Residential aged care consumer experience reports

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Summary

Consumer experience reports were introduced in May 2017. Analyses of the responses to August 2019 have shown high satisfaction levels, but there are some issues of concern.

Residents of for-profit homes are less likely to report satisfaction than residents of not-for-profit homes. For-profit homes have received more notices of non-compliance and sanctions, and had more complaints, than not-for-profit homes. These problems may reflect generally lower numbers of staff and volunteers per resident. But there are wide differences amongst for-profit homes, and similarly there are wide differences amongst not-for-profit homes.

Rising satisfaction levels since 2017 may reflect better quality of life, but they may also reflect providers finding ways to artificially improve responses. Providers may be improving staffing levels before reaccreditation reviews are due, or may be making critical residents unavailable. About 35% of persons randomly selected for interviews are unavailable. About 77% of persons interviewed are mobile, even though only a minority of all residents are mobile, and mobile residents generally report much higher satisfaction levels.

On average, about 15 residents per home have been interviewed, as part of reaccreditation procedures. Much larger sample sizes would reduce the opportunities for substitution, and allow consumers to make better comparisons between homes. Consumer experience reports should be done annually for each home, without prior notice.

1. Introduction

Consumer experience reports were introduced by the Australian Aged Care Quality Agency in May 2017, as part of reaccreditation procedures [1]. Randomly chosen residents, or their representatives, are asked 10 multi-choice questions:

Q1 Do staff treat you with respect?

Q2 Do you feel safe here?

Q3 Do staff meet your healthcare needs?

Q4 Do staff follow up with you when you raise things with them?

Q5 Do staff explain things to you?

Q6 Do you like the food here?

Q7 If I'm feeling a bit sad or worried, there are staff here I can talk to.

Q8 The staff know what they are doing.

Q9 The place is well run.

Q10 I am encouraged to do as much as possible for myself.

Wells and Solly [2] analysed consumer experience reports up to July 4 2018 from 1,159 homes, covering 17,194 residents. The Australian Institute of Health and Welfare [3] analysed reports up to 30 June 2019 from 2,070 homes, covering about 31,000 residents. This submission analyses reports from May 2017 up to August 2019 from 1,844 homes. While this study analyses fewer homes than the Australian Institute of Health and Welfare, and lacks their access to service health characteristics, it provides analyses by state and calendar year.

2. Analysis method

2.1 Use of logistic regression for consumer experience reports

Following Wells and Solly [2], logistic regression [4] was used to examine the probabilities of homes receiving positive satisfaction scores to each of the 10 multi-choice questions. For questions 1 to 6, which had four possible responses, positive satisfaction was recorded if at least half of the responses were "most of the time" or "always". For questions 7 to 10, which had five possible responses, positive satisfaction was recorded if at least half of the responses were "agree" or "strongly agree".

Tests were originally made using linear regression applied to overall scores, calculated by allocating up to 10 points for the answer to each question, and summing. The Wells and Solly procedure avoided the need for arbitrary assumptions, and gave more informative results. The Poisson regressions were fitted using STATA v15.0.

2.2 Data sources

Consumer experience reports were obtained by Freedom of Information requests [5, 6]. A service list of residential aged care homes operational at 30 June 2019, giving service name, provider name, address, suburb, state, provider type and operational places, was obtained [7]. Similar service lists had been obtained as at 30 June 2013 to 2018.

Modified Monash Model codes were allocated to help regional analyses, based on postcode or suburb. These codes were developed by Monash University to help the Department of Health determine subsidies to doctors working in regional and remote areas. They range from 1 for major cities to 7 for extremely remote. For most homes, a Modified Monash Model code was allocated using postcode and the Department of Health's list [8]. Some postcodes were obsolete or new, and geographic searches were made to find suitable codes.

2.3 Merger of consumer experience reports with service lists

Reports were merged with the service lists at each 30 June, in order to get numbers of approved beds, provider type and Monash code. Merger was done on home name and state, but some mergers failed because of spelling or timing differences. Searches for homes with similar names and states provided the remaining matches for notices and sanctions. Only 1,859 of the 1,924 reports were matched. 15 reports with non-balancing percentages were omitted.

