SUBMISSION TO THE EXPOSURE DRAFT ON THE NEW AGED CARE ACT 2023

This submission comes from the National Seniors Australia – Adelaide North West Branch.

Our group recently met and watched the webinar from OPAN "What's at Stake?" and then had a general discussion about what we would like to see in the new Act. We are all currently at the stage of applying for CHSP to transfer to Support at Home.

These are our questions and suggestions:

Chapter 1:

Division 2, Part 2, Section 8 says "The Rules must prescribe a list of services for which funding may be payable under this Act" – Where is this list prescribed, is it already in the Act? Will this list be flexible for different needs of different people.

Part 3, Division 1, Section 20 The Statement of Rights is very important to the individual whether in Residential Care or Support at Home. It is important that providers abide by this by caring for clients from their perspective.

Part 3, Division 1, Section 21 (3) says "Nothing in this Division creates rights or duties that are enforceable by proceedings in a court or tribunal". In OPAN webinar it stated that an individual has the ability to complain to the Commissioner or to take the issue to court?

Part 3, Division 2, Section 22 (6), (c) recognises the important role of volunteers – agreed but not for providers to use volunteers in place of quality trained staff. Volunteers should mainly be used for entertainment, clerical or non-medical and care tasks. An individual's carer should not be included as a volunteer but a partner with providers as they know the individual best as in **Section 22 (7)** ***Example:*** When visiting my parents in a nursing home I was often the only person who was not a resident in the ward of 30 people. When a client needed help, I had to find someone to help them which left no one in the ward. My Mother was given an alarm watch to press if a staff member was urgently needed but she did not understand what it was for, I assume it was for me to press. This is not acceptable they needed more staff and not rely on visitors.

Part 3, Division 2, Section 22 (9) "funding will be given to individuals who have higher needs than others and provided the resources are available." Should there be a time limit on this for someone overlooked as some of our members have been waiting three years for resources to be increased after the pandemic to obtain services. We agree higher needs come first but that doesn't mean lower needs are forgotten.

Part 3, Division 2, Section 22 (10) how will the amounts individuals are expected to contribute to the aged care services be worked out.

- Will a person's home be required to be sold as our members do not agree with this strategy?
- Will a person be required to withdraw money from their Super if they have it, as our members are dubious about this depending on how much they are expected to contribute. The money is needed to provide our financial needs for our house and care especially in Support at Home.

- Will Providers be required to state their charges up front and how much an individual is expected to contribute? If we don't like this amount, can we get other quotes?
- This information will be particularly needed in Support at Home services where individuals are paying for each service separately. Members want a fair price for services and the same for all who have to contribute, not providers hiking up prices due to clients living in a better suburb or having more super than others.

Part 4, Division 1, Section 27 – does this mean that any member of a family who the individual has said could act for them as a representative has to apply for appointment from the System Governor or is this only for Guardians, this section is not very clear. It appears clear that a Guardian must apply or be appointed however a person at home should have appointed a person in their Advanced Care Directive or Enduring Power of Attorney.

Chapter 2:

Part 2, Division 3, Section 44 – Assessment by an approved needs assessor: Our experiences with these people are that they are young women who have a set list of criteria and don't seem to understand that because they can't see a disability the older person is not as needing as they say. Many illnesses are not visible, not visible all the time or affect the person differently in different situations.

In many places, such as the **aged care needs assessments and reassessments – Chapter 2, Part 2, Division 3,** the Act refers to things prescribed in the Rules but Part 11 – Rules is only about decisions or actions the Minister can take. Where are the rest of the Rules describing these things, are they in the original Act?

Part 2, Food for Aged Care:

Just because a person lives in an Aged Care facility does not mean they don't want to enjoy home cooked meals and eat nutritious food. When making meals for large numbers it is still possible to make meals like at home. ***Example:*** my Mother, after having a second stroke, was given mashed food which had no nutrition at all, it looked like brown pulp and tasted worse. My Father was given two fish fingers and sloppy mashed potato for a meal. When I complained to the Manager of the residence, he said he ate the food the residents had and he had lovely crumbed fish. When we looked into this he was given a different meal than the residents but nothing happened to change the food due to the budget.

We suggest the Maggie Beer Aged Care Foods be adopted in all residences. It includes good healthy meals with nutrition and taste for the person living there.

The Program aims to give every chef and cook working in residential aged care the opportunity to develop their culinary skills and improve food, nutrition and the dining experience for older people.

The free program includes:

- Online learning modules
- State and Territory training hubs
- A Trainer Mentor Program
- Professional Community network opportunities

Aged Care Minister Anika Wells said the Improving Food in Aged Care through Education and Training program marked an important first step towards ensuring older people living in residential aged care have access to nourishing food that they enjoy and improves their wellbeing.

Example: A member is currently taking lunch into her partner daily so he gets one decent meal per day as the meals being served are not appetising.

