

Position Paper

The health and clinical care needs of older people in residential aged care

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Introduction

The intention of this paper is to share the National Ageing Research Institute's position on the recommendations of the Royal Commission into Quality and Safety and the subsequent announcements in the Australian Government's 2021-22 Budget relating to the health and clinical care needs of older people in residential aged care. It encompasses recommendations 1-4, 10, 16, 18, 19-22, 24, 56, 64, 65, 77-83, 86, 114, 121, 122 (see Table 1).

The Final Report from the Royal Commission into Aged Care Quality and Safety¹ confronted Australians with an uncomfortable truth: that the quality of care in residential aged care homes is substandard and below that of most other OECD countries. The Commissioners described a failure to facilitate or coordinate and deliver care to meet the complex health and clinical care needs of people living in this setting, particularly for residents with dementia and changed behaviours, mental health problems, and palliative care needs. The Commission found many examples of substandard care in addressing the most basic of human needs, such as ensuring adequate diet and nutrition, maintenance of oral health, skin care, mobility, medication and prescription management, appropriate recognition and treatment of pain, incontinence, infection control, social and emotional needs, and diversity and cultural needs. ***Delivering holistic care that meets aged care residents' diverse social, physical, health care and emotional care needs should be a priority for aged care providers.***

Our position is informed by evidence about the complexity of aged care residents' health and clinical care needs. Unlike the decision to move into a retirement home, moving into a residential aged care home is not a lifestyle choice. People move into a residential aged care home because they and/or their home-based support network can no longer manage their care needs, including their health and associated clinical care needs. The Royal Commission into Aged Care Quality and Safety has clearly demonstrated that these care needs are often not being met in residential care. As Australians are living longer lives, the needs of aged care residents have shifted. The growth of home care over the last two decades has enabled older people to live longer in their homes. Consequently, now when people do enter a residential care home, they are typically older and frailer, and closer to the end of their life. Despite the increased complexity of aged care residents' care needs, current systems and funding priorities are based on a staffing profile (skills mix, number etc) more consistent with the historical profile of residents. Hence, ***the question of how best to address the care needs of older people in residential aged care homes in a holistic way emerges as a critical concern.***

As Australia's longest standing and only independent medical research institute specifically focused on ageing, NARI has decades of experience in aged care research, advocacy and education. Evidence from a recent review of qualitative research conducted by our team on quality care reveals that aged care residents value care from staff who are attentive and competent in terms of continually monitoring them for changes in their physical, mental and social needs². Many residents place high value on personal independence, and prefer care delivery that emphasises their own autonomy and self-management, that allows them scope to take risks and function with minimal assistance from staff. However, these preferences are not shared uniformly by residents. Many residents, especially those who feel physically or cognitively vulnerable, value a high degree of personal support and may view models of care that stress independence as inattentive to their needs and therefore indicative of low quality care.

Person-centred care has become a guiding principle of residential aged care over the last two decades, and is a key component of the Aged Care Quality and Safety Commission's quality standards framework. Yet our research found that while aged care staff typically see value in a person-centred approach to care, they experience considerable constraints on delivering it in practice; the most significant barriers is a lack of staff with the requisite knowledge and skills. Faced with limited time and resources, aged care staff are frequently forced to work in a task-oriented rather than person-centred way. This means rushing through tasks such as dressing wounds, administering medications, and attending to residents' personal hygiene without being able to slow down and spend the time getting to know residents and understanding how they want their care to be delivered³.

It is time for a balanced discussion about how to create and fund an integrated system of care for older people that responds to their diverse social, physical, health care and emotional care needs, wherever they reside. This discussion should be underpinned by evidence and data. Hence, NARI welcomes the recommendations from the Commissioners for a stronger evidence base for models of care in residential aged care and for research that gives voice to older people and their carers. While we support a rights-based approach to high quality, safe and timely support and care, we also call for greater acknowledgement of the embeddedness of health and medical issues in the lives of older people in residential aged care homes and draw attention to the dangers of advocating a purely social welfare aged rights-based framework for people with limited self-advocacy capacity.

NARI acknowledges the extensive work undertaken by the Commissioners to address the critical question of how to meet the holistic care needs of older people wherever they live, and looks forward to contributing to rebuilding Australia's aged care. Our research on models of care for residential aged care and expertise on a range of clinical and social issues means we are well placed to advise on: (i) the development of new aged care quality standards and clinical indicators, (ii) clinical governance (ii) clinical care assessment and review processes, (iii) the knowledge, skills and attributes required for a skilled and dedicated aged care and compliance and enforcement workforce, and (iv) the best approaches and models to support the translation of research about clinical care into practice. We aim to stimulate further discussion and reflection, and to provide guidance on the way forward for Australian aged care research.

