Aged Residential Care

INDUSTRY PROFILE 2017-18

New Zealand
Aged Care Association

Content page

Any comments or questions, please contact the author:

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Key points

This document presents a profile of the aged residential care (ARC) industry as it stood in 2017 and 2018. It combines information from three surveys: the NZACA Member Profiling Survey (December 2017), the ARC and Pay Equity Update Survey (April 2018), and the TAS Quarterly Bed Survey (March 2018). Key points are as follows:

- NZACA member care facilities provide 93% of the total 38,621 ARC beds.
- Sixty-one per cent of the care facilities are operated as part of a group of care facilities, this exceeds the 39% operating as individual or standalone care homes.
- Dual service beds are the largest bed category, at 32%. Dedicated rest home beds constitute 27% of the supply, dedicated hospital beds 19%, and ORA beds 7%.
- The median number of beds in care facilities is increasing; it now stands at 55 beds.
- The most common form of aged care facility offers a combination of rest home and hospital beds. These constitute 44% of care facilities and supply 45% of beds.
- There were 33,956 residents at ARC facilities on 31 March 2018. There is a trend towards higher care levels in ARC; those at rest home level are now a minority.
- Occupancy is 87.9% (as at 31 March 2018). Over the year there has been a 1.9% increase in occupancy rate, arising from a 1.7% increase in residents and a 0.5% decrease in beds.
- Thirty-six per cent of care facilities are at 'full' occupancy – i.e. occupancy of 95% or more.
- The majority of ARC facilities in 2017 – some 85% – now have agreements with some of their residents to pay for additional services and/or accommodation options.
- Premium rooms are now the majority of rooms provided (51%). The median size of these is 15m^2, compared to 12m^2 for rooms respondents classified as standard.
- Turnover across all staff categories in 2017 was 27%, up from 21% recorded in 2014. Turnover of registered nurses jumped to 38%.
- The percentage of staff on a work visa is 21%. Of the staff employed at care facilities that are part of groups, 27% are on visas, and the equivalent figure for individual care facilities is 12%.
- Among care facilities with staff on visas which expired in last year, 63% found it has recently become more difficult to recruit and retain caregivers on visas.
- Twenty-five per cent of workers covered by the pay equity settlement are on the highest pay band (L4b). These employees account for 28% of the standard hours worked by pay equity employees.
- In 2017, the mean standard hourly wage rate across the industry ranged from $43.24 for facility managers, to $28.17 for RNs, $20.87 for caregivers, and down to $16.40 for laundry staff.
- Median hours per resident per day for RNs at rest home level is 0.36, and at hospital level 1.0. For caregivers, the figures are 1.88 hours at rest home level and 2.72 at hospital level.
- Median year of construction of ARC facilities is 1987 and the median year of most recent renovation is 2015.
- In palliative care, 62% of respondents use an end-of-life pathway. Ninety-five per cent can draw on clinical support for end-of-life care from PHOs, and 86% can draw on support from hospices.
- Seventy-seven per cent of respondents have a service contract with a local primary healthcare provider.

Introduction

There is now a relative wealth of data available on the ARC industry, compared to the situation before the first NZACA Member Profiling survey in 2005. Sources include the NZACA's Member Profiling Surveys, its ad hoc surveys undertaken to support pay equity settlement funding and submissions on immigration matters, as well as comprehensive bed and resident statistics collected in TAS's Quarterly Bed Surveys, and the interRAI data on the health and wellbeing of older people. In combination these now constitute a robust information base to support planning and decision making by NZACA members and other stakeholders in the ARC industry.

The interRAI data underpins the NZACA's recent investigation into whether older people are receiving the level of care they need, published as *Caring for our Older Kiwis: The right place, at the right time* (April 2018). This report is available for download at www.nzaca.org.nz.

Key information drawn from other NZACA and TAS surveys is reported in this volume. The high response rates achieved in these surveys mean the findings are robust and representative of the entire ARC industry.

This ARC Industry Profile report draws information from the reports outlined above to build a picture of the ARC industry as it stands in 2017 and 2018.

Even more in-depth analysis of the survey data is possible on request, subject of course to the need to preserve respondent confidentiality. If you would like more detail on any of the topics covered in the report, please direct your enquiries to John McDougall, NZACA's Data Analyst.

Simon Wallace
Chief Executive

Data sources and representation

This report presents a profile of the ARC industry as it stands in late 2017 and early 2018, combining information from three surveys. These are the NZACA Member Profiling Survey (December 2017) (herein known as the NZACA Survey), the ARC and Pay Equity Update Survey (April 2018), and the TAS Quarterly Bed Survey (March 2018).

This volume continues a series of reports by the NZACA that began in 2005. While there is discontinuity in the time series (no comprehensive member profiling surveys were carried out in 2015 and 2016) the NZACA Survey also allows for long-term trend analysis. This ARC Industry Profile report marks the eleventh time that NZACA has carried out a comprehensive survey of its members, spanning a thirteen-year period.

TAS Quarterly Bed Survey

TAS Kahui Tuitui Tangata (formerly DHB Shared Services) collects bed, resident and occupancy information from all ARC provider homes on a quarterly basis. It is a contractual requirement, under the ARRC Services Agreement, for ARC providers to report their bed and resident numbers to TAS. Since September 2013, this data has been collected and collated by TAS. The bed and resident numbers are collected as at 10pm on the last day of the March, June, September and December quarters. The March Quarter 2018 data, which is the focus of this report, was collected based on care facility status as at 10pm on Saturday 31 March 2018.

The NZACA prepares a brief report for members on each Quarterly Bed Survey. This is published in its newsletter for members, *In Touch*.

NZACA Member Profiling Survey

The NZACA Member Profiling Survey series began in 2005 and has been carried out in most years since. In 2015 and 2016 the comprehensive member profiling survey was replaced by surveys which gathered employment and carer hours information required to inform pay equity modelling and negotiations. The 2017 NZACA Survey reported here updates most of the information collected in the 2015 and 2016 surveys, as well as the earlier member profiling surveys. However, to minimise the burden on respondents, some questions asked in earlier member profiling surveys were not repeated in 2017.

A change in 2017 was that the sections in the Member Profiling Survey on ‘Staffing and remuneration at your care facility’ was distributed to non-member care facilities. This section updated the data gathered in the 2015 and 2016 surveys. This was done to ensure the information base to support modelling for the 2018 round of negotiations for the ARRC Contract and pay equity funding was as comprehensive as possible.

The survey instrument was largely developed in-house by the NZACA, with advice from Colmar Brunton. Colmar Brunton was contracted by the NZACA to administer the data collection phase of this survey. TAS gave Colmar Brunton permission to use the non-member contacts it uses for the Quarterly Bed Survey. The non-member response records provided to the NZACA by Colmar Brunton were anonymised.

For care facilities in New Zealand to be included in the member sub-sample, they had to be a current (financial) member of the NZACA and be certified and currently providing ARC in New Zealand. In November 2017, 561 eligible NZACA member's ARC facilities were invited to participate in the annual survey using the survey tool distributed by Colmar Brunton. Responses to the survey covered 69% of member care facilities. (Table 1.1). Non-member respondents accounted for 34% of non-member care facilities, so overall respondents covered 63% of the ARC industry in New Zealand (Table 1.1).

Table 1.1: 2017 responses compared to NZACA membership and the industry

	Member Profiling Survey 2017			NZACA Membership		Industry	
	NZACA	Non member	Total	Number	Survey as % of membership	Number	Survey as % of industry
Facilities	385	38	423	561	69%	668	63%
Beds	27,354	1,071	28,425	35,492	77%	38,621	74%

Representation rates from the NZACA Survey for each DHB region are shown in Table 1.2.

Table 1.2: Response rates for the NZACA Members by DHB

DHB region	Member responses	Member care facilities	Member response rate by DHB
Southern	42	52	81%
Hawke's Bay	20	25	80%
Tairawhiti	4	5	80%
Hutt Valley	9	12	75%
Whanganui	6	8	75%
Canterbury	55	77	71%
Nelson Marlborough	15	21	71%
MidCentral	22	31	71%
Counties Manukau	23	33	70%
South Canterbury	9	13	69%
National	**385**	**561**	**69%**
Bay of Plenty	21	31	68%
Waikato	33	49	67%
Lakes	8	12	67%
Wairarapa	8	12	67%
Capital and Coast	23	35	66%
Northland	12	19	63%
Waitemata	30	48	63%
Taranaki	14	23	61%
Auckland	30	51	59%
West Coast	1	4	25%

ARC and Pay Equity Settlement Employment Update Survey

A technical subgroup to the Joint ARC Steering Group was established to consider how the pay equity uplift per resident day was to be calculated for 2018/19 and for the distribution of pay equity transitional funding. The NZACA agreed to undertake a survey to update estimates of the distribution of caregiver and activities coordinators, and the standard hours worked, across the pay equity pay bands. The survey asked for data on number of caregiver and activities

coordinator employees and the pay equity pay band. The standard weekly hours worked for each employee was also requested; this was used to estimate hours worked across the pay equity pay bands.

The ARC and Pay Equity Settlement Employment Update Survey was developed by the NZACA. The questionnaire was distributed by the NZACA and the Care Association of New Zealand (CANZ) to their respective members on 20 April 2018. Responses were received from 130 providers covering 383 care facilities, of which 361 were NZACA members. This was a response rate of 64% among NZACA member care facilities.

Report outline

Topics covered in this *Aged Residential Care Industry Profile 2017–18* include the following.

- Care home ownership: trends in operation as individual care homes vs part of a group.
- Beds: trends in service provision, trends in care facility size, current service mix of beds, trends in supply of ORA beds, and comparisons across DHB regions.
- Residents: current split by care level and trends in this, comparisons across DHBs, trends in split between subsidised and private paying residents.
- Occupancy: long-term trend in occupancy, trends in percentage of care facilities at full occupancy, and comparisons across DHBs.
- Care home services: percentage of care facilities offering additional service/accommodation options, ranges of services offered, charges for extra services, trends in the supply of premium vs standard rooms, provision of ORA units on same site and percentage of these that are certified for ARC.
- ARC workforce: split of staff between care and non-care categories, turnover by staff category and changes in this, vacancy rates by staff category, usage of bureau/casual staff.
- Immigration: percentage of staff on work visas, contrasts between DHB regions, experience with renewing visas for these staff, and perceived changes in recruiting and retaining caregiver on visas.
- Remuneration: pay equity survey data on split between caregivers and activity coordinators by pay band L0–L4b, distribution on wage rates in each staff category, mean wage rates by staff category, changes in wages rates since last Member Profiling Survey in 2014, and usage of penal rates.
- Hours per resident per day: lower quartile, median and upper quartile results on hours per resident per day for registered nurses, enrolled nurses, caregivers and activities coordinators by care level.
- Topical questions: median years of construction and most recent renovation, provision of palliative care services and support to families/whanau, services by primary healthcare provider, and training provider used for staff to gain their New Zealand Certificate in Health and Wellbeing.

Care facility ownership

Care facility operation

Sixty-one per cent of the NZACA member care facilities in the NZACA's membership database are operated as part of a group of care facilities; this exceeds the 39% operating as individual or standalone care facilities.

The proportion of care homes operated as part of a group appears to have stabilised following rapid growth in the early years of the current decade. (Figure 2.1). It was around 45% in 2010 and 60% in 2014. The crossover point, when group-owned care facilities went from the minority to the majority in the industry, happened around 2011.

