

**Supplementary
Submission
No 108a**

INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

Organisation: Leading Age Services Australia NSW-ACT (LASA NSW-ACT)

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GPSC's

Inquiry into registered nurses in New South Wales nursing homes

Supplement to Submission

Extracts

2013-14 Report on the Operation of the *Aged Care Act 1997*

Charles Wurf, CEO

5 August 2015

2013–14 Report on the Operation of the *Aged Care Act 1997*



Providers are invited to apply for places through an Aged Care Approvals Round (ACAR). The ACAR is an open, competitive process where the Department invites applications from new and existing approved aged care providers for an allocation of new aged care places and/or capital grants. Places are allocated to applicants that demonstrate that they can best meet the aged care needs within a particular planning region.

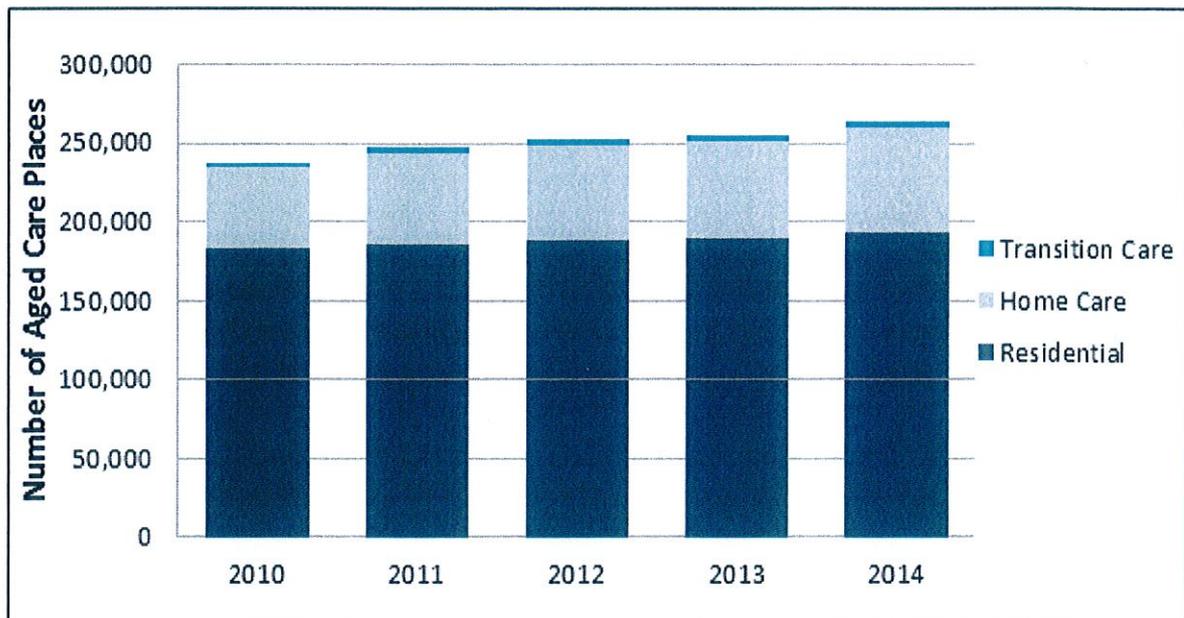
The capacity of applicants to bring places into operation as quickly as practicable is a consideration in the ACAR's assessment process.

The Act provides for places to become operational within two years after allocation. In practice, this time can be longer, particularly in respect of residential care places which are often reliant on acquisition of land, finance, planning and construction approvals, and availability of builders. Approved providers with an allocation of residential aged care places are required to lodge quarterly reports on progress towards making these places operational. If no reasonable progress is being made, the Department can revoke the places. Home care packages generally become operational soon after allocation.

Current provision

The total number of operational aged care places rose from 254,848 at 30 June 2013 to 263,788 at 30 June 2014, an increase of 3.5 per cent. This includes 192,834 residential care places, 66,954 home care places and 4,000 transition care places (Figure 2).

FIGURE 2: OPERATIONAL AGED CARE PLACES AT 30 JUNE 2010 TO 2014



Home care (low care) includes home care Level 1 and Level 2 places and the flexible home care places in the: Multi-Purpose Service (MPS) Programme, Aged Care Innovative Pool Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (these services operate outside the regulatory framework of the Act (see Section 8.1)). Home care (high care) includes home care Level 3 and Level 4 places only.

Government planning is based on a target provision ratio of a specified number of places per 1,000 people aged 70 years. However, in recognition of poorer health among Aboriginal and Torres Strait Islander communities, planning in some cases also takes account of the Aboriginal and Torres Strait Islander population aged 50–69 years. This means that the provision ratio based on the population aged 70 years or over will appear high in areas with a high Indigenous population (such as the Northern Territory). Transition Care Program places are not included in the target ratio. Totals may not sum exactly, due to rounding.

