



Legislative Assembly for the ACT

STANDING COMMITTEE ON HEALTH

The allied health care needs of people in residential aged care

AUGUST 2004

REPORT 9

Committee membership

Kerrie Tucker MLA, Chair

Karin MacDonald MLA, Deputy Chair

Jacqui Burke MLA

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Resolution of appointment

To examine matters related to hospitals, community, public and mental health, health promotion and disease prevention, disability services, drug and substance abuse and targeted health programs.

Terms of reference

Inquire into and report on the availability of specialist health care services (such as dental, counselling, podiatry etc.) to people in residential aged care.

Preface

This inquiry has looked at the allied health care needs of the elderly in receipt of care packages either in the form of residential aged care or community aged care services.

It has become clear to the Committee that there are few resources in place for preventative allied health care services, and even acute care services are inadequate.

Affordability is a major barrier for many elderly people. The majority of residents in aged care are in receipt of either a Centrelink pension (77%) or a Commonwealth Department of Veterans Affairs pension (13%). After spending a large proportion of their income on care (whether that be residential or community care) it is often the case that elderly people are left with sometimes no more than \$30 of disposable income per week. It is obviously not reasonable to expect they can pay large amounts to receive essential allied health care. There are real issues of access, particularly in regards to dental care, podiatry, physiotherapy and occupational therapy, speech pathology, and counselling. On the latter the Australian Society for Geriatric Medicine states:

The multiple medical co-morbidities of this age group lead to complex healthcare needs. It is accepted by the Australian Society for Geriatric Medicine that the failure to meet these needs is the strongest predictor for depression for residents of aged care facilities.

Research put to the Committee indicates that 50% or more of those living in aged care facilities suffer from depression, which makes them more vulnerable to other health problems such as illness and infection.

Elderly people, particularly in residential aged care are can find themselves in a vulnerable and stressful situation. They may have lost their home, their familiar and comfortable possessions, they may have lost their partner or been separated from them. They find themselves moving to a situation that may be isolated from their extended support networks in unfamiliar neighborhoods. We have a responsibility to ensure they are supported and protected.

It was of concern to hear from the ACT Disability Aged and Carer Advocacy Service reports of retribution against individuals, their family members or carers. While this may be disputed within the sector, it is an allegation that the Government cannot ignore. It is important to recognize that residential aged care is an institutional model and that in other areas the institutional model has been rejected. If we are to avoid the well-understood failings of the institutional model we must be vigilant in ensuring that consumer protection, advocacy and complaints mechanisms are given a high priority.

As a community, we have a responsibility to ensure that our most vulnerable are the best protected. We also have a responsibility to see intelligent public policy that takes into account the obvious benefits of prevention and intervention. Access to allied health care services for people in receipt of aged care packages should be a high priority in any public health strategy, particularly as we see the increase of older people in our population. A failure to do this will lead to further cost blow out in acute care as well as unacceptable suffering for frail and vulnerable older people.

Kerrie Tucker MLA
Chair

Table of contents

Terms of reference	ii
Preface	iii
List of recommendations	vii
1. OVERVIEW.....	1
Residential aged care	2
The need for allied health care	3
Affordability and access	3
Carers	4
2. HEALTH CARE SERVICES.....	7
ACT Government services	7
General practitioner services	7
Counselling and support services.....	8
Dental services	10
Hearing services	11
Podiatry services.....	12
Physiotherapy services	13
Speech Pathology services	13
Other issues	13
3. WHERE TO FROM HERE?	15
APPENDIX 1 – CONDUCT OF INQUIRY.....	17
APPENDIX 2 - SUBMISSIONS.....	19

List of recommendations

RECOMMENDATION 1

2.38. The Committee recommends that the Government investigate the occurrence of retribution in aged care facilities.

2.39. The Committee further recommends that policies relating to consumer protection, advocacy and complaints in aged care facilities ensure that residents are able to make complaints safely.

