AGED CARE QUEENSLAND INCORPORATED

UNITED IN CARING

SUBMISSION TO THE SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

INQUIRY INTO AGED CARE

Aged Care Queensland (ACQ) is the Queensland peak body for the providers of aged and community care and retirement services. Those providers are from both the not-for-profit and for-profit sectors. Our membership includes churches, charitable and Indigenous organisations, private and public companies and ethnic groups. All are united in a common concern to provide aged, community and retirement services of excellence.

Aged Care Queensland Incorporated

6 Pavilions Close, Jindalee, Queensland 4074

Telephone: (07) 3725 5555 Fax: (07) 3715 8166

Website: www.acqi.org.au

Terms of Reference

(a) the adequacy of current proposals including those in the 2004 Budget in overcoming aged care workforce shortages and training;

(b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

  (i) assessing and monitoring care, health and safety,

  (ii) identifying best practice and providing information, education and training to aged care facilities, and

  (iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;

(c) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements:

(d) the adequacy of Home and Community care programs in meeting the current and projected needs of the elderly;

(e) the effectiveness of current arrangements for transition of the elderly from acute hospital settings to aged care settings or back to the community.

(a) The adequacy of current proposals including those in the 2004 Budget, in overcoming aged care workforce shortages and training.

The difficulties being experienced throughout the aged care workforce – both residential and community are consistent with national and international trends particularly in regard to registered nurses, allied health and direct care workers.

Whilst the initiative outlined in the recent budget are welcomed by the industry, they are a long way short of fully addressing the issues and do not cover the whole spectrum of the aged care workforce.

The provision of scholarships and additional degree places will not automatically result in those recipients choosing to work in the aged care sector due to a number of factors including wage and career structures. Additionally, difficulties have been experienced with scholarship recipients being able to access university places. This has in part been due to time lines not being conducive to potential student's ability to complete the enrolment processes appropriately.

Aged Care Queensland recommends that investigation into alternative models of care that are not based solely on the availability of registered nurses should be undertaken.

There are major differences between the aged care sector and the acute care sector. Residential aged care residents/clients quite often require assistance with some aspects of activities of daily living such as bathing, dressing, eating, mobilising etc. Attending to these needs probably only adds up to a few hours of every 24 hour period and for the remaining hours in the day, care staff assist these people to 'live'. Most needs are not highly complex or technical in nature and the skill required to meet the majority of those needs, can be met by workers other than registered nurses.

For the Community Care workforce, the 2004 federal budget did not address training needs for this very diverse workforce. Aged Care Queensland recommends that further funding needs to be put in place to develop national strategies to address existing and future workforce development needs of the Community Care sector.

Further action is required to address the barriers in our existing system that restrict care staff from being able to access training and to have legitimate career paths. Barriers include:

- Many care staff are 'breadwinners' for their families and are unable to fund their own training. They are unable to take the necessary time to participate in training and placement because of their family commitments. It is essential that they continue to work and earn a wage. With the minimal wage levels currently paid to care workers, this requires almost full time employment.
- Many care staff who have undertaken the Certificate III and Certificate IV training as part of traineeship schemes would benefit from or have expressed interest in undertaking the Enrolled Nurse training or Registered Nurse training but cannot afford the costs involved.
- There is an inability for a care worker to be eligible for a Traineeship in Aged Care if they have undertaken another Traineeship in the past (in any field).

This discriminates against the workers who have made a career change and have entered the aged care sector but cannot afford to undertake the training privately.

The biggest barrier to the availability of an appropriate aged care workforce is the industry's inability to offer wages that are competitive with the public hospital sector.

Aged Care Queensland recommends any training strategies should also address the issue of adequate remuneration of workers, and appropriate funding and indexation levels.

(b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

(i) assessing and monitoring care, health and safety;
(ii) identifying best practice and providing information, education and training to aged care facilities; and
(iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff.

(i) Currently the system of residential aged care accreditation is one of a publicly owned company that has been granted a monopoly to administer an accreditation program unique to residential aged care.

Aged care is based much more broadly than this with many service providers overseeing services in the residential and community sectors. There is considerable duplication of quality and accreditation systems, which causes many operators frustration and duplication in effort to meet the various regulatory requirements. The cost involved is also substantial.

Aged Care Queensland recommends that the existing Standards Agency be replaced by a more open and accountable system such as that offered by the JAS-ANZ framework. This would expose the Agency to price and quality pressures, and give them the ability to provide assessment services across the range and scope of aged care service activities. We believe that this would also assist with consistency, objectivity and internal quality control processes within the Accreditation Agency.