Under the Act, the Australian Government provides packages of home care of varying levels of assistance, depending on the care needs of the person. The Home Care Packages Programme commenced on 1 August 2013, replacing the former packaged care programmes – Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) packages and Extended Aged Care at Home Dementia (EACHD) packages.

At 30 June 2014, there were 263,788 operational aged care places across Australia, comprising 192,834 residential care places, 1,303 Level 1 packages, 50,962 Level 2 packages, 1,010 Level 3 packages, 13,679 Level 4 packages and 4,000 transition care places, across Australia (Table 2).

TABLE 2: NUMBER OF OPERATIONAL PLACES BY SERVICE TYPE AT 30 JUNE 2014, BY STATE AND TERRITORY

State/ Territory	Residential High Care	Residential Low Care	Home Care Level 1	Home Care Level 2	Home Care Level 3	Home Care Level 4	Transition Care	Total
NSW	34,575	32,205	485	16,822	375	3,451	1,378	89,291
Vic.	24,284	25,637	350	12,712	272	2,705	1,000	66,960
Qld	16,577	17,631	245	9,465	210	2,897	733	47,758
WA	7,856	8,382	30	4,833	10	2,911	346	24,368
SA	9,772	8,305	135	4,292	100	746	347	23,697
Tas.	2,640	2,240	50	1,284	35	308	109	6,666
ACT	875	1,198	0	691	0	487	58	3,309
NT	406	251	8	863	8	174	29	1,739
Australia	96,985	95,849	1,303	50,962	1,010	13,679	4,000	263,788

Note: Residential places include Innovative Pool, Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program residential places. Home care includes home care places and the flexible places in the: Multi-Purpose Service Programme, the Aged Care Innovative Pool Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Aged Care Approvals Round

The application period for the 2014 ACAR was from 24 May 2014 until 4 July 2014. A total of 15,983 places were advertised in the 2014 ACAR, comprising 9,330 residential care places and 6,653

- ensure that care is accessible and affordable for all residents;
- provide respite for families and others who care for older people;
- encourage services that are diverse, flexible and responsive to individual needs;
- help residents enjoy the same rights as all other people in Australia;
- plan effectively for the delivery of aged care services; and
- promote ageing in place through the linking of care and support services to the places where older people prefer to live.

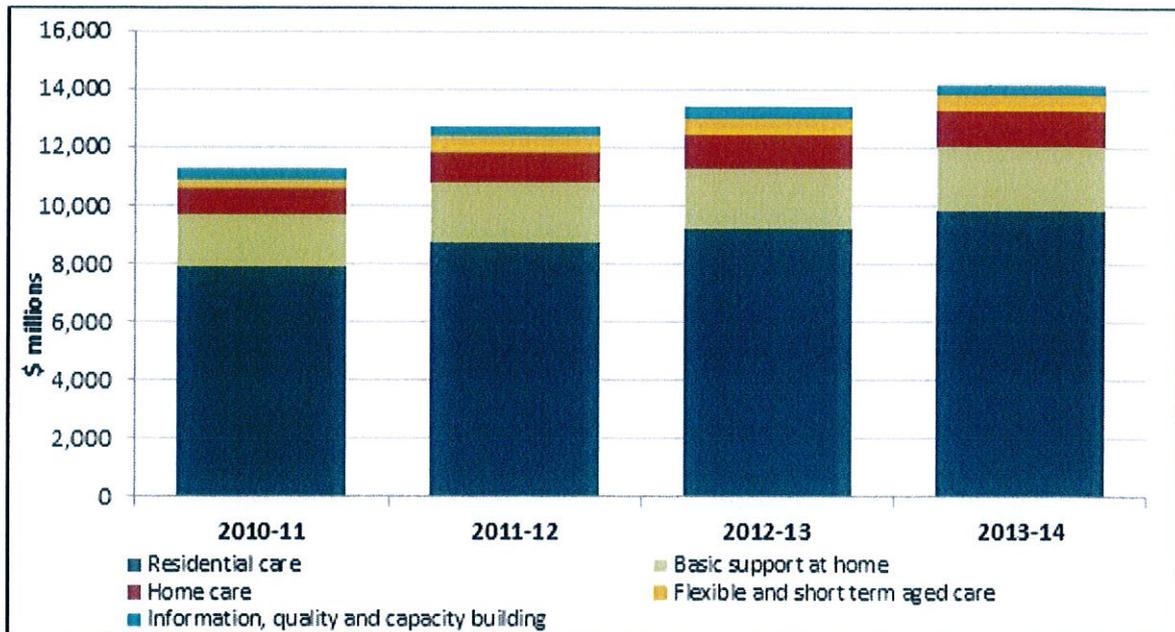
Australian Government expenditure for aged care during 2013–14, including aged care support and assistance provided under and outside the Act, totalled \$14.2 billion, an increase of 5.6 per cent from the previous year (Figure 1).

