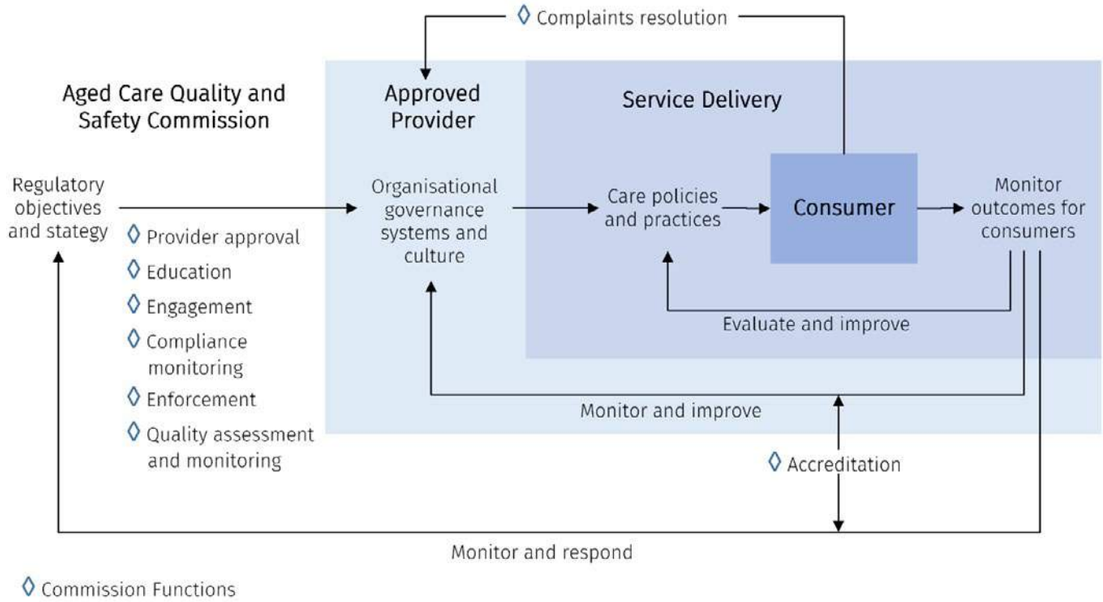

Food: social support or clinical care?

Home care providers are increasingly being held accountable for clients' nutritional intake in audits. Is this realistic? Does home care need a recalibration on what is good 'care'?

BY LAUREN BROOMHAM

The Aged Care Quality and Safety Commission is toughening its stance on home care – but is the lack of clarity around what the model of care can achieve in hourly visits each week letting down both providers and consumers?

Feedback from home care providers is that the quality assessors are increasingly clinical in their focus.

"The problem is that all home care providers in the community are working to a social model and the Government says that it is supporting the social model, but the regulator is increasingly auditing more against a clinical healthcare model, not a social support model," said CEO of private home care provider Envigor, Nick Loudon.

Nick gives the example of a client with Type 2 diabetes that is managing the condition themselves.

"The GP is happy for the client to manage it themselves, and so we document that and the GP there is not prepared to share relevant medical history specifics with us because they don't think that we have any role in managing that, but then we get audited and the auditors say, 'Well, where's their diabetes management plan because they have diabetes?'" he said.


Nick Loudon

Other operators have also reported being marked down in their audits for similar 'offences'.

Home care more holistic than clinical

You have to ask the question: does the regulator understand home care? And can they audit providers effectively without this understanding?

This is a particular challenge when it comes to client's nutritional requirements.

In residential care, it is the operator's responsibility to ensure 100% of the resident's nutrition requirements.

But in home care, unless the clients has been deemed to require assistance, providers have had little to do with nutrition for their clients apart from monitoring their general health and wellbeing.

Generally, depending on the level of support require by the recipient, care staff will feedback any information to the care manager and they will contact them or the family if any concerns are raised.


Danielle Robertson

"It's more a holistic approach rather than a clinical approach," said Danielle Robertson, founder and CEO of aged care solution provider DR Care Solutions. "I think anyone who is in the care field should be alert and aware enough to identify if somebody is not eating properly and to make sure that they do eat when they are at least there."

Home care averages less than six hours per week

This is the issue however – carers are not always there.

StewartBrown's most recent survey data shows the average home care hours is just 5.51 hours per client per week.

"I think that there is an expectation, not necessarily just from Government, even from family members, that providers need to take more responsibility," said Michelle Jenkins, the CEO of WA home care and disability provider Community Vision.

"But if you only have funding to be there for an hour, there is only so much responsibility that you can actually take because for the rest of that week, you may not be visible."