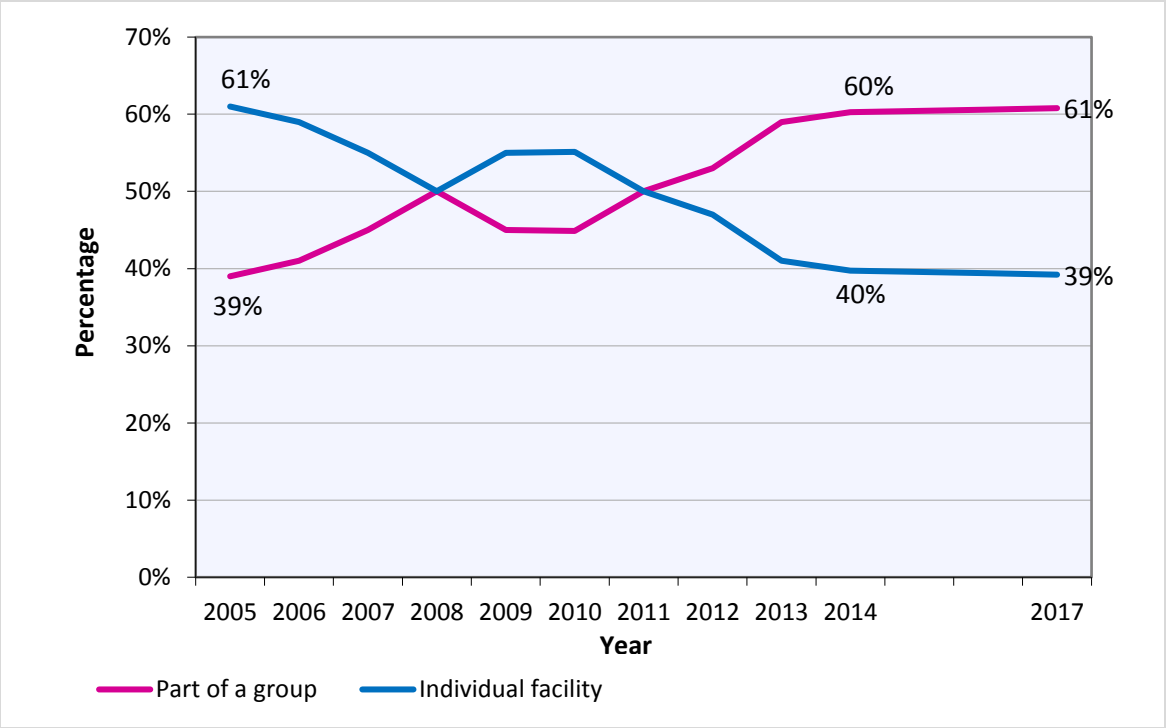

Figure 2.1: Twelve-year trend analysis of the percentage of NZACA member care homes operated as part of a group or individually
Source: 2017 figures are from NZACA Membership Database, other years from NZACA Member Profiling Survey

A recent trend the NZACA has observed is for the ownership of care facilities to transfer from one group to another. Of more concern is that, post pay equity settlement, some unsustainable individual care facilities have closed altogether.

Care facilities that are 'part of a group' are two or more care facilities that operate as a collective or are owned by the same syndicate. An individually operated care facility is a single entity that is operated as a standalone business.

Care facility ownership

Respondents were asked to describe the ownership of their care facilities. The most common type of ownership among NZACA member respondents is 'charitable/religious/welfare/not-for-profit', with 42% of care facilities. This is followed by 30% belonging to a 'publicly listed' group and 28% in 'private' ownership.

Seventy per cent of respondent care facilities belong to major groups consisting of four or more care facilities, and 30% are individual or in small groups of two to three care facilities.

For purposes of segmenting survey respondents in this report and comparing their responses, we combine the above two classifications in a five-way segmentation of member care facilities who responded to the survey. This is illustrated in Figure 2.2 below.

- Individual/charitable
- Individual/private
- Major group/charitable
- Major group/private
- Publicly listed

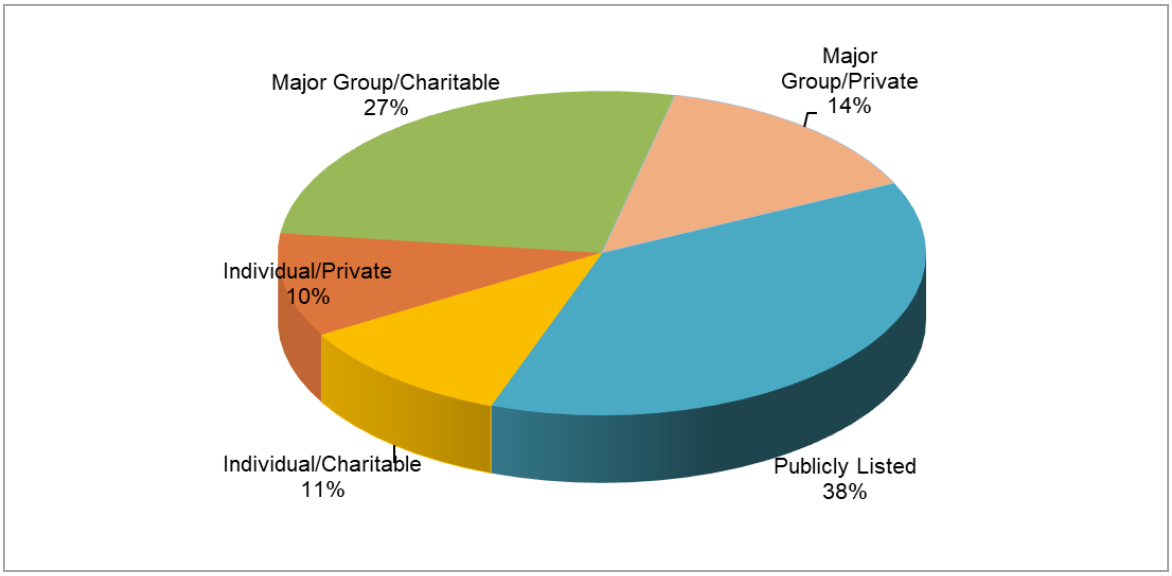

Figure 2.2: Percentage of bed supply in each segment
Note: Due to sample size limitations these percentages may not be accurate estimates of each segment's percentage of the bed supply

Beds

For those who are aged over 65 years and no longer able to remain in their own home, ARC homes provide support through long-term and short-term care beds. Long-term care beds are the most common type in the industry. These beds operate across four levels of care: rest home, hospital, dementia and psychogeriatric as well as long-term ORA ARRC certified beds.[1] Short-term care beds can include many types of care; these are included in the 'other' bed category in this survey. Dedicated young person disabled (YPD) beds in ARC facilities are also included in this chapter.

The data in this chapter is from the two sources. Information for the years 2005 to 2013 is sourced from the NZACA Member Profiling Surveys for the respective years. For 2014 to 2018 the information is sourced from the TAS (formerly DHB Shared Services) quarterly reporting data for 31 March in each year.

Total beds

A total of 38,621 ARC beds were operated by the 668 ARC facilities who provided Quarterly Bed Survey data on 31 March 2018.

Dual service beds[2] are the largest bed category in New Zealand, at 32% (Figure 3.1). Dedicated rest home beds constitute 27% of the supply, and dedicated hospital beds are 19%. ORA ARRC-certified beds account for 7% of all beds.

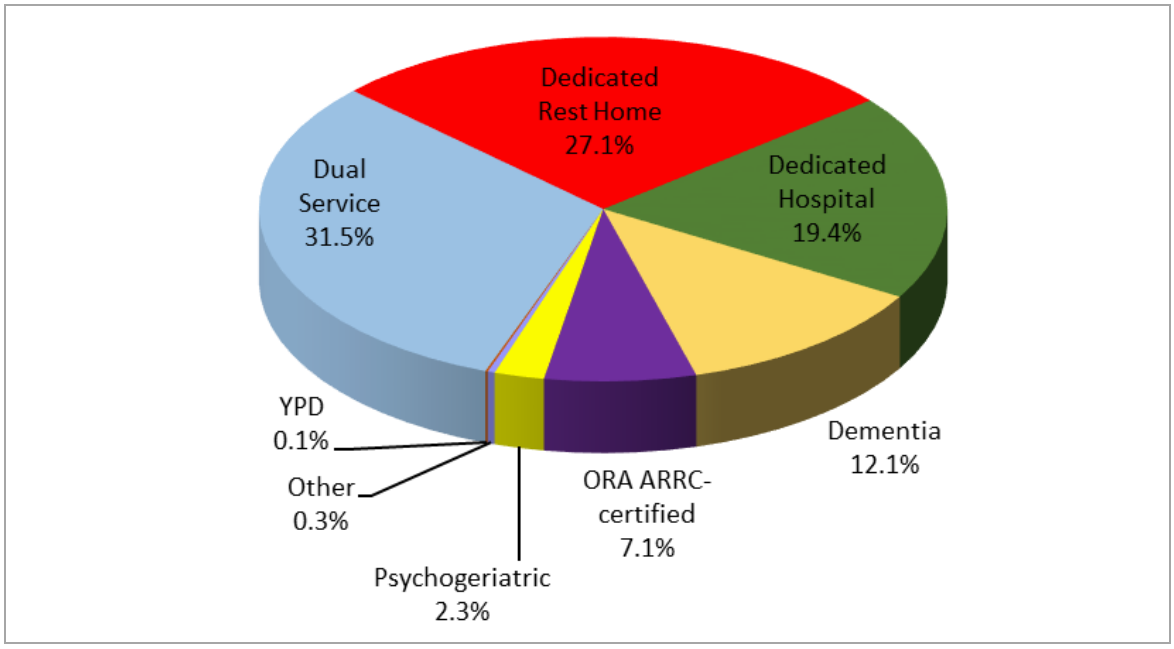

Figure 3.1: Breakdown of ARC beds in New Zealand

[1] ORA ARRC-certified beds are ARC beds that are occupied under an Occupational Right Agreement (Licence to Occupy).
[2] Dual service beds are beds certified to provide both rest home and hospital level care, dependent on the type of care required by the resident.

Table 3.1 presents data on the number of beds by service and DHB region.

Table 3.1: Number of beds by DHB and service as at 31 March 2018

DHB region	Service								Total beds
	Dedicated rest home beds	Dedicated hospital beds	Dual service beds	ORA ARRC-certified beds	Dementia beds	Psycho geriatric beds	Dedicated YPD beds	Other beds	
Northland	445	316	315	38	157	20	0	2	1,293
Waitemata	836	664	1,559	180	468	113	0	0	3,820
Auckland	956	891	1,252	165	286	67	11	4	3,632
Counties Manukau	612	708	958	179	216	37	0	14	2,724
Waikato	1,043	739	794	135	459	89	3	15	3,277
Lakes	200	127	326	36	79	15	0	2	785
Bay of Plenty	514	406	739	105	221	45	6	11	2,047
Tairawhiti	75	54	176	30	60	0	0	0	395
Taranaki	519	115	456	141	168	23	0	0	1,422
Hawke's Bay	445	258	383	106	202	46	10	12	1,462
MidCentral	543	268	669	100	250	18	0	15	1,863
Whanganui	218	70	226	32	81	10	0	15	652
Capital and Coast	455	543	687	207	256	76	0	8	2,232
Hutt Valley	263	95	512	90	153	46	3	12	1,174
Wairarapa	146	47	237	41	58	0	0	1	530
Nelson Marlborough	383	197	478	279	217	18	1	5	1,578
West Coast	35	63	115	0	32	0	0	0	245
Canterbury	1,331	1,158	1,341	751	850	172	3	3	5,609
South Canterbury	226	72	209	14	49	25	0	5	600
Southern	1,204	693	737	117	430	87	9	4	3,281
National	**10,449**	**7,484**	**12,169**	**2,746**	**4,692**	**907**	**46**	**128**	**38,621**

Trend in percentage of beds within each service

Table 3.2 shows the proportion of beds within each service type since the beginning of the Quarterly Bed Survey.

There has been a marked trend towards dual service beds, and an accompanying decline in supply of dedicated rest home and hospital beds.

Dual service beds as a percentage of total supply increased from 19% to 32% over the five years to March 2018. The proportion of rest home beds over this five-year period decreased significantly, from 36% to 27%. The share of hospital beds across the supply has also decreased over the five-year period, from 25% to 19%. ORA ARRC-certified beds as a percentage of supply increased slightly, from 6% to 7%.

