HammondCare
An independent Christian charity

Submission to the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018 Inquiry: October 2018

About HammondCare

HammondCare is an independent Christian charity recognised internationally for excellence in providing dementia care. We provide residential aged care, home care and health services in NSW, Victoria, Queensland and the ACT. Around two thirds of our aged care homes are built and run as a series of small, standalone cottages providing evidence informed dementia-specific care. HammondCare also leads the consortium providing the national Dementia Behaviour Management Advisory Service (DBMAS) and the Severe Behaviour Response Teams (SBRT).

Introduction and general comments

HammondCare welcomes the opportunity to provide comment on the Aged Care Amendment (staffing Ratio Disclosure) Bill 2018. HammondCare supports the principles that underpin this Bill, including the importance of transparency and public accountability from aged care providers, as well as the need for increased competition among aged care providers based on the quality of the services they provide. However, we do not believe the Bill in its current form is the best way to achieve these outcomes. By singling out staffing ratios alone as a proxy measure of safety and quality, this Bill would provide consumers with an incomplete picture. It is questionable too whether ratios are the best way to measure the adequacy and quality of staffing in a residential aged care service. We are also concerned that the changes proposed in this Bill could disadvantage innovative models of care that offer a different approach to conventional aged care homes, while delivering improved outcomes for residents.

A single component of quality and safety

The number and type of staff employed in a residential aged care home has a critical impact on the safety of residents and the quality of care that is provided in the home. However, it is just one of many factors that impacts care in an aged care home. Amending the Aged Care Act to focus on this single input into safety and quality will highlight it above these other areas. Any measure to provide greater transparency into residential aged care homes should be more comprehensive in its scope. It may be argued that the proposal in this Bill has been designed to serve as an interim measure. However, we believe it is crucial, for consumers as much as aged care providers, to ensure that any changes to increase transparency must be designed well, incorporating a broad range of factors that are relevant to consumers.

On their own, the measures outlined in this Bill would lead a reasonable member of the public to assume that higher levels of staff with higher qualifications reflect higher quality of care. Yet this is not always the case, which is why other jurisdictions that provide public information about staffing levels in residential aged care services do not publish it in isolation. In the USA, for example, key staffing information is provided for all aged care

homes on the government's Nursing Home Compare website.[1] The site presents a staffing score for each home, based on comparisons of the ratio of residents to staff in various categories with state and national averages. As well as the staffing score, each care home is also given a score for health inspections, quality measures and an overall rating, providing a broader context for the staffing information. There are numerous examples of homes on Nursing Home Compare that have 'above average' staffing ratings yet still have 'below average' overall ratings as a result of poor health inspections or quality measures. At the same time, other facilities have 'below average' staffing ratings yet have 'above average' overall ratings. The US experience makes it clear that staffing levels on their own, provide an incomplete picture of care and must be presented in a broader context.

Alternative methods for measuring staffing adequacy

The methods employed in foreign jurisdictions also demonstrate that there are other methods for measuring the adequacy of staffing levels. England's Care Quality Commission (CQC), for example, has a rating system for care homes that experts consider one of the best in the world.[2] Like the USA, this rating system considers staffing levels among a broader range of safety quality measures. Unlike the USA, it does not publish staffing ratios but instead, includes an assessment of staffing levels in broader rating scores.

The outcomes-focused rating system in the UK is based on inspections from the CQC. In their observations and investigations, the English inspectors consider the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

For each of these questions, homes receive one of four ratings:

- Outstanding
- Good
- Requires improvement
- Inadequate

In considering the first question (Is the service safe?), the CQC inspectors look at the adequacy of staffing within the home using a range of investigatory methods. These include interviewing residents and their families, interviewing care staff, interviewing managers, looking at rosters, observing staff interactions with residents and observing staff responses to call bells and alarms. Based on these investigations and observations, the English inspectors are able to make an assessment of staffing levels, drawing on their own expertise and experience while considering each home's model of care and unique resident mix.

The approach to monitoring, measuring and publishing information on aged care homes in overseas jurisdiction shows that information on staffing levels is more meaningful when considered in a broader context. By simply highlighting staffing ratios, this Bill would give an incomplete picture of residential aged care services. The evidence from England also shows

[1] https://www.medicare.gov/NursingHomeCompare/
[2] https://www.cqc.org.uk/what-we-do/how-we-do-our-job/ratings

it is possible to provide consumers with useful information on staffing levels without publishing ratios.

Innovative models of care

HammondCare wishes to draw the Committee's attention to the risk that the changes proposed in this Bill could also portray innovative models of care in an unfavourable light. This includes HammondCare's evidence-informed, dementia-specific cottage model of residential aged care which we have been offering to consumers for more than 20 years. A recent study has shown that this model provides improved outcomes for residents compared to more conventional models of residential aged care.[3]

The cottage model of care

HammondCare's dementia-specific aged care homes are built as a series of small, standalone cottages or household units and built according to internationally recognised dementia design principles. These include domestic kitchens and laundries, ready access to the outdoors, reduced unnecessary stimuli and clear visual accessibility. Each cottage or household has between eight and 15 residents who, following an in-depth assessment, are found to have similar abilities and care needs. This means that the care staff in each cottage can provide care that is focused on residents' particular needs.