Part 2, Division 4:

Support at Home:

- We would like to be able to self-manage our packages while we are able and be able to choose to pay for the service electronically while the persons are still at our home or have myAgedCare pay them when we approve payment.
- If we already have people doing our services and paying full price for it, we would like to have them continue in the new system and if they are not registered with myAgedCare then they can register without any issues. They already have police checks.
- If we need to be registered with a provider, we do not want a provider to send different people to our homes each fortnight or so to do a cleaning job or such, we like to know who is coming into our homes and who we can trust.
- We want people coming to do the services who are competent and willing to do the work. ***Example:*** Members have told stories of cleaners coming in and sitting down wanting a cup of tea and a chat as "that is what most old people want". Some come in and do a good job on the first visit, but the service gets poorer at subsequent visits as they think the old people won't notice.
- We want all people who come to our homes to have Police Checks, Identity cards and Insurance to cover accidents. We want to be able to see these checks on the first visit and have confidence they have been done properly by the Police.
- We want to be able to contact someone for help when we have an accident and need to organise additional services. We may need another assessment quickly to get the services and not wait months for someone to come out to see us.
- We would like the assessors to have a variety of experience and understanding for elderly people. Many who come out have a set of questions and if you don't fit them, you can't get anything.
- When the CHSP ends in 2027 there will be a huge number of seniors going onto the Support at Home program and it is expected that there will be enough funding to support these people and they do not have to wait for months for the services, some of them, although approved, may not have received anything. Many people have never applied for services and suffer in silence, but they need to be able to apply in this new Act and get help.

Still several parts to be drafted – can the Act be put into effect without these? The Fees and Payments section needs to be drafted and clear before implementation.

While the Support at Home program can be covered by some of this draft there are still parts to be drafted specific to this program before July 2025.

Chapter 3:

Part 2, Division 2

- Training for staff should be comprehensive and include some minor health checks e.g. the ability to take the Blood Glucose Levels of clients, the ability to treat a minor wound. They should be able to do more than wash, change and feed, they need to know how to communicate, cultural differences, personal preferences, respect and caring for seniors. Not all things can be left to the Registered Nurse. ***Example:*** After speaking to a RN in Aged Care she said that she works an extra hour and a half most shifts without pay to get all the work done, especially if they have a problem with one patient who needs additional time and care due to upsets or dementia.
- Training should be more than a 6-month Certificate 3, or it should include a more comprehensive training programme. It should include a placement in a nursing home and visits to Support at Home persons with the assessors, so they understand what is required of them and how to communicate with seniors.
- Assessments of residential homes should be more than a tick on a list of criteria and should require many clients who are able being asked how they find things in the home. 10% of a 30 person ward is 3, not a great co-hort.
- Assessments of organisations who do home support should also be assessed and client surveys carried out. Don't just rely on complaints as some elderly will be too afraid to complain to a Commissioner. Carers of persons could also be surveyed.

Part 4, Division 1, Section 99:

- **Continuous Improvement -** it is important that all providers keep up with the latest developments in aged care services and that they regularly train their staff in these practices and have a continuous improvement plan and **must** carry it out.
- If they are permitted to sub-contract services out to another provider, they must ensure that the sub-contractor has the same standards and training under the Act.

Part 4, Division 1, Section 106 what are the Restrictive practices stated in this section, why are they needed and why is there no mention of them in the Rules – Part 11 as stated, are they in the original Act? Also what are the Provider Registration Categories, if this Act is to be open to community we should know what all these references are?

Chapter 4 will be of special interest to our group especially for the Support at Home program.

Funding of Aged Care Act:

- Our group would prefer that the Medicare Levy be increased to pay towards Aged Care as we have paid the levy all our working lives and received little until now. Future generations will be paid for by the next one and it will continue to pay for all.
- Our generation is the first to be affected by the Medicare Levy, the Aged Care increases and the Home Care Packages. We have had to pay for all our own medical

expenses until these things came in and now, we are being asked to sell all our assets to pay for our care. As Baby Boomers we have worked hard for what we have, and we want to be able to leave something to our children, so they don't have to work so hard. There are also some of us who don't have any assets to pay for our care, so these people need to be cared for at the same level of care without having to pay. To make the system equitable for all seniors, to increase the Medicare Levy would be ideal.

- Some of those who have part pensions and super pension are willing to pay part of the Support at Home services. The accommodation deposit in residential care should not be charged. It was originally for them to get the interest on the amount but now they keep two thirds of the deposit and all assets are gone. The large amount many of the providers charge for someone to go into a residential home is enormous, $700,00 per person at my local one. If they were subsidised more, we would not have to pay these exorbitant prices or sell all our assets.
- ***Example:*** A nursing home had a Physiotherapist on staff but she was not allowed to help the residents only give help to outside persons who paid more. We had to bring in a Physio and pay for it ourselves.

We hope there is time for consultation of the Support at Home program before it is put into place. We would also like to have access to the Fees and Payments sections of the Act to make comment.

Adelaide North West Branch

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