Submission No. 183

HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON AGEING

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Catholic Heath Care Services - Lourdes Dubbo

ISSUES PAPER

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Catholic Health Care Services Ltd is building a new Aged Care facility on the Lourdes Hospital Health and Aged Care Services campus at Dubbo. The facility will consist of 62beds which are allocated in four separate houses, thereby providing two 16-beds high and low care Dementia Specific Units. It is envisaged that the14 remaining high-care beds will be converted to Extra Service Status and respite beds for both high and low care residents.

Issues and Comments on Aged Care Needs in a Nursing Home Environment Medical Care

It is necessary to develop financial incentives and processes to encourage Medical General Practitioners to attend Aged Care facilities to provide regular health checks and keep up to date the writing of prescriptions. A greater presence and active participation in the clinical and behavioural care of residents requires a combination of financial incentives, training in gerontology and community recognition of the specialised skills required in this field of care. A comprehensive initiative that will encourage GP's to be accredited in this field and provide medical services in both community and Aged Care facilities. Doctors need to understand the legislative requirements and standards that aged care must operate within to maintain their accreditation status.

Resident's with Dementia

Our buildings provide an appropriate environment that is secure and enables the delivery of high quality care for residents with dementia. The ongoing issues are:

Training

The training of doctors and staff in how to manage challenging behaviours of residents with dementia is central to the delivery of this specialised care. Aged Care facilities have major problems in accessing Medical Specialists such as Geriatricians and Psychogeriatricians who could provide invaluable services.

Our facility provides behaviour management education programs for nursing staff in particular to Assistants in Nursing who carry the majority of personal care responsibility. There is a wide recognition for the need to develop **competency based** education programs for all nursing staff who work in Aged Care where behaviour management is a major feature in caring for residents with psychotic-type disorders as a result of progressive dementia.

General Issues

Staffing

There is a national chronic shortage of nursing staff in Aged Care facilities in particular Registered Nurses. The average age for this group of people is in the early fifties and no younger nurses to coming into this field. We need to formulate national strategies to attract nurses to a career in Aged Care.

Salaries

The Nursing Home Award, a Federal award provides salaries which are no longer competitive with State Awards paid in State Public Health facilities. This adds to the difficulties in attracting experienced nursing staff to work on a permanent basis in Aged Care facilities.

Funding

The daily ongoing funding system in Aged Care facilities based on accommodation charges with a means test does not appear to provide adequate funding compared to a monthly charge against the accommodation bond, however it is recognised that in regional areas the accommodation bonds may not be very large compared to major cities as they are based on housing prices.

The Resident Classification Scale does not recognise the additional care and support required for residents' who suffer with major behavioural deficiencies. Additional funding is required to provide comprehensive training and support for those staff who take on the responsibility of caring for this special group of residents.

Hostels and Ageing in Place

The philosophy of Ageing in Place provides a sound argument to maintain residents within a Hostel facility as they become frailer. However, the Resident Classification Scale as a funding tool encourages Hostel Management to maintain high care residents in a Hostel, despite a lack of Registered Nurses and a major difference in setting up a hostel to a Nursing Home. This appears to jeopardise the appropriate level of care that should be provided..

Allied Health Services and Quality of Care

The difficulties in attracting allied health services to Aged Care facilities is often compromised by the lack of adequate funding. Aged Care facilities require the input of dieticians, speech pathology and physiotherapy to enhance expertise and quality.

Special Issues

Younger People with Disabilities

At present we have 6 residents in our facility who are classified as younger people with disabilities i.e. aged less than 65 that require high-level care. The aged care funding classifications do not support facilities to provide care for this type of resident who cannot be cared for at home because of the intensive high level of care required. We are astutely aware of other potential residents being cared for by ageing parents who will ultimately require care in a facility such as ours.

Additional Aged Care Services

Respite Care

We will be providing respite-care beds for residents whose carer requires regular breaks in order to maintain their loved one at home. The resident most often requires intensive high level care for a short period of time. We consider this to be a very important service to our aged community, however, the funding received for high care respite will often not compensate the level of care delivered.

Home Club

Lourdes at present is providing 5 days a week on-site care for 15 dementia patients who live at home in Dubbo cared for by carers who usually work part time. This is a social club facility providing meals and activities for patients in a purpose built environment. It is a local initiative partly funded by HAC and Lourdes.

Day Care Centre

Lourdes provides a day care facility for clients who are transported to and from their home 5 days per week. The centre employs diversional therapy staff who provide social activities for aged people and young disabled home-bound people who have part-time carers who work. This service requires appropriate recognition through Commonwealth funding.

Michael Kennedy 18th February 2004