If someone is on a Level 1 or 2 package and is receiving some assistance with shopping and cleaning but they also have diabetes, should providers be required to have a management plan in place – even if it was not part of their remit?

Food services not a priority for home care recipients

Historically, food services have made up only a small proportion of what home care recipients spend their packages on – in part because the package only funds the preparation of the food.

The cost of ingredients falls on the recipient – and the majority of older people would prefer to spend their package on services such as cleaning, maintenance and personal care.

"What we find is that with the capping on Home Care Package values at Levels 1 to 4, if the person needs personal care, nursing and allied health support, goods and equipment and domestic assistance, it can exhaust the package and there is no funding left for a delivered meal service," said Sharyn Broer, CEO of Meals on Wheels South Australia and Meals on Wheels Australia President.

Commonwealth Home Support Programme (CHSP) clients generally pay more than half the remaining costs, while in the Home Care Packages Program, the consumer only needs to contribute around one-third of the funding.

So, in South Australia, HCP recipients pay around $5 for their meals to cover the ingredients while those in the CHSP pay around $10 – a relatively high cost for a pensioner.

Providers turning to meal delivery services

Some home care providers are successfully taking their own food service offerings to their clients.

Community Vision began offering meals to its clients at home during the pandemic last year after its dementia daycare facility was forced to close to visitors.

A nutritional menu was developed for the week with clients ordering online so they could pick what they wanted.

Its success has led the organisation to maintain the delivery service and turn its system for checking in on clients – a green smiley face for 'I'm alright' and a red frowning face for 'I need some assistance' into an app which is due to be launched in the coming weeks.

But offering these services requires a balance between respecting the client's wishes and providing them with support.

Balancing 'care' with living independently

"You have to balance everything in this current climate because you have to listen to your client," said Michelle. "So, if your


Sharyn Broer

client says, ‘I don’t want you near the house,’ you still have a duty of care and a responsibility to make sure they are safe.”

Michelle uses the example of prompting a client to take their medication several years ago.

“We don’t give them their medication – because the whole point of home care is that you are trying to keep the client independent at home for as long as you possibly can.”

“So, you want to encourage them to do things such as the cleaning – ‘We will do the heavy vacuuming, why don’t you do the dusting?’ Because that gets them out of a chair. It enables you to be able to see, at the same time, whether or not that client’s needs have increased or whether they are now shuffling more than what they were before.”

But the regulator questioned why the provider wasn’t giving the client their medication.

Baby Boomers want choice and control

Is home care in danger then of heading down a more clinically focused path?

Until now, home care has tended to trail residential care on regulation.

The Government has recently signed off on the legislation to extend the Serious Incident Response Scheme (SIRS) to home care and flexible care from 1 July 2022.

The setting of clinical care standards for aged care has also been transferred to the Australian Commission on Safety and Quality in Health Care (ACSQHC) with non-clinical standards to stay with the Department.

Yet moving to this kind of model essentially undermines the design of the system as social support.

Nursing is only a very small proportion of what home care providers do.

Would home care providers be able to stay viable monitoring what their clients eat – and would the ageing Baby Boomer generation be content to be told what they can and can’t eat?

“To have somebody coming into my home at my age saying to me, ‘Michelle, you need to sit down and you need to tell me what you’ve had to eat today because I need to mark it on a chart to make sure that, nutritionally, you have had everything that you should.’ I would say, ‘That is not going to happen’,” Michelle said.

Regulatory approach undermines social support model

The backbone of home care is meant to be consumer choice and control.

If a client wants baked beans on toast for breakfast, it is their decision.

If the Government wants us to live independently at home, there will need to

be a line drawn on what risk is transferred to the provider and what risk is retained by the individual.

It is clear that the current legislative requirements don’t fit.

With the Government at the drawing board stage for the single in-home care program now, is it time for an open and frank discussion on home care – and to develop a workable set of policies that will avoid the confusion?

“Home care is not a one-size-fits-all model,” concluded Michelle. “Yet, we build policy and practice around a one-size-fits-all model. It doesn’t work because every individual is a person in their own right.”

“When we talk about quality, I say, ‘What is quality to you? Because that may not be quality for me’. For example, traveling on Emirates business class, that is quality to me, but that might not be quality to you – you might prefer Qantas, or you might prefer Singapore Airlines, or you might prefer something else. When we define quality service standards and we define expectations, we need to make sure that those expectations can be realistically met.”

Until those expectations are defined, it appears home care providers and the regulator will continue on a collision course. SATURDAY