In 2013–14, for Australian Government programmes provided under the Act:

- expenditure on residential care subsidies and supplements was \$9.8 billion, compared with \$9.2 billion in 2012–13 – an increase of 6.8 per cent;
- expenditure on home care packages was \$1.3 billion, compared with \$1.2 billion in 2012–13 – an increase of 9.9 per cent; and
- expenditure on flexible care programmes⁵ was \$367.4 million, compared with \$354.2 million in 2012–13 – an increase of 3.7 per cent.

The largest single component of Australian Government expenditure outside the Act was \$1.2 billion for the Commonwealth HACC programme. The Government also provided \$539.8 million through Treasury Certified Payments to Victoria and Western Australia, bringing the total Australian Government contribution for HACC services to \$1.7 billion. In addition in 2013–14, \$212.3 million was provided for the National Respite for Carers Programme (NRCP) and \$38.5 million was provided to deliver therapy services through the Day Therapy Centre (DTC) programme.

FIGURE 1: AUSTRALIAN GOVERNMENT OUTLAYS FOR AGED CARE, 2010–11 TO 2013–14



The outlays in this figure includes administered funding provided by the Departments of Social Services and Veterans' Affairs, and administered funds provided through the National Partnership Payments to the states and territories.

⁵ Flexible care programmes includes the Transition Care Program, Multi-Purpose Services and Innovative Care Services.

Australian Government funding for residential care subsidies and supplements has risen from \$9.2 billion in 2012–13 to \$9.8 billion in 2013–14 (Table 24). This includes funding appropriated through the Department of Social Services portfolio, and funding for veterans in residential care through the Department of Veterans' Affairs. These combined appropriations are paid as subsidies and supplements to aged care homes through payment systems managed by the Department of Human Services.

TABLE 24: AUSTRALIAN GOVERNMENT RECURRENT RESIDENTIAL CARE FUNDING, 2009–10 TO 2013–14, BY STATE AND TERRITORY

State/Territory	2009–10 \$m	2010–11 \$m	2011–12 \$m	2012–13 \$m	2013–14 \$m	Increase: 2012–13 to 2013–14
NSW	2,429.6	2,734.4	2,998.9	3,115.1	3,348.9	7.6%
Vic.	1,801.4	2,032.8	2,237.8	2,363.3	2,539.8	7.6%
Qld	1,268.6	1,407.5	1,573.8	1,655.2	1,762.6	6.6%
WA	594.2	669.1	727.3	791.6	860.3	8.8%
SA	736.1	800.7	872.6	911.8	942.4	3.5%
Tas.	177.8	196.1	215.3	234.7	239.9	2.3%
ACT	68.9	80.9	91.0	96.9	94.0	-2.9%
NT	20.5	25.1	29.0	34.0	26.5	-21.9%
Australia	7,097.1	7,954.4	8,738.4	9,192.0	9,814.4	6.8%

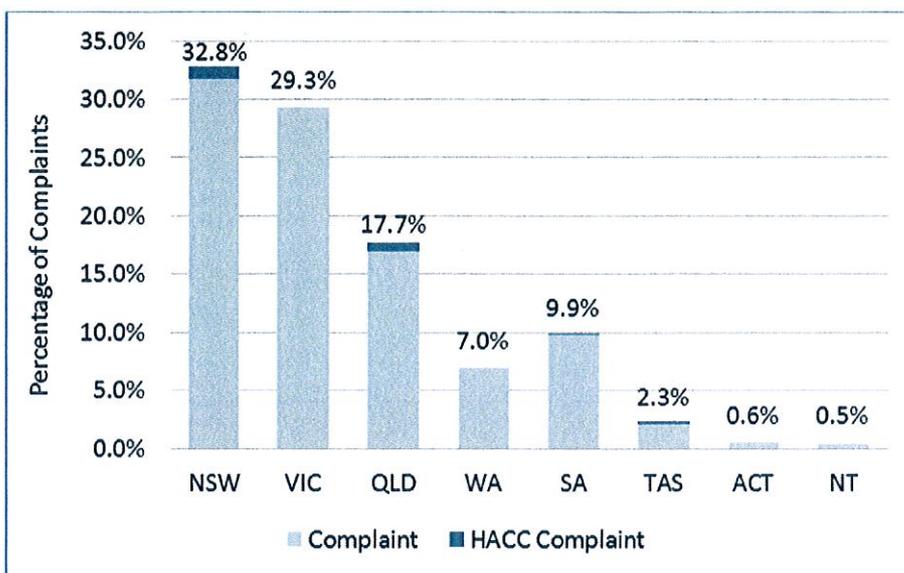
Totals may not sum exactly, due to rounding. Table includes funding through the Department of Veterans' Affairs. This table presents recurrent funding to residential care providers using accrual based reporting. Due to accrual adjustments, for smaller jurisdictions in particular, this can lead to significant year on year variation. Based on claims data, recurrent funding for each state and territory grew between 4.7 per cent and 9.6 per cent between 2012–13 and 2013–14.

