ANMF Submission to ANMAC consultation

SUBMISSION TO THE NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS (SECOND EDITION) AGED CARE MODULE

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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

With regard to care of older people, ANMF members work across all settings in which aged care is delivered, including approximately 40,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, community and in-home care), depending on their health needs. Being at the fore-front of aged care, and caring for older people 24 hours a day in acute care, residential facilities and the community, our members are in a prime position to make clear recommendations to improve the care provided.

General feedback

The ANMF recognises the importance of the draft National Safety and Quality Health Service (NSQHS) aged care module to bridge the gap between the current NSQHS standards and the Aged Care Quality standards, to ensure Multi-Purpose Services (MPS) delivering federally funded aged care services are meeting the expectations of the community and are providing safe quality care. However, our experience of aged care providers is that there is considerable variation in service delivery and care outcomes. Staffing levels and the application of clinical governance processes are two important examples of considerable variation in aged care delivery. Maintaining two different accreditation processes for aged care delivery, namely, the Australian Commission on Safety and Quality in Healthcare for MPSs and the Aged Care Quality and Safety Commission for the remaining aged care services, will only exacerbate these differences. Further, consumers of aged care struggle to make informed choices in relation to aged care – having a level playing-field of quality including accreditation services would be beneficial in this regard.

Overview

Question 1: Is the intent of the module clear?

The ANMF recognises the importance of the module to maintain and support the totality of older peoples' lives during and following the transition from their home into utilising aged care services 24 hours per day. The ANMF is supportive of measures which contribute to creating aged care residential facilities as places which provide person-centred, high quality care that is both safe and comfortable.

The intention of the NSQHS Standards Aged Care Module to facilitate MPS accreditation by allowing them to refer to only one set of standards, is welcomed. The NSQHS aged care module will be the linchpin that bridges the gap between the requirements of the NSQHS and the Aged Care Quality Standards.

In order to improve clarity regarding the expectations of the additional module, the ANMF suggests amendment to the module, as follows:

> The intent of the NSQHS Standards Aged Care Module is to identify the quality and accountability expected of aged care services delivered to older people, and to ensure appropriate regulatory responses are attached to risks of non-compliance by multipurpose services with statutory obligations.

It should be clear from the Statement of Intent that MPSs must comply with all the set Standards for the purpose of either an initial or an ongoing accreditation assessment at the time of a review audit. Furthermore, a failure of an approved aged care provider to comply with the NSQHS Standards, inclusive of the aged care module, may result in an MPS being deemed as not meeting the minimum standard requirements.

Question 2: Is the language in the module clear?

The reference to the requirement for appropriately qualified staff being identified in the standards is welcomed by the ANMF. However, this should be strengthened with the addition of an evidence-based staffing model that ensures the staffing comprises the right number and skills mix of staff are rostered throughout the day and night to deliver safe, quality care and services to meet the assessed care needs of every consumer of the aged care service being provided.

The language used is clear throughout; however, in some areas this is overly simplistic, and the Actions will be difficult to measure. For example, how are facilities or accreditors to determine if residents are engaging in activities 'of interest to them'?

Action 1 (Consumer dignity and choice)

The health service organisation has processes to routinely provide residents with:

a. Opportunities to establish and maintain relationships of their choice, including intimate relationships

b. Support for daily living that promotes, emotional, cultural, spiritual and psychological wellbeing.

c. Mechanisms to optimise independence to promote quality of life.

d. Support to make choices about their care, including taking risks.

Questions 1-4: intent, language, compliance and appropriateness of this action

The intention and language of the Action is clear. The elements of the Action can be measured through discussion with recipients of care and staff, and are appropriate to MPS providers.

Question 5. Do you have any specific comments on this Action?

In order for Action A1 a) to be achieved, MPS aged care services will need to provide appropriate space and privacy to enable residents to take advantage of opportunities to develop and maintain relationships.

