



# Australian Nursing and Midwifery Federation (SA Branch)

## Submission to The Senate Community Affairs References Committee Senate Inquiry:

Financial and tax practices of for-  
profit aged care providers

**June 2018**

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### **Committee Secretariat Contact:**

Senate Standing Committees on Economics  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Phone: +61 2 6277 3540

Fax: +61 2 6277 5719

[economics.sen@aph.gov.au](mailto:economics.sen@aph.gov.au)

### **Terms of Reference**

- a) the use of any tax avoidance or aggressive tax minimisation strategies;
- b) the associated impacts on the quality of service delivery, the sustainability of the sector, or value for money for government;
- c) the adequacy of accountability and probity mechanisms for the expenditure of taxpayer money;
- d) whether current practices meet public expectations; *and*
- e) any other related matters.

## Introduction

The Australian Nursing and Midwifery Federation [ANMF] (SA Branch) welcomes the opportunity to provide a submission to the Inquiry into Financial and Tax Practices of For-Profit Aged Care Providers in Australia.

The core business of the ANMF (SA Branch) is the professional and industrial representation of our members and the professions of nursing and midwifery. Current membership stands at more than 20,000 nurses, midwives and personal care assistants/assistants in nursing who work across all settings in which aged care is delivered, including those members directly employed in the residential aged care sector.

Our strong and growing membership and integrated role as both a professional and industrial organisation provides us with a comprehensive understanding of all settings across the healthcare sector. With nurses longstanding reputation within the community as the most trusted profession, ANMF (SA Branch) is uniquely placed to provide evidence that can:

- support quality care;
- provide informed interpretation on safe quality models of care and on systems and processes for the delivery of healthcare; and as you will see within this submission,
- on behalf of the community, provide a safe vehicle for community members at large to voice their concerns.

It is with these objectives in mind that ANMF (SA Branch) provides a response to the inquiry's call for submissions. We take this opportunity to once again strongly advocate for change to the aged care sector which will guarantee appropriate and safe quality care for some of our most vulnerable citizens. That is, those people who reside in residential aged care.

ANMF (SA Branch) has previously contributed to Federal ANMF submissions and responses to the numerous reviews and inquiries relating to the Aged Care Sector that have occurred over recent years.

Each of those inquiries contained overwhelming evidence, documenting the ever increasing inadequacy of staffing numbers and appropriate skill mix and the failures of both industry and regulators to provide appropriate staffing that can deliver the necessary care. This effective reduction in staffing levels and skills mix, has resulted in the erosion of quality

resident outcomes, declining standards of care and to the rising incidence of clinical harm to residents in residential aged care facilities.

This ANMF (SA Branch) submission will address the following three points from the terms of reference on behalf of South Australian's impacted by the care and service delivery models promulgated by the for profit providers:

- a. the associated impacts on the quality of service delivery, the sustainability of the sector, or value for money for government;
- b. whether current practices meet public expectations; *and*
- c. any other related matters.

## The growth of corporate, for profit providers of care in South Australia

Since 2010, South Australia has seen a significant rise in the number of large conglomerate for profit providers acquiring residential aged care facilities including Allity, Estia, Regis, Bupa and Japara, who all feature prominently in the *Tax Justice Network – Australia, Tax avoidance by for-profit aged care companies: profit shifting on public funds report*; [https://www.globaltaxjustice.org/sites/default/files/ANMF\\_Tax\\_Avoidance\\_Full\\_Report.pdf](https://www.globaltaxjustice.org/sites/default/files/ANMF_Tax_Avoidance_Full_Report.pdf).

In 2014 the Australian government implemented a number of significant aged care reforms such as the removal of the distinction between high and low care residents. This change afforded providers opportunity to capitalise on weaknesses within the Aged Care Act 1997 and a loosening of aged care regulations, to institute profit optimisation strategies which have proven to be at the expense of resident safe care and quality outcomes.

These strategies saw providers implementing significant reductions to the number of staff and to the dilution of skill mix of staff in residential aged care facilities.

The Aged Care Act 1997 indicates the numbers of care staff should be adequate to meet the assessed care needs. However it provides no definition or regulation on what the volume or skill mix of workers must be based on to safely meet the needs and care requirements of residents. Indeed the minimal requirements that applied at the time of the original Act and Principles being created have been removed.

At a time when resident complexity and acuity were increasing and the number of high care residents rising to form the majority of the residential aged care population - many for profit providers began implementing lower staff numbers and reduced skill mix.

The Australian public expect government safeguards to protect resident's, to ensure no harm is done and to require that quality outcomes are achieved.

