QUALITY AGED CARE ACTION GROUP INC

QACAG Workforce Submission

6 December 2019
Introduction

Quality Aged Care Action Group Incorporated (QACAG) is a community group in NSW that aims to improve the quality of life for people in residential and community aged care settings. QACAG is made up of people from many interests and backgrounds brought together by common concerns about the quality of care for people receiving aged care services.

QACAG Inc. was established in 2005 and became incorporated in 2007. Membership includes: older people, some of whom are receiving aged care in NSW nursing homes or the community; relatives and friends of care recipients; carers; people with aged care experience including current and retired nurses; aged care workers and community members concerned with improving aged care. Membership also includes representatives from: Older Women’s Network; Combined Pensioners & Superannuants Association of NSW Inc.; Kings Cross Community Centre; Senior Rights Service; NSW Nurses and Midwives’ Association and the Retired Teachers’ Association.

QACAG members welcome the opportunity to provide input into the issue of workforce in aged care. As we are a community group, this submission will focus on staffing, workforce leadership and the impact these factors have on those accessing aged care services.

Margaret Zanghi
President
QACAG Inc.
For the purposes of this submission, QACAG conducted a short survey of its members in November 2019. QACAG also conducted a member survey in October 2018 regarding their experiences of residential aged care. These experiences related to member involvement in residential aged care facilities (RACFs) through a work situation, as a family member or visitor, or as a resident in a facility.

The responses from our members form the basis of this submission and will provide recommendations around:

1. Staffing levels, skills, knowledge and competency
2. Workforce leadership

Staffing levels, skills, knowledge and competency of staff
QACAG member survey feedback highlighted concerns around facility and staff response to issues raised and lack of lasting resolution. 100% of members agree that ratios in residential aged care should be made law. The existing lack of safe staffing levels in aged care leads to chronic episodes of missed care across the sector with staff being unavailable to assist those under their care with activities of daily living including toileting, showering, assisting with eating and general care. This is a common complaint voiced by QACAG and shown to be widespread from feedback in the member surveys.

When staff are available to assist, members provided examples where time pressures often lead to inappropriate delivery of care. One account was from a member who arrived to the RACF to find their husband being showered with the bedroom door, window and bathroom door open. When asked why, the response was that the member of staff attending to his care felt “hot and stuffy”.

Another member gave an account where her husband’s wound was deteriorating. The nurse responsible for wound management had been removed from that role. The member recounted that “together with the daughter of another resident in the facility, we asked for a meeting with the Director of Nursing (DoN). The DoN tried to insist that wound management was being taken care of. He tried to say that wound dressing was the responsibility of every nurse, but one of the RNs had alerted us to the fact that wounds were deteriorating in the residents who were being treated.”
QACAG supports the Australian Nursing and Midwifery Federation’s (ANMF) National Aged Care Staffing and Skills Mix Project Report 2016 Meeting residents’ care needs: A study of the requirement for nursing and personal care staff. This report includes research the ANMF undertook with Flinders University and the University of South Australia. From this work the ANMF have developed a tool for RACFs to use that incorporates the time taken for both direct and indirect nursing, and personal care tasks and assessment of residents to reflect the level of care required by residents. This tool identifies the minimum level of staffing required to meet the needs and acuity of residents. A recommendation of four hours and eighteen minutes of care per day, with a skills mix requirement of Registered Nurse (RN) 30%, Enrolled Nurses (EN) 20% and Personal Care Worker (PCW) 50% is the evidence based minimum care requirement and skills mix to ensure safe residential and restorative care. Without exception, our members' survey responses said providers should be required to use this tool and skill mix recommendation to determine safe levels of skill mix and staff ratios.

Recommendation: that the ANMF minimum care requirement of four hours and eighteen minutes of care per day and skill mix ratio of RN 30%, EN 20% and PCW 50% be mandated.

The responses from QACAG members regarding what would have assisted in rectifying issues and what would have prevented issues in the first place included: a policy of open disclosure, advertised and easy access to an independent advocate in every facility, upholding dignity and quality of life by providing adequate numbers of staff who are well trained and educated, staffing levels and skills mix matched to resident acuity, baseline minimum education requirements for AINs and PCWs (or however titled).

AINs work mainly in hospitals and aged care facilities under a variety of job titles (personal care workers, health care assistants, disability support workers, and many others). The Department of Health's 'Educating the Nurse of the Future: Report of the Independent Review of Nursing Education' recommends that "assistants in nursing (whatever their job

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Quality Aged Care Action Group Incorporated (QACAG Inc.)
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title) should have mandated education, English language, and probity requirements, which are accredited, assessed, and enforced by a robust quality-assurance regime.” In their report the ANMF state “the public should be able to rely on rigorous and transparent registration standards, codes of conduct, codes of ethics and standards for practice ... to regulate the work of assistants in nursing.” QACAG supports the position of the ANMF for regulation of AINs and the Department of Health’s recommendations including mandated education.