In relation to Action A1 c): one of the biggest barriers to providing support and facilitating a person's independence in the aged care sector is there are currently no mandated minimum staffing ratios, comprising both the right number and the right balance of staffing skill mix, across all aged care facilities. This results in inadequate care staff being rostered to support and facilitate independence that promotes optimal quality of life. Knopp-Shiota et al.'s exploration of missed care in Residential Aged Care Facilities (RACFs)[1] identified that the care most likely to be missed is rehabilitative and social care; other missed care related to staff not having time to talk to and walk with residents, or assist in toileting, nail and mouth care. The issue of staff numbers and appropriately rostered skills mix to address the missed care will be discussed in detail in our response to Action 5.

Action 2 (Services and supports of daily living)

The health service organisation has processes to support residents to:

a. Participate in meaningful activities within and outside the organisation

b. Have social and personal relationships

c. Do things of interest to them

Question 5. Do you have any specific comments on this Action?

Meeting the intention of Action 2 b) *Have social and personal relationships*, requires facilities to provide appropriate space and privacy for residents to talk with visitors.

Action 2 c) *Do things of interest to them would be better expressed as: Engage in activities of interest to them.*

For care staff to facilitate and enable residents to participate in the described items requires there to be a sufficient number and appropriate skills mix of staff. The ANMF suggests the stem of this Action begins with: *The health service organisation has processes and a workforce that is sufficient in number, skill and qualification to support residents to…*

Question 6. What, if any, additional requirements should be included in the module?

The ANMF has nothing further to add to this question at this stage.

[1] Knopp-Sihota JA, Niehaus L, et al. (2015). Factors associated with rushed and missed resident care in western Canadian nursing homes: a cross-sectional survey of health care aides Journal of Clinical Nursing 24(9): 2815-2825

Action 3 (Services and supports of daily living - nutrition)

The health service organisation provides residents with meals that are varied, nutritious, appetising and adequate quantity.

Question 5. Do you have any specific comments on this Action?

The ANMF recommends the importance of referring residents to dieticians when required to provide nutritional advice regarding dietary choices, supplements or tailored individual regimes. Hydration is vitally important for the elderly and requires attention in this action as well. In addition, consideration needs to be given to ensuring care staff have a workload which enables them the time they need to assist residents with meals, where it is required as part of their assessed care need.

Our members raise concerns that hospital food is often processed and menus do not offer suitable quality and variation for long-stay residents. The following comment from an ANMF member who works in an MPS sums up this issue well.

> "I worked three evening shifts in a row and the food was disgusting. No food value in what was served, same vegetables (frozen veggies). Residents never get fresh vegetables and don't eat because they don't like the food, therefore are malnourished. On one occasion they were served just dry chips, no sauce or gravy to help wash them down, not even served nicely with a bit of colour e.g. garnish. My thoughts are MPSs are under the Health Service providers and food in a hospital situation is meant to be short stay, where residents continually get processed pre-cooked food with little value or nourishment in it. At this MPS the food doesn't look like it is served with love to make it look in any way attractive."
> - Registered Nurse, rural MPS

Question 6. What, if any, additional requirements should be included in the module?

Nutritional supplements and feeding assistance must be provided based on the person's assessed needs. As the nutritional and support requirements of older people may change in response to the progression of disease, the risk of malnutrition must be regularly assessed and monitored, and the diet modified accordingly. This should be reflected in the Standard.

Action 4 (Organisation's service environment)

The health service organisation provides a welcoming and homelike environment that optimises the consumer's sense of belonging and interactions, with support to access indoors and outdoors

Question 6. What, if any, additional requirements should be included in the module?

The ANMF suggests the following addition to the Action: *'to deliver safe care that',* to read as follows:

The health service organisation provides a welcoming and homelike environment to deliver safe care that optimises consumer's sense of belonging and interactions, with support to access indoors and outdoors.

Action 5 (Human resources)

The workforce is planned and the health service organisation uses recruitment and training systems to ensure the number and skills mix of the workforce can deliver safe, and quality care and services

Questions 1-4: intent, language, compliance and appropriateness of this action

This Action statement is insufficiently specific and therefore offers MPS providers and/or auditors no clear guidance regarding the requirement and expectation for staffing.

Question 5. Do you have any specific comments on this Action?