Examples of out-of-scope contacts include complaints about retirement villages, questions about industrial matters and requests for legal or clinical advice.

Complaints to the Scheme

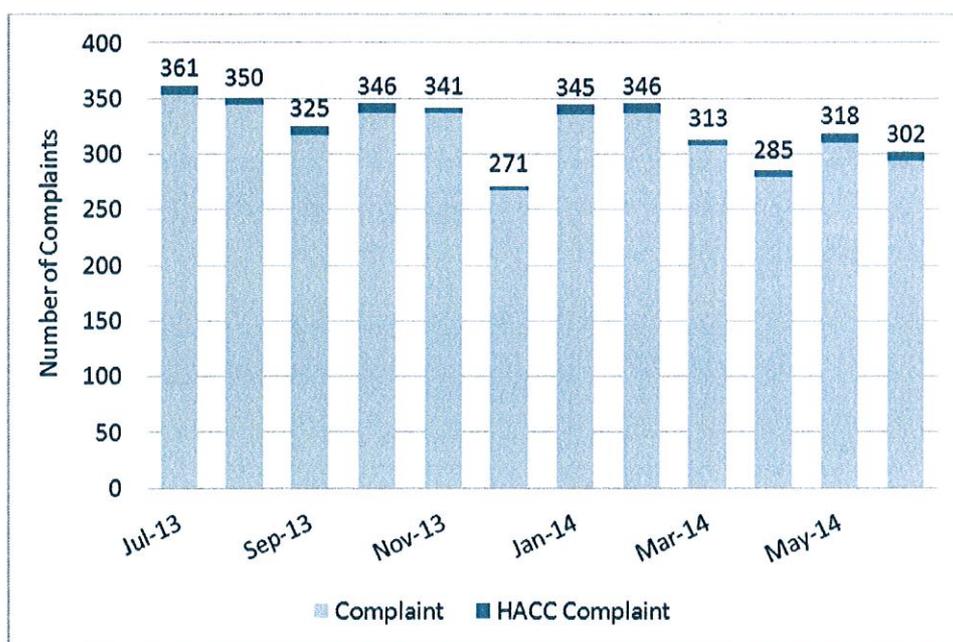
Of the 8,228 in-scope contacts, the Scheme received 3,903 complaints relating to Australian Government subsidised residential care home care and home support; on average 325 complaints were received each month. A breakdown of national complaints by state and territory can be seen in Figure 4.

FIGURE 4: PERCENTAGE OF TOTAL NATIONAL COMPLAINTS RECEIVED IN 2013–14, BY STATE AND TERRITORY



The fewest number of complaints were recorded in December 2013, with the highest number of complaints recorded in July 2013 (Figure 5).

FIGURE 5: NUMBER OF COMPLAINTS RECEIVED EACH MONTH IN 2013–14



12.2 Average number of complaints per care type

Of the 3,903 complaints received in 2013–14:

- 88.9 per cent (3,469) related to residential aged care services;
- 8.4 per cent (328) related to home care services;
- 1.5 per cent (60) related to Commonwealth HACC services; and
- 1.2 per cent of complaints (46) were not linked to a corresponding care type.

The national average was 1.3 complaints per residential care service (compared with 0.1 complaints per home care service and 0.1 complaints per Commonwealth HACC service) provider. These figures are based on those residential care services that were operational during 2013–14.

State by state, the average number of complaints per residential care service ranged from 0.7 in the Australian Capital Territory to 1.4 in Victoria and South Australia (Figure 6). Numbers of complaints for home care services and Commonwealth HACC services are too small to be usefully reported by state and territory.