Table 3.2: Five-year trends of the percentage of beds by service type

	2014	2015	2016	2017	2018
Dedicated rest home beds	36.4%	34.3%	32.5%	30.1%	27.1%
Dedicated hospital beds	24.5%	24.5%	24.2%	21.9%	19.4%
Dual service beds	19.3%	20.7%	22.4%	26.6%	31.5%
ORA ARRC-certified beds	6.0%	6.2%	5.9%	6.5%	7.1%
Dementia beds	10.9%	11.4%	11.6%	11.8%	12.1%
Psychogeriatric beds	2.3%	2.1%	2.5%	2.4%	2.3%
Dedicated YPD beds	0.1%	0.2%	0.2%	0.2%	0.1%
Other beds	0.4%	0.5%	0.7%	0.5%	0.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Long-term increase in provision of dual service beds

Figure 3.2 illustrates the long-term trend in the percentage of care facilities who operate dual service beds. This has increased from 25% to 59% over the nine-year period from 2009 to 2018. There has been a notable increase even in the last year – from 55% in 2017 to 59% in 2018.

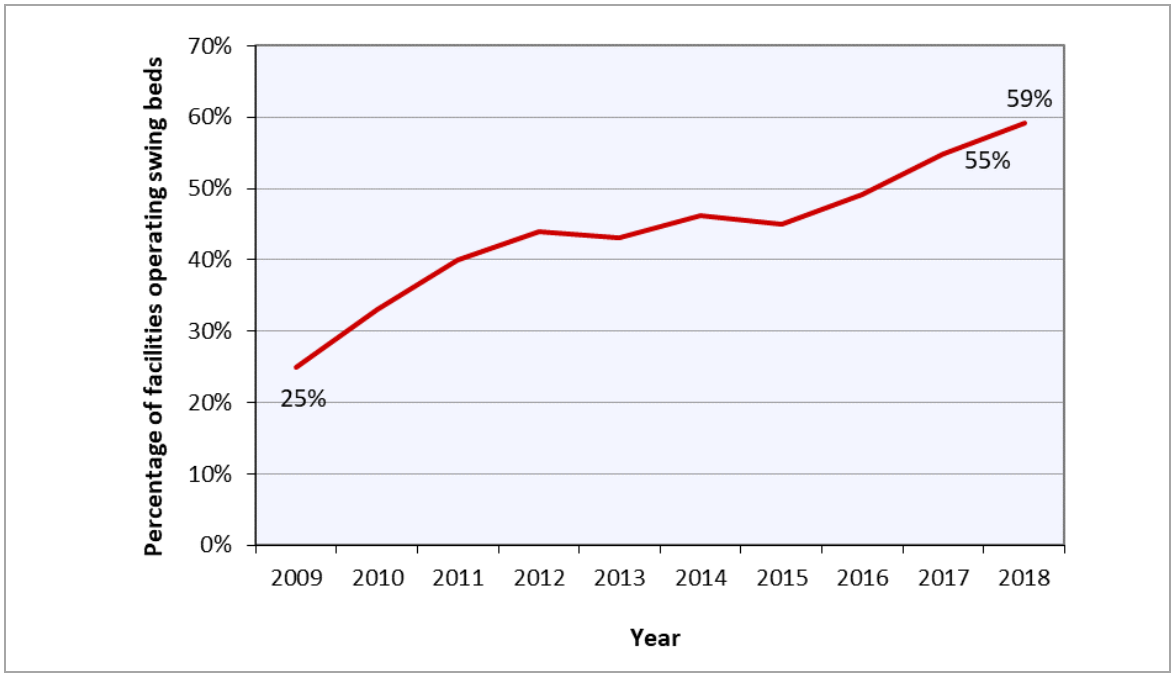

Figure 3.2: Change in the percentage of NZACA member care facilities operating dual service beds between 2009 and 2018

Trends in care facility size

NZACA member care facilities provided 35,839 beds in March 2018 – 93% of the ARC industry's total supply.

Care facility size, as determined by total beds supplied, has been increasing steadily. The average number of beds in NZACA members' care facilities has increased from 59 in 2014 (the first year of the current quarterly bed survey) to 62 in 2018.

The median number of beds, however, is a better indicator of the size of the 'typical' care facility. This is now 55 beds, up from 50 in 2014 and going further back, to 48 in 2005.

The middle 50% (interquartile range between the 25th and 75th percentiles) of all care facilities had between 39 and 80 beds (Figure 3.3, red and green lines), compared to between 34 and 74 beds in 2014.

Overall, the interquartile range has been progressively widening (illustrated by the gap between the red and green lines in Figure 3.3). This is a good indicator that the ARC facilities that are being built or renovated are increasing in size. Another indicator is that the largest 10% of care facilities provided 101 or more beds in 2014, but this increased to 106 or more in 2018.

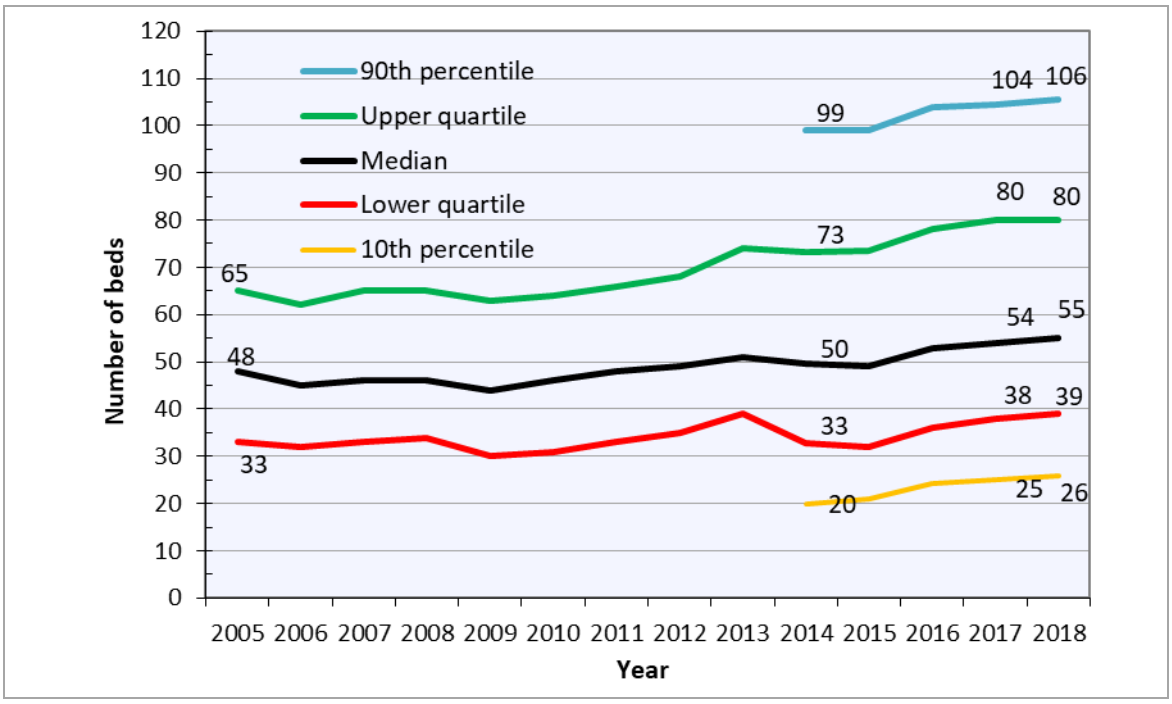

Figure 3.3: Thirteen-year trend of the range of care facility sizes (NZACA Members)

Care facility sizes within band widths

This trend of increasing size of care facilities is also illustrated in Figure 3.4. Care facilities in the size range of 40–49 beds contributed 18.3% of total bed supply in 2014, but by 2018 their contribution had fallen to 16.2%. Further up the size scale, the contribution of care facilities in the 80–89 bed range increased from 7% to 8% and in the 140–159 bed range from 1.6% to 2.6%.

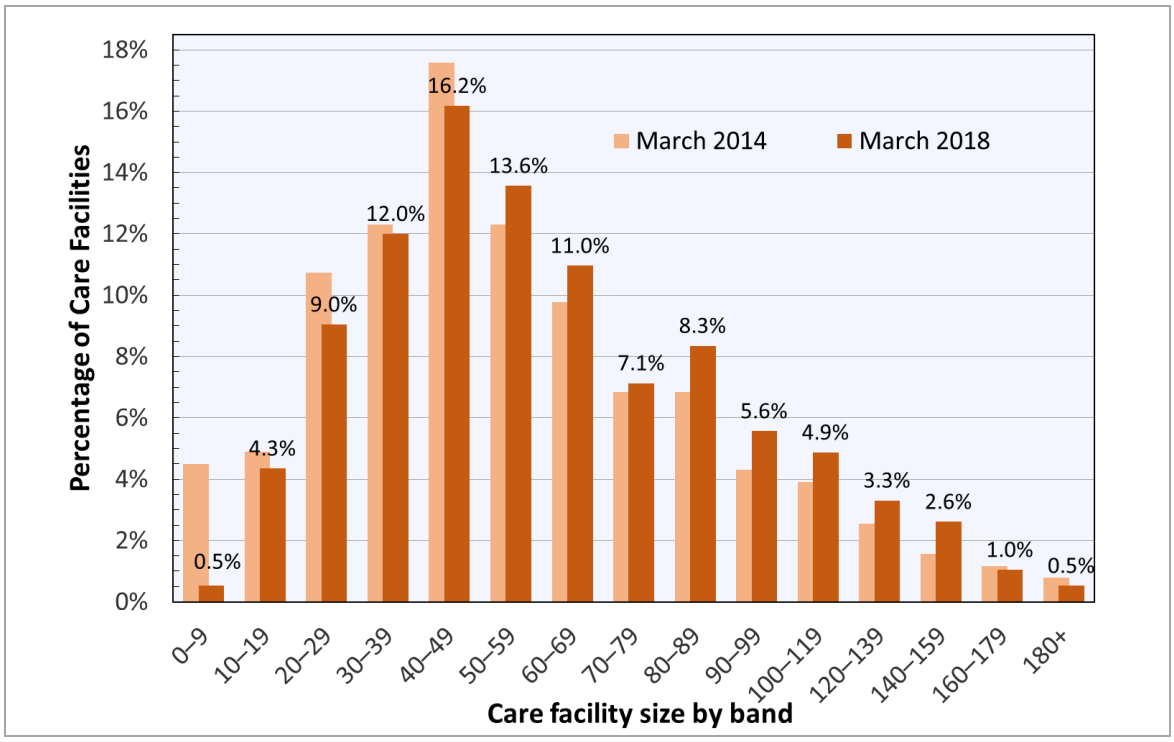

Figure 3.4: Percentage of care home by bed supply band (NZACA Members)

The absolute numbers of beds underlying these percentages are shown in Figure 3.5. The number of beds supplied by member care facilities in the size range of 40–49 beds increased slightly (by 170 beds) to 4,125 between 2014 and 2018. However, this was overshadowed by increases in large care facilities. For example, beds supplied by care facilities in the 80–89 bed range increased by 1,083, to 4,038, and the increase in those supplied by care facilities in the 140–159 bed range increased by a similar amount, to 2,242.