3. Results

Table 1: Logistic regression models of positive responses to consumer experience report questions

Variable	Number homes	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Average
notforprofit	1049	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
forprofit	659	0.73*	0.83	0.91	0.82*	0.80*	0.85*	0.86*	0.87*	0.86*	0.76*	0.83
government	136	1.07	0.93	1.16	0.91	1.09	0.89	0.90	1.01	1.25*	0.87	1.01
city	1142	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
regional	681	1.36*	1.57*	1.37*	1.25*	1.24*	1.22*	1.38*	1.53*	1.20*	1.51*	1.36
remote	21	0.51*	1.61	0.94	0.67	0.58*	0.96	0.89	0.80	0.93	3.49*	1.14
nsw	677	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
vic	529	0.76*	0.73*	0.63*	0.71*	0.61*	0.77*	0.66*	0.69*	0.67*	0.80*	0.70
qld	319	0.99	0.98	1.00	0.80*	0.84*	1.01	0.90*	0.92	0.75*	1.16*	0.94
sa	79	0.90	1.19	1.08	0.97	0.98	0.94	0.80	0.80*	0.81	1.29	0.98
wa	179	0.63*	0.51*	0.46*	0.52*	0.56*	0.76*	0.71*	0.54*	0.65*	0.81*	0.62
tas	41	0.59	0.78	0.73	0.61*	0.48*	0.55*	0.60*	0.64*	0.58*	0.64*	0.62
nt	16	1.01	0.67	1.29	0.62	0.59	2.41	0.65	1.26	1.09	0.42	1.00
act	4	1.12	1.12	0.84	1.06	0.80	0.92	1.01	0.85	0.67	1.22	0.96
placeslow	614	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
placesmed	615	0.96	0.80	0.76*	0.83*	0.88	0.79*	0.92*	0.73*	0.80*	0.95	0.84
placeshigh	615	0.77*	0.62*	0.55*	0.62*	0.67*	0.66*	0.81*	0.54*	0.58*	0.80*	0.66
2017	448	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
2018	1000	1.34*	1.18	1.22*	1.25*	1.53*	1.05	0.99	1.15*	1.15*	1.19*	1.20
2019	396	1.67*	1.50*	1.40*	1.42*	1.65*	1.19*	0.87*	1.28*	1.25*	1.21*	1.35
Total	1844											
Adjusted R2		0.016	0.019	0.021	0.017	0.022	0.012	0.013	0.023	0.018	0.016	
* Significant using a 95% confidence interval												

Table 1 shows the odds ratios obtained by fitting logistic regression models to the answers to the 10 quantitative questions in the consumer experience reports. Regional homes were taken as those with Modified Monash Model codes of 2 to 5, and remote those with codes of 6 or 7. "Placesmed" refers to homes with between 58 and 95 places.

4. Discussion

4.1 Differences between for-profit and not-for-profit homes

Table 1 shows an average odds ratio of 0.83 for the probability of positive responses to the 10 questions in the consumer experience reports, comparing for-profit with not-for profit. For 8 out of the 10 questions, the result was significant using a 95% confidence interval. This

suggests that for-profits provide lower quality of life than not-for-profits. The Australian Institute of Health and Welfare [3 p34] similarly found that that for-profits had significantly lower odds ratios on 7 questions out of 10, compared to not-for-profits.

In 2016 for-profits had 0.74 direct care employees per operational place, compared with 0.79 in not-for-profit [9, p52]. 72% of for-profits were using volunteers, compared with 91% for not-for-profits [9, p64]. The poorer satisfaction scores of for-profits may reflect fewer numbers of staff and volunteers, and the desire to maximise profits in systems lacking strong quality enforcement.

Cumpston & Bail [10] fitted a Poisson regression model to data on notices of non-compliance from 2009 to 2018, and found that for-profit homes had an odds ratio of 1.7 (95% confidence interval 1.5 to 2.0), compared with not-for-profit. From sanction data from 2003 to 2018, they found for profit homes had an odds ratio of 2.8 (2.1 to 3.7), compared with not-for-profit. From complaints data in the 3 years to 30 June 2018, they found that for-profit homes had a complaints per bed ratio of 1.77, compared with not-for-profit.

The comparisons quoted here between all for-profit and all not-for-profit homes should not be taken as representative of the performance of any one home. There are wide differences amongst individual for-profit homes, and similarly there are wide differences amongst not-for-profit homes.

4.2 Differences by location

Table 1 shows an average odds ratio of 1.36 for regional homes, compared with city homes, suggesting that consumers consider they provide better quality of life. All 10 questions gave odds ratios that were significantly better using a 95% confidence interval. This may reflect closer links between regional services and their communities.

Table 1 shows significantly low odds ratios for Victoria and Western Australia, for all 10 questions. There is no apparent reason why quality of life in residential care should be lower in these states.

4.3 Differences by numbers of places

Table 1 shows an average odds ratio of 0.84 for medium homes compared with small for consumer responses, with responses to 7 questions significant using a 95% confidence interval. It shows an average odds ratio of 0.66 for large homes compared with small, with all 10 questions significant. Wells and Solly [2 p30] found average odds ratios of about 0.66 for medium homes compared with small, and about 0.44 for large homes compared with small. These more extreme values may reflect their inability to allow for ownership and location, as small homes are more likely to be not-for-profit and have regional locations. The Australian Institute of Health and Welfare found that very small, small and medium sized homes compared favourably with large homes, with odds ratios for 8 out of 10 questions significant using a 95% confidence interval [3 p34].