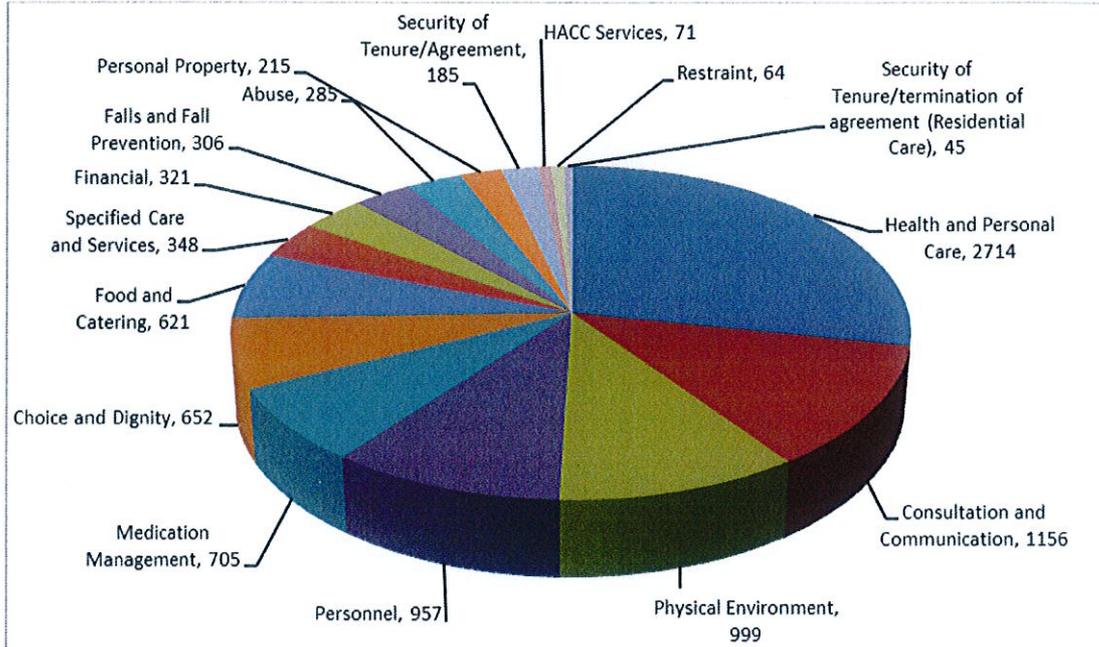
FIGURE 6: AVERAGE NUMBER OF COMPLAINTS PER RESIDENTIAL AGED CARE SERVICE IN 2013–14, BY STATE AND TERRITORY



12.3 Most commonly reported complaint issues

Complaints examined by the Scheme often incorporate more than one issue. In 2013–14, there were 9,644 individual issues identified within a total of 3,903 complaints. Figure 7 identifies the top 16 issue keywords identified in complaints to the Scheme in 2013–14.

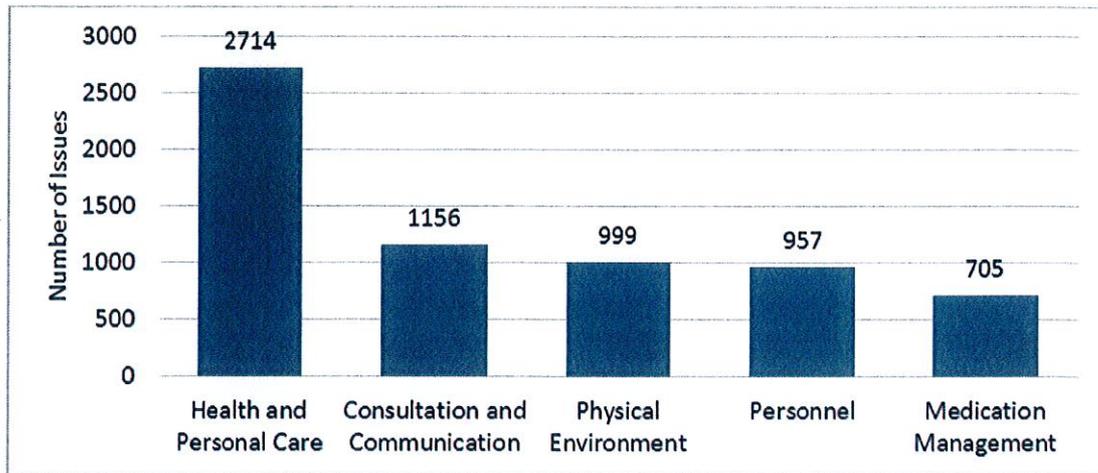
FIGURE 7: ISSUES RECORDED IN COMPLAINTS TO THE SCHEME IN 2013–14



The top five (67.7 per cent) issues were (Figure 8):

1. Health and personal care, including for example, issues associated with infections, infection control, infectious diseases, clinical care, continence management, behaviour management and personal hygiene (28.1 per cent);
2. Consultation and communication, including for example, issues associated with internal complaints process, information, family consultation and failing to advise enduring powers of attorney or guardians (12.0 per cent);
3. Physical environment, including for example, issues associated with call bells, cleaning, equipment, safety and temperature (10.4 per cent);
4. Personnel, including for example, issues associated with number of staff and training/skills/qualifications (9.9 per cent); and
5. Medication management, including for example, issues associated with access and administration (7.3 per cent).