Monitoring against accreditation standards is under taken by the Australian Aged Care Quality Agency and should indeed protect the public. It is well documented that this protection has been not been effective.

ANMF SA Branch has consistently provided evidence which demonstrates that inadequate staffing and inappropriate skill mix negatively impact upon the quality of care provided to residents and significantly increase the potential for harm – both in terms of morbidity and mortality. This is evidenced by the increase in non-compliance notices issued by government departments to aged care providers and the numerous other reviews into aged care.

For the purposes of this inquiry, ANMF SA Branch provides a collation of email feedback provided to us from members of the community. The feedback outlines their observations and concerns relating to, the impact of cutting staffing hours and reducing skill mix; failing to meet consumer expectations of care for their loved one and a failure to act on concerns raised by them. The consumer respondents have requested their anonymity be maintained.

## Consumer Concerns communicated to ANMF SA Branch

### **Subject: Allity staff cuts**

*"My sister and I are extremely concerned about the proposed changes by Allity to the care being provided at Charles Young Residential Centre at Morphettsville.*

*When my mother first moved into the facility in 2011 it was run by ECH and one of the reasons we chose it was due to the fact that it was a not for profit facility. We were concerned when it was taken over by Allity, a for-profit organisation, and attended the meetings run to assure us that the same high standard of care would be provided. For the first year with Allity we did not notice significant changes in relation to care but have definitely noticed changes in the last 12 months in particular.*

*More qualified staff were redistributed into other wings of the facility causing distress to residents such as my mother, who was concerned to know "but who will be able to understand me when I get distressed. Chris always knows how to calm me." After some weeks staff returned to their normal areas and things went along as before. Personal Care Workers assumed new responsibilities in relation to medication administration, which in itself is concerning when such tasks were previously undertaken by licensed nursing staff. I am assuming that under the new proposals my mother could continue to have medication administered by unlicensed staff and not be seen or spoken to by an Enrolled or Registered Nurse for days on end.*

*My mother has recently been admitted to hospital for a blood transfusion. Under the new arrangements, who will have the skill to notice that she is anaemic and requires medical intervention if she is not seen regularly by trained nursing staff?*

*I understand that 2 of the senior staff in my mother's section are losing their jobs in favour of younger, less expensive and less experienced staff. While these younger staff may develop into wonderful and effective nurses in time, I would prefer that there is a range of experience and knowledge, both new and old, to ensure that my mother gets the best care.*

*Cuts to staff and care hours will increase the profitability for Allity as it seems ridiculous to assume that the cuts proposed will enhance care and as Allity are undertaking extensive renovations to provide more beds, I can only assume that profits are more important than care.*

*We have noticed during the last year, in particular, that there are less staff popping into our mother's room unless it is for placing towels or offering a cup of tea whereas previously staff would wander in to chat with families and update us on colds, good and bad days, etc. It is now far more difficult to find a staff member and even more difficult to find one that we recognise or know by name if we want to find out more information about her general emotional state, treatment for a lingering cough, etc.*

*My sister and I are very concerned about the proposal to sack Enrolled Nurses, the decreased care time provided to residents and the fact the Personal Care Workers are undertaking medication administration. Without having the medical training to note changes in patient health and to question the medications requested we are concerned about the health monitoring of our mother and the other residents.*

*We sincerely hope that many of these changes can be stopped as care of the elderly at Charles Young needs to be prioritised above profits.*

*Yours sincerely*

*D.....”*

**Subject: Allity staff cuts**

*“My grandmother is at one of the sites and we have concerns that her health maybe affected by this move as she suffers from quite a few medical conditions that require her medications to be given correctly and which need to be given with assessment prior the nurses have done a fantastic job on making sure she's given these properly and I don't believe that two day medication course is acceptable how will this give the PCW the knowledge of the mode of actions etc of the medications. Are they putting on extra PCWs?? Cause the carers are in few numbers as it is and can't attend to toileting my grandma when nature calls as "there are only two of them on" in the afternoon and grandma is told frequently to hold on how can they expect these people to do a med round as well*

*Thanks*

*A.....”*

**Subject: Concerns**

*“To Whom it may concern.*

*I am writing to voice my concerns over the proposed staffing changes that Allity are thinking of doing.*

*My elderly mother has been residing there from before Allity took over.*

*They seem to spend a lot of money on cosmetic changes to the home with expensive stone front walls etc.*

*But unfortunately there seems to be less qualified nursing staff available and more carers, who don't always seem to be suited to the job.*

*I would be very worried if the Carers were in charge of medications, and a few hours training would not be adequate in my opinion. At least when a trained nurse is giving out the medications it gives her/him an opportunity*