Within the cottage environment, multi-skilled care workers called Specialised Dementia Carers (SDC) work with the same residents on a regular basis, getting to know them over time. The SDCs complete orientation and receive initial and ongoing specialist training in both dementia care and palliative care. They also receive on-the-job support from Workplace Trainers. Each SDC works as a case manager for a small number of residents, spending extra time with them and building strong relationships with their families and other primary health professionals. This enables staff to identify residents' changing needs more effectively. The SDCs work flexibly to perform a range of domestic duties, such as preparing freshly cooked meals and cleaning, as well as providing care and support. This gives them the opportunity to structure their work around resident needs, rather than tasks, as well as participating in day-to-day decisions about the running of the cottage.

Within this model, the role of registered nurses (RNs) or Specialist Dementia Advisors (SDAs) is to work as clinical consultants as part of the multidisciplinary care team and to perform technical clinical tasks. They support, teach and equip SDCs with the case management approach, developing care plans, maintaining clinical records, participating in case reviews and handing over clinical information. SDCs are trained to escalate clinical matters to RNs beyond their scope.

Under this approach, the RNs coach and support SDCs to perform some clinical tasks. For example, RNs oversee medication management and support SDCs, who have received additional training and reached a required level of competency, to administer medication to residents. In doing so, the SDCs use dose administration aids prepared by pharmacies,

[3] Dyer, SM et al, 2018, 'Clustered domestic residential aged care in Australia: fewer hospitalisations and better quality of life', Medical Journal of Australia, Vol, 208, No. 10, pp. 433-8; Harrison, SL et al, 2018, 'Costs of potentially inappropriate medication use in residential aged care facilities', BMC Geriatrics, Vol. 18, No. 9. See also: http://www.flinders.edu.au/sohs/fms/sohs_courses/Documents/INSPIRED%20study%20summary%20brochure.pdf

ensuring that the correct medication is administered to the right resident at the right time. Within this medication policy framework, RNs check, audit and track the administration of medication and have mechanisms for managing incidents should they occur. When a resident has a change in medication, an RN oversees the implementation of new arrangements to ensure that there are no adverse outcomes.

Independent analysis of the cottage model has shown that it has the following staffing characteristics when compared to more conventional aged care homes:

- Fewer RNs, more personal care attendants/SDCs and more overall care staff to residents.
- Higher ongoing investment in training for staff.
- Higher overall wage costs.

The recent study[4] comparing resident outcomes in cottage model aged care homes with those in more conventional aged care homes found that residents in cottage model homes:

- Had better consumer-rated quality of life.
- Were 68% less likely to be admitted to hospital.
- Had a 73% lower chance of presenting to an emergency department.
- Were 52% less likely to be prescribed a potentially inappropriate medication.

Shortcomings of the Bill

Despite these obvious benefits, HammondCare is concerned that the proposed measures outlined in the Bill could potentially disadvantage the cottage model, primarily because:

- In its current form, it does not clearly show that the cottage model has an overall higher ratio of care staff to residents than most standard aged care homes. This is an important measure that is meaningful to prospective consumers.
- The 250-word allocation is not sufficient for explaining the following details that would be useful to prospective consumers and their families:
    - The cottage model of care and how it impacts on staffing levels.
    - The evidence for better consumer outcomes associated with the cottage model of care.
    - That an SDC in a HammondCare aged care home has additional training and on-the-job support that a personal care attendant in most other aged care homes would not have.
    - That 'other staff members' not included in the categories of staff could include positions such as Workplace Trainers who provide on-the-job training, mentoring and coaching to care staff.

[4] Dyer, SM et al, 2018, 'Clustered domestic residential aged care in Australia: fewer hospitalisations and better quality of life', Medical Journal of Australia, Vol, 208, No. 10, pp. 433-8; Harrison, SL et al, 2018, 'Costs of potentially inappropriate medication use in residential aged care facilities', BMC Geriatrics, Vol. 18, No. 9. See also: http://www.flinders.edu.au/sohs/fms/sohs_courses/Documents/INSPIRED%20study%20summary%20brochure.pdf

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Conclusion and suggestions for a way forward

HammondCare supports the intent behind this Bill. At the same time, we believe that by focusing solely on publishing staffing ratios, while ignoring other components that impact on the quality and safety in residential aged care services, it is an inadequate response to the need for increased transparency. As a way forward, we suggest that future measures to publish staff ratios:

- Consider the overall care staff to resident ratio and give consumers the opportunity to understand more about different models of care and the evidence behind them.
- Be balanced against other methods of measuring and reporting on the accuracy of staffing levels.
- Be published alongside other relevant quality information, including the findings of the soon-to-be-formed Aged Care Quality and Safety Commissioner.
- Be established through a consultation process led by the Department of Health, seeking the views of consumers, aged care providers and experts, as well as considering international evidence.

We invite members of the House of Representatives Standing Committee on Health, Aged Care and Sport committee to visit a HammondCare aged care home that is built and run according to the cottage model.