Many of the issues that beset the aged care services sector are directly and indirectly attributable to inadequate numbers and/or skills mix of staff to meet the needs of residents. Addressing this issue has been a high priority for ANMF members for many years working within the sector, both to ensure the care delivered is safe, competent, and timely, and to improve staff retention.

> "A patient fell in the bathroom. When the incident occurred there were two staff to twenty patients working one staff down which happens often. Alternatively a staff member [from the MPS] is taken to another ward because they are short staffed." - Enrolled Nurse, rural MPS

By legislation under the Aged Care Act 1997, care planning and co-ordination must be undertaken by registered nurses. While approved providers are required to provide adequate numbers of care staff to carry out the assessed care needs, including a tailored plan for individualised person-centred care, the Act is silent as to the number of nursing or carer staff required to sufficiently provide any or all elements of a resident's assessed care needs.

This deficiency in the Act has prevented aged care regulation from having a meaningful, measurable mechanism to enable them to effectively audit and assess minimum staffing and skills mix. This has in turn exacerbated workforce and quality care issues within the aged care sector. It is clear that leaving decisions about staffing open to provider discretion does not always achieve the best outcomes for consumers of aged care, or staff.

> I don't get meal breaks most days. Working 12hour shifts to cover lack of staffing." - Registered Nurse, rural MPS

In the past there has not been an evidence-based solution to benchmark staffing and skills mix, and therefore terms such as 'sufficient' have been used. In order to effectively address this issue, the proposed Aged care module must clearly articulate minimum staffing levels and skills mix required in order to provide care based on the assessed care needs of the consumer. The ANMF recommends utilising findings from the *National Aged Care Staffing and Skills Mix Project* to identify how this staffing should be determined and assessed.

Released in 2016 by the ANMF, the National Aged Care Staffing and Skills Mix Project[2] was commissioned in collaboration with the ANMF South Australian Branch, the Flinders University Research Team and the University of South Australia. This national study resulted in the development of an evidence-based complexity profile that tested the elements of care associated with the resident profiles, determined what care interventions were being missed, and confirmed the need for, and structure of, a staffing model for residential aged care. Extensive validation of the staffing methodology demonstrated that the current level of staffing is inadequate to provide the needs for Australians living in residential care facilities.

The key findings of the *National Aged Care Staffing and Skills Mix Project* report are that:

- Evidence-based staffing and skills mix methodology must be adopted nation-wide for residential facilities.
- The minimum skills mix needed for safe, timely residential care is 30% registered nurses, 20% enrolled nurses, and 50% personal care workers (however titled).[3]
- Residential facilities must incorporate the time taken for both direct and indirect nursing, and personal care tasks and assessment of residents.
- Residents require an average 4 hours and 18 minutes (or 4.3 hours) of care per day, but are only receiving an average of 2.84 hours at present.
- Evidence-based minimum staffing and skills mix levels allow for flexible allocation of care, according to the assessed needs of the recipients of care.

[2] Willis, E., Price, K., Bonner, R., Henderson, J., Gibson, T., Hurley, J., Blackman, I., Toffoli, L and Currie, T. (2016) *Meeting residents' care needs: A study of the requirement for nursing and personal care staff.* Australian Nursing and Midwifery Federation.

[3] Willis op cit.

Residential facilities are also increasingly providing end-of-life care; in Australia, approximately one-third of people aged over 65 die in RACFs,[4] often shortly after admission – 17.8% of people admitted to Australian RACFs die within six months (6.8% within four weeks). Short-term admission for end-of-life care creates additional work demands which residential aged care staff are poorly equipped to meet.[5] While palliative care only accounts for part of the workload in residential aged care, the recommended staffing level for safe hospice care is 6.5 hours per patient day,[6] a figure that should also be factored into staffing recommendations in residential facilities.

> "We have increased the footprint of our facility and doubled the resident number. There has been an increased rate of falls, pressure injuries and skin tears. Domestic staff from the domiciliary care environment are changing status to AIN's in a clinical environment with higher level care needs. The transitioning staff have a knowledge deficit in regard to care needs in high care and are unfamiliar with chain of command and working under direct supervision of the RN." - Manager, rural MPS

Question 6. What, if any, additional requirements should be included in the module?