(ii) Although education and training are listed as a core function of the Standards Agency, we believe that in fact it is a conflict of interest.

It is questionable how the Agency can be responsible for assessing compliance with Expected Outcomes and then offer education to facilities as how to 'comply'.

Historically, the aged care industry has shown that anything that is offered by the Department of Health and Ageing or the Standards Agency through education programs, is almost always adopted, whether the facility feels they need to change or not. This is closely tied to the perception that if they do not adopt or do what has been offered, it will count against them during the next visit by the Department or Agency. We acknowledge that this concern is possibly baseless, but it is a strongly held perception by the aged care industry.

(iii) At the inception of the Accreditation standards, and during the first round, there was an expectation of 'paper trails' for almost all outcomes. This added to an industry already under siege from excessive documentation. The second round of accreditation moved more to a people focus and outcomes for residents and aged care facilities started to rationalise what paper records they kept as evidence of compliance.

Unfortunately we now have two regulatory bodies i.e. Standards Agency and the RCS Review Process requiring substantial documentation to 'prove' care is given to residents.

Our other concern is the manner in which the Agency oversees compliance with accreditation, particularly when a home is found to be non-compliance in a number of areas. Whilst understanding their regulatory responsibilities, at time the process followed actually works against homes actively working towards 'compliance' and improvements in services etc.

Whilst monitoring a residential care facility where non-compliance has been identified, it is not uncommon for representatives of the Agency as well as the Department of Health and Ageing to be present on site most days. This makes it almost impossible for senior care staff to concentrate on changes to policies, procedures and work practices, because the greater part of the day is spent supporting residents and their relatives as well as staff cope with the stresses of having Assessors on site.

Aged Care Queensland recommends that a more workable solution to monitoring compliance could be found, to reduce the considerable stress on all parties.

(c) The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs such as dementia, mental illness or specific conditions are met under current funding arrangements.

Young People with Disabilities:

According to figures from the Australia Institute of Health and Welfare in June 2003 nationally there were 6 208 people under the age of 65 housed in residential aged care facilities. This figure represents four per cent of the total number of residents. A recent unpublished survey undertaken by an Aged Care Assessment Service in a major regional area in Queensland indicated that the figure for the area surveyed, which included rural areas, was as high as 10 percent. For younger people with a disability the preferred accommodation model is one within a community setting with the provision of the required supports provided in their own home.

Although it is acknowledged that residential aged care is not the best place for young people, aged care organisations do assist young people and their families where there is no alternative service option available. This is particularly evident in rural and remote areas in Queensland where the option to stay in a local community is only possible with the availability of a residential aged care place. It is obvious that residential care providers do so within an insufficient resource base and service model which is not acceptable to the disability movement. RCS funding level one is currently significantly less than equivalent disability funding. Even with the best will in the world to provide quality care, the real long-term care needs of younger people cannot be adequately met in this setting.

If no alternative arrangements are available for younger people, residential care providers should have enhanced funding to enable this group of clients to access appropriate age related community based services. Alternatively the restriction of accessing funded community based services such as centre based respite programs funded under the Home and Community Care Program should be relaxed for this client group.

The plight of the older carers caring for their children with disabilities, until their encroaching years and own physical well-being deteriorates to a point where they can no longer care for them also requires highlighting. They are faced with the dilemma of where these people (now sometimes in their 60's or older) are to go to receive care.

For carers there is significant evidence that adequate provision of a range of respite care models in communities can reduce the decision to access residential care places long term. Any discussion of appropriate accommodation models for younger people and their carers should also include discussion on the availability of preventative and maintenance programs such as respite care.

The provision of services to both older and younger people with disabilities should be addressed separately and not at the expense of the aged care sector, already struggling financially to maintain viability.

It should also be highlighted that where a younger person with a disability occupies aged care places an older person is denied access to that place and this should be considered within the planning for places.

Aged Care Queensland recommends that the Commonwealth and State governments work in collaboration to address the provision of alternative and appropriate accommodation and community based services for young people and older people with disabilities.

Dementia, Mental Illness or Special Needs:

One of the most problematic situations for aged care providers is residents with mental health and/or behavioural problems. Providers are torn between their duty of care to an individual resident and duty of care to the other residents in the home.