RECOMMENDATION 2

3.4. The Committee recommends that the Government:

- Undertake a comprehensive survey of all aged care providers to determine what allied health services are provided, by whom and at what cost.**
- Develop an older persons health action plan aimed at improving the accessibility of allied health care services which may include:**
 - * Options for mobile services.**
 - * Public/private/community service partnerships.**
 - * Coordinated volunteer transport service.**
 - * Coordinated social-work services available to all residents and potential residents.**
 - * Increased remuneration for allied health providers who deliver services in residences.**

1. Overview

1.1. The Committee resolved to undertake an inquiry into the availability of specialised health care needs for people in residential aged care, specifically focussing on allied health care due to anecdotal report of the difficulties faced by residents in receiving adequate care.

1.2. The Commonwealth Government funds residential aged care which includes “accommodation related services, personal care services and nursing care and equipment” for high level care residents and “accommodation and related services, such as laundry, meals and cleaning and personal care services, such as assistance with bathing, dressing and toileting” for low level care residents.¹ The Territory Government is responsible for the provision of community health care, which is essential for those low level care residents with small disposable incomes.

1.3. Due to the time limits before it, the Committee did not expect this to be a wide-ranging inquiry, however, the issues raised by submissions are substantial.

1.4. While the reference for this inquiry was for specifically for residential aged care, the Committee recognises the point raised in several submissions that it is also important to address the needs of those in receipt of a community aged care package providing care to enable them to remain in their own homes.

1.5. It is clear that there needs to be a wider inquiry into the provision of public allied health care services to older people in general, but specifically for those in residential or receiving other aged care packages. Although the ACT Government’s *Health Action Plan*² does discuss some of the issues raised in this report, the lack of analysis in the Government submission that it leads the Committee to be concerned that a greater focus is needed on older persons health.

1.6. Appropriate aged care planning is essential in order to facilitate healthy ageing and longevity, particularly in light of the rapidly ageing population. Population projections put 30.4% of the population as aged over 60 by the year 2040, “compared to 16.0% in 1997”.³

¹ Hogan, W. Report into the review of pricing arrangements in residential aged care. © Commonwealth of Australia 2004., p. 13

² ACT Government, *Health Action Plan*, November 2002

³ *Commonwealth, State and Territory Strategy on Healthy Ageing*, March 2000, p. 9

1.7. This demographic change is going to have a significant impact on the health system and essential planning for managing aged care needs to begin now. This is more than the provision of residential aged care, it is the provision of appropriate health care services, specifically allied health care.

Residential aged care

1.8. Aged care in the Australia comprises of residential aged care community aged care packages (a 'program designed to provide assistance to enable frail or disabled older people with complex care needs to continue living in the community'⁴), and extended aged care at home (EACH).

1.9. Residential aged care can be high-level care, low-level care, assisted living or respite care. Although community aged care packages are designed to help people remain in their own homes, these people may have the same needs, particularly in terms of transport, as those in residences.

1.10. The ACT Government is responsible for the provision of health care to all residents of the ACT through public hospitals and the provision of community health programs.

1.11. The ACT has 1495 residential aged care places with an occupancy rate of 97.7%, and 362 community aged care packages. The Standing Committee on Planning and Environment is currently undertaking an inquiry into the planning for the provision of land for aged care facilities.

1.12. This paper covers the major issues raised in submissions. The majority of submissions raised the following points:

- Lack of allied health care seriously impacts on the longevity and comfort of those in residential aged care.
- Transport to allied health treatments is expensive and out of the reach of most residents.
- There is little consistency in treatment when it is provided in homes. This is primarily to do with a lack of specialists.
- There is a need for mobile allied health services.

⁴ Australian Institute of Health and Welfare, 2003, *Community Aged Care Packages in Australia 2001-02: A statistical overview*. p. 1

The need for allied health care

1.13. Specialist allied health care in residential aged care facilities is necessary to ensure the comfort and longevity of residents. The Australian Society for Geriatric Medicine states:

For the physical and mental health of residents there is a need for access to a broad range of integrated high quality health services including, but not limited to, gerontic nursing, primary care medicine, geriatric medicine; psychiatry of old age; palliative care medicine; dentistry; optometry and ophthalmology physiotherapy; occupational therapy; speech pathology; podiatry; audiology; dietetics; and psychology.⁵

1.14. The Statement goes on to say:

Multiple medical comorbidities, ... result in this population having particularly complex health care needs. Failure to meet these care needs is the strongest predictor of depression among people in residential care settings.⁶

Affordability and access

1.15. The majority of residents in aged care are in receipt of either a Centrelink pension (77%) or a Commonwealth Department of Veterans Affairs pension (13%)⁷. This means that they will be more likely to access community health care for allied health services such as dental, podiatry, optical, counselling, occupational and physical therapy and speech therapy, etc.