*To assess the resident for other problems that no one was aware of.*

*Dementia patients do not know how to explain themselves if they are not well, a qualified nurse would know*

*If their behaviour or demeanour had changed.*

*Yours faithfully,*

*E.....”*

**Subject: Allity**

*“As a relative of a resident, I wish to register my concerns regarding the proposal to decrease the number of enrolled nurses at Charles Young Aged Care and other facilities operated by Allity. The employment of suitably qualified staff, particularly in relation to the administering of medication, is crucial to patient care and well being and this is just the beginning of the inevitable decrease in the level of care to an increasingly aging population. There is already not enough staff to dedicate enough time to the large number of residents.*

*The facility was not owned by Allity when I chose this facility and since their acquisition there has been much attention to enhancements to the building when the residents are much more interested in the quality of the staff. This is a particularly vulnerable time for both residents and their families - no one wants to have to worry about the standard of care - peace of mind is crucial for everyone involved. It should*



*be non negotiable that qualified nurses should be attending to residents' medical needs.*

*Kind regards*

*C.....”*

**Subject: Concerns about residential care, now and in the future**

*“My mother is in Charles Young Aged Care facility.*

*She has been there for 15 months. We fought very long and waited quite a while to obtain a place for her there, as it was very highly recommended to us as being one of the best services around. We were very happy with all that "care" involved Initially this was very true and we had no complaint with the services provided or the care given. You were always greeted with a smile and staff seemed to enjoy their work.*

*Unfortunately things are now not as they were. Once we had regular podiatry (fortnightly visits), now we have none.*

*The same can be said for physiotherapy.*

*Staff are sad and unsmiling, and "care staff" run all the day.*

*Today I asked the RN if she could tell me when my mother last saw the podiatrist and the physiotherapist, after some considerable time of flipping through different folders she could only tell me a podiatrist saw Mum in October.*

*This is not good enough.*

*Weekend cleaning of the areas has been very spasmodic, and sometimes not vacuumed at all. Not good enough.*

*We know Medication Administrators will be trained and issue medicines but who will be doing regular wound care and applying dressing if RN's are so sparse on the ground that they don't have time?*

*The change of staff is a regular worry, as residents and families lose the familiar trusting feeling that is so important. It has been rather sad to see so many good hard working staff either resigning or being dismissed.*

*Oh for the good old days when the dollar was not the be all and end all.*

*I am writing this on behalf of my family. We all want the best for our Mother.*

*She spent many years caring for us and now we need to care for her in the best possible way. Please help.*

*Yours sincerely*

*C.....”*

**Subject: Wife of inmate in ALLITY Charles Young**

*“My husband is a resident at Charles Young Residential Care at Morphettville S.A, I am extremely concerned re his care with at some times there is only 1 carer to 26 residents. As my husband is becoming more & more frail he is at risk of falls due to staff not being able to attend to his needs for up to 15 -20 mins This is not an isolated incident. Allity promised so much & are definitely not delivering*

*Staff ratios are poor Registered nurses are being employed with little aged care experience!!! I have to be very careful as unfortunately it is my Husband's home and I do not want to make his life more unpleasant.*

*L.....”*

**Subject: Allity**

*“I am concerned about the proposal to sack enrolled nurses and to instead give some of their duties to carers.*

*Carers study for a small portion of time compared to an enrolled nurse who learns to recognise changes in patients, and to question and observe them. The EN is able to do some dressings and some assessments.*

*As the daughter of a resident at Walkerville Allity, I am concerned that carers will be administering medications and assuming other duties previously those of the EN. I do not believe the training they will be given is adequate, and as many are from non English speaking backgrounds and still learning the language, recognising differences in the names of medications will be difficult and I consider an unfair expectation. I am also concerned that there is no legally binding code of conduct for a carer and therefore no legal implication should errors occur.*

*An EN's practice is determined by an RN who is accountable for their practice.*

*I am very concerned about these changes.*

*I have rung the Aged Care Complaints number to express my concerns, but even though it was within their opening times I had to leave my number for a call back.*

*G.....”*

**Subject: Allity roster reductions**

*“To Whom It May Concern*

*We were fortunate to find a place for mum at Charles Young Nursing Home (now Allity) in 2014. We have found the staff to be loving caring people. Although a difficult decision Mum's Alzheimer was affecting her ability to look after herself. From the first day she has been happy at the home and has never complained about wanting to go home.*

*Over the past months we have been concerned about the level of care in her area. She is in a secure zone and to take her out we have to let staff know of our plans. Some days especially weekends it is difficult to find a staff member prior to exiting. We regularly get her to change clothes before we go out, put out clean pyjamas, sort out her wardrobe and then organise for dirty clothes to be taken to the laundry.*

