dental care; and
 - include specific consideration of the cultural aspects of care provision, including the specific needs of CALD and Indigenous residents.

Recommendation 15

3.126 That the Agency make greater use of interpreters during accreditation visits to aged care facilities, especially those facilities that cater for specific or predominant numbers of CALD or Indigenous residents; and that assessors be trained in cultural competency as part of their formal training courses.

Recommendation 16

3.154 That the Commonwealth review the operations of the Aged Care Complaints Resolution Scheme to ensure that the Scheme:

- is accessible and responsive to complainants;
- provides for a relaxation of the strict eligibility criteria for accepting complaints;
- registers all complaints as a complaint, with the complaints being categorised by their degree of severity, such as moderate level of complaint, complaints where mediation is required or where more significant levels of intervention are required; and
- provides that the mediation process is responsive and open and that sufficient support for complainants is provided in this process.

Recommendation 17

3.155 That the Commonwealth examine the feasibility of introducing whistleblower legislation to provide protection for people, especially staff of aged care facilities, disclosing allegations of inadequate standards of care or other deficiencies in aged care facilities.

Recommendation 18

3.173 That the Commissioner for Complaints conduct an investigation into the nature and extent of retribution and intimidation of residents in aged care facilities and their families, including the need for a national strategy to address this issue.

Recommendation 19

3.187 That the Agency's role in promoting 'best practice' continue and that it:

- develop a standard evidence-based approach to defining 'best practice' in aged care; and

- provide regular aggregated information to the industry on methods for achieving 'best practice' in the provision of aged care services.

The Committee further recommends that the Agency consider ceasing its direct role in providing direct staff training given the potential conflict of interest that this entails.

Documentation and Technology

Recommendation 20

3.217 That the Agency, in consultation with industry stakeholders and consumers, review the information required to be provided in the document *Application for Accreditation* and consider the feasibility of other options such as reporting by exception, with a view to reducing superfluous and time consuming reporting.

Recommendation 21

3.218 The Committee welcomes the Commonwealth's initiatives in promoting IT in the aged care sector and recommends that the implementation of these initiatives, as well as increasing the take-up rate, should be a matter of priority.

Young people in residential aged care

Recommendation 22

4.167 The Committee is strongly of the view that the accommodation of young people in aged care facilities is unacceptable in most instances. The Committee therefore recommends that all jurisdictions work cooperatively to:

- assess the suitability of the location of each young person currently living in aged care facilities;
- provide alternative accommodation for young people who are currently accommodated in aged care facilities; and
- ensure that no further young people are moved into aged care facilities in the future because of the lack of accommodation options.

Recommendation 23

4.168 The Committee notes that the Council of Australian Governments has agreed that Senior Officials are to consider ways to improve Australia's health care system, including helping young people with disabilities in nursing homes, and to report back to COAG in December 2005 on a plan of action to progress these reforms. The Committee recommends that the Senior Officials clarify the roles and responsibilities of all jurisdictions in relation to young people in aged care facilities so as to ensure that:

- age-appropriate accommodation options are made available; and

- funding is available for the provision of adequate services to those transferring out of aged care facilities.

The Committee supports every endeavour to reach a positive outcome.

Recommendation 24

4.169 That the Senior Officials' report to the Council of Australian Governments include:

- support for a range of accommodation options based on individual need;
- ways in which the successful accommodation and care solutions already in place can be extended to other jurisdictions;
- identification of barriers to the successful establishment of accommodation options and provision of adequate support services by all levels of government; and
- identify a timeframe for the establishment of alternative accommodation options and the transfer of young people out of aged care facilities.

Recommendation 25

4.170 That the Commonwealth and State and Territory Governments work cooperatively to ensure that any barriers to accessing funds available under the Innovative Pool are removed so that the desired objective of this initiative in providing alternative accommodation options for young people in aged care facilities is met.

Recommendation 26

4.173 The Committee recognises that in rare instances, a young person may choose to remain in an aged care facility. In such circumstances, the Committee recommends that the Commonwealth and the States and Territories work cooperatively to reach agreement on:

- an assessment tool to address the complex care needs of young people in aged care facilities;
- mechanisms, including a funding formula, to provide rehabilitation and other disability-specific health and support services, including specialised equipment; and
- ways to ensure that the workforce in aged care facilities caring for young people has adequate training to meet their complex care needs.

Recommendation 27

4.174 That the Department of Health and Ageing collect data on young people in aged care facilities by disability type.

Recommendation 28

4.176 That the Commonwealth and State and Territory Governments give priority to the efforts of the Working Party established in November 2004 to examine succession planning for ageing carers of children with disabilities and appropriate support for respite for carers.