1.16. Services for high-level care residents are provided by the facility under the current service agreements with the federal government. In general, low-level care residents must pay for allied health services themselves, although some facilities do provide limited services. However, as the majority of residents are pensioners, they only have around \$30 per week after their fees are paid and may understandably choose to spend this money on something other than allied health care (such as a social event).⁸

1.17. Visiting fees by some allied health professions can be prohibitive. It was reported to the Committee that residents and/or facilities “therefore need

⁵ Australian Society for Geriatric Medicine. Position Statement No. 9: *Medical care for people in residential aged care services*. p. 1

⁶ *ibid.*, p. 2

⁷ Australian Institute of Health and Welfare, 2003, *Residential aged care in Australia 2001-02: A statistical overview*. p. 4

⁸ Submission 4, Morshead Home, p. 5, Submission 6, COTA, p. 4

to rely on the benevolence of a provider or find a provider who, for whatever reason, is grateful for spasmodic casual work at a lower rate”⁹. These costs mean that when allied health providers are engaged, there is little choice for residents, even if they are not happy with the services provided. Those providers who are able to visit older people in their home often have to limit the number of clients they take on.¹⁰

1.18. Finally, transport to appointments is a burden placed on family, carers or munificent facility staff. If transport cannot be provided by volunteers, taxis must be used, which is another huge financial burden. One submission reported residents spending over \$80 to attend appointments at The Canberra Hospital and residents unaware of the taxi subsidy scheme¹¹.

1.19. Another submission stated:

Transporting residents is a time consuming and resource intensive process for both the resident and the staff. A simple visit of say half an hour to a service provider can take three or four hours from the time the resident starts preparation until they are fully restored in the facility.¹²

1.20. Some facilities utilise volunteers to transport residents to medical appointments. However this can be costly for the volunteer and is at present an ad-hoc arrangement. Two submissions recommended an organised volunteer system to be utilised between facilities with volunteers reimbursed for expenses.¹³

Carers

1.21. The lack of access to allied health care in residential facilities or via mobile facilities can act as a deterrent to some carers seeking respite care as to ensure that their family member continues to have access to specialist medical care (including, for example, regular hospital visits for dialysis), they must continue to provide transport and support which “lessens the benefit” of respite care.¹⁴

1.22. For those family carers who care for a person in permanent residential aged care the need to provide transport and support to ensure that full

⁹ Submission 4, Morshead Home, p. 5

¹⁰ Submission 6, COTA, p. 5

¹¹ Submission 7, ADACAS, p. 5

¹² Submission 6, COTA, p. 5

¹³ Submission 4 and Submission 6

¹⁴ Submission 1, Carers ACT, p. 1

medical care is provided can place additional stress and guilt on carers and “can be detrimental to their health and ongoing ability to provide care and support to their family member”.¹⁵

1.23. Finally, “there is an expectation from aged care homes that families and/or friends will provide transport and support for residents who need to attend specialist medical appointments.”¹⁶

1.24. While this may be an understandable response from aged care facilities that do not have the capacity to provide transport, it limits access to health care and places an unreasonable burden on friends and family, particularly those seeking respite. Clearly there is a need for a coordinated transport scheme, and better advertising of those schemes currently in place (such as the taxi subsidy scheme).

¹⁵ Submission 1, Carers ACT, p. 2

¹⁶ Submission 1, Carers ACT, p. 2

2. Health care services

ACT Government services

2.1. The Government submission to this inquiry is understandably short, given the limited timeframe for its preparation. However, the lack of information and comprehensive analysis of the issues indicates that there is a need for a greater focus on older persons' health.

2.2. While the submission states that residents of aged care facilities are able to access hospital and community health services, there is little acknowledgement of the difficulties inherent in accessing services, as discussed above.

2.3. There are some services targeted at residential aged care residents. These services are largely reactive to demand; however, some are proactive although mostly as requested by aged care providers.

