INQUIRY INTO RESIDENTIAL AND COMMUNITY AGED CARE IN AUSTRALIA

To address the terms of reference:

a. **Whether current funding levels are sufficient to meet the expected quality service provision outcomes.**
    - The lack of recognition of aged care workers and nurses work load is resulting in a large number of aged care trained staff contemplating exiting the industry, citing only their love for those within residential care as a motivator for staying in the industry. The lack of funding and the degree of wage disparity between Aged Care nurses and other nursing sectors is a significant factor affecting not only recruitment and retainment of staff , but also undermining the worth of staff, resulting in the need for constant morale boosting to retain a valuable workforce for a vulnerable population of consumers.
    - Funding levels are inadequate to meet service delivery for some residents. There is no correlation between what is funded and what has to be provided for Accreditation Standards to be met. Due to "duty of care" May Shaw is often compelled to provide services to some residents who, under the criteria set down, are not eligible but whose quality of life and general well being and wellness depends on the provision of such services, e.g. A low care resident who has a mental health issue and is a non compliant diabetic resident with little or no assets needing diabetic foot care and specialist appointments in major centre; results in May Shaw needing to arrange and provide these services despite a lack of correlation between funding and resident's needs.
    - ACFI criteria is not commensurate with low level care needs significantly under representing the true costs of care required by consumers, and not considering the impact of meeting these needs in a rural and remote setting.

b. **How appropriate the current indexation formula is in recognising the actual cost of pricing aged care services to meet the expected level and quality of such services**
    - Complex health care needs, specialised product use and dispensing of medication, whilst funded under ACFI, are often understated when viewed as part of a holistic care plan for older clients. Indexation needs to be targeted to take into account the clients evolving needs, and the subtle changes that require care that do not result in a significant enough category alteration to re-lodge a new claim under ACFI.
    - Funding such as Community Aged Care Packages and Extended Aged Care at Home work well but need to go further to recognise when a person needs residential care. No point having a carer go to someone's home 5 days per week and have meals on wheels delivered every day if that same person is wandering around the neighbourhood at night due to dementia.

c. **Measures that can be taken to address regional variations in the cost of service delivery and the construction of aged care facilities.**

    Service delivery:
    - Incentives for staff recruitment and service delivery in rural and remote areas i.e. subsidised transport, freight, fuel for travelling staff.
    - Partnership agreements with major centres to improve buying capacity and enable rotation of soon to be "out of date" medications and other goods.
    - Government contracts for goods and services to be more flexible to allow for variations in the need for such goods and services.

    Construction of facilities:

- Construction is not taking into account the future needs of the population who do not currently reside in care, i.e. the future baby boomer impact on RCF construction. Restructuring and updating older facilities often ensures minimum compliance with needs and does not fully result in an OH&S risk free work environment for staff working in adapted 'old rooms' with new bed lowering technology and lifting devices.
- Bonds need to be universally applied to high and low care, be subsidised by government for low income consumers or entirely withdrawn, and an alternative construction and building maintenance funding strategy introduced (maybe government contractors to maintain buildings).
- Move to a house model of care enabling multifunctional and multidisciplinary services to cater for diverse groups such as hostel accommodation for low care residents, dementia specific, high care residents, allied health, and recreational facilities in separate houses set up in a village like atmosphere to better envelope community and service needs of consumers.

d. Whether there is an inequity in user payments between different groups of aged care consumers and, if so, how the inequity can be addressed.

- Residential aged care facilities can not function without high fee paying clients but the inequity is blatantly obvious. This often results in demands, by these high fee paying residents which are beyond the realm of possibility and scope of practice for any facility. This can cause friction and dissatisfaction. There is no real solution without an injection of Government funds due to the user pays nature of the industry.

e. Whether the current planning ratio between community, high – and low – care places is appropriate.

- Under ACFI low care will be at accelerated levels in the community, resulting in needs increasing for CACPS and EACH places. Community carers and community nurses will need to be recruited and streamlining of red tape regarding the roles of providers of community care. High care and end of life residents appear to be the only ones who will be funded to be in residential aged care.
- Bed licences should not be prescribed by a Government department they should be open and flexible and based on community need at any given time. This will allow for better use of resources and discount the need for community members to seek residential aged care away from their local area.

f. The impact of current and future residential places allocation and funding on the number and provision of community care places.

- There is a need for different criteria for high and low care. The idea of predicting yearly in advance the future clients and their needs can result in both under and over servicing. Under utilisation of funds results in them needing to be paid back and sometimes leaving inadequate funding for the next funding period.

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