Summary of key points

Based on our research and experience in the aged care sector, NARI supports the following:

- A new Aged Care Act that provides a system of aged care based on a universal right to high quality, safe and timely support and care that does not depend on the older person's capacity for self-advocacy.
- A balanced discussion about the best ways to create and fund an integrated system of care for older people that responds to their diverse social, physical, health care and emotional care needs, wherever they reside.
- The expansion of the National Mandatory Indicator Program, albeit with a caution about the known limitations of clinical indicators to capture what matters to older people.
- Increased transparency about the quality of care in residential aged care homes through improved reporting and a star rating system.
- Standards of care that are contextually appropriate and based on the best available evidence using a reliable and valid method that gives voice to all key stakeholders.
- An evidence-based approach to the design and evaluation of certificate-based courses for aged care.
- The development of accredited, nationally recognised short courses, skills sets and micro-credentials for the aged care workforce, encompassing units of competency on dementia, palliative care, mental health, physical health status, wound care, oral health, palliative care, falls prevention, first aid, monitoring medication and dysphagia management, continence management, interventions for older people at risk, and recognising and responding to crisis situations.
- Gerontological content in undergraduate curricula for health professions' that is theoretically informed by a human rights framework.
- The adoption of minimum staff time standards for residential aged care and improved reporting of direct care time.
- The incentivisation of enabling approaches to care in residential aged care.

Table 1: NARI's position on the recommendations of the Royal Commission into Quality and Safety and the Australian Government's 2021-22 Budget relating to the health and clinical care needs of older people in residential aged care

Royal Commission	Government Response	NARI Response
Recommendation 1: A new Act Recommendation 2: Rights of older people receiving aged care Recommendation 3: Key principles	The Government accepts recommendations 1 to 3 and is responding through the measure Governance - New Aged Care Act.	NARI welcomes a new Act that privilege the rights of older people, but notes that an act alone will be insufficient to guarantee the rights of older people. We also advocate for an aged care rights framework that accommodates the cognitive challenges that many people experience as they age. As such, any rights based framework for older people should not be premised on the assumption that all older people are informed consumers who are able to self-advocate, nor that those with cognitive impairment are unable to self-advocate.
Recommendation 4: Integrated long-term support and care for older people	The Government accepts this recommendation and supports the delivery of high quality health care for senior Australians, noting development of an integrated long-term strategy will require more detailed consideration by the Australian Government and state and territory governments. This will be progressed through the Health National Cabinet Reform Committee.	NARI welcomes a balanced discussion about the best way to create and fund an integrated system of care for older people that responds to their diverse social, physical, health care and emotional care needs, wherever they reside. Aged Care providers are increasingly expected to perform acute or rehabilitative care functions by the health sector, and thereby relieve hospitals of the need to provide that kind of care. However, residential aged care is not funded to provide this type of care, and may not have staff with the right skills or mix of skills. The onus of clinical care should not be solely on the aged care sector. NARI supports outpatient models, such as in-reach programs, and partnerships between primary healthcare networks and health districts as a way to improve the interface, as well a better use of GPs, geriatricians, and allied health in residential aged care homes to assess and monitor residents' needs.

Royal Commission	Government Response	NARI Response
Recommendation 10: Aged Care Safety and Quality Authority	The Government accepts this recommendation and is responding through the measures Residential Aged Care Quality and Safety - Protecting consumers by strengthening regulatory powers and capability and Residential Aged Care Quality and Safety - Establishment of a new independent Aged Care Quality and Safety Authority.	NARI views the role of The Aged Care Quality and Safety Commission as critical to the quality and safety of aged care. It welcomes the proposed greater regulatory power and engagement with older people and their families and carers. This includes the provision of timely and accurate information on the outcomes of regulatory actions, including information on system-wide regulatory activity and outcomes, and publication of enforcement action taken against individual providers.
Recommendation 16: Specialist dementia care services	The Government accepts this recommendation. An evaluation of the Specialist Dementia Care Program has already commenced. Alongside this evaluation, the Department of Health will work with state and territory counterparts to ensure the Specialist Dementia Care Units are planned and established to address need.	People living with dementia are more likely to have health and clinical care needs than people without a diagnosis of dementia. Specialist dementia care services may address their unmet needs, particularly if they are staffed by people with specialist dementia care education and qualifications.
Recommendation 18: Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care	The Government accepts-in-principle this recommendation and is responding through the measure Residential Aged Care Quality and Safety - Transfer clinical care standard formulation to the Australian Commission on Safety and Quality in Health Care.	NARI recommends all standards of care need to be contextually appropriate and based on the best available evidence using a reliable and valid method that gives voice to all key stakeholders. Separating clinical standards from non-clinical care standards is a risk as it could reinforce a disease focus rather than viewing older people who required aged care holistically.