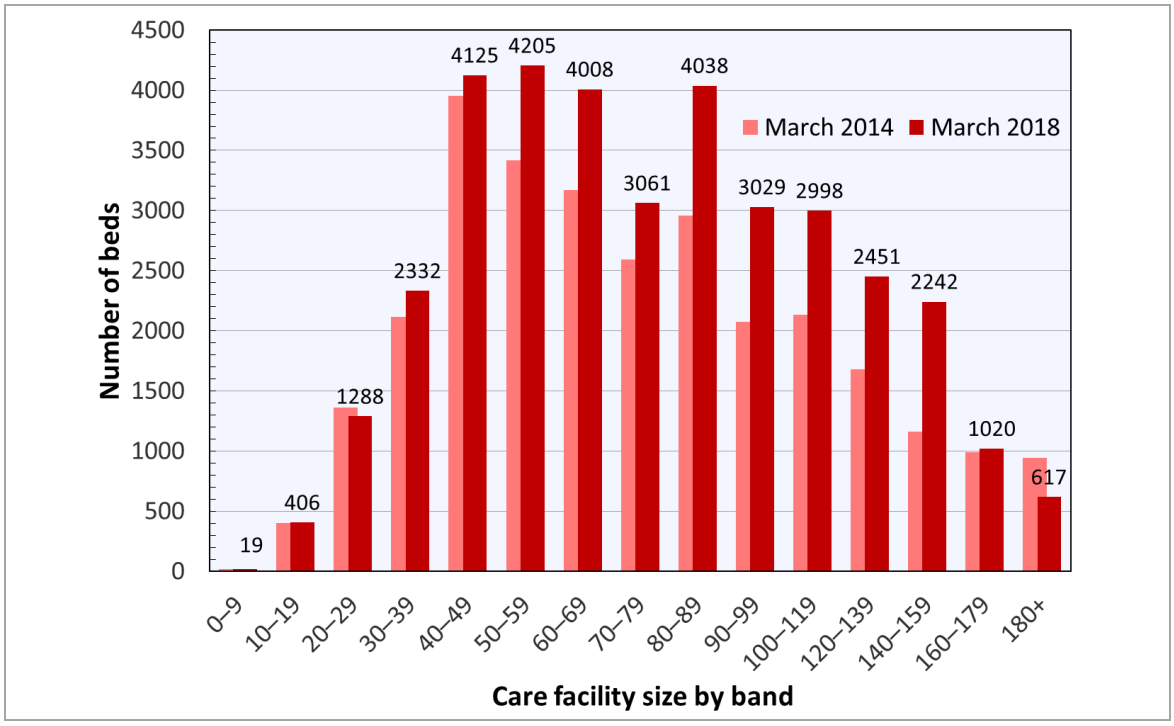

Figure 3.5: Total number of beds within each band

Service mix of beds

The mix of services offered by member care facilities is analysed in detail in Table 3.3.

- The most common service make-up of a care facility offers a combination of rest home and hospital beds; these constitute 44% of care facilities and supply 45% of beds.
- The second most common service make-up of a care facility also provides dementia beds alongside rest home and hospital services (22% of facilities supplying 32% of beds). The average size of care facilities offering these three services is considerably larger (92 beds vs 64).
- Rest home specialist care facilities constitute 20% of all facilities and, because of their small average size (31 beds), supply only 10% of beds.
- Dementia specialists care facilities constitute 4% of facilities and, again, because of their small average size (33 beds), supply only 2% of beds
- Care facilities offering a mix of rest home and dementia beds also constitute 4% of care facilities but supply 3% of beds.

Care facilities providing the 'top five' mix of services constitute a total of 93% of care facilities and provide 92% of beds. Refer to Table 3.3 for the contribution of the less common mixes of services provided by care facilities.

Table 3.3: Mix of long-term services offered by member care homes

Combination of services	Facilities (%)	Beds (%)	Average beds (no)
Rest home and hospital	43.8%	44.8%	64
Rest home and hospital and dementia	21.7%	32.0%	92
Rest home	20.0%	9.8%	31
Dementia	3.7%	1.9%	33
Rest home and dementia	3.7%	3.0%	51
All services: rest home, hospital, dementia and psychogeriatric	1.6%	2.3%	92
Rest home, hospital and psychogeriatric	1.4%	2.2%	97
Hospital and dementia	1.2%	1.2%	63
Dementia and psychogeriatric	0.7%	0.7%	67
Hospital	0.5%	0.4%	45
Psychogeriatric	0.5%	0.3%	38
Hospital and psychogeriatric	0.5%	0.6%	74
Hospital, dementia and psychogeriatric	0.5%	0.7%	82
Rest home and psychogeriatric	0.2%	0.1%	27

Supply of ORA beds

ORA ARRC-certified rest home, hospital and dual service beds are increasing, both in absolute terms and as a percentage of the total supply of rest home, hospital and dual service beds. This is illustrated in Figure 3.6. In March 2018, ORA beds constituted 8.4% of total rest home, hospital and dual service beds, up from 6.9% of these beds in March 2014.

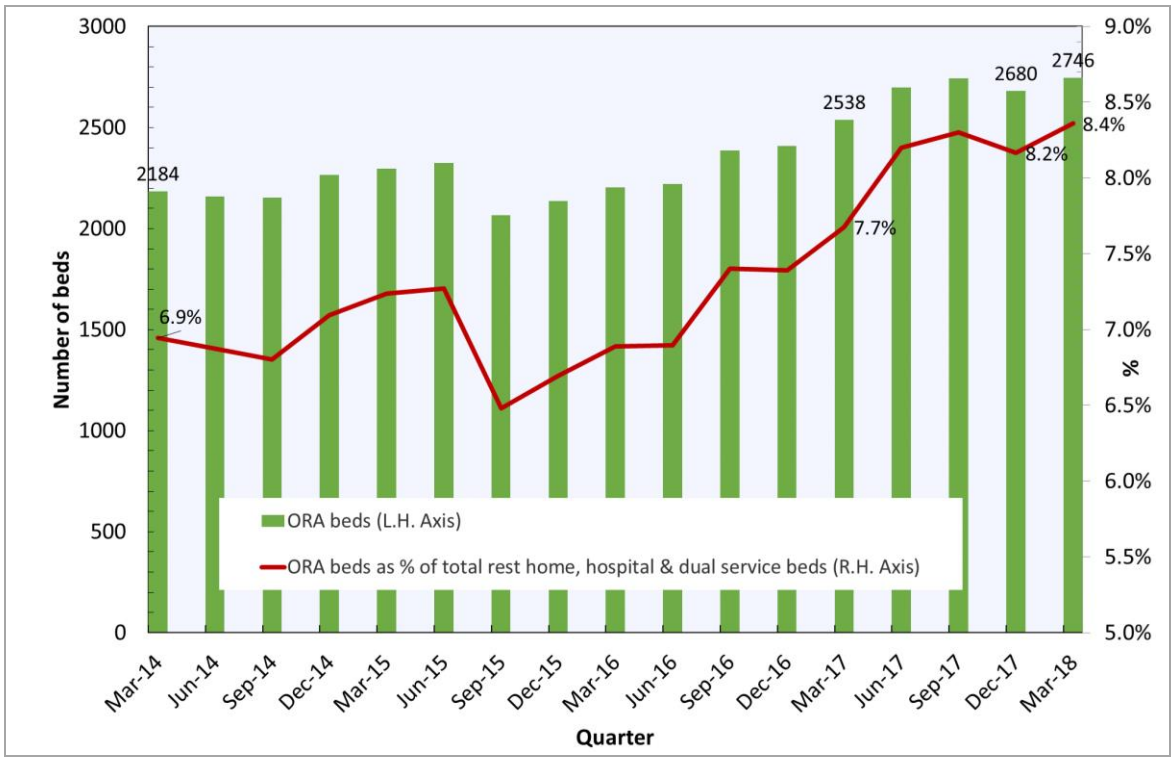

Figure 3.6: National ORA bed supply 2013–18

The regional variation of ORA beds as percentage of total supply of rest home, hospital and dual service beds is illustrated in Figure 3.7. Nelson Marlborough DHB region stands out as having a relatively high supply of ORA beds (21%). Canterbury DHB region also has a high supply (16%). In absolute number terms, however, the supply of ORA beds in Canterbury (751) is much higher than in Nelson Marlborough (279).

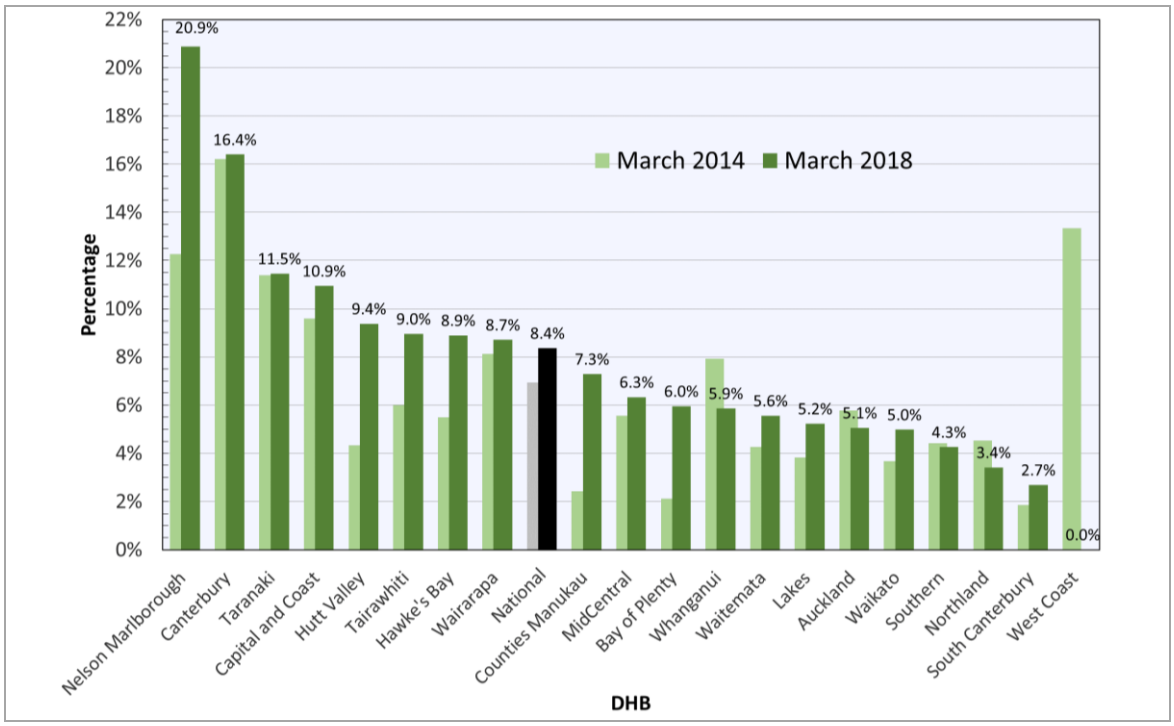

Figure 3.7: ORA beds as percentage of total rest home, hospital and dual service beds by DHB region

Recent changes in bed numbers

Net changes in beds by service and DHB region recorded by the Quarterly Bed Survey over the year March 2017 to March 2018 are shown in Table 3.4.

Table 3.4: Net change in beds by service and DHB region, March 2017–March 2018

DHB region	Service								Total beds
	Dedicated rest home beds	Dedicated hospital beds	Dual service beds	ORA ARRC-certified beds	Dementia beds	Psycho geriatric beds	Dedicated YPD beds	Other beds	
Northland	19	3	-6	6	0	-2	0	0	20
Waitemata	-166	-97	289	51	-6	12	-2	-4	77
Auckland	-140	-254	257	-62	-28	20	-15	-4	-226
Counties Manukau	-145	-25	106	-7	-1	0	-4	1	-75
Waikato	-62	-49	48	21	43	0	3	-4	0
Lakes	-122	30	34	-18	4	0	0	2	-70
Bay of Plenty	-34	-52	46	54	25	0	0	-5	34
Tairawhiti	-28	-30	50	0	0	0	0	0	-8
Taranaki	-9	-37	52	40	9	-4	0	-1	50
Hawke's Bay	-43	-10	31	43	0	-3	10	10	38
MidCentral	-22	-89	213	-29	-8	2	0	-10	57
Whanganui	-28	-14	54	0	-6	0	0	5	11
Capital and Coast	-66	-86	94	-6	17	0	-1	5	-43
Hutt Valley	-4	-114	113	20	-24	-1	3	-44	-51
Wairarapa	-38	-14	35	-5	0	0	-10	1	-31
Nelson Marlborough	-23	-32	40	25	0	0	-1	3	12
West Coast	-49	-2	34	0	2	0	-1	-1	-17
Canterbury	-147	-71	189	39	4	-20	3	-1	-4
South Canterbury	-10	-29	38	4	0	0	-8	1	-4
Southern	-126	-39	116	32	78	-14	9	-10	46
National	**-1,243**	**-1,011**	**1,833**	**208**	**109**	**-10**	**-14**	**-56**	**-184**

The 2017 NZACA Survey asked respondents about changes in their bed supply over the past year. The majority of members (81%) over the last year reported no change (Table 3.5). Seven per cent of individual care facility members reported adding entirely new beds, but this was exceeded by the percentage who reported changing beds from one service to another. This is consistent with the increase in dual service beds noted above. Interestingly, the percentage of major group care facilities who reported adding new beds (3%) or changing their service (1%) is lower than for individual members.

