

DEFINITION OF RESIDENTIAL AGED CARE: November 2015

Residential aged care facilities provide support and care for frail older Australians when they are not able to care for themselves independently. ACSA has been concerned for some time about the unrealistic expectations that are at times placed on residential care providers by: residents; families; consumer advocacy groups; and state health organisations; and, in response to these, in some cases, even providers themselves.

In order to manage the expectations of the community, including hospitals, general practitioners and families, we need to ensure people understand what residential aged care facilities are able to provide.

The definition in the *Aged Care Act 1997* is quite broad:¹

41-3 Meaning of residential care

- (1) *Residential care is personal care or nursing care, or both personal care and nursing care, that:*
 - (a) *is provided to a person in a residential facility in which the person is also provided with accommodation that includes:*
 - (i) *appropriate staffing to meet the nursing and personal care needs of the person; and*
 - (ii) *meals and cleaning services; and*
 - (iii) *furnishings, furniture and equipment for the provision of that care and accommodation; and*
 - (b) *meets any other requirements specified in the Subsidy Principles.*
- (2) *However, residential care does not include any of the following:*
 - (a) *care provided to a person in the person's private home;*
 - (b) *care provided in a hospital or in a psychiatric facility;*
 - (c) *care provided in a facility that primarily provides care to people who are not frail and aged;*
 - (d) *care that is specified in the Subsidy Principles not to be residential care.*

This is in accord with the breadth of service provision that is currently available. Some services are designed, equipped and staffed to meet the needs of residents with complex health care needs and other services are not. They are designed, equipped and staffed to meet the psycho-social needs of their residents.

Some services provide the flexibility to accommodate the changing needs of their residents as their health deteriorates. Other services will never be able to support people with complex health care needs. This is made very clear to prospective residents prior to their admission and that when their needs escalate to a certain level the service will assist them to find a service more appropriate to their level of need. Some services are designed to provide a secure environment for residents with cognitive impairment and others are unable to provide this level of security.

Factors that determine the services offered include those related to organisational positioning such as the service's mission and values as well as the business model for that service and those that are imposed such as the design and structure of the building, the skill mix of available staff, the ability to recruit Registered Nurses, and access to other support services, especially to medical support. This is a huge consideration and can vary greatly in rural and remote areas as do workforce issues.

ACSA supports this increasing specialisation seen across the sector with some services focussing on palliation and others on rehabilitation and enablement. Some services are dementia specific, some specialise in supporting people with mental health problems, and some exist to meet a local community need such as the social isolation of people in our rural and regional areas when family supports are no longer available.

¹ <http://guides.dss.gov.au/guide-aged-care-law/5/6/1>

ACSAs POSITION

- That it is the right and responsibility of each provider to determine the services they are able to safely and competently provide and to adequately and appropriately resource the service to meet the needs of their resident cohort.
- That the provider has a responsibility to make clear to prospective clients the limits of the services they are able to offer and how they will support clients to access more appropriate services should their care needs escalate to a point where the service no longer meet their needs.
- That the decision that a provider is no longer able to safely and competently meet the care needs of a client be the provider's decision based on their previously stated service parameters and a risk assessment of the current situation and taking into consideration security of tenure provisions.