



**Nursing home performance**  
*Government says yes to transparency*

*“It is difficult to measure quality in the current aged care system. This is a major failing”.*

Royal Commission, Final Report: Care, Dignity and Respect, volume 1:95,  
February 2021.  
*see pages 4-5*

Mandarin  
powerful influencer  
lost opportunity  
re aged care staffing  
*Jane Halton*  
*a status quo advocate*  
*see pages 6-7*



**From the politicians**  
*making Home Care Package*  
*fees fairer*

**a Centre Alliance initiative**

*see pages 2-3*



**Pressure injuries in nursing homes**

*recent de-identified data*

*see page 8*

**From the politicians**  
*making Home Care Package fees fairer*  
**by legislating controls on administration & management fees**

On 25 October 2021, Rebekha Sharkie (*Centre Alliance, Mayo, SA*) introduced a Bill entitled *Aged Care Amendment (Making Aged Care Fees Fairer) Bill 2021*. She was supported by Helen Haines (*Independent, Indi, Victoria*). After they each spoke about the need for, and purpose of, the proposed legislation, the debate was adjourned to be resumed, hopefully, at the next sitting of the parliament .....



Rebekha Sharkie  
*Centre Alliance  
 Mayo (SA)*

*“I surveyed 15,000 Mayo residents aged 75 years or older .... half of those respondents with packages [said] they are unhappy with or unclear about the administration and management fees charged ... Half reported there had been no change in their package over time, yet many were paying the same hefty management fees on their static package, month after month”.*

R. Sharkie, Hansard,  
 House of Representatives,  
 25 October 2021:31

**More ‘actual care’**

Rebekha Sharkie said the Bill is designed to ensure that home care funding is used to provide more hours of actual care for older Australians and fairer wages for aged care workers rather than being siphoned off by providers for other purposes. Her survey (*see next column*) was a response to concerns expressed by her constituents regarding the costs of home care. She is interested in the issue of how providers

arrive at the seemingly exorbitant fees. She noted that providers have a legislated responsibility to keep package fees to “reasonable” amounts but “clearly some Home Care providers believe that taking 45 per cent of

*a person’s package is reasonable. My community and I beg to differ”* (Hansard:31).

**Poor wages**

Once again, Rebekha Sharkie drew attention to the inadequacy of wages for aged care employees and the fact that high management fees were not being directed to the improving the pay of those on the front line providing home care services.

**An elders’ advocate**

Helen Haines supported the Bill and praised Rebekha Sharkie for her tireless advocacy over five years for senior Australians, well before the Royal Commission exposed the system’s failings in black and white.

*continued next page*

**From the politicians**  
*attempt to move beyond fee transparency and impose  
 limits on fees*  
*will the major parties support this move?*



**Helen Haines**  
*Independent  
 Indi (Victoria)*

She considered it astounding that up to 45 to 50 per cent of the costs of packages can go to management and administration fees. The Bill would ensure that these fees were directly attributable to the costs to administer or manage home care.

The increased transparency regarding fees which the Morrison government had introduced was not working as a means of reducing fees, in fact the Royal Commission found management fees had increased as a proportion of all fees ([Hansard](#): 32).

It seems unlikely that the Government will support

**What the Bill proposes**

\*fees for administration and management would be capped at 25 per cent of Level 1 and Level 2 home-care packages and 20 per cent of Level 3 and Level 4 packages;

\*providers would be required to identify the amount of a recipient's home care fees which is directly attributable to the costs of administering and managing the provision of aged care in the home;

\*providers would be prohibited from charging exit fees when a recipient wished to leave a home care service and perhaps go to another one (in mid-2019 exit fees averaged \$225);

\*providers would be required to give prospective care recipients a list setting out comparable home-care fees for at least five approved providers of the care being sought, in the area in which the recipient is seeking care.

R. Sharkie, Second Reading Speech,  
[Hansard](#), 25 October 2021:31

this Bill. Perhaps the Labor Party will? The history of the major parties supporting initiatives by minor

parties is not encouraging but at least aged care issues are kept in the spotlight more than would otherwise occur.

## Nursing home performance: transparency on the way

### *Government says ‘yes’ to a published star rating system by December 2022*

#### Royal Commission

The Royal Commission recommended that a system of star ratings for nursing homes, based on measurable indicators, be developed and published by July 2022 (R24).