The less favourable consumer assessments of larger homes may partly reflect the dehumanising nature of living or working in large regimented institutions.

4.4 Increasing satisfaction shown by consumer experience reports

Averaging values for the 10 questions, table 1 shows an average odds ratio of 1.20 for reports obtained in calendar year 2018, compared with reports obtained in the last seven months of 2017, and an odds ratio of 1.35 for those obtained in the first seven months of 2019, compared with 2017. Do these increasing values reflect improving quality of care? Or are some providers temporarily improving care before reaccreditation visits are due, and ensuring that residents with unfavourable views are not interviewed?

4.5 Unrepresentative nature of persons interviewed

The Australian Institute of Health and Welfare [10 p25] noted that substitute interviewees were used in about 35% of cases, when randomly selected residents were not available to be interviewed. Wells and Solly [2 p10] reported a similar proportion of substitute interviewees.

Well and Solly reported that about 77% of persons interviewed were mobile, and that mobile residents had high odds ratios compared with the not mobile, significant using a 95% confidence interval for all 10 questions. The Australian Institute of Health and Welfare reported that only one-third of homes had 51% or more of mobile residents, so that the 77% reported by Wells and Solly seems unrepresentatively skewed towards mobile residents.

5. More useful consumer experience reports

To test the effect of sample size, Cumpston & Bail [10] made random simulations for a home with 75 residents and average consumer experience responses. Such a home should be about in the middle of the third quality quintile. With a 20% sample size (as at present), a very wide spread of simulated results was obtained. Of the 1000 simulations, 86 were in the lowest quality quintile, 206 in the second, 309 in the third, 283 in the fourth and 116 in the highest. Thus only about 31% of the simulation were in the correct quintile. They commented:

"Low sample sizes are unfair to both providers and prospective residents. A home providing average quality might have a reported score in the lowest quintile, deterring some potential residents. A potential resident choosing a home in the highest quality quintile might find that its quality was only average. To get reasonably reliable scores …a sample size of at least 80% is required. Even with an 80% sample, only about 90% of scores are likely to be in the correct quintile".

Annual consumer experience reports, without prior notice, are needed to reflect current quality. On average about 15 residents are now interviewed, but larger sample sizes would reduce statistical variability, and reduce opportunities for selection biases.

Acknowledgements

References

[1] Australian Aged Care Quality Agency. *What are consumers saying about aged care?* Available from URL https://www.agedcarequality.gov.au/sites/default/files/media/AACQAConsumerExperienceReportTrends.pdf (Accessed 27 September 2019)

[2] Wells Y, Solly E. *Analysis of consumer experience report data: Final report to the Australian Aged Care Quality Agency, December 2018.* Australian Institute for Primary Care and Ageing. Available from URL https://www.agedcarequality.gov.au/consumers/consumer-experience-reports-residential-aged-care-services#analysis%20of%20consumer%20experience%20report%20cer%20data (Accessed 14 June 2019).

[3] Australian Institute of Health and Welfare. *Consumer's experience of residential aged care.* Available from URL https://www.aihw.gov.au/getmedia/87fa8d3e-ca23-48e7-905f-57df367f8f14/aihw-age-101.pdf.aspx?inline=true (Accessed 19 December 2019).

[4] Hosmer DW, Lemeshow S. *Applied logistic regression.* Second edition. New York: John Wiley & Sons; 2000.

[5] Aged Care Quality and Safety Commission. *Response to FOI requests 2019/19.* Email 28 March 2019.

[6] Aged Care Quality and Safety Commission. *Response to FOI requests 2019/49.* Email 4 September 2019.

[7] Australian Institute of Health and Welfare. *Australian service list, 30 June 2019.xlsx.* Available from: URL https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019 (Accessed 4 November 2019)

[8] Australian Department of Health. *Modified Monash Model Suburb and Locality Classification".* Available from: URL https://agedcare.health.gov.au/funding/aged-care-fees-and-charges/modified-monash-model-suburb-and-locality-classification-home-care-subsidy (Accessed 6 February 2019).

[9] Mavromaras K, Knight G, Isherwood L et al. *The aged care workforce, 2016.* Available from: URL https://agedcare.health.gov.au/sites/default/files/documents/03_2017/nacwcs_final_report_290317.pdf?acsf_files_redirect (Accessed 18 November 2019).

[10] Cumpston JR & Bail K. *Data on residential care quality.* Submission to the Royal Commission into Aged Care Quality and Safety, 12 February 2019.