Royal Commission

Recommendation 19:
Urgent review of the Aged Care Quality Standards

Recommendation 20:
Periodic review of the Aged Care Quality Standards

Recommendation 21:
Priority issues for periodic review of the Aged Care Quality Standards

Recommendation 22:
Quality indicators

Government Response

The Government **accepts** recommendations 19-21 regarding a review of the Aged Care Quality Standards and is responding through the measure **Residential Aged Care Quality and Safety - Aged Care Immediate Priorities - Strengthening Providers**.

The Government **accepts-in-principle** this recommendation and is responding through the measure **Residential Aged Care Quality and Safety - Empowering consumers of aged care with information to exercise choice**.

NARI Response

NARI welcomes efforts to improve the specificity and clarity of the Aged Care Quality Standards, particularly in relation to the following clinical care issues identified, i.e. oral care, medication management, pressure injury prevention, wound management, continence care, falls prevention and mobility, and infection control.

NARI supports the proposed expansion of the National Aged Care Mandatory Quality Indicator Program, but cautions against overreliance on quality indicators as they only measure one aspect of quality. They should be interpreted in conjunction with consumer satisfaction surveys and regular site visits/assessments, which require facilities to demonstrate qualitative improvements in meeting the quality standards.

The other cautionary note is that the use of mandatory quality indicators may exacerbate the current tendency for organisations to focus on compliance rather than improvement. Moreover, calling for more fine-grained quality surveillance can convey a sense of distrust in staff abilities and intentions, and impose more administrative tasks that further detract from direct care. Overly prescriptive regulation and limited funding/staffing has the potential to undermine the intrinsic motivation staff have to provide good quality care. Any expansion of the National Aged Care Mandatory Quality Indicator Program should be accompanied by an evaluation of the staffing implications.

Royal Commission	Government Response	NARI Response
Recommendation 24: Star ratings: performance information for people seeking care	The Government accepts this recommendation and is responding through the measure Residential Aged Care Quality and Safety - Empowering consumers of aged care with information to exercise choice.	NARI welcomes efforts to improve transparency in the quality of care in residential aged care homes. People who access care in a residential aged care home and their families should be able to make meaningful comparisons of the quality and safety performance of services and providers. This information should be comprehensive and accurate and include data about clinical and quality indicators, staffing levels, and consumer experience and service compliance ratings.
Recommendation 56: A new primary care model to improve access	The Government accepts-in-principle this recommendation and is responding through the measure Residential Aged Care Quality and Safety - Improving access to primary care and other health services.	As the complexity and acuity of individual residents' needs has increased, so also has the diversity of needs that residential aged care services must manage. People living in residential aged care homes have high rates of comorbidities that require skilled medical and nursing care. Specifically, 93% have some form of circulatory disease, with hypertension being the most common (62%), and 83% also have a mental or behavioural disorder, including dementia (58%) or depression (54%)⁴. Other common health problems that need to be managed include: constipation (76%), arthritis (61%), urinary incontinence (51%), peptic ulcer disease/gastro-oesophageal reflux disease (58%), dyslipidaemia (44%), pain (39%), and chronic lower respiratory disease (35%)⁴. The annual mortality rate is around 32% among aged care residents⁵. Therefore, NARI welcomes efforts to improve equity for residents to access health, including access to specialists and multidisciplinary teams, including nurse practitioners, allied health practitioners and pharmacist.
Recommendation 64: Increased access to medication management reviews	The Government accepts this recommendation, subject to an examination of the current investment in pharmacy services in residential aged care and home care.	As medication errors are a common cause of harm for older people, NARI supports this initiative to improve the quality of medication management in residential aged care homes. It recommends an evaluation framework to monitor the effects on introducing this policy, with a particular focus on rates of falls, delirium and incontinence.