2.4. Services provided are discussed where relevant below, but also include:

- Diabetes service for on-site assessment for clients unable to attend clinics.
- Occupational therapy for low-level care on-site on a needs basis.
- Community nursing provides site visits for low-level aged care to provide services such as "acute wound services and continence advice".¹⁷

General practitioner services

2.5. Submissions indicated that there is little difficulty in accessing GPs in standard hours, however, there was concern expressed by residential care facilities about communication between general practitioners and caregivers about changes in care arrangements.

2.6. It is worth noting that the issue of communication between caregivers has been raised several times in various inquiries that this Committee has undertaken. A model to overcome this issue was presented to the Committee while it was in New Zealand for its inquiry into maternity services. In this model, each woman holds a booklet in which service providers can write

¹⁷ Submission 5, ACT Government, p. 3

basic identifying information to the care plan, visit notes, and any other relevant information. Being held by the client (with duplicate copies being held by the practitioner) means that she can take it to each professional involved in her care and they are able to easily gain a picture of preceding/ongoing care and/or health issues.

2.7. The Committee is of the opinion that this model should be further investigated, in consultation with the medical community with the view to developing a communication tool between service providers.

2.8. Submitters reported that after-hours medical treatment is less accessible due to:

- Lack of services;
- Expense of services; and
- Delay in service response.¹⁸

2.9. Goodwin Aged Care Services reports:

“these difficulties have resulted in residents being referred to Calvary Hospital and The Canberra Hospital for medical assessment and treatment, most often by ambulance. In many instances, the resident has received treatment and discharged on the same day. In such cases, it would be preferable and more cost effective to have access to adequate after-hours or locum medical services.”¹⁹

2.10. Goodwin is trialling a model of after-hours support with the ACT Division of General Practice, supported by the federal government, and is developing a proposal for a clinical IT project that would allow remote medical assessments.

Counselling and support services

2.11. Counselling is an extremely important aspect of care as residents “struggle to cope with grieving the loss of a spouse, loss of independence, post traumatic experiences (war veterans), institutionalised living etc.”²⁰

¹⁸ Submission 3, Goodwin Aged Care Services, p. 3

¹⁹ *ibid*

²⁰ Submission 4, Morshead Home, p. 3

2.12. In addition:

...research has indicated that 50% or more of people living in aged care home suffer from depression, much of which is situation depression. ... Evidence exists that people who are depressed are more vulnerable to illness, infection, etc. and, therefore, a premature death.²¹

2.13. It has been observed that the emotional support provided by aged care facilities is often inadequate, and residents are not appropriately supported in their emotional needs by carers.²²

2.14. The Older Persons Mental Health Service (OPMHS) provides free counselling to clients and by all accounts this is a very good service, however, it is only accessible by a certain group of clients and not available for general counselling.

2.15. The cost of providing free counselling services is prohibitive for aged care providers and there is reluctance for residents to pay for private counselling "as they don't see the need for it (no, not me)"²³

Social work

2.16. Currently social workers attend residential aged care facilities where needed and requested by the facility and generally only in response to a crisis situation. One submission argued that the availability of social work services in residential aged care facilities would assist with the following:

- a) Placement adjustment problems. These may be engendered by a number of situations, and are often associated with depression. Some causes of such problems are:
 - i) loss and grief regarding separation from loved ones, loss of one's home and/or independence;
 - ii) anger at placement;
 - iii) precipitation, rather than sensitive and graduated adjustment, from an active into more passive control over one's life;
 - iv) changes to life roles and even core identity issues, that placement can present;

²¹ Submission 7, ADACAS, p. 2

²² *ibid*

²³ Submission 4, Morshead Home, p. 3

- v) generational, gender, cultural and language issues; and
 - vi) morbid fears, particularly for those with past traumatic experiences in institutional care, as for example, some former mental health patients, refugees, war veterans.
- b) Resolution of misunderstandings in the care situation (with residents/family/staff).
 - c) Relationship/marital counselling.
 - d) Grief and bereavement counselling. Helping residents who perceive placement and/or their state of health as an indicator of impending death, deal, for example, with unresolved issues from throughout life and a broad range of fears and vulnerabilities that have become important.
 - e) Elder abuse, in a variety of possible manifestations, and distress arising from incidents past or present.
 - f) Applications for guardianship.
 - g) Advocacy generally with regard to health and continuing appropriateness of placement, and, where the resident's resources are held in trust, to ensure they can take advantage thereof.
 - h) Staff training.
 - i) To affirm the value of the individual, regardless of state of health, and to promote respect and recognition that despite their age, they should have the opportunity to benefit from what help and/or therapy may be available.²⁴

2.17. It may be necessary for the ACT Government to consider a coordinated approach to the provision of social workers in aged care facilities. Social workers should be able to practise in a manner that enables holistic care.