*We are sure mum does not regularly shower as her hair is often not clean and she can smell. We understand that looking after dementia patients is not easy but we do question if there is enough staff to look after all the residents and is it going to get even worse with cutbacks?*

*Our Mum can appear as being able to look after herself but in reality making decisions about hygiene and remembering what she needs to do is difficult for her. More attention is needed for the residents who are not chair and bed ridden. I think these are the people that are easier to overlook, not because of importance but purely the capacity to monitor each individual with the number of staff available.*

*We were very distressed last week that a nurse with whom we had built a relationship, was made redundant. When we had questions and concerns about mum's welfare she took time to listen and to explain and often reassure us. She will be sorely missed.*

*Our Mum only takes panadol for pain in her leg but we do have concerns about the change in responsibility in dispensing medicine. Also as the nurses do their rounds they have an opportunity to see the residents and I am sure warning bells sound if*

*they have concerns about someone. Carers do not have the knowledge or skills to undertake nursing responsibilities.*

*Allity has spent a lot of money on the nursing home in the last 6 months but we feel the cosmetic changes have not enhanced Mum's living conditions and care.*

*We will be watching closely what happens in the coming months as Mum's welfare is of paramount importance to us.*

*We are supportive of the ANMF(SA) in their battle with Allity.*

*Kind regards*

*S..... and A.....”*

**Subject: Proposed sacking of Enrolled Nurses.**

*“We are writing to voice our Concerns regarding the proposed demise of Enrolled Nurses within the Allity owned aged care facilities.*

*My 91 year old mother has been a resident at Holly Aged Care (Hackham, South Australia) for the past 4 years, when my mother first entered the Holly Home it was run by ECH, and then later was taken over by Allity. We are very unhappy about the proposed changes regarding nursing staff.*

*I think the responsibility for Carers' to distribute medication is too great, and it just seems to be another way of putting PROFIT before PEOPLE.*

*Personal Care Workers are already "under the pump" with their normal duties let alone having more work load required of them, I think mistakes will be made and even the risk of premature Death if it goes wrong.....as far as we are concerned Nurses are trained in certain areas that Personal Carers' are not.*

- 1. Who will attend to Wounds? (surely someone who is not trained)*
- 2. Who will attend to a Falls resident?*
- 3. Who will report to us (family) if any medication needs to be changed?*
- 4. Who will have the same amount of empathy and understanding as nurses?*
- 5. Who will be able to better understand (having been trained) to deal with an emergency situation?*

*I could go on, and on, it is ridiculous to expect Personal Carers' to take on these roles, we have already witnessed many Carers' who are very incapable of attending to medical issues and wound situations and also dealing with medications, some Carers' do not seem to have the empathy, or understanding of distributing medication especially to a loved one who has dementia.....it is an absolute disgrace that this proposal has even been thought about let alone implemented.....*

*It would appear to us that if this happens Aged Care Facilities would have taken 10 giant steps backwards and regress to the uncaring, nasty places they were many years ago, no one who loved their family would ever even want to place them in aged care.....NO, NO, NO, it is an absolute farce.....*

*Also Allity has failed to notify us of these proposed changes, how will these changes affect my mother's care package?*

*Is there a requirement to sign off on a new care package minus nursing staff?*

*My mother's level of care already suffers in certain areas will she be further disadvantaged by the increase of workload on Personal Carers'?*

*With the removal of nursing staff to reduce Allity's Costs is their going to be a reduction in my mother's fees?????????????????*

*Once again, money before care.....*

*Extremely Concerned daughter and Son-in-law of a much loved elderly mother.”*

### **Allity Roster Reductions**

*”Residents requiring eating assistance are not assisted despite care plan requirement. Often meals to those that need to have meals in rooms are forgotten.*

*Toileting assistance not available. Residents waiting an hour and a half hours or more to be assisted off the toilet. In two cases I have heard residents was given incontinence aides and told to do their #2s because carers would be too busy. I have been told that incontinence pads only require one carer whereas toilet assistance requires two.*

*Bell calls are mostly answered very late, sometimes hours, sometimes never.*

*Kind regards*

*C&M*

It should be noted that whilst ANMF SA Branch have focused on providing collated consumer feedback relating to one of the providers named in the tax avoidance report – Allity, the themes and concerns expressed are consistent with feedback we have receive regularly from the community across the residential aged care sector.

ANMF SA Branch continues to actively encourage both consumers and members to raise concerns with the Aged Care Complaints Commission.