A home’s star rating should be based on:

- \*performance against Quality Standards*
- \*performance against clinical and quality indicators for example pressure injuries and unexplained weight loss.*
- \*staffing levels*
- \*the opinions of residents, their families and advocates;*

Information should also be published on:

- \*accreditation history*
- \*compliance history including sanctions*
- \*serious incidents*
- \*complaints*

Prospective residents, their families and advocates would be able to make meaningful comparisons.



*“It is difficult to measure quality in the current aged care system. This is a major failing.*

*Final Report, volume 1:95.*

#### Government response

The recommendation is accepted. Star ratings will be published on MyAgedCare by the end of 2022. The published information will cover all matters spelt out in the Royal Commission recommendation.

The Government has also said it will extend the star rating system to home care by 2024, “subject to the Budget process”.

Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety,  
May 2021, page 20.

#### A positive move

This is an important reform but its value may be lessened in situations where the demand for residential places exceeds the supply, especially in regional areas. In other words you may have an abundance of information to compare but little or no choice between homes in practice.

#### Not good enough

*“..... the quality standards for the health sector [hospitals] are set by a specialised statutory body.... [They] appear to us to be far more comprehensive, rigorous and detailed than the Aged Care Quality Standards”.*

*Royal Commission, Final Report, volume 1:94*

The above conclusion led the Commissioners to recommend that aged care quality standards be set by the Commission which sets standards for hospitals (see page 5).

**Nursing home performance: transparency on the way**  
***Quality Standards***  
***clinical and quality indicators***

**Quality Standards**

The *Aged Care Quality Standards* are the accreditation standards and, unlike the past, it won't just be a pass or fail for everyone. Instead the Royal Commission said there should be a graded assessment to distinguish outstanding homes and those who just meet the minimum standards, the best performers from the 'also-ran' performers.

***Setting the standards***

The Department of Health, that is, the bureaucracy, sets the aged care quality standards whereas health sector (hospital) standards are set by the independent *Australian Commission on Quality and Safety in Health Care*. The Royal Commission recommended (R18) that this body set the standards for aged care with the Commission title being changed to include

aged care and so read: "... *in Health and Aged Care*" (*emphasis added*) (Final Report, volume 1:94). The Government accepted this recommendation in principle but only aged care **clinical care standards** will be set by this Commission. The Health Department will retain responsibility for non-clinical aged care standards (Government Response:17).

***A curious? contrary move***

In the meantime, the Health Department is moving ahead with harmonising regulation between the aged care sector, the disability sector and veterans' care (*sic*)(Regulatory Alignment Taskforce).

**Clinical and quality indicators**

These indicators enable quality and safety to be measured. There were no mandatory quality indicators until 2019. Since then providers have been required to report to

the Health Department on:

***\*pressure injuries***  
***\*use of physical restraint***  
***\*unexplained weight loss***

Recently two new quality indicators have been added:

***\*falls and fractures***  
***\*medication management***

De-identified data on the quality indicators is published quarterly on the Australian Institute of Health and Welfare website.

***See page 8 for recent data on pressure injuries. When the star rating system begins pressure injuries, use of physical restraint etc. will be revealed for each home.***

There are still no quality indicators for Home Care.

**A person of influence: opportunity lost?**  
***Jane Halton: mandarin***  
***Secretary, Department of Health and Ageing, 2002 to 2013***



[I have] *a habit of running towards the fire*” .....

*“I’ve always had a huge amount of energy, I will freely confess that”.....*

*“I do have an interest in harm minimisation and public health more broadly”*

J. Halton, cited in C. Grieve, ‘Corporate warrior Halton is not one to shy away’, The Age, 11 October, 2021.

For over eleven years, from 2002 to 2013 Jane Halton held the influential position of head of the Commonwealth Department of Health and Ageing. Incidentally, for a short period, 2013 to 2014, she remained head of the Department of Health after Prime Minister Tony Abbott moved aged care into the Department of Social Services. Aged care was back in the health portfolio very soon thereafter. From 2014 to 2016 Jane Halton held the position of head of the Department of Finance. Since then she has held a combination of private sector directorships and a government COVID management appointment (*see Text Box, page 7*).

**Neglect - anything but harm minimisation**

The Royal Commission’s body of evidence tells us, if we had not already known, that ‘harm minimisation’ was not a pervasive feature of aged care services between 2002 and 2013. Nor for that matter was it pervasive before or after that time period.