Dental services

2.18. Residents of aged care facilities are largely pensioners and therefore able to access the ACT Health Dental Health Program. However, due to mobility restrictions, many older people in general have difficulty attending ACT Health centres.

2.19. There are few dentists available to treat aged care residents in their homes, therefore transport is a major issue. Unless dental health needs

²⁴ Submission 8, pp. 1-2

become visibly urgent they are easily ignored, particularly for those people who cannot speak and therefore are unable to indicate dental health problems.

2.20. Community dental health services are available, however:

Due to the waiting time, sometimes twelve months, for a routine check up[,] most facilities only access Government Dental Services for emergencies, in which case Residents can be seen on the same day, if they are prepared to sit and wait. This can be very difficult if the Resident is in the high-level care (HLC) category, which would usually require a Carer to be with them, placing incredible strain on those carers remaining in the facility to attend to the needs of other Residents.

2.21. The “ACT Dental Health Program provides a services, at a half day per week [for the whole of the ACT], to residential aged care facilities. This is primarily for dental emergencies and denture services.”²⁵

2.22. Transporting high-level care residents can be challenging. Two submissions reported an incident of a high-level care resident suffering toothache for over a year who was transported to a dental surgery accompanied by a carer and maintenance man and once at the surgery was not able to be treated as he could not be transferred to the dentists chair and the instruments could not reach his wheelchair. The entire event took three hours.²⁶

2.23. This type of ad-hoc arrangement depends on the good will of staff involved, both those carers escorting residents beyond their normal duties, those who manage additional duties within the residence, and, in this instance, maintenance staff asked to perform duties presumably beyond their contract of employment.

2.24. There is also little in terms of preventative treatment even though proper preventative dental treatment can pre-empt emergencies occurring.

Hearing services

2.25. Hearing services are provided on an ‘as needs’ basis if requested by the resident or if marked hearing loss is noticed by a carer or relative. Again transportation is the major difficulty in accessing services.

²⁵ Submission 5, ACT Government, p. 2

²⁶ Submission 4, Morshead Home, p. 2 and Submission 6, COTA, Attachment 3

One aged care facility has an [sic] private organisation visiting Residents on a preventative treatment plan assessing hearing and eyesight. This is a free service providing the company gives all follow-up treatment, fee for service applies for both high and low care. Other facilities had not heard of this provider.²⁷

2.26. One submission noted that “hearing deficits in the elderly [that emerge] after entering an aged care facility may never be detected because of the lack of ongoing planned assessments”²⁸.

Podiatry services

2.27. There is a general shortage of podiatrists in the ACT and NSW, that combined with difficult working conditions in residential aged care facilities and a lack of assistance and planning on behalf of the facility make the provision of visiting podiatry services challenging.²⁹ Residential care facilities that offer podiatry service have difficulty replacing podiatrists even if the residents are unhappy with services offered.³⁰

2.28. Carers are not permitted to cut residents toenails and visiting podiatrists fees are often too high when only toenails are being cut. One submission said:

Many facilities have a visiting foot care nurse paid for by the facility for HLC and on a user pays basis for LLC [low level care]. As far as I am aware neither the ACT Podiatrists’ Board nor the Podiatry Association recognises these unregistered foot-care nurses and some facilities have received formal complaints from podiatrists.³¹

2.29. The Committee is not able to verify this claim, however a podiatrist who does offer services to residential facilities offered the following suggestions:

- Provision of a scholarship as an incentive for final-year podiatry students to move to the ACT, conditional on providing services to aged care facilities several days per month.
- Production of a ‘best practice’ manual for residential aged care facilities on how best to support visiting podiatrists, covering issues such as the