The *National Aged Care Staffing and Skills Mix Project* findings are the evidence-based solution for workforce issues within residential care, and must be clearly identified within Action 5. Providing clear and concise requirements for staffing and skills mix within residential facilities that is based on evidence will facilitate safe, timely, quality care for residents. The transparency of this model will also provide clarity and reassurance for consumers, providers, professionals and carers alike in understanding the minimum staffing and skills mix requirements.

[4] Lane H and Phillips J. (2015). Managing expectations: providing palliative care in aged care facilities, *Australasian Journal of Ageing* 34(2): 76-81

[5] Lane and Phillips op. cit.

[6] Parker D and Clifton K. (2014) Guest commentary: Residential Aged Care: the de facto hospice for New Zealand's older people *Australasian Journal of Ageing* 33(2): 72-73

In highlighting the importance of staff numbers and skills mix being reflected in the Standards, the ANMF request the Module contain an indication of how this would be assessed, and recommend the following inclusion:

> *The workforce is planned and the health service organisation uses recruitment and training systems to ensure the numbers and skills mix of registered and enrolled nurses and personal care workers (however titled) at all times can safely meet the needs of the residents and these Standards.*
>
> *A residential facility must demonstrate minimum staff numbers using a mandated evidence-based methodology that accounts for the time taken to assess, perform and evaluate direct and indirect nursing care for residents with the following minimum staffing skills mix: registered nurses (RN) 30%, enrolled nurses (EN) 20% and personal care worker (AIN/PCW) 50%.*

Action 6 (Organisational governance)

The health service organisation has processes to identify and respond to abuse and neglect of residents

Questions 1 - 3: intent and language of and compliance with this Action

The intent of this Action is to safeguard the wellbeing of those receiving care, which requires having robust processes and ensuring they are followed, for both witnessed (or otherwise verifiable) and suspected incidences of abuse or neglect.

As only the first component is present in the Standard as drafted, the ANMF suggests the wording be changed to read:

> *The health service organisation has identified and implements policies and risk management systems and practices, to align with, and comply with, relevant legislation, regulatory requirements, professional standards and guidelines. These include processes to identify and respond to actual, potential, and suspected incidents of abuse and neglect of residents. Facility policy and culture should reflect the importance of reporting and following up incidents, and ongoing staff education must include content regarding the signs, symptoms, and other indications of abuse.*

The presence and adequacy of policies, procedures, and systems can be determined; whether these are acted upon also needs to be a part of the assessment.

Question 5. Do you have any specific comments on this Action?

Processes need to be able to be acted on if they are to protect the vulnerable. Testimonies delivered during the Royal Commission into Aged Care Quality and Safety have demonstrated that staff and family members alike have both feared, and experienced consequences as the result of, raising concerns about abuse or neglect of residents.

Question 6. What, if any, additional requirements should be included in the module?

The ability for workers and family members to raise issues in good faith is one of a range of protections that should be in place. The ANMF recommends this Action explicitly explores the measures taken to ensure workers and family members are supported to raise issues in good faith, without fear of internal or external reprisal, and, that there be clear processes for escalation of concerns.

Concluding remarks

The ANMF thanks the Commission for the opportunity to contribute to this module. The ANMF is committed to on-going review and evaluation of processes that enhance and improve the care and conditions of older Australians. Standards determining the physical and emotional environment, personal and clinical care, and the management of aged care provision are key to supporting a safe, sustainable aged care sector.

The ANMF has a significant number of members working in the aged care sector. Based on their feedback, we are concerned that MPSs across the country will not be able to meet the individualised, important needs described in these Standards, due to excessive workloads experienced by many nurses and personal care workers, and the resulting impact on the well-being of the frail elderly people for whom they provide care.

With each year the profile of people receiving aged care services grows more complex, with a greater number of co-morbidities, medicines, and risk of adverse interactions. The ANMF's long-term campaign for mandated staff ratios in aged care addresses these concerns by ensuring that the right mix of staff, in the right numbers, can provide the timely, quality care this population needs but too rarely receives.