FIGURE 8: TOP FIVE ISSUES RECORDED IN COMPLAINTS TO THE SCHEME IN 2013–14

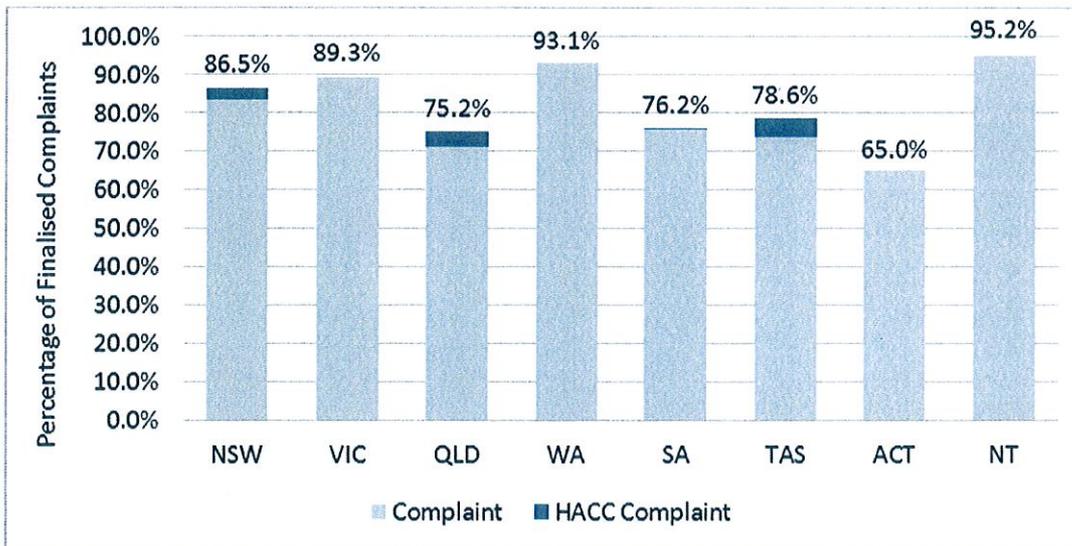


12.4 Complaints finalised

During 2013–14, the Scheme finalised 4,007 complaints, an average of 334 complaints finalised per month, nationally. This number includes some complaints which were received in 2012–13.

The Scheme released its Service Charter to the public in 2011. In this charter, the Scheme committed to resolve complaints within a benchmark timeframe of 90 days wherever possible. In 2013–14, the Scheme resolved 84.3 per cent of complaints within 90 days. On average, cases were resolved within 43 days. A breakdown by state and territory can be seen in Figure 9.

FIGURE 9: PERCENTAGE OF COMPLAINTS FINALISED IN 90 DAYS IN 2013-14, BY STATE AND TERRITORY

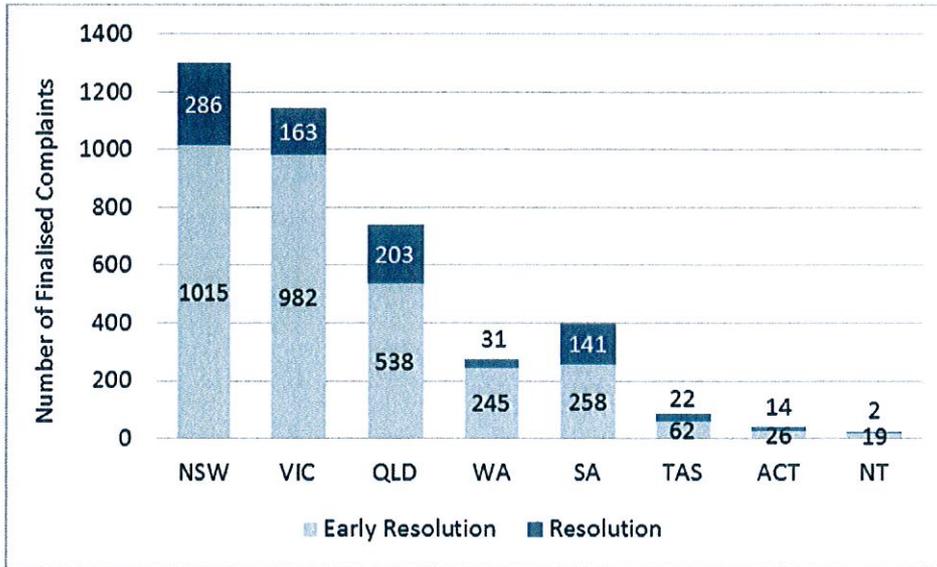


12.5 Early resolution vs. other resolution approaches

The Scheme aims to resolve concerns as soon as possible to achieve quality and timely outcomes for care recipients. In the Scheme this is known as early resolution. This may involve helping the complainant clarify their issues, assisting communication between complainants and the service provider and providing information.

During 2013–14, 78.5 per cent of complaints were finalised in early resolution, the remaining 21.5 per cent of complaints progressed to the resolution stage of the complaints process. The stages of complaints resolution for each state and territory can be seen in Figure 10.

