

Star Ratings Evaluation

Dementia Australia Submission

June 2024

Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia.

Our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the living experience of dementia across Australia.

Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education, and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

The Dementia Australia Policy team can be contacted on policyteam@dementia.org.au

Dementia in Australia

Dementia is the term used to describe the symptoms of a large group of complex neurocognitive conditions which cause progressive decline in a person's functioning.

Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease.

In 2024, it is estimated there are more than 421,000 people living with all forms of dementia. This figure is projected to increase to more than 812,500 by 2054.¹

Dementia is the leading cause of disease burden among Australians aged 65 and over. Dementia is the second leading cause of death for Australians and the leading cause of death of women.²

¹ Dementia Australia (2023) Dementia Prevalence Data 2024-2054, commissioned research undertaken by the Australian Institute of Health and Welfare

² Australian Institute of Health and Welfare (2024) **Dementia in Australia**, AIHW, Australian Government, accessed 4 June 2024.

Consultation approach

Dementia Australia undertakes systemic advocacy to improve outcomes for people living with dementia, their families and carers. We work closely with a national network of people living with dementia and carers, known as the Dementia Advocates Network, and regularly receive information and advice about people's experiences of different aspects of the aged care system.

For this submission, we spoke with and surveyed people living with dementia and carers to better understand their perspective on Star Ratings. Below, we present the findings of our consultation, our analysis and recommendations about Star Ratings.

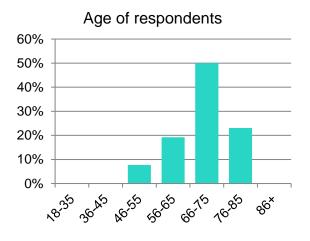
Survey demographics

There were 26 respondents to Dementia Australia's survey about Star Ratings, consisting of three people living with dementia and 23 carers. While the sample size is small, responses were consistent with other feedback that Dementia Australia has received from people living with dementia and carers.

The smaller sample size may also reflect a generally low level of knowledge of Star Ratings, consistent with findings from the UTS Ageing Research Collaboration that the level of awareness of Star Ratings remains low among prospective aged care clients.³

Responses were received from people in all states and territories other than Tasmania. Twenty per cent of respondents identified as being from a culturally and linguistically diverse background, and none identified as Aboriginal and Torres Strait Islander.

Seventy per cent of respondents were female. Around 62% reported that they lived in a major city, 35% in a regional area, and 3% in a remote area. The age profile of respondents is shown below, with most being aged between 66 and 75 years.



³ UTS Ageing Research Collaborative, 2023. Australia's Aged Care Sector: Full -Year Report 2022-23.

Survey findings

Usefulness of Star Ratings

Approximately half of the respondents to our survey said that Star Ratings were somewhat useful (48%). Thirty-nine per cent of respondents found Star Ratings very or extremely useful. A smaller proportion of respondents said that Star Ratings were not useful (13%).

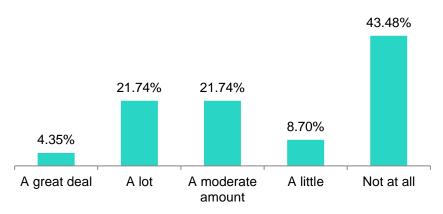
We also asked respondents for their views about whether Star Ratings accurately reflected the quality of aged care delivered by providers. Most respondents said that Star Ratings sometimes reflected the quality of care (52%) or usually did (30%). Thirteen per cent said that Star Ratings rarely or never reflected the quality of care provided, and the remainder of respondents were not sure.

Impact on confidence and decision-making

Thirty-six per cent of respondents said Star Ratings allowed them more confidence in making choices about aged care, thirty-six per cent were not sure, and twenty-seven per cent said Star Ratings did not give them more confidence in making choices.

More than half of respondents (52%) said that Star Ratings had not influenced their decisions about aged care, or only a little.

Most respondents were unsure if there had been any negative effects from Star Ratings (61%). Views on whether Star Ratings had improved the quality of aged care were mixed, with the largest response rate being that Star Ratings had not improved quality care, as shown below:



Have Star Ratings improved the quality of aged care?