Royal Commission	Government Response	NARI Response
Recommendation 65: Restricted prescription of antipsychotics in residential aged care	The Government accepts-in-principle this recommendation. The Government supports better regulation of the use of prescribed antipsychotics in residential aged care settings.	The overuse and inappropriate use of antipsychotics has a negative impact on resident's health and wellbeing. Whilst NARI supports efforts to reduce their use, this should be accompanied by a multifaceted approach that includes consideration of the resources and education required to manage residents' behaviours through non-pharmacological approaches. An evaluation framework should be implemented in association with this policy initiative.
Recommendation 77: National registration scheme	The Government accepts-in-principle this recommendation, but not through an Australian Health Practitioner Regulation Agency (AHPRA) model. The Government is responding to this recommendation through the measure Workforce - National care and support worker regulation.	NARI views the establishment of a national registration scheme for the personal care workforce as one of several initiatives that could improve the quality of care for older people receiving aged care. The current voluntary code of practice is an important initiative, but we believe it does not go far enough in protecting older people from harm as it is not underpinned by any legislative power.
Recommendation 78: Mandatory minimum qualification for personal care workers Recommendation 79: Review of certificate-based courses for aged care	This recommendation is subject to further consideration through the development of the whole-of-government Care Workforce Strategy. The Government accepts this recommendation. A review of the Certificate III in Individual Support and the Certificate IV in Ageing Support is currently underway and is due to be completed by mid-2021. The Human Services Skills Organisation is being closely consulted as part of the review.	NARI supports the recommendations for personal care workers to have a minimum Certificate III, but is concerned that the current Certificate III insufficiently prepares this workforce to deliver safe quality care. Hence, NARI welcomes the proposed review of certificate-based courses for aged care. As a research-based organisation, NARI advocates an evidence-based approach to the design and evaluation of the courses. NARI also calls for additional units of competency on the following clinical care issues to be included as core competencies: mental health, physical health status, wound care, oral health, palliative care, falls prevention, first aid, monitoring medication and dysphagia management, continence management, interventions for older people at risk, and recognising and responding to crisis situations.
Recommendation 80: Dementia and palliative care training for workers	The Government accepts this recommendation.	NARI welcomes the requirement of all workers engaged by providers who are involved in direct contact with people seeking or receiving services in the aged care system to undertake regular training about dementia care and palliative care.

Royal Commission	Government Response	NARI Response
Recommendation 81: Ongoing professional development of the aged care workforce	The Government accepts this recommendation. Developing and funding nationally recognised micro-credentials and skill sets, in addition to full qualifications, is identified as a priority area for reform for the future National Skills Agreement in the Heads of Agreement for Skills Reform signed by all jurisdictions in July 2020.	NARI views the development of accredited, nationally recognised short courses, skills sets and micro-credentials for the aged care workforce as an important policy initiative that will partially address unmet skills gaps in the aged care sector. They will improve opportunities for learning and professional development, and upgrade the skills, knowledge and capabilities of the existing workforce.
Recommendation 82: Review of health professions' undergraduate curricula	The Government accepts this recommendation, noting accreditation of health professional education is conducted independently of Government under the National Registration and Accreditation Scheme (NRAS).	As the care of older people has not been considered a specialisation, undergraduate curriculum for health professional lacks gerontological content. This education should be underpinned by a human rights framework that challenges ageist beliefs so that the care needs of older people are met. NARI supports a review of health professions' undergraduate curricula.
Recommendation 83: Funding for teaching aged care programs	The Government accepts this recommendation and is responding through the measure Workforce - Growing a skilled, high-quality workforce to care for older Australians.	Funding for teaching aged care programs for delivery to students in both residential aged care and home care settings is one of several initiatives that could professionalise the aged care sector and improve the quality of care.

Royal Commission	Government Response	NARI Response
Recommendation 86: Minimum staff time standard for residential care	The Government accepts this recommendation and is responding through the measure Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system.	Increasing the amount of time available for staff to provide care is an important initiative that should improve older peoples' experiences of receiving care. Our research found that faced with limited time and resources, aged care staff are frequently forced to work in a task-oriented rather than person-centred way. This means rushing through tasks such as dressing wounds, administering medications, and attending to residents' personal hygiene without being able to slow down and spend the time getting to know residents and understanding how they want their care to be delivered³. The recommendation to engage registered nurses, enrolled nurses, and personal care workers for the average resident for at least 215 minutes per resident per day for the average resident, with at least 44 minutes of that staff time provided by a registered nurse is commendable. At the same time, current exemptions leave open the possibility that providers will replace RN care time with a less skilled staff care time.
Recommendation 114: Immediate funding for education and training to improve the quality of care	The Government accepts this recommendation and is responding through the measures Workforce - Growing a skilled, high-quality workforce to care for older Australians and Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system.	NARI supports the proposed initiatives to improve the quality of the current aged care workforce which it believes will contribute to improving the quality of care in residential aged care. A multifaceted approach to capacity building is required that includes all of the proposed initiatives:
Recommendation 121: Incentives for an enablement approach to residential care	The Government accepts this recommendation. A reassessment approach will be used under the Australian National Aged Care Classification (AN-ACC) funding model, which the Government is introducing through the measure Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system.	Enabling people living in residential aged care to retain their independence for as long as possible, through preventative approaches, is central to maintaining their quality of life. NARI supports incentives to optimise the adoption of enabling forms of care. At the same time, enabling forms of care are likely to labour intensive. Therefore, the incentivisation of enabling approaches should be accompanied by an evaluation framework that considers the associated resources and cost.

Royal Commission

Recommendation 122: Reporting of staffing hours

Government Response

The Government **accepts** this recommendation and is responding through the measure **Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system**.

NARI Response

Given the link between the number of hours of care and quality of care, NARI welcomes the recommendation to report the total care staffing minutes by registered nurses, enrolled nurses and personal care workers. This initiative will improve transparency about the quality of care in residential aged care homes.

References

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