Table 3.5: Change in facility bed supply over the last 12 months

	Individual care facility	Major group care facility	Total
No change	80%	81%	81%
Added entirely new beds	7%	3%	4%
Reduced beds in operation	2%	3%	2%
Changed beds from one service to another	9%	1%	4%
Other	5%	1%	2%
Note: Percentages can add to more than 100, as multiple responses are possible			

Intentions to change bed supply over the next 12 months are shown in Table 3.6. Fifteen per cent of individual member respondents said they are or are likely to add new beds, compared to only one per cent of major group care facilities. Eight per cent of individual respondents intend to change beds from one service to another, as do six per cent of major group respondents.

Table 3.6: Intended change in bed supply over next 12 months – percentage saying they are or likely to change bed supply

	Individual care facility	Major group care facility	Total
Add entirely new beds	15%	1%	8%
Change beds from one service to another	8%	4%	6%
Reduce beds in operation	1%	1%	1%

Respondents were asked to indicate the number of beds that may be added over the next year. In total it is likely 828 will be added to the industry over the coming year. The contribution to this from facilities under each ownership type is illustrated in Figure 3.8. Major groups/charitable care facilities indicated they would increase their bed numbers the most, with 320 beds. This is followed by individual/private care facilities, with 172 beds.

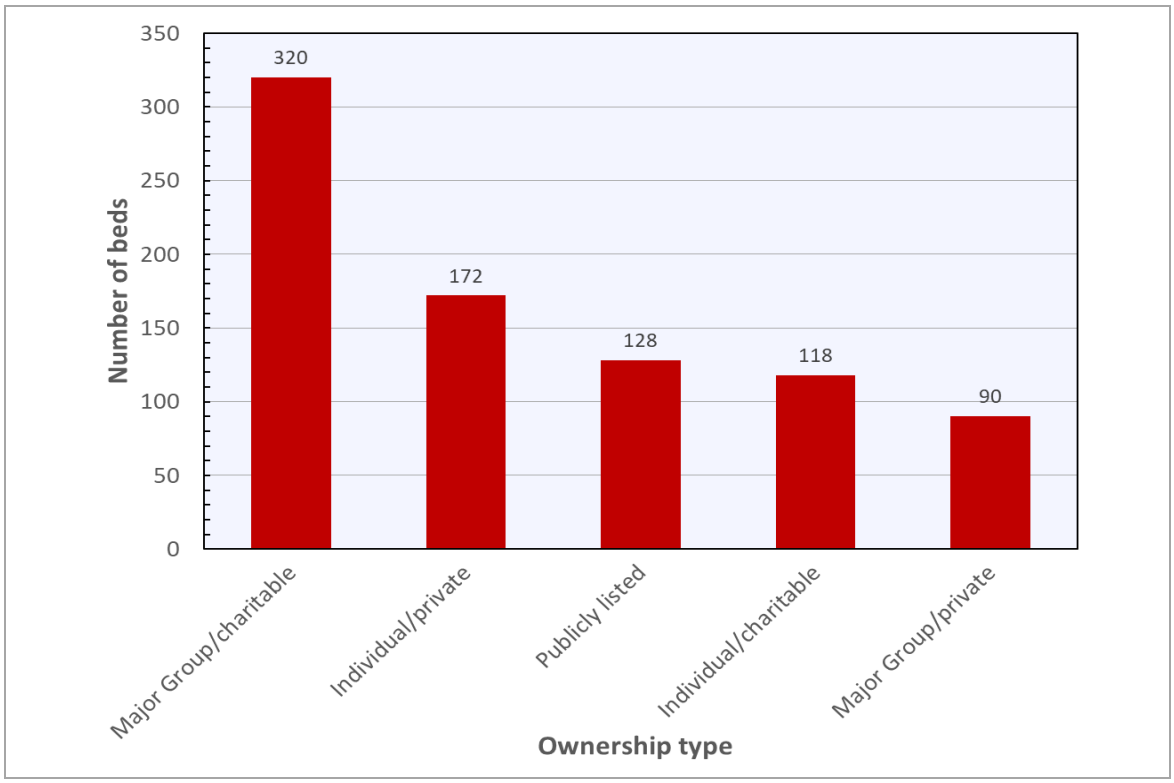

Figure 3.8: Intended new additions of beds over next year by ownership type
Note: Does not allow for intended reduction in beds, which amounts to only 23. A further 394 beds are intended to change from one service to another

The distribution of intended new beds across the DHB regions is illustrated in Figure 3.9.

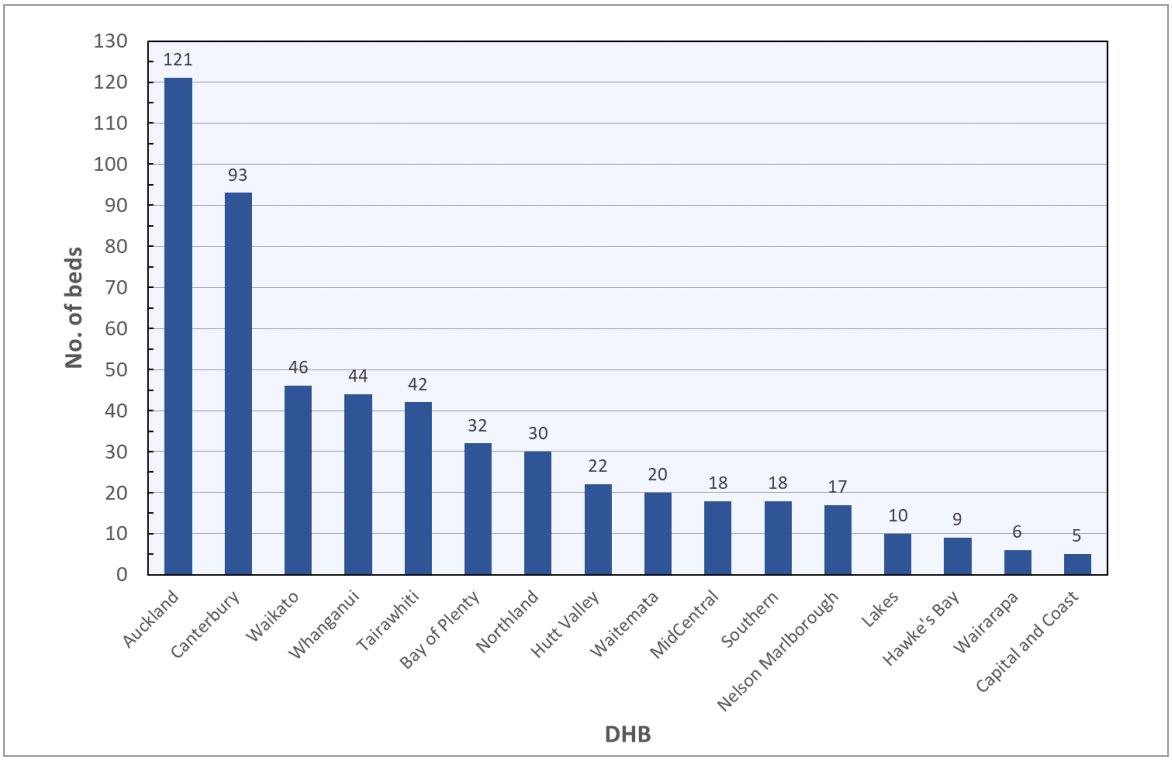

Figure 3.9: Intended new additions of beds over next year by DHB

Note: Excludes new beds added by groups which did not specify the DHB they may be in

Residents

ARC is available in New Zealand for people aged over 65 years who can no longer safely live independently in their own home. They receive different services of care over the long term or short term, depending on their care requirements.

This section discusses the number of people receiving ARC as at 31 March 2018.

Total residents

A total of 33,956 residents were receiving care at ARC facilities on 31 March 2018. Of these residents, nearly half (46%) were receiving rest home level care, 39% hospital level care, 12% dementia care and 2% psychogeriatric care (Figure 4.1).

Of the 15,654 residents receiving rest home level care, 60% were residents occupying dedicated rest home beds; 30% were residents receiving rest home level services in a dual service bed; 8% were residents who received rest home level care into their own ORA unit,[3] certified to provide such care; and 2% were residents receiving rest home level care into their own ORA units certified to be 'swung' between care services.[4] (Figure 4.1)

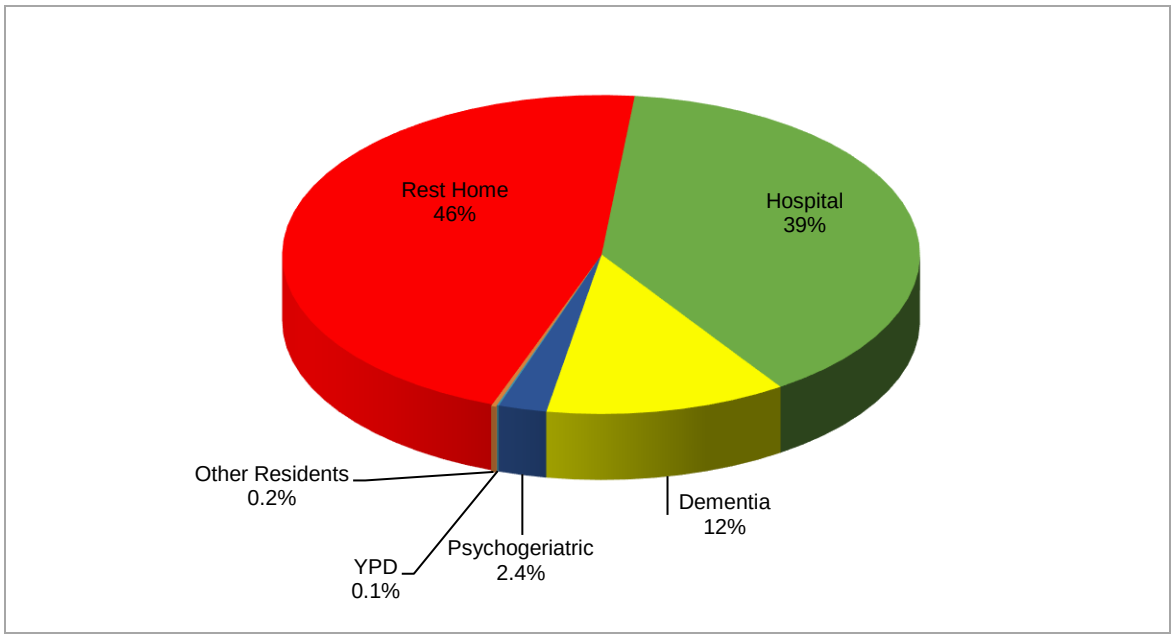

Figure 4.1: Percentage of residents receiving each type of care on 31 March 2018

Of the 13,206 people receiving hospital level care, 52% occupied dedicated hospital beds; 47% occupied swing beds while receiving hospital level care; and 1% were residents receiving hospital level care into their own ORA unit, certified to provide such care.

[3] Occupation Right Agreement/Licence to Occupy unit.
[4] ORA swing/dual service beds.

Subsidised and private paying residents

Sixty-six per cent of all people in ARC facilities receive a Residential Care Subsidy (RCS) for their care (Figure 4.2). Of those in rest home level care, 65% receive an RCS. This is slightly lower than the 67% of hospital residents who receive a subsidy. Sixty-three per cent of dementia residents and 85% per cent of psychogeriatric residents are subsidised.