Many residents with dementia and/or behavioural difficulties require an environment where there is increased staffing levels to ensure each resident is safe and receiving appropriate care. The current levels of care subsidies (through the RCS) do not provide sufficient funding to cover these costs.

The proposed Supplementary funding (to commence in 2006) for residents with dementia exhibiting challenging behaviours, is not additional funding, but will be diverted from existing funding levels.

Residents with mental illnesses, in many instances, also require increased staffing levels to meet their day-to-day care needs and to manage their behaviour. There is no supplementary funding to recognize this greater level of need and there is also very limited access to specialist services to assist aged care providers to provide appropriate care. Many regions are unable to access psycho-geriatric services or behavioural management support services.

The problems outlined above created significant management challenges for all aged care providers, and are exacerbated for services providers in rural and remote areas where there are even less alternatives for ongoing care.

Aged care providers grappling with residents with severe behavioural and psychological symptoms, also have the added concerns of workplace health and safety issues when staff are being exposed to aggressive behaviours and physical aggression on a regular basis. Considering the acute workforce issues being experienced across the sector, this is just another trigger for care workers to leave the industry.

(d) The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly.

Aged Care Queensland has significant concerns about the adequacy and long term sustainability of Community Care funding in this state and nationally. Although community care is the preference for older people, younger people with a range of disabilities and their families, there has not been a significant shift of resources into this sector over the past two decades. The projected rapid growth in the number of people requiring community care will place significant pressure on both the formal service system and informal carers.

In Queensland a number of unique features have placed significant pressures currently on the community care sector and unless moves are made to address appropriate funding levels and to streamline the system, it will not be adequate to meet future demands.

Demographical Issues

According to Australian Bureau of Statistics June 2003 the National average of Growth in the population aged 65 plus was 25 %, in Queensland this figure represented a 32 % growth. The higher percentage of growth in the aged population experienced in Queensland has placed extra demands on community care services and highlights the importance of getting future planning for services right. Queensland is also experiencing migration rates from other states and this has placed significant demands on services in areas such as Hervey Bay and the Gold Coast.

The adequacy of home and community care programs needs also to be considered in the context of the decentralized nature of Queensland. Queensland has a higher percentage of population living outside of the capital city. According to Australian Bureau of Statistics 2001 only 45% of Queensland's population lives in our capital city compared with the nation average being 68%. With Queenslands population being geographically distributed in regional, rural and some very remote areas it is extremely important that community services are accessible to all without people having to move away from their communities.

The adequacy of home and community care services needs also to be highlighted for special needs groups. According to the Australian Bureau of Statistics 2001 Census Queensland has a higher percentage of indigenous people residing in this state (3.1%) than the national average of 2.2%. Significantly 27.5 % of the national indigenous population live in Queensland. This state has a growing population of people from culturally and linguistically diverse backgrounds. These groups will be a significant percentage of our population in the years to come.

It is important that home and community care services are available in communities where they are needed and that they are culturally appropriate.

People with complex needs

Access Economics (2003) for the Alzheimer's Australia estimates that dementia will be the greatest cause of disability in Australia by 2016. Dementia impacts on nearly one million carers now and this will rise to more than three million in 2042. Alzheimer's Australia research indicates that $110 million per annum is required to increase community awareness around early diagnosis, for dementia research, information and support and community and residential care. Seventy five percent of care for people with dementia is currently being provided by informal carers. Aged Care Queensland recommends a growth of at least six percent in community care services (plus indexation) is required to maintain access to basic services as well as enhancement to services such as respite care for clients with dementia and other complex needs.

Availability of Carers

Recent work commissioned by Carers Australia outlines significant issues now and into the future around the availability of informal carers. For Queensland the decreasing availablity of carers will have a significant impact on community care services.
There is also evidence that the de-centralised nature of our state and the limited geographical availability of services is placing extra burden on carers. These two factors often mean that many families have to travel great distances to access support appropriate to their needs. Carers Queensland report that it is not uncommon for carers of people with high support needs to have to travel distances equivalent to the distance from the top end of Victoria to its southern most point to access services such as respite. Faced with such a prospect many carers in rural and remote communities in Queensland choose to struggle along unassisted.

Aged Care Queensland recommends that the availability of community based services, particularly respite services, needs to be considerably enhanced in the short term and that long term strategies to address the projected lack of availability of informal carers are developed.