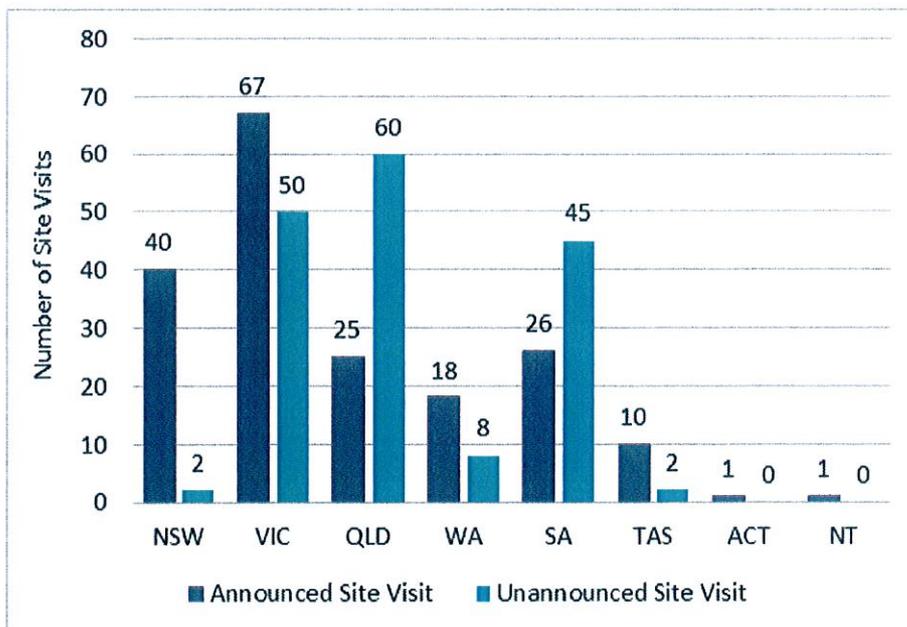
FIGURE 10: STAGE OF COMPLAINTS RESOLUTION IN 2013–14, BY STATE AND TERRITORY



12.6 Site visits

Scheme officers may visit either the approved provider’s premises or the aged care service during the course of resolving a complaint. Visits may be announced or unannounced depending on the nature of the issue being examined. Officers conducted 355 visits in 2013–14, comprising 188 announced and 167 unannounced site visits. A breakdown of announced and unannounced visits can be seen in Figure 11.

FIGURE 11: ANNOUNCED AND UNANNOUNCED SITE VISITS CONDUCTED BY THE SCHEME IN 2013–14, BY STATE AND TERRITORY



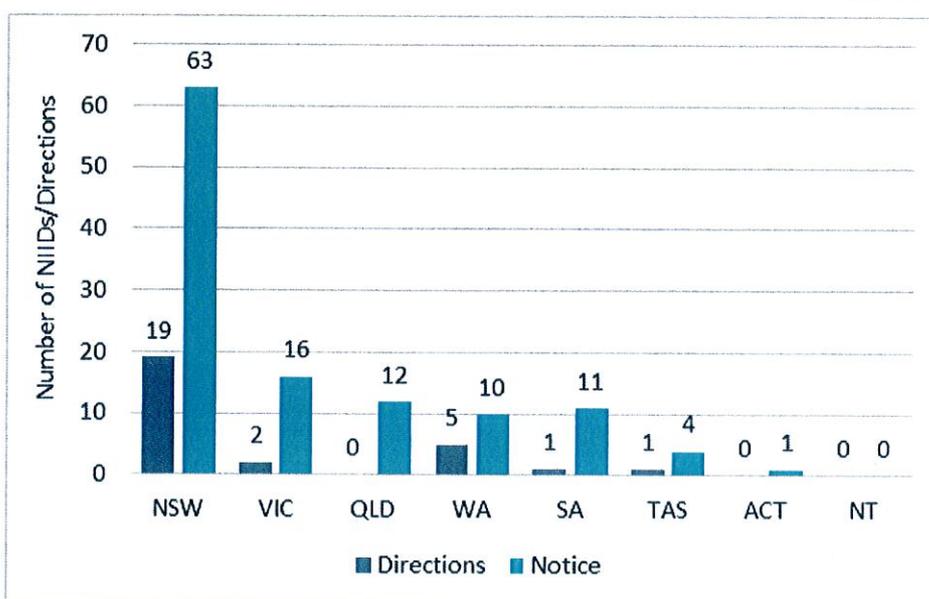
12.7 Directions (including notices of intention)

Directions require an approved provider to take stated actions in order to comply with the approved provider's responsibilities under the Act.