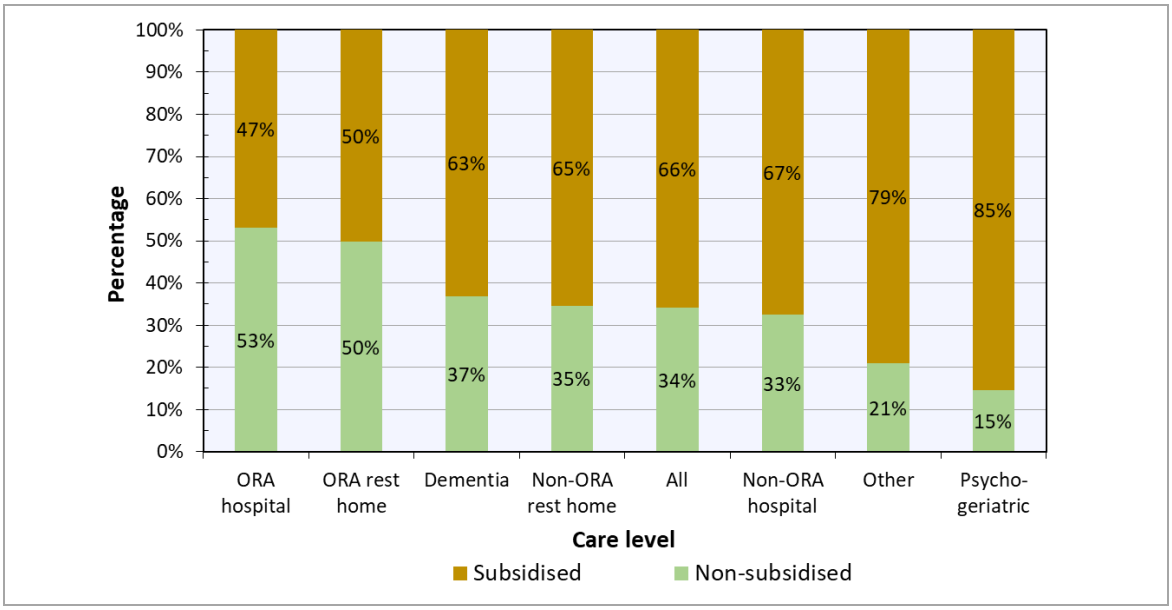

Figure 4.2: Subsidised and non-subsidised residents by care level and ORA/non-ORA bed

Trends in care levels

Since the Quarterly Bed Survey started in September 2013, the combination of residents receiving the higher care levels (hospital, dementia and psychogeriatric) has come to outnumber those receiving rest home care. This is illustrated in Figures 4.3 and 4.4. In March 2014, there were 15,823 rest home residents (Figure 4.3) – 49% of total ARC residents. Those at the higher care levels make a combined total of 16,488, or 51% of total residents. Over the four years to March 2018, rest home resident numbers declined by 1.1%, to 15,654. They now comprise 46% of the total. In contrast, the number of residents at the higher care levels combined grew 10.3%, to 18,185, and these now comprise 54% of total residents (Figure 4.4).

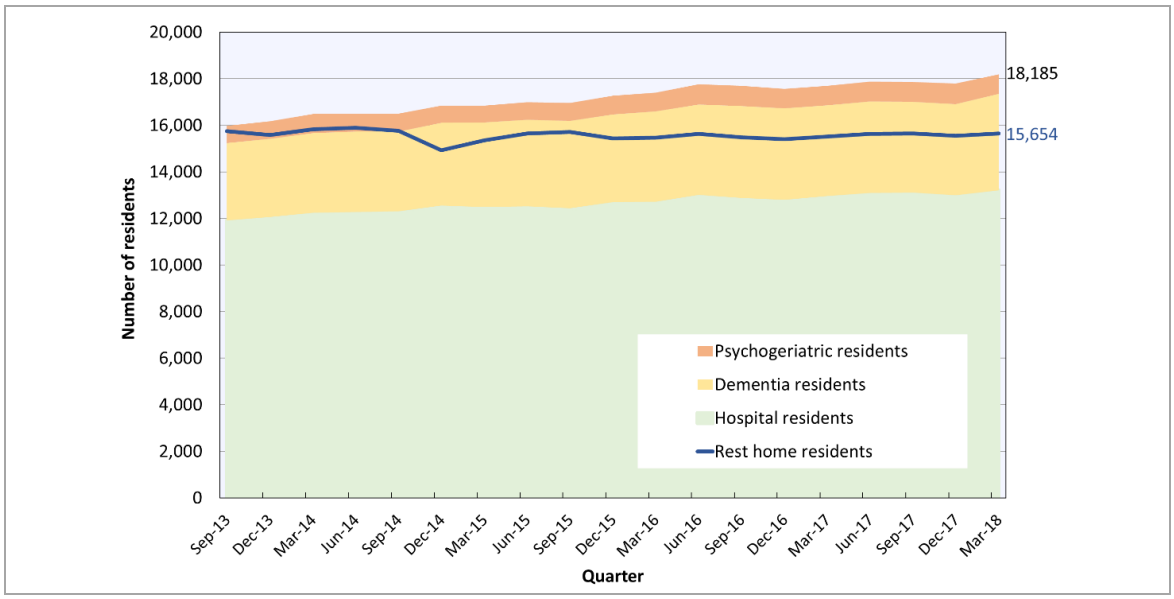

Figure 4.3: ARC residents by care level 2013–2018

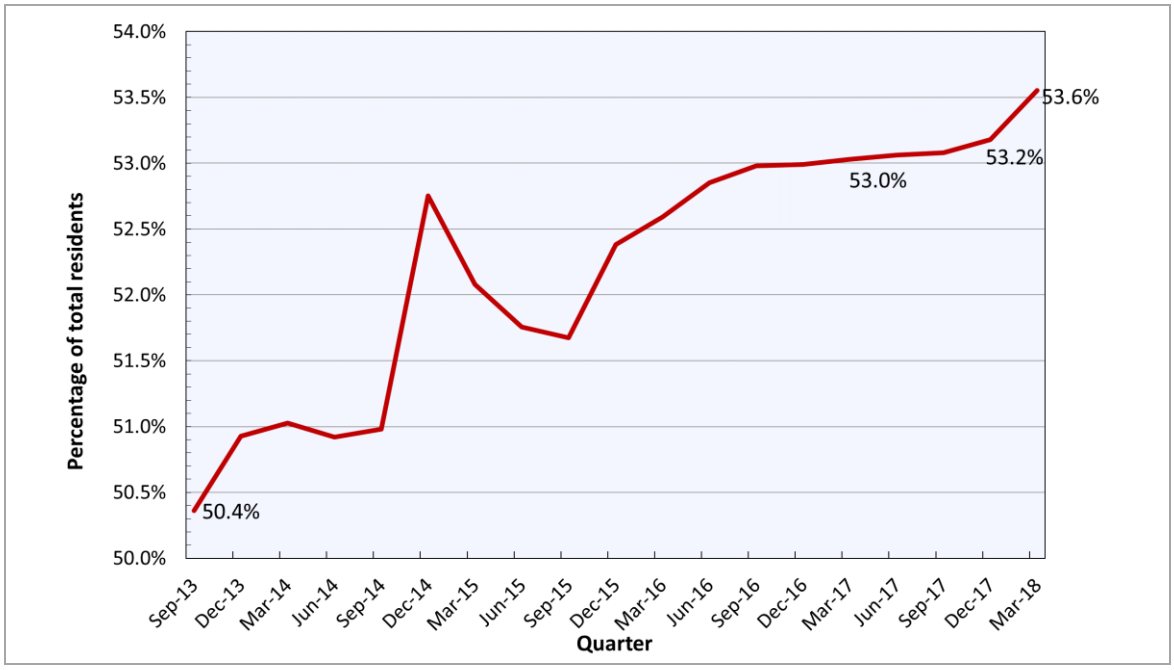

Figure 4.4: National hospital, dementia and psychogeriatric residents as a percentage of total 2013–2018

DHB regional contrasts in residents at the higher care levels as a percentage of total residents are shown in Figure 4.5. It is notable that there is a much higher percentage of residents at the higher care levels in some regions than others. At the high end are the Waitemata (62%), Auckland (61%) and Counties Manukau (60%) DHB regions. At the lower end are the Whanganui (43%), Lakes (42%), and Taranaki (37%) DHB regions. This raises questions over whether residents in some regions are receiving the level of care they need. This question is examined in more detail in the NZACA's recent report *Caring for our older Kiwis: The right place, at the right time* (April 2018). This report is available for download at www.nzaca.org.nz.

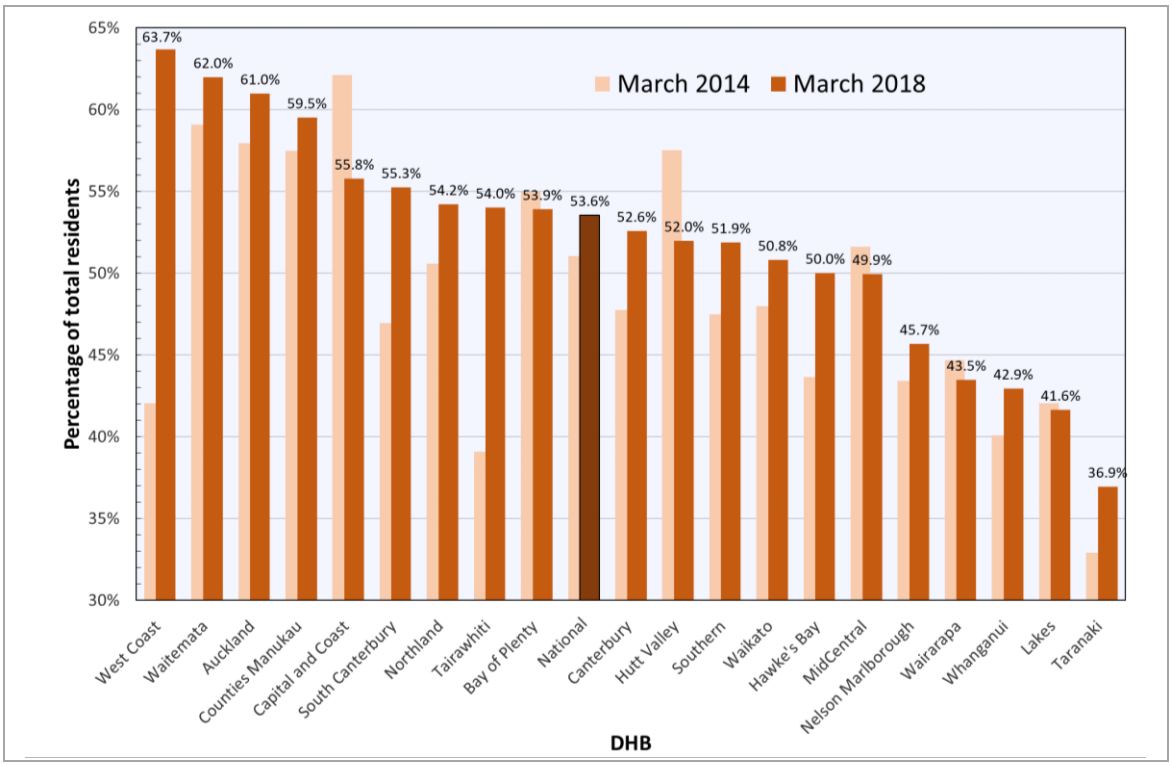

Figure 4.5: Hospital, dementia and psychogeriatric residents as a percentage of total residents by DHB, March 2014 and March 2018

Occupancy

Occupancy at a national and DHB regional level is investigated in this chapter from two data sources. Occupancy information from 2014 to 2018 is sourced from Quarterly Bed Survey. Historical data from NZACA Member Profiling Surveys allow for trend analysis for 2013 and prior.

Overall occupancy

The national occupancy figure at 31 March 2018 is 87.9% (Figure 5.1, red line). This is up 1.0% from the 86.9% recorded in 31 December 2017. Underlying this shift is a 1.5% increase in residents over the quarter (to 33,956) that has outstripped a 0.4% increase in beds (to 38,621).

There has been a 1.9% increase in occupancy rate since March 2017. This increase is driven by a 1.7% increase in residents against a 0.5% decrease in beds over the year. However, occupancy remains down on where it stood in March 2014 – 88.7%.

