

4 October 2018

Standing Committee on Health, Aged Care and Sport
PO Box 6021
Parliament House
CANBERRA
Canberra ACT 2600

Dear Committee Secretariat

Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018

National Seniors Australia welcomes the opportunity to make a submission to the Standing Committee on Health, Aged Care and Sport regarding the *Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018*.

National Seniors supports ongoing reforms in the aged care sector and the ongoing implementation of Consumer Directed Care (CDC). Under CDC, consumers are increasingly granted greater choice about care and the way that care is administered. Increased choice is an important tool for driving quality in aged care because it empowers consumers to choose providers and services that suit their needs. This has the potential to create better outcomes for consumers as providers improve their service offerings in response to consumer demands and preferences.

The provision of clear and accurate information about aged care services is an essential part of the CDC model. As the aged care sector shifts towards CDC, there is a need to develop and refine the types of information available to consumers. This will lead to greater transparency and accountability and will encourage aged care providers to improve their services to older Australians.

Staffing qualifications and numbers are but two of a myriad of factors that impact on consumer choice in the aged care setting. Staffing is a significant and perennial concern for National Seniors members, many of which have relatives or friends in care or face the prospect of requiring care in the not-to-distant future.

National Seniors regularly receives feedback from members highlighting the link between quality of care and staffing in the residential aged care setting. Many of our members have commented to us they are concerned about both the skills and qualifications of staff and the number of staff available in the residential aged care setting. Many of our members would like to see minimum staffing ratios instituted within residential aged care.

The following quotes from members demonstrates some of these views:

The second most common complaint is the understaffing. Mostly there is only one qualified nursing sister supported by nursing aides who cannot administer medicine or make decisions about care.

NSA Member

Minimum staff to resident ratios is urgently needed in Aged Care. I was a Registered Nurse (RN) employed in an Aged Care Facility last year for just under 20 years and during that time where we use to have 2 RN's for 50 residents in 3 high care sections and an RN in the Hostel section of 40 residents on a day shift (7am - 3:30pm) in the last 12 months our number was reduced to 1 RN for the whole facility of 90 residents.

NSA Member

There is no current requirement for a registered nurse on each shift but there should be.

NSA Member

There should be an established nurse to patient ratio requirement for all aged care facilities. It is interesting to note that the childcare industry has mandated minimum staff to children ratios, public hospitals have or are introducing nurse to patient ratios, but the equally vulnerable older people are seemingly not sufficiently important to warrant such ratios. This is an example of ageism at its worst.

NSA Member

Make sure there is an adequate number of trained staff available to match demand. Many staff members work very hard and are under strain at present. Residents have at times waited up to 30 minutes for a response to their call button when they have needed help, medicines have been late, urine containers have not been emptied, beds have not been made. The staff are doing the best they can, but they cannot care for high care, dementia, and low care residents as they want to.

NSA Member

My Dad passed away in a Prince Charles Palliative Care Unit the local hospital on the 16.2.16 – the hospital insisted that he should return to the Home and be nursed. When he had arrived by ambulance at Prince Charles, he had been suffering from diarrhea, vomiting and his overall condition was very poor. I had in fact left work to help care for him in the Home the situation was

deplorable, hygiene was at a low and a number of residents had the same complaint, staff just couldn't cope.

NSA Member

If a resident requires much more than pills dished out at a regular interval, well their doing a good job!

NSA Member

My mother was in a nursing home for just under 2 years. She was unable to leave her bed. I visited her every day. She was well looked after, and the people were kind but too busy to really stop and care beyond meeting physical needs.

NSA Member

With an ever-aging population and their residents only going to need greater levels of care, I think a good look at staffing levels per number of patients and level of training needs to be addressed - across the whole Aged Care sector! there are not enough staff to handle patient care such as moving someone when more than 1 nurse may be required or when more than 1 person needs help at the same time.