²⁷ Submission 4, Morshead Home, p. 2

²⁸ Submission 4, Morshead Home, p. 2

²⁹ Submission 2, Mr Eric Sutherland, p. 1

³⁰ Submission 3, Goodwin Aged Care Services, p. 4

³¹ Submission 4, Morshead Home, p. 2

role of podiatry, how to provide assistance to the visiting podiatrist, standardised podiatry assessment cards and systems for each resident.³²

Physiotherapy services

2.30. The cost of physiotherapy services is seen to be prohibitive. High care residents receive services as part of care agreements, but low level care (LLC) residents must meet these costs themselves and therefore may not receive necessary treatment.³³

2.31. Providers identify that the provision of physiotherapy is difficult because the necessary equipment is not available in residences and carers are generally too busy to assist physiotherapists with heavy residents.

Speech Pathology services

2.32. Speech pathology services are essential for residents with swallowing difficulties as regular assessment to determine the “most suitable consistency of food etc. is necessary to avoid aspiration.”³⁴ A shortage of practitioners and confusion about who bears the cost of this service means that preventative services are limited.³⁵

2.33. As one submission pointed out, “it would be interesting and probably frightening to examine the number of frail aged people admitted to acute hospitals annually with aspiration pneumonia”.³⁶

Other issues

2.34. The following services were complimented by submitters:

- pathology services;
- Older Persons Mental Health Service; and
- palliative care

Fear of retribution

2.35. One submission reported a fear of retribution or actual retribution or bullying in 43% of aged care homes in the ACT. The retribution can be

³² Submission 2, Mr Eric Sutherland, p. 2

³³ Submission 3, Goodwin Aged Care Services, p. 4, and Submission 4, Morshead Home, p. 4

³⁴ Submission 4, Morshead Home, p. 4

³⁵ *ibid*

³⁶ *ibid*

directed towards residents, or family and staff who speak out on behalf of residents.³⁷

2.36. While the Committee was not able to look at this issue in great detail, anecdotal evidence indicates that this may be a serious concern in aged care facilities in the ACT. This is a matter that the Government needs to take extremely seriously and investigate as a matter of priority.

2.37. The Committee is concerned complaints mechanisms do not contain appropriate safeguards (from real or perceived retribution) to support residents to make complaints.

Recommendation 1

2.38. The Committee recommends that the Government investigate the occurrence of retribution in aged care facilities.

2.39. The Committee further recommends that policies relating to consumer protection, advocacy and complaints in aged care facilities ensure that residents are able to make complaints safely.

³⁷ Submission 7, ADACAS, p. 7

3. Where to from here?

3.1. It is obvious to this Committee from the matters raised in submissions that a study needs to be undertaken into the wider health needs of older people in terms of the provision of public health care services, in particular services for people who have limited mobility in residential aged care.

3.2. It is clear that there needs to be a more strategic policy direction on older persons health care. Although residents in aged care facilities are receiving care from private providers, with places funded by the Commonwealth Government, most residents will need to access community care provided by ACT Health.

3.3. Transport and cost are the two major issues limiting access to appropriate preventative allied health care.

Recommendation 2

3.4. The Committee recommends that the Government:

- **Undertake a comprehensive survey of all aged care providers to determine what allied health services are provided, by whom and at what cost.**
- **Develop an older persons health action plan aimed at improving the accessibility of allied health care services which may include:**
 - * **Options for mobile services.**
 - * **Public/private/community service partnerships.**
 - * **Coordinated volunteer transport service.**
 - * **Coordinated social-work services available to all residents and potential residents.**
 - * **Increased remuneration for allied health providers who deliver services in residences.**

Kerrie Tucker MLA
Chair
13 August 2004

Appendix 1 – Conduct of inquiry

The Committee wrote to individuals and organisations known to have an interest in the matter during May 2004 to seek submissions. Advertisements calling for submissions were also placed in *The Canberra Times* and *The Chronicle*.

The Committee received eight submissions. In July 2004 the Committee agreed not to seek further evidence due to time constraints.

Appendix 2 - Submissions

- 1 Carers ACT
- 2 Mr Eric Sutherland
- 3 Goodwin Aged Care Services
- 4 Morshead Home
- 5 ACT Government
- 6 Council on the Ageing (ACT)
- 7 ACT Disability, Aged and Carer Advocacy Service
- 8 Ms Pam Bongers (on behalf of a group of interested social workers)