Diversity

Views about diversity were again mixed. Fifty-seven per cent of respondents said that Star Ratings addressed the needs of people from diverse backgrounds to some extent. Twenty-two per cent thought that effect was more substantial, and twenty-two per cent said that Star Ratings did not address the needs of people from diverse backgrounds.

When asked if Star Ratings should be expanded to National Aboriginal Torres Strait Islander Flexible Aged Care services and Multi-Purpose Services, many respondents said yes (48%), while only 9% said no. However, a large portion were unsure (43%).

Analysis

Results from our survey showed mixed opinions about the usefulness, accuracy and impact of Star Ratings. Generally, the findings of our survey demonstrated a view that while the accuracy of Star Ratings could be improved, they could also provide important information to support choices about aged care, and had the potential to improve quality of care through benchmarking if further refined.

It is worth nothing that our survey results do not provide any information about the extent to which people living with dementia and carers in the community more broadly are aware of Star Ratings or make use of them in their decision-making.

In discussions with people living with dementia and carers, Dementia Australia has heard that some aged care consumers have found Star Ratings useful as one component of their decision-making. However, there seems to be limited confidence about the accuracy of Star Ratings. We have heard reports that even when providers have a 4 or 5 Star Rating, experiences of care may still be sub-standard, especially in relation to dementia care.

Very often, carers have reported to us that a critical factor in whether there is high quality care delivered in residential facilities is whether the workforce is educated and trained in dementia. We note that research from the UTS Ageing Research Collaborative shows that as of March 2023, only 44% of aged care homes were rated as acceptable or better for staffing, with 56% of homes receiving 1 or 2 stars.⁴

Compulsory dementia education of the aged care workforce is a critical factor in improving quality of care, and the health and wellbeing outcomes of people living with dementia. Dementia education of the aged care workforce also leads to better staff confidence and satisfaction, supporting retention and career progression within the sector⁵.

The Royal Commission into Aged Care Quality and Safety found that:

Substandard dementia care was a persistent theme in our inquiry. We are deeply concerned that so many aged care providers do not seem to have the skills and capacity required to care adequately for people living with dementia".⁶

⁴ UTS Ageing Research Collaborative, 2023. <u>Australia's Aged Care Sector: Full -Year Report 2022-23.</u>

⁵ Dementia Australia, 2022. Dementia education and the residential aged care workforce.

⁶ Royal Commission into Aged Care Quality and Safety (2021). A Summary of the Final Report.

However, to date the aged care reform process has not made dementia education compulsory for the the workforce, nor identified minimum levels of competency.

It is also noteworthy that recent research into Star Ratings has found that aged care homes with the highest staffing ratings tend to have the worst financial performance.⁷ This points to the need for a comprehensive, system wide workforce development approach to improve funding models and support workforce sustainability.

It also demonstrates that while Star Ratings have some utility, they do not necessarily give a total picture of provider performance with the degree of nuance that people living with dementia and carers require in order to properly exercise choice in provider selection. It also highlights the difficulties for consumers in interpreting Star Ratings and their alignment with expectations for care.

Recommendations

Dementia Australia recommends that:

- Further development of the Star Ratings program include people living with dementia and carers, to ensure that refinements lead to more predictable outcomes for quality dementia care. Any consultation with people living with dementia should be aligned with Dementia Australia's Guide: <u>Half the Story</u>.
- 2) The Department of Health and Aged Care give consideration as to how Star Ratings can best reflect quality dementia care, to support choice and decision-making for people living with dementia and carers and improve confidence in the model.

Thank you for the opportunity to share the views and experiences of people living with dementia and carers on Star Ratings. Dementia Australia would be happy to provide any further information you may need, or to support the engagement of people living with dementia and carers in the further refinement of Star Ratings, if requested.

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⁷ UTS Ageing Research Collaborative, 2023. <u>Australia's Aged Care Sector: Full -Year Report 2022-23.</u>