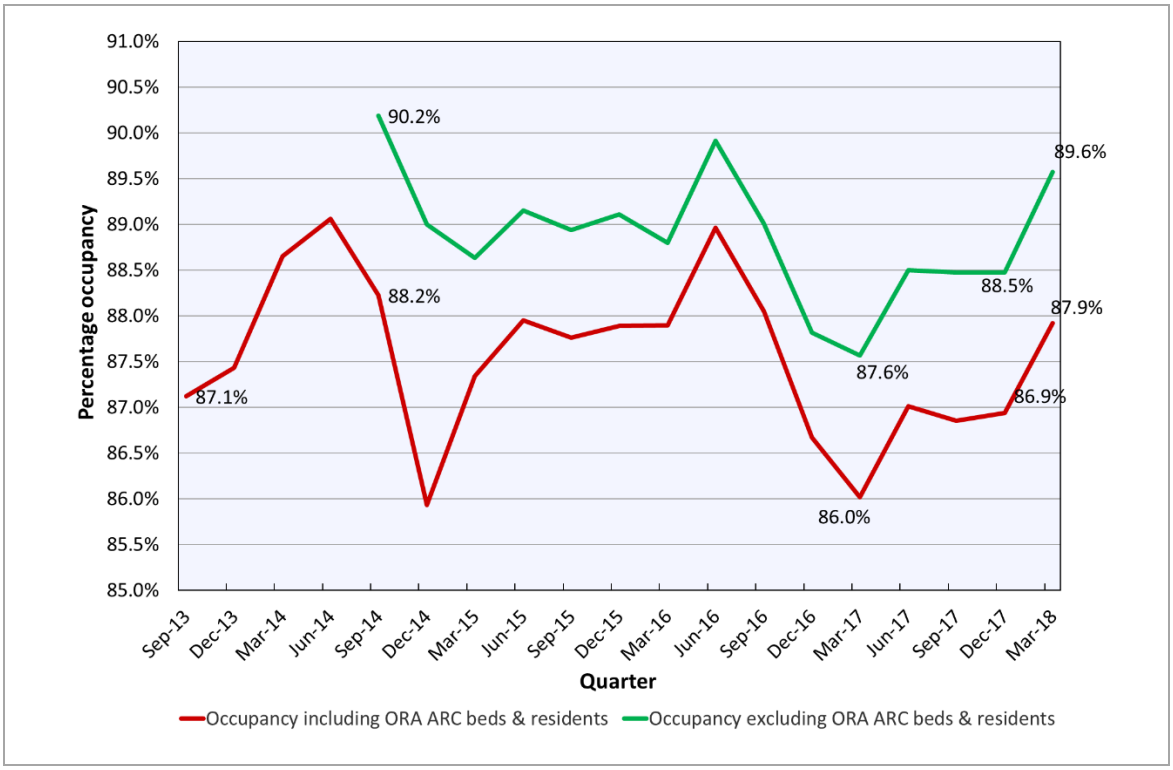

Figure 5.1: Occupancy rate with and without ORA ARRC beds and residents

The quarterly reporting data allows the ORA ARRC-certified beds and residents occupying these beds to be excluded from occupancy calculations. Figure 5.1 shows the occupancy rate with ORA ARRC-certified bed and residents excluded (green line). This stands at 89.6%, up from 88.5% in December 2017.

For the thirteen-year period from 2005 to 2018 (Figure 5.2), overall occupancy has decreased over the last 10 years. In 2008 it stood at 93%, which approaches nominal full occupancy (95%). However, occupancy has been below 90% since the current Quarterly Bed Survey began

in September 2013. Since March 2017, as noted above, there has been something of a recovery in occupancy.

Figure 5.2: Thirteen-year trend in overall occupancy

Occupancies across the different service types for each DHB region are shown in Table 5.1.

Table 5.1: Occupancy across each DHB region for service types excluding ORAs, March 2018

DHB	Service (excluding ORAs)							Overall occupancy excluding ORAs
	Dedicated rest home beds	Dedicated hospital beds	Dual service beds	Dementia beds	Psycho-geriatric beds	Dedicated YPD beds	Other beds	
Northland	89.7%	96.2%	95.9%	93.6%	85.0%		50.0%	93.2%
Waitemata	88.4%	95.5%	89.7%	88.2%	93.8%			90.4%
Auckland	88.9%	94.1%	91.5%	89.9%	89.6%	100.0%	75.0%	91.3%
Counties Manukau	95.3%	91.5%	92.3%	96.8%	94.6%		78.6%	93.1%
Waikato	88.1%	84.6%	87.9%	80.8%	98.9%	100.0%	26.7%	86.2%
Lakes	86.5%	73.2%	81.3%	84.8%	93.3%		0.0%	81.7%
Bay of Plenty	92.8%	86.2%	84.8%	90.0%	86.7%	66.7%	45.5%	87.6%
Tairawhiti	78.7%	83.3%	95.5%	80.0%				87.7%
Taranaki	84.8%	81.7%	86.0%	76.8%	87.0%			83.9%
Hawke's Bay	94.4%	96.9%	89.6%	94.6%	87.0%	100.0%	100.0%	93.4%
MidCentral	81.0%	89.9%	87.6%	90.8%	94.4%		53.3%	86.2%
Whanganui	87.6%	90.0%	85.8%	91.4%	70.0%		86.7%	87.4%
Capital and Coast	90.1%	86.0%	91.4%	77.7%	75.0%		75.0%	87.3%
Hutt Valley	96.6%	92.6%	91.2%	92.2%	84.8%	100.0%	91.7%	92.5%
Wairarapa	84.2%	91.5%	87.3%	98.3%			0.0%	87.9%
Nelson Marlborough	88.3%	91.4%	86.0%	81.6%	100.0%	100.0%	100.0%	87.0%
West Coast	88.6%	98.4%	94.8%	100.0%				95.5%
Canterbury	90.2%	88.5%	89.9%	93.6%	96.5%	33.3%	0.0%	90.5%
South Canterbury	92.0%	97.2%	92.8%	100.0%	92.0%		80.0%	93.5%
Southern	93.4%	94.4%	89.4%	85.1%	96.6%	0.0%	25.0%	91.3%
National	**89.8%**	**90.5%**	**89.4%**	**88.4%**	**91.5%**	**71.7%**	**65.6%**	**89.6%**

Care facility occupancy ranges

Thirty-six per cent of care facilities are at 'full' occupancy, as it is conventionally termed in the industry – that is, they have an occupancy of 95% or more (Figure 5.3). This includes the 13% of care facilities that have 100% occupancy. These percentages are lower than in March 2014, when 38% of care facilities were at full occupancy (17% at 100% occupancy).

Thirty-two per cent of care facilities now have occupancy in the range 85–94.9%, a similar percentage to March 2014. Also, there are 17% in the 75–84.9% range (up from 14% in 2014) and 11% in the 65–74.9% range (up from 7% in 2014).

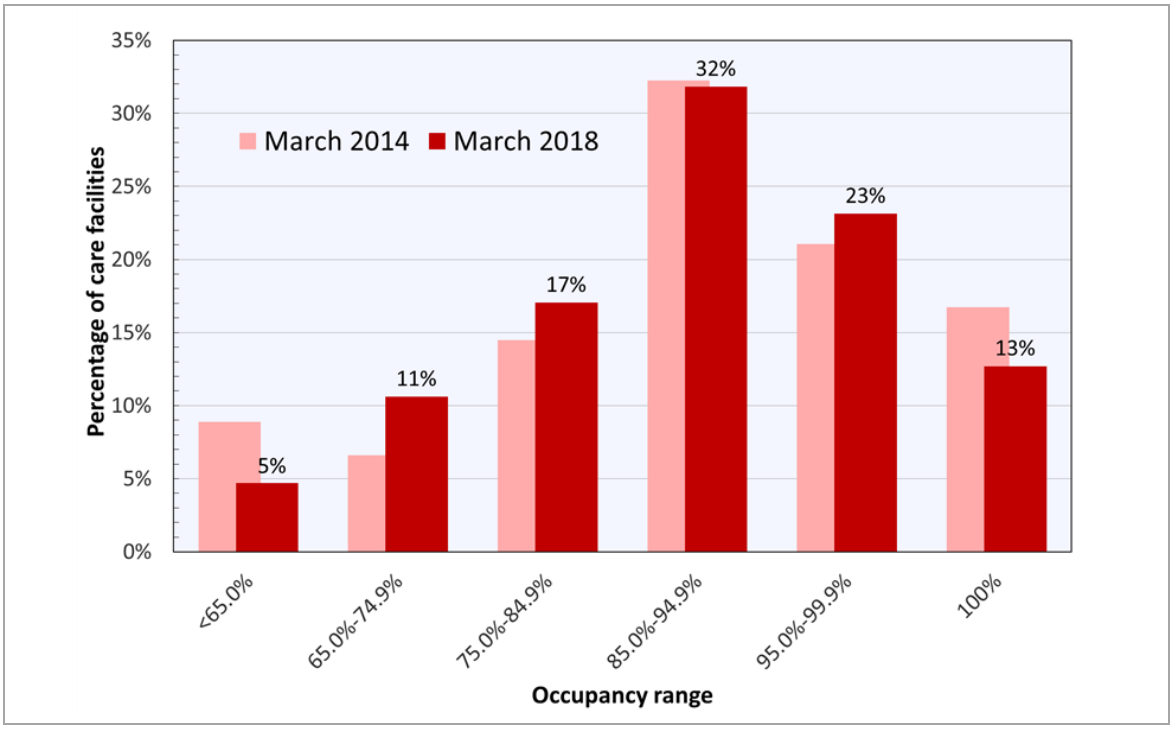

Figure 5.3: Percentage of care facilities within each occupancy band for 2014 and 2018

Occupancy range by DHB

Table 5.2 presents data on the range of occupancies within each DHB region at March 2018.

Table 5.2: Range of overall occupancy across each DHB region, March 2018

DHB region	Minimum	10th percentile	Lower quartile	Median	Mean	Upper quartile	90th percentile	Maximum
Northland	62.9%	69.0%	75.1%	82.2%	93.4%	91.0%	99.1%	100.0%
Waitemata	70.8%	79.6%	83.2%	88.5%	89.5%	91.3%	92.6%	95.0%
Auckland	38.3%	72.8%	82.9%	93.3%	90.6%	98.0%	100.0%	100.0%
Counties Manukau	50.0%	82.8%	87.3%	92.3%	90.5%	97.6%	98.5%	100.0%
Waikato	55.0%	61.1%	69.2%	83.1%	84.9%	90.9%	95.8%	100.0%
Lakes	65.9%	68.9%	74.9%	77.8%	80.8%	84.1%	92.4%	95.1%
Bay of Plenty	58.0%	72.3%	79.7%	91.8%	87.2%	96.4%	99.4%	100.0%
Tairawhiti	65.0%	76.1%	85.9%	95.0%	88.6%	98.7%	100.0%	100.0%
Taranaki	45.5%	56.7%	72.9%	87.8%	80.5%	97.2%	98.4%	99.2%
Hawke's Bay	55.0%	78.4%	86.7%	93.6%	90.3%	97.8%	100.0%	100.0%
MidCentral	56.7%	76.9%	81.3%	85.7%	85.8%	94.0%	97.8%	100.0%
Whanganui	88.6%	90.7%	93.8%	95.6%	86.8%	100.0%	100.0%	100.0%
Capital and Coast	32.6%	70.6%	76.6%	84.8%	85.5%	94.4%	98.5%	100.0%
Hutt Valley	65.5%	73.2%	87.0%	93.1%	90.5%	96.0%	99.3%	100.0%
Wairarapa	38.9%	68.6%	75.9%	86.3%	85.5%	94.7%	98.0%	100.0%
Nelson Marlborough	32.6%	70.3%	81.2%	91.7%	81.6%	96.8%	100.0%	100.0%
West Coast	60.0%	77.0%	87.2%	93.9%	95.5%	98.0%	100.0%	100.0%
Canterbury	48.4%	68.4%	78.4%	92.1%	87.8%	96.8%	100.0%	100.0%
South Canterbury	68.8%	89.3%	94.4%	97.0%	92.0%	100.0%	100.0%	100.0%
Southern	50.0%	86.4%	89.8%	91.7%	90.6%	97.0%	100.0%	100.0%
National	**65.3%**	**69.5%**	**73.4%**	**87.5%**	**87.9%**	**95.9%**	**98.7%**	**98.9%**

Care facility services

ARC facilities are funded under their ARRC Services Agreement with their DHB to provide specified age-related residential care services. Increasingly, people entering care facilities are willing to pay for additional services, offered by care facilities, which are not funded under the ARRC Services Agreement. These services are explored in this chapter.