**Recommendation: the instigation of regulation for AIN/PCW under the Health Practitioner Regulation National Law Act 2009.**

**Recommendation: the introduction of mandated minimum education requirements for AINs/PCWs (however titled).**

QACAG also supports the recommendation of the Aged Care Workforce Taskforce *A Matter of Care*² to improve training, education and career pathways for aged care workers to attract and retain staff. However, we have concerns this report omitted to include the necessity for a Director of Nursing. We believe it is of utmost importance to have a knowledgeable clinically trained individual to direct and supervise safe nursing care. This is demonstrated in the following survey response:

A QACAG member responded to the survey sharing an experience where her husband ended up in hospital having been administered medications that were previously stopped by the General Practitioner due to adverse side effects. In their own words “I felt very supported by the Director of Nursing, he virtually saved the day.” The DoN “examined the medication charts” and “asked me to examine them too. He found that the GP ...had signed them off, but then, a period of time later, by mistake had signed them both back on.” The DoN “then phoned the hospital and informed them that an error had been discovered. This was just in time before a tube was placed down my unconscious husband’s throat to deliver the drugs. I now know how important it is to have a competent nursing director in an RACF.”

Responses from QACAG membership show how vital it is to have trained, qualified clinicians in aged care at every level of the organisation because clinical decision making is

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required to ensure the safety and welfare of those using and living in aged care services. In the example given above, had minimum standards of education and training as well as a requirement for minimum staffing levels and skills mix (as recommended by the ANMF) been a reality, the prescription error would have likely been picked up earlier and the outcome where the resident ended up in hospital would have been avoided.

**Recommendation: that a Director of Nursing be present in every facility.**

Our member surveys identified inadequate staffing as a major concern to members. Almost 90% said that having RNs available on site at all times was extremely important to them because dealing with emergency situations, correct handling and administration of medications and liaising with doctors and other external professionals requires clinical decision making skills that the RN is trained and best placed to undertake.

The NSW Aged Care Roundtable *Joint report on avoidable hospitalisations from residential aged care facilities in NSW and delayed discharge*⁴, of which QACAG is a member, examines the reasons for avoidable admissions and delayed discharges. The report found that “avoidable hospitalisations of RACF residents occur as a result of systemic or incidental inability to provide the level and quality of personal and clinical care that might be reasonably expected to be available in a RACF compliant with residential aged care regulation.” Delays in residents being discharged from hospital is also a frequent occurrence due to RACF inability to provide the care needed. The lack of sufficient staffing levels and appropriate skills mix shift the cost of care to the public health sector. The transfer out of the resident’s usual environment also places a high burden on the resident and their loved ones that would be avoided with appropriate staffing.

**Recommendation: that collection of data on hospital admissions and discharges of RACF residents be mandated.**

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Workforce Leadership
The Aged Care Workforce Taskforce makes a number of recommendations in the report on their findings, to bring about change in workplace culture and practices around workforce leadership including; review of current feedback and continuous improvement practices focusing on the consistent use and review of consumer experience surveys, employee engagement surveys, 360-degree leadership surveys and pre-employment screening.

Of particular interest to QACAG contained in the report is the recommendation to review current feedback practices and the implementation of consumer experience surveys which were found lacking. We believe the usefulness of existing measures to gauge consumer feedback lack depth and are incapable of providing any level of benchmark against quality of care. We consider their poor design to reflect the tokenistic approach to consumer engagement within the current regulation of aged care.

The need for open disclosure is also important to our members, who frequently come across a culture of secrecy and defensiveness from management when issues and concerns are raised.

Recommendation: that consumer experience surveys across the sector are re-designed following a wide stakeholder engagement process.

Recommendation: the introduction of open disclosure policy and training in the aged care sector similar to what already exists in the public health sector.

QACAG repeatedly finds that the users of the aged care system and their families are left voiceless with member feedback from our 2018 survey showing 60% of members not satisfied with arrangements for raising concerns. Reasons given for lack of satisfaction included; raising concerns about infection control without any follow up action occurring, unsatisfactory explanation given when inquiring about fee structure, the capacity for the DoN to respond to issues raised being restricted by head office and facility management threatening to terminate a resident’s contract in response to repeated attempts to have issues resolved.

Adverse consumer outcomes of care such as unplanned hospital transfers, falls, pressure injuries, and use of restraints (chemical and physical), all of which impact significantly on quality of life and can be prevented, are also frequently reported by QACAG members.
There is widespread failure by management in the aged care sector to respond effectively to these concerns and issues or to provide solutions to prevent their occurrence. Whilst it is concerning that residents who have relatives to advocate for them achieve little success when raising concerns, those without anyone to advocate for them have even less chance of seeing quality improvements. We would like to see a much greater role for independent advocates for all.

**Recommendation: that the promotion of and access to independent advocates be improved across the aged care sector.**

The Aged Care Workforce Taskforce identifies care outcomes as an essential part of feedback for all organisations, and particularly for boards or managing bodies. This is established and recognised as a key feature in the Aged Care Quality Standards. Providers have an obligation to equip the workforce to meet the needs and expectations of those who use aged care services. Providers also must identify and address practices and environments that result in preventable poor consumer outcomes. A mandatory system where adverse outcomes, missed care and incidents are reported and responded to in a timely manner (incorporating principles of open disclosure) needs to be implemented across the sector.

**Recommendation: that improvements are made across the sector in the reporting of adverse outcomes, missed care and incidents.**