**No significant reform**

What we do know is that

no significant reforms in aged care occurred during the time which this high achieving energetic bureaucrat held the most senior public service position with oversight of the regulation of aged care.

We cannot know what Jane Halton may have advocated in private to politicians about aged care reform. If she did argue for reform she was

not successful.

We do know she is unlikely to have advocated change in relation to staffing: one important insight into her thinking came when she appeared before a Senate Committee in 2009. Her implicit position was to accept the status quo (*see quote next page*).



## Jane Halton: health sector mandarin *no advocate of staffing reform in aged care*

*continued from page 6*

In explaining why she accepted a directorship at Crown Resorts, where a toxic culture was exposed and cultural repair is reportedly under way, Jane Halton said:

***“..I do have an interest in harm minimisation and public health more broadly”***

Indeed. It appears however that this did not extend to leadership in strengthening the

regulation *vis-a-vis* aged care staffing (*see quote below*).

Her view on staffing had longevity. It was expressed in 2008 by then Aged Care Minister Justine Elliot and in evidence before the Royal Commission in 2019 by then Department Secretary, Glenys Beauchamp ([Transcript](#), 18 February:338 & 341).

### Directorships/Board memberships

ANZ Bank  
Clayton Utz (law firm)  
Council of the Ageing (COTA) (Chair)  
Crown Resorts  
National COVID Co-ordination Commission  
Naval Group (French arms manufacturer)

***“I just make the observation in relation to ratios ....the way the instruments [the laws] work at the moment, the provider should have the staff of the qualification necessary to deliver the care to the individual, recognising that the needs of individuals vary quite significantly”***

***“A lot of people make a comparison with child care [which had mandatory minimum staffing]. I actually think that is a very poor comparison because you know that three babies, five toddlers will have a fairly constant need for care; it is a significant need obviously. But in this particular case [nursing homes] where people’s circumstances can be quite different, someone who is dementing may need a lot of actual supervision, not a lot of instrumental assistance. Someone who is bedbound will often need quite a lot of technical nursing. So this is actually quite a complex space”***

Jane Halton responding to a question from Senator Nick Xenophon, Senate Estimates, 4 June 2009 (*emphasis added*).



There is nothing to indicate that the then Department Head had an interest in improving the staffing position in nursing homes through some change in “the instruments” (the laws).

Such change has been recognised by the Royal Commission as essential for harm minimisation.

## Pressure injuries *recent de-identified data*

The table below shows the number and type of pressure injuries reported to the Department of Health for the period April to June 2021.

If the Government implements the star rating system in accord with the detail proposed by the Royal Commission, this information, plus that relating to other quality indicators, will be available on the *MyAgedCare* website for each nursing home.

Pressure injury category	Number of injuries
Stage 1: non-blanchable erythema of intact skin	5,063
Stage 2: partial-thickness skin loss with exposed-dermis	5,211
Stage 3: full thickness skin loss	769
Stage 4: full-thickness loss of skin and tissue	208
Unstageable: obscure full-thickness skin and tissue loss	698
Suspected deep tissue injuries: persistent non-blanchable deep red, maroon or purple discolouration	425
<b>Total</b>	<b>12,374</b>

The data also includes the number of injuries per 1,000 care days for which an Australian Government subsidy was paid.  
Source: Australian Institute of Health and Welfare, GEN-aged caredata.gov.au.

### Independence

Elder Care Watch is independent. It does not seek or accept funds from governments or private organisations.

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## Aged care wage case

On 29 October, union submissions were lodged with the Fair Work Commission. The **index** for the ANMF submission documents runs to six pages! This is a case that will be drowning in a sea of paper.

It will be a tortuous process, a painfully slow method for achieving a wage rise so patently needed and justified. (See September 2021 Newsletter for timetable).

### Does this sound familiar?

*“A self-funded retiree assigned a Level 2 Package - about \$43.50 a day or \$15,878 a year - could be contributing \$10.44 a day as a basic fee and \$31.55 a day (or \$11,517 a year) as an income tested fee. Depending on provider fees the amount of support available might be two to four hours per week”.*

B. Brown, ‘Best ways to navigate aged care at home’, Australian Financial Review, 23-24 October 2021.