

Submission
No 253

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL
DISABILITY INSURANCE SCHEME AND THE PROVISION
OF DISABILITY SERVICES IN NEW SOUTH WALES**

Organisation: Regal Home Health

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NATIONAL DISABILITY INSURANCE SCHEME ENQUIRY |

PUBLIC SUBMISSION BY NDIS PROVIDER

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PURPOSE | Regal Home Health has been an NDIS provider for 2 years. Regal seeks to provide submissions to both the Commonwealth and NSW Enquiries to provide some anecdotal feedback on our experience, to highlight in our view, what is working well and what needs review.

TERMS OF REFERENCE

(a) the implementation of the National Disability Insurance Scheme and its success or otherwise in providing choice and control for people with disability,

- The NDIS has been refining the web portal and customer services since it's initial trials and subsequent rollout, which for many people is an improvement in the care they received prior to NDIS.
- Anecdotal information is that many of the NDIS participants do NOT have access to the NDIS Portal.
- It is evident that a key variable in the success of the program is the participant having an advocate to support them through the process. Whilst in some cases the Support Coordinator fulfills this role for people without a friend or family member to assist them, funding of their role is not always ongoing, which can leave the already vulnerable participant at risk of incident, isolation and error.
- Delays in processing plan reviews and approval for equipment results in frustration of participants and providers seeking to provide optimal care. In some cases the participant risks can increase for the vulnerable participant resulting in deconditioning and injury. Eg falls while waiting for approval for wheelchair.

(b) the experience of people with complex care and support needs in developing, enacting and reviewing NDIS plans,

The experience of Local Area Coordinators is variable but the greater problem is the distribution of funds between core supports and daily activities. It is frequently an issue that a participant cannot continue services for daily activities as funding has run out but there might be >\$50,000 in core supports that is not being used. A request for a review of the plan often results in delays of 6+months.

(d) the effectiveness and impact of privatising government-run disability services,

(f) the adequacy of current regulations and oversight mechanisms in relation to disability service providers,

- One of the key risks of NDIS model is the absence of a qualified workforce to complete invasive procedures such as catheterization, changing and maintenance of tracheostomy and/or percutaneous endoscopic gastrostomy tubes.
- National and statewide clinical standards have been developed based on evidence for the safety and quality of the procedures minimize the risks.

- How is then, that the NDIS Model of Care has been established around an unregulated workforce. Why shouldn't people with a disability have access to equitable care of the same standard, expected in other settings. There is clearly a financial driver, but the model has been established in haste without any mechanism for evaluating incidents and deaths that will occur as a result of the action or inaction of an unregulated workforce, who do not have the knowledge and skills to complete these procedures and most importantly, manage any complications or adverse outcomes.
- Currently complaints about Support Workers (unregulated workforce) are not captured or reported by the Health Complaints Commission. A solution to these issues would be for Support Workers to operate under the clinical governance of a registered Nurse.

(g) workforce issues impacting on the delivery of disability services,

- As a private provider, Regal is responding to the needs of NDIS and icare models by recruiting workforce to support the participant over block periods of time.
- Specific education is being provided and competencies are verified at orientation and they are then working under the clinical governance model of Regal Home Health. This provides a clear path for escalation and review by an RN.

(h) challenges facing disability service providers and their sustainability,

- The current fees payable for services make it challenging for the sustainability of providers. The fees for support workers make it unviable for many providers to continue.
- Current travel allowances are only payable between participants and impossible to roster and claim benefits when providing services for other funding bodies such as DVA.

(i) incidents where inadequate disability supports result in greater strain on other community services, such as justice and health services,

- An example experience by Regal is the case of a bed bound participant with a pressure injury who is unable to access wound care or equipment through NDIS as a decision is made the wound is NOT related to their disability – even though being bed bound would be the underlying cause of the injury. The local public community Nursing team or GP are expected to provide the service and mostly are not equipped to do so.



(j) policies, regulation or oversight mechanisms that could improve the provision and accessibility of disability services across New South Wales, and Incident management

- Currently complaints about Support Workers (unregulated workforce) are not captured or reported by the Health Complaints Commission.
- Mandated training about escalation and reporting through a centralized mechanism would at least provide the opportunity evaluate the types of incidents that are occurring and look at how they are being managed.

(k) any other related matter.