NSA Member

The workload for RN's in Aged Care is excessive with missed meal breaks and rarely finishing on time. Trying to keep up with each resident's condition/needs, supervising staff, documentation including nursing care plans, attending meetings, Doctor's rounds was exhausting.

NSA Member

My mother has been in a home for six years and I have watched the level of care decline over this time and they have drastically cut staff.

NSA Member

This submission draws on these and other insights from our members combined with analysis of the draft legislation to provide feedback to the committee. Based on our member feedback and our analysis of the draft legislation, National Seniors supports the proposed amendment, however we also raise several potential issues for consideration.

Under the proposed legislation, subsection 9-3C (1), there is an obligation on all providers to notify the Secretary of the ratio of care recipients to staff members.

This is supported. Providers should be aware of the number of staff relative to the number of residents in their facility and we would expect that this is done on routine basis as part of day-to-day workforce planning to ensure that aged care residents receive adequate care. Obliging all providers to do this on a regular basis will entrench this as an important practice within aged care homes.

Under the proposed legislation, subsection 9-3C (2), there is a further obligation to break down the ratio with respect to staffing categories.

This is supported. Providers should be aware of the number of staff with specific qualifications and skills in their facility. Again, we expect that this is done on routine basis as part of day-to-day workforce planning activities to ensure there are adequately trained and skilled staff to administer the appropriate level of care to residents.

Under the proposed legislation, subsection 86-9(1A), there is also a requirement that the Secretary make publicly available any information about staff to care recipient ratios.

This is supported. National Seniors hope that this requirement will lead to the publication of staffing ratios on the My Aged Care website so that consumers are better informed about the number of staff available and the number of staff with different skills and qualifications available in different homes.

We believe this information will likely serve as a *general* guide for consumers. It could provide consumers useful information to give them a basic understanding of the number of staff likely to be available in a specific home.

As a *general* guide, staffing ratios will likely serve to highlight those homes with staffing ratios outside of the “normal” range.

It may, for example, highlight facilities with exceptionally high ratios, in which there are lower numbers of staff relative to residents. If consumers view staffing ratios as indicative of quality, as many of our members do, aged care homes with high ratios would likely find it difficult to attract residents. This may encourage them to increase staffing levels.

The requirement to disclose staffing ratios by staffing category (qualification and skill level) will further ensure that consumers have a better understanding about the quality of nursing care in a prospective home. National Seniors has heard from members that some providers are replacing highly trained nurses with lower qualified nursing staff (with only Certificate III training) to perform critical nursing activities, such as administering medications and wound care. This is concerning because we have also had feedback that the quality of nursing care is not always of a high standard.

If consumers have the capacity to see if a home has more highly trained staff relative to the number of residents, they will have a better idea about the level of nursing care they are likely to receive. Consumers with acute care needs will likely avoid homes that do not provide adequate numbers of staff with higher qualifications.

The introduction of the legislation will likely also highlight facilities with exceptionally low ratios where there are a high number of staff relative to residents. Homes with exceptionally low ratios relative to others would likely find their services in higher demand.

While mandating the collection and publication of staffing ratios will provide consumers with a *general* guide to staffing levels in aged care facilities, we do not believe that ratios alone, should be used as a sole means of selecting an aged care home. There are several reasons why staffing ratios, as put forward in the draft legislation, provide only a *general* guide to consumers.

One potential issue with the draft legislation is it does not specify which times of the day that staffing ratios pertain.

National Seniors is aware there are different staffing requirements throughout a 24-hour period. Staffing workloads are heaviest in mornings and during meal times when residents require intensive assistance but less at night time.

The legislation implies that staffing ratios would be an average over a four-day period, however we question whether this provides enough detailed information to support consumer decision making. National Seniors is concerned that averaging does not give consumers an adequate level of understanding about the level of care they can expect in a prospective home.

National Seniors is concerned that some providers are not providing adequate staffing at different times during a 24-hour period. We are aware, for example, of instances when low staffing levels in periods of low demand, such as at night, result in substandard care for residents.