Levels of funding and service provision

The level of funding for home and community care programs in Queensland has lagged behind other states. According to the Commonwealth Department of Health and Ageing the national benefit per HACC eligible client in 2002/2003 was $381. For HACC eligible clients Queensland this figure was $368. Equity with other states on the distribution of HACC funds must be achieved as a matter of urgency to ensure that Queenslanders eligible for HACC Service delivery receive services.

The Federal Budget 2004 did contain some short- term initiatives for residential care however it did not consider the increased costs of delivering home and community care services. Aged Care Queensland members report that there is considerable lack of parity as to the real cost of delivering services to the subsidies received and this must be addressed immediately.

For home and community care providers in rural and remote areas there are significant disadvantages being experienced. For providers of Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) in rural and remote areas, unlike their residential care counterparts, no provision is made for a viability supplement. For residential care providers a supplement to assist with viability is applied according to the geographical remoteness of the service. Extra costs associated in Queensland with travel and operational costs are not taken into consideration in subsidy levels for home and community care services. Aged Care Queensland recommends that the Australian Government extend the Viability Supplementation to the Community Care Programs it funds.

For providers of services such as Veterans Home Care (VHC) no provision is made for funding travel costs to clients homes. For rural and remote providers this can be a significant amount of the overall service budget and we are aware of providers supplementing services such as VHC out of other funding pools.

Service provision data for services such as the HACC program demonstrate that service levels to clients is very low. Data derived from the HACC Minimum Data Set 2002-2003 indicate the average amount of domestic assistance received by nearly 42 000 HACC clients , was just 33.7 minutes per week . These figures show that nearly 6000 frailer HACC clients needing personal care (help with showering, shaving, getting meals etc.), received just 55.8 minutes per week (or 7.97 minutes per day) on average.

Aged Care Queensland recommends that an immediate increase of at least twenty percent and at least 6% growth per annum (plus indexation) each year in programs such as the Home and Community Care Program. This is required to ensure services are able to continue to meet the existing need for community care.

Further, the indexation method for the HACC programs, through the Commonwealth Own Purpose Outlays, (COPO) is inadequate and fails to keep pace with the rising costs of providing community care. Aged Care Queensland believes an additional increase of 10% is required for HACC and other community care programs to address the funding shortfalls and an immediate review of the method of indexation is required.

Streamlining and reform in the Community Care Sector

There is evidence of the need for wide ranging reform in the current community care system. Currently the major problems in the system require administrative reform and streamlining. Recent proposals included in the Australian Governments " A New Strategy for Community Care- The Way Forward" require further work in detailing a implementation plan and appropriate timeframes for the reforms.

Aged Care Queensland recommends that the Australian Government work collaboratively with State and Territory Governments to identify common areas for administrative reform across community care programs.

(e) The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

All levels of government must start working towards a continuum of care, in the quest to integrate the services required by older people. Services should be based on what the person needs rather than on what services are available.

Aged Care Queensland recommends that improvements are required in the following areas:

- Appropriate discharge strategies for residential and community care – consideration needs to be given to where the person is being discharged to i.e. residential care or community and understand the difficulties that might pose. E.g. an elderly person being discharged to the community following a week in hospital may be unable to arrange for the purchase of basics such as milk and bread, and be unable to obtain assistance from family and friends let alone services, particularly if discharged late on a Friday or early Saturday morning.

  If the person is being discharged to a residential care setting, the service provider can have difficulty arranging the person's GP to visit to write up medications or to authorize new treatments etc.

- Hospital worker's understanding of the aged and community care sectors is quite often lacking. If a little forethought were applied, support services would be able to be arranged to ensure the ongoing well being of the person and overcome the very real possibility of them requiring a re-admission because of poor planning.

  If the person is being discharged to a Low care residential facility, the hospital staff need to ensure that there are appropriately skilled staff available to manage the needs of the person on discharge. This is particularly so in an ageing in place facility, where high care residents may reside.

- Appropriate gerontic care whilst in Hospital. Unfortunately the acute sector tends to manage the 'problem' and not the whole person. Basic gerontic care necessary for the ongoing well-being of an elderly person is quite often overlooked.

- Medication issues – When a person is discharged from the acute sector there are a number of difficulties experienced with medications. For a person being discharged into the community, problems can arise when they get confused about what medications are to be taken when and even being able to manage the medications from the packaging. For people with cognitive loss and others with arthritic hands, managing medications can be a real problem and potentially dangerous.

