

**SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE**

**INQUIRY INTO AGED CARE**

**RESPONSE FROM HORTON HOUSE, YASS**

- a) **“The adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training”**

**Response**

To attract and retain staff in aged care there is only one issue that must to be addressed

**AGEISM!!**

Aged care staff deserve wage parity with the acute care sector. By continuing to sanction a two-tiered system of pay rates the government continues to sanction the view that ageing is not valued and that aged care nurses are less valued than their similarly trained colleagues in the acute care sector.

Of course this cannot be achieved this without adequate funds.

In the 2004 Budget the sector received only a 1.75% per annum indexation top up, which equates to approximately \$1.37 per resident per day in the first year rising to approximately \$5 after four years. The increase is worth only \$81million in 2004-05, increasing to \$373 million in 2007-08. This amount will not cover normal increases in the cost of running a facility and wont come close to expected wage increases. It is worth noting that the Nurses Union last week rejected a 16% pay rise.

In the 2004 Budget the sector received a welcomed one-off capital injection of funds of \$3,500 per resident. These funds are tied to upgrading fire safety and/or for capital works. This payment may well help many get over the line in 2004-05 but one wonders what the tax implications might be for those in the industry who pay.

Lifting the 5-year limit for Accommodation Charge is a small but welcome change but by not lifting the 5-year retention on Accommodation Bond retention may well only serve to make the system more complex.

**b) “the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:**

- i) assessing and monitoring care, health and safety,**
- ii) identifying best practice and providing information, education and training to aged care facilities, and**
- iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff”.**

**Response**

Two rounds of accreditation have now been conducted and, from a providers perspective, Round 2 was much more positive. The reason for this is that facilities took a more proactive approach and were not prepared to allow themselves to be intimidated by the auditors. Most providers believe that some system of accreditation is essential for the professionalism of the industry. However, the concerns are:

1. the industry does not have a choice of accreditation providers,
2. as the only provider the Agency is therefore not exposed to price and quality implications that would flow from competition. The fees charged by the Agency are substantially higher than those of other accreditation bodies e.g. ISO
3. the Agency itself is not accredited therefore internal quality issues may not be being addressed.

These concerns lead to the potential for inconsistency and a lack of objectivity in assessing and monitoring care, health and safety and in identifying best practice. Education and training sessions attended by staff members from this facility have been described as “difficult to understand”, “not enough time for explanation” and “too much jargon”. Equally we have never been convinced either by training sessions and/or site visits that reducing paper work actually works. Therefore, while we try extremely hard to reduce the amount of paper work, there is always that niggling feeling that we wont have enough “evidence”.

As a profession we do not want prescription in our work practices however better indication from the Agency on what they need only serves to better inform all of us.

**c) “the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements”.**

### **Response**

It is widely acknowledged that it is inappropriate for young people to be placed in residential aged care facilities. However, what is the alternative?? This facility is in a small rural town and there is simply the only answer for local families and the answer is most certainly the same for those who live in metropolitan areas. We deliver quality aged care and the impact of having younger disabled residents in an aged care facility on that delivery of care is enormous. The needs of the two groups couldn't be more diverse and both groups suffer to a greater or lesser extent. We need to “stick to the knitting”!

Aged Care does not receive the same level of funding as do Disabilities Services and we, therefore, cannot hope to provide the same degree of specificity required.

The practice is detrimental not only to the two groups involved but to the care staff who battle with delivering quality care to both groups within a budget designed (for better or worse) for one group. Creating appropriate housing for younger disabled people will free up a not insignificant number of places in residential aged care for those “nursing home type” residents in the acute care sector and honour the rights a very specific group of people.

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