At night there are no RN's on duty, so no one with true medical experience is there to help with minor or major problems... practice is to call an ambulance - not helpful if someone is bleeding after a fall or having breathing difficulties.

NSA Member

At night patients are looked in on too infrequently. If anyone falls after 10.00pm they may end up lying there till 6.00am if they cannot reach the buzzer. (Which happened with my mum)

NSA Member

There is generally a shortage of adequately trained aged care workers, especially during the night.

NSA Member

The draft legislation should specify that staffing ratios be reported such that they correspond with specific shifts to increase transparency. National Seniors would support an amendment to define this in the draft legislation

Another issue with the draft legislation is the lack of reference to resident need.

While the draft legislation specifies staffing categories there is no requirement to specify resident need. This is potentially problematic because each home will have a different mix of residents with differing needs. These differing needs will likely result in differing staffing requirements.

Under Aged Care Funding Instrument (ACFI) providers receive more funding for residents with higher needs. A home with a higher proportion of high needs residents should theoretically be using these extra funds to meet these higher needs. In many instances this will result in higher numbers of staff to deal with a residents higher needs.

As it is drafted within the proposed legislation, staffing ratios will not be able to account for differences in need. This could cause differences in staffing ratios, which may raise difficulties for consumers hoping to use ratios as a tool to compare the likely quality of care in different aged care homes.

For example, Home A has more high needs residents and increased funding. As a result, Home A may have a lower staffing ratio because it needs more staff to deal with the greater number of high needs residents.

In comparison, Home B has less high needs residents and subsequently less funding. As a result, Home B may have a higher staffing ratio because it needs less staff to deal with the lower number of high needs residents.

A consumer with low needs may choose Home A because it has a low staffing ratio. But they may not realise the ratio is low because the home had many high needs residents. They may find they receive less care because staff are required to attend more frequently and for longer periods with higher needs residents.

However, because the draft legislation does not account for need in defining ratios, it is likely that a consumer would believe that a lower ratio home will give them better care. However, it may not be true that an aged care home with a lower ratio necessarily provides better care. There may be instances where homes with higher ratios achieve better outcomes or quality of care for residents.

Any of the following factors could improve care quality independent of staffing ratios:

- quality of the individual staff (regardless of staffing category);
- use of processes, systems or technology to improve care;
- level of frailty, need or dependence of individual residents; and
- availability of carers or volunteers (to augment activities of paid staff).

In this regard, National Seniors believes that ratios, as presented in the draft legislation, can only ever provide only a *general* guide to the quality of care in aged care homes - unless the legislation is amended to account for need in some way.

A further issue with the draft legislation is the way that the legislation specifies when the staffing ratios information is collected in subsection 9-3C (4).

National Seniors is concerned that any move to set the days that the information is collected will leave the measure open to abuse by providers.

National Seniors has been a strong supporter of making all accreditation visits unannounced. We supported this change in the accreditation regime due to feedback that we received from our members that providers were altering their activities, including putting on more staff during announced visits, because they knew when an accreditation was going to occur.

We would support an amendment to the draft legislation so that the dates for collecting the staffing ratio information are either randomly selected or not prescribed to ensure providers cannot game the system.

Staffing ratios should be part of a broader suite of information available to consumers to enable choice and drive quality improvements.

There is no doubt that staffing ratios are viewed among our members as a strong indicator of the quality of care in aged care homes. However, it will be important that the publication of staffing ratios is combined with other metrics, such as quality indicators, to further improve consumer choice.

It is disappointing, for example, that the collection and use of quality indicators under the National Aged Care Quality Indicator Program (QI Program) is still voluntary. While out of scope of this inquiry, National Seniors would argue that all providers be required to provide information about quality as is done through the QI Program. This will further support consumer choice.

Despite some of the limitations of the draft legislation, National Seniors supports adopting the proposed amendment to the *Aged Care Act 1997* as a step forward in providing more information to consumers as part of the ongoing implementation of the CDC agenda.

Yours sincerely



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