Before issuing Directions, the Scheme will typically give a provider a Notice of Intention to Issue Directions (NIID). The NIID gives the approved provider the opportunity to demonstrate to the Scheme how they have, or will solve the issues. Depending on the approved provider's response to the NIID, the Scheme may or may not issue Directions.

Figure 12 indicates that in 2013–14, 117 complaints resulted in a NIID being issued. Of these, 14 ultimately resulted in Directions. In addition, there were 14 complaints where the Scheme decided to proceed straight to issuing Directions without a NIID. As a result there were a total of 28 Directions issued in 2013–14.

FIGURE 12: NOTICES OF INTENTION TO ISSUE DIRECTIONS AND DIRECTIONS ISSUED BY THE SCHEME IN 2013–14



12.8 Referrals to external organisations

At any time, the Scheme might refer issues to an external agency more appropriately placed to deal with the matters raised. For example, criminal matters are referred to the relevant state or territory police service, while concerns regarding the conduct of a health professional are referred to the relevant health professional regulatory body, such as the Australian Health Practitioner Regulation Agency. Depending on the matters being referred, the Scheme may continue to manage the complaint.

In 2013–14, the Scheme made 976 referrals to external agencies. Of these, 96.8 per cent (945) were made to the Australian Aged Care Quality Agency (formerly the Aged Care Standards and Accreditation Agency).

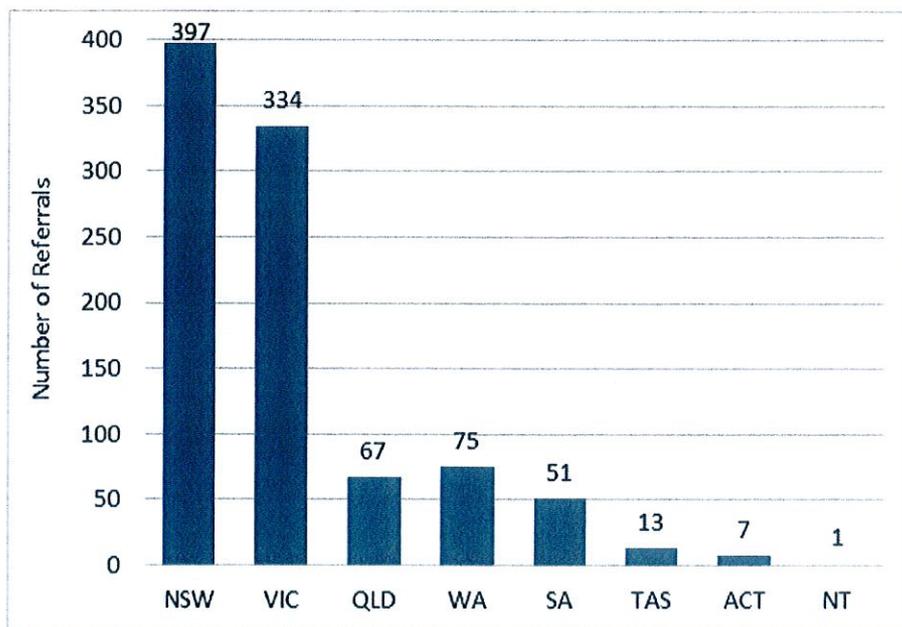
If the Scheme finds a problem that may be related to systemic issues within a residential aged care service, it may refer the matter to the Australian Aged Care Quality Agency (the Quality Agency) while continuing to examine the original complaint. The Quality Agency will consider this information in its case management of residential aged care services. It may bring forward a visit already scheduled, change the scope of the planned visit or hold the information for the next planned visit.

Of the 945 referrals to the Quality Agency, the Scheme:

- asked the Quality Agency to consider information at the next assessment contact in 85.7 per cent of referrals;
- provided the Quality Agency with information about matters considered to be non-urgent in 8.4 per cent of referrals;
- requested an accreditation assessment contact in 5.8 per cent of referrals; and
- requested the Quality Agency conduct a review audit in 0.1 per cent of referrals.

A breakdown of referrals to the Quality Agency by state and territory is provided in Figure 13.

FIGURE 13: REFERRALS TO THE QUALITY AGENCY IN 2013–14, BY STATE AND TERRITORY



The remaining 3.2 per cent of external referrals were to other agencies, such as health care complaints commissions, coroners or relevant health professional regulatory bodies.

12.9 Internal reconsideration

In line with good administrative practice and the *Complaints Principles 2011*, if either party to a complaint is dissatisfied with certain decisions made by the Scheme in the complaints process, they can seek reconsideration of these decisions by the Scheme. During 2013–14, 26 applications were received for internal reconsiderations (Table 40).

TABLE 40: APPLICATIONS FOR INTERNAL RECONSIDERATION RECEIVED IN 2013–14

State/Territory	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
Internal Reconsideration	13	9	2	1	1	0	0	0	26