Funding for aged care residents with special needs**Recommendation 29**

5.61 That the supplementary funding for aged care for residents with dementia be provided for by additional funding and not funding from within the current budget.

Recommendation 30

5.62 The Committee recognises that the Australian Health Ministers have jointly agreed to the development of a National Framework for Action on Dementia and that the Commonwealth has recognised dementia's significance with a \$320.6 million package of support over five years. The Committee recommends that all jurisdictions work together with providers and consumers to expedite the finalisation and implementation of the Framework to assist all dementia sufferers.

Recommendation 31

5.63 That the Commonwealth undertake a review of the additional costs of providing care for those with dementia and those needing palliative care to ensure that the new funding supplement will be sufficient to provide adequate care.

Recommendation 32

5.66 That the Commonwealth establish a funding supplement for residents in residential aged care who have additional needs arising from mental illness.

Recommendation 33

5.67 That the Commonwealth investigate the provision of psychogeriatric services and the effectiveness of psychogeriatric care units.

Recommendation 34

5.68 That the Commonwealth provide targeted funding for the education of the aged care workforce caring for people with mental illness.

Recommendation 35

5.70 That the Commonwealth establish a funding supplement for residents in residential aged care who have additional needs arising from homelessness.

Recommendation 36

5.74 That the Commonwealth respond to the growing needs of people ageing with disabilities by consulting with the States and Territories and stakeholders to identify ways to improve access by people ageing with a disability to appropriate aged care services including service provision in supported accommodation.

Community Care Programs**Recommendation 37**

6.20 That, while welcoming the increases in Commonwealth and State and Territory funding for the Home and Community Care Program over recent years, the Commonwealth and State and Territory Governments increase funding for HACC services to ensure more comprehensive levels of care can be provided to existing clients and to ensure sufficient growth in funding to match growth in demand.

Recommendation 38

6.21 That the Commonwealth review the indexation arrangements for the Home and Community Care Program to reflect the real costs of providing care.

Recommendation 39

6.33 That the Commonwealth and States and Territories substantially increase funding for identified special needs groups within the HACC target population including people from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people with dementia; financially disadvantaged people; and people living in remote or isolated areas.

Recommendation 40

6.34 That the HACC guidelines be amended to recognise homeless people or people at risk of homelessness as a special needs group.

Recommendation 41

6.35 That the Commonwealth introduce a funding supplement to reflect the additional costs of providing community care services in regional, rural and remote areas.

Recommendation 42

6.47 That, while welcoming the increases in Commonwealth funding for Community Aged Care Packages and Extended Aged Care at Home packages over recent years, the Commonwealth increase funding for these programs to meet demand for these programs and to provide viable alternatives to residential aged care.

Recommendation 43

6.67 That the Commonwealth provide a clearly defined timetable for implementing all aspects of *A New Strategy for Community Care: The Way Forward*.

Recommendation 44

6.68 That, in supporting the approach in *The Way Forward* for implementing a more streamlined and coordinated community care system, the Commonwealth address the need for improved service linkages between aged care and disability services.

Recommendation 45

6.69 That the Commonwealth and State and Territory Governments assess the appropriateness of the compulsory competitive tendering process for future programs as part of the implementation of *The Way Forward* strategy.

Recommendation 46

6.80 That *The Way Forward* implementation strategy recognise the central role of carers in the community care system.

Recommendation 47

6.81 That, while welcoming the increases in Commonwealth funding for carer-specific programs over recent years, the Commonwealth increase funding for these programs through the National Respite for Carers Program and the Carer Information and Support Program.

Transitional Care

Recommendation 48

7.58 That the Commonwealth and the States and Territories improve coordination in the development and implementation of transitional care programs, and that the development of programs include input from the community sector and health professionals.

Recommendation 49

7.59 That the results of innovative pilot programs funded by the Commonwealth and the States and Territories be widely disseminated and that mechanisms be developed to coordinate information about these pilots across jurisdictions so that innovative models of transitional care can be more readily developed based on these models.

Recommendation 50

7.60 That, the Commonwealth, in conjunction with the States and Territories, develop a national framework for geriatric assessment and discharge planning and the provision of post-acute and convalescent services and facilities, including

community services; and that discharge planning be coordinated across a range of medical, allied health and community care professions and involve the patient, their family and carers in the development of these plans.

Recommendation 51

7.61 That common assessment procedures for patients be implemented across the various health sectors so that medical records and diagnostic results can be easily transferred across these sectors.