For residential care and community care providers, there is a significant problem of gaining an accurate and up to date listing post discharge from the acute sector of clients current medications. Other issues exist around gaining sufficient medication supplies to last until further supplies can be obtained from the pharmacy. Staff have a legal requirement to obtain a written doctor's order to enable the registered nurse to administer medication to residents/ clients in these settings and this is often difficult to obtain.

- Availability and timeliness of Aged Care Assessment Service (ACAS) assessments – Elderly people can be 'stuck' in the acute system awaiting ACAS assessment that will allow them to access residential care services. Issues surround adequate provision of resources for ACAS and timing of assessments i.e. not being carried out whilst a person is acutely ill. Service providers experience a level of frustration at being unable to provide an elderly person awaiting residential placement or community aged care packages with a service because they do not have a current ACAS approval.

- Ongoing care needs – sub-acute or transitional - There is also the frustration that a person who the hospital wishes to discharge, but who still requires some interim, post-acute or step-down care is unable to access respite care because it is outside the guidelines for respite.

- Hospital in the Nursing Home and Hospital in the Home type services. Current pilots of these models have highlighted the potential to expedite the transition of elderly people to the residential care sector or to their own homes from the acute sector. The availability of these models of care must be extended and appropriate levels of funding considered. More emphasis on enhancing the interface between the acute sector and residential and community care needs to be undertaken.

References

Access Economics 2003 *The Dementia Epidemic: Economic Impact and Positive Solutions for Australia.* Alzheimer's Australia, Canberra

Alzheimer's Australia *Dementia Manifesto 2004-2007* August 2004

Australian Bureau of Statistic 2001

Australian Institute of Health and Welfare 2004 *Residential Care in Australia 2002-2003: a statistical overview.* Publication category number AGE 38

Commonwealth Department of Health and Ageing Annual Report 2003

Queensland Community Care Coalition Facts Sheet July 2004: HACC Minimum Data Set Information

AGED CARE QUEENSLAND

AGED CARE QUEENSLAND INCORPORATED

UNITED IN CARING

WHO ARE WE

Aged Care Queensland Incorporated (ACQ) is a not-for-profit Association consisting of more than 400 members who provide care and accommodation services to aged and disabled Queenslanders at approximately 800 sites.

ACQ members operate nursing homes, hostels, independent living units, rental accommodation for the aged, serviced apartments, respite care and in-home care services. ACQ assists members by promoting their work to the community and to Governments, and by keeping members informed of matters that affect their operations. It also facilitates policy development and strategic development for the industry, and offers education and training specific to the aged care industry.

Membership of ACQ is open to all organisations serving older Queenslanders – church, charitable, community, private enterprise, State and Local Government. Companies who supply goods or services to villages, care facilities and community services can also show their support for the aged care industry by joining as Industry Partners or Corporate Subscribers.

ACQ is affiliated with national organisations, Aged and Community Services Australia (ACSA), Australian Nursing Homes and Extended Care Association (ANHECA) and the Retirement Village Association Ltd (RVA). This allows it to maintain links with Australia's Federal Government and promote member services at the national level. To assist in benefiting the industry, ACQ works with other State Associations (where consistent with its objectives) to ensure a national voice is heard.

ACQ recognises that its members are independent bodies with their own philosophies, aims and objectives. It assists them to provide services of excellence to the people of Queensland.

VISION STATEMENT

Creating, in partnership and through innovation, consumer-driven quality choices in aged care, accommodation and community services.

MEMBERSHIP VALUES

Aged Care Queensland Incorporated is the Queensland peak body for the providers of aged and community care and retirement services in that State. Those providers are from both the not-for-profit and for-profit sectors. ACQ's membership includes churches, charitable and indigenous organisations, private and public companies and ethnic groups. All are united in a common concern to provide aged, community and retirement services of excellence.

Each member of ACQ shall at all times aspire to provide services which will enable older Queenslanders to enjoy the maximum quality of life they are capable of achieving. To this end ACQ will provide services which seek to:

- Enhance each person's autonomy and self-actualisation in his or her every day life
- Maximise each person's quality of life as they define it
- Offer the best and most appropriate facilities and/or care for each person's circumstances
- Give all people we serve and their families opportunity to provide input into the planning and provision of services within the limits of our ability
- Give all people we serve and their families opportunities to voice grievances without fear of reprisal
- Create an environment in which each person can live and die with dignity

Affiliated with

Aged & Community Services • Australia

ANHECA

RVA AUSTRALIA