This chapter also discusses the co-location of ARC facilities with retirement villages and certified units.

Additional service and accommodation options

The majority of ARC facilities in 2017 – some 85% – now have agreements with some of their residents to pay for additional services and/or accommodation options (Figure 6.1). This is strongly up from the 66% recorded in the previous Member Profiling Survey in 2014. It continues the trend in the percentage of care facilities offering additional service and/or accommodation options, going back to 2006 (Figure 6.1).

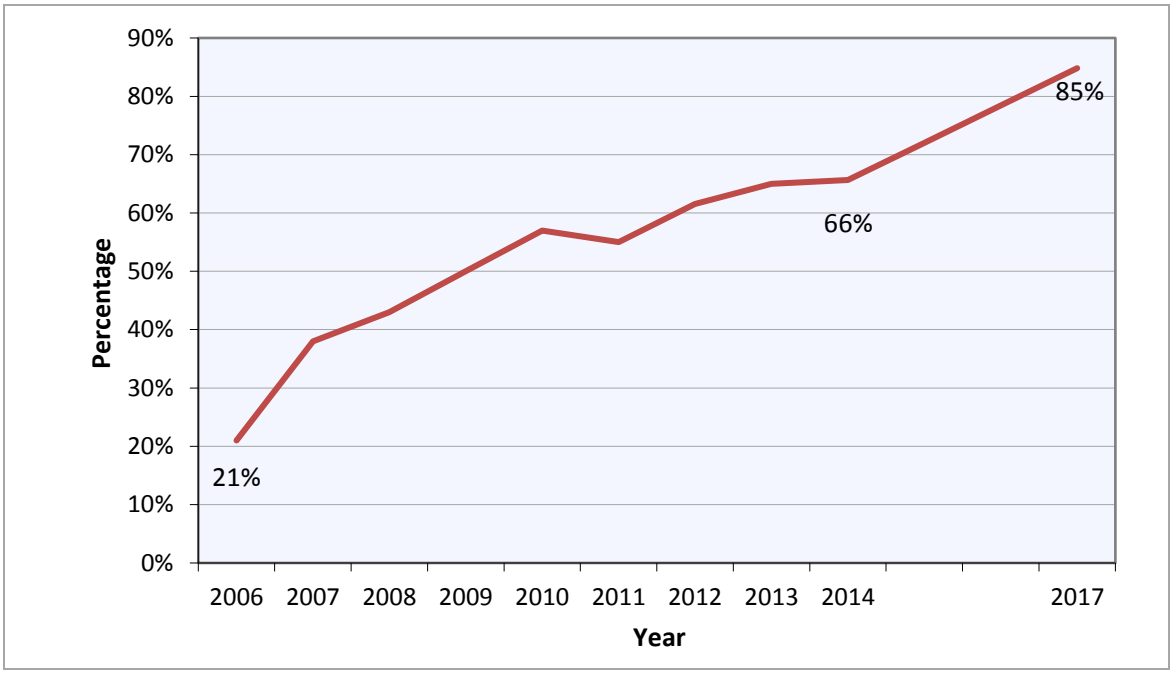

Figure 6.1: Percentage of ARC facilities with agreements with their residents to pay for additional service and/or accommodation options

Differences in the percentage between care facilities of different ownership types and whether they offer additional services and/or accommodation options are shown in Figure 6.2. The percentage offering additional service and accommodation options is nearly 100% among care

facilities that belong to publicly listed groups. In contrast, only 52% under individual/private ownership offer these services.

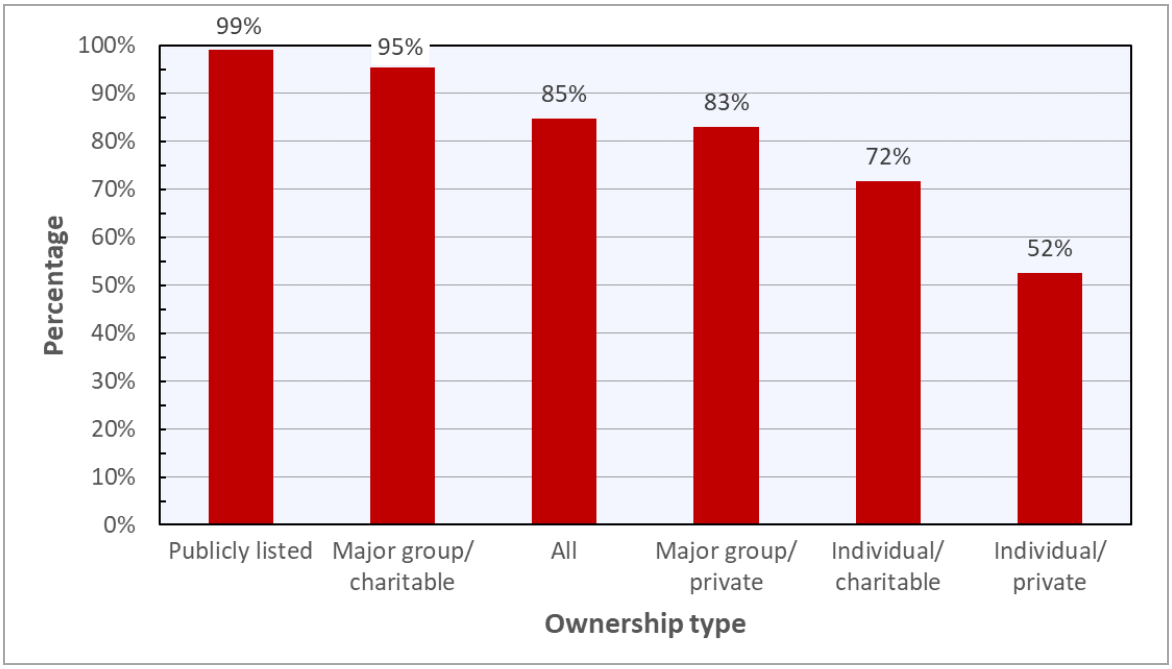

Figure 6.2: Percentage of ARC homes with agreements with their residents to pay for additional service and/or accommodation options by ownership

Additionally, a further one per cent of respondents in 2017 indicated they were currently assessing whether to introduce additional service options.

The 85% of care facilities that offer charged-for services have agreements to pay for extra service or premium accommodation with 63% of their residents – that is, 37% of their residents do not pay any additional charges.

The median typical daily fee paid for additional service and/or accommodation options is $17 (Table 6.1). Some 50% of those care facilities offering these additional service options charge a typical daily fee of between $10 and $26. Table 6.1 presents these figures for individual care facilities and those belonging to major groups.

Table 6.1: Typical daily fees for additional service and/or accommodation options, 2017

	Care facility ownership		
	Individual	Major group	All
Lower quartile	$8	$12	$10
Median	$12	$20	$17
Upper quartile	$18	$26	$26

Respondents were asked to indicate the additional service and accommodation options offered to their residents. These are listed in Table 6.2, together with the percentage of care facilities offering each in 2014 and 2017.

The most commonly offered additional service or accommodation option was an ensuite (91% of respondents). The second most commonly offered was a larger room.

Table 6.2: Percentage of care facilities with additional service and accommodation options available for residents to purchase in 2014 and 2017

Service	2014	2017	Difference
Ensuites	88%	91%	3%
Larger rooms	78%	84%	7%
Internet access	-	35%	-
Physio/OT/massage options	49%	30%	-19%
Premium continence products	40%	28%	-12%
Entertainment	41%	27%	-14%
Subscription TV including satellite/cable TV	47%	22%	-26%
Private gardens	12%	12%	0%
Rehabilitation (e.g. gym, hydro spa)	23%	9%	-14%
Premium accommodation in an ORA	15%	6%	-9%
Premium meals	12%	3%	-10%
Other	7%	3%	-5%
Common amenities (e.g. café, theatre)	7%	2%	-5%
Alcohol/drink service	20%	2%	-17%

Respondents who do not currently offer charged-for services were asked about their reasons for not doing so. These include

- age/design of care facility (cited by 49% of those not offering charged-for services)
- governance/management is opposed to premium charges (35%)
- socio-economic status of clientele (33%)
- market forces (17%).

Premium and standard rooms

In 2017, 65% per cent of respondent care facilities operated a combination of premium and standard rooms, while 17% had all standard rooms and 18% all premium rooms (Figure 6.3). A standard room is one of up to 11m^2, without an ensuite, for which the resident does not pay any fees above the TLA rest home rate.

As shown in Figure 6.3, there has been a significant increase in premium room-only care facilities. Eighteen per cent of respondent care facilities were in this category in 2018, compared to only 5% in 2014. Concomitant with this shift has been a fall in standard-room-only care facilities; 17% of facilities are in this category, compared to 28% in 2014.

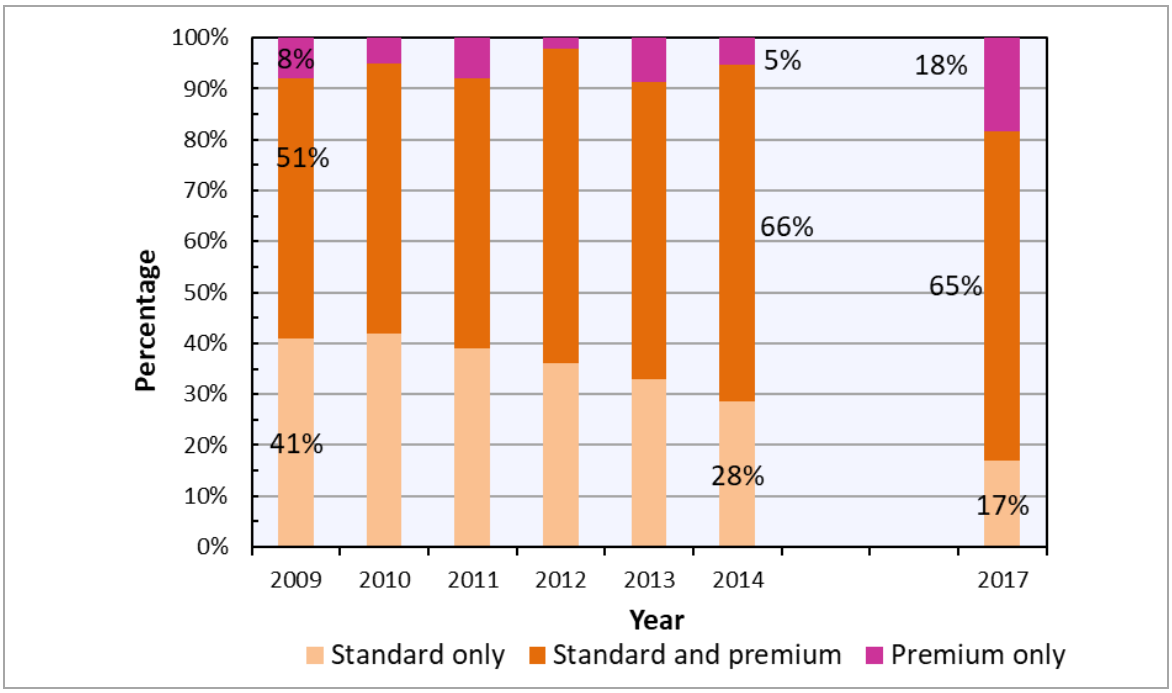

Figure 6.3: Proportion of care facilities providing room types between 2009 and 2017

The percentages of care facilities offering each combination of room types are shown in Figure 6.4 by ownership type.

- Care facilities belonging to publicly listed groups have the highest percentage of premium room-only care facilities (33%).
- Individual/privately owned facilities have the lowest percentage of premium-room-only care facilities (7%) and the highest percentage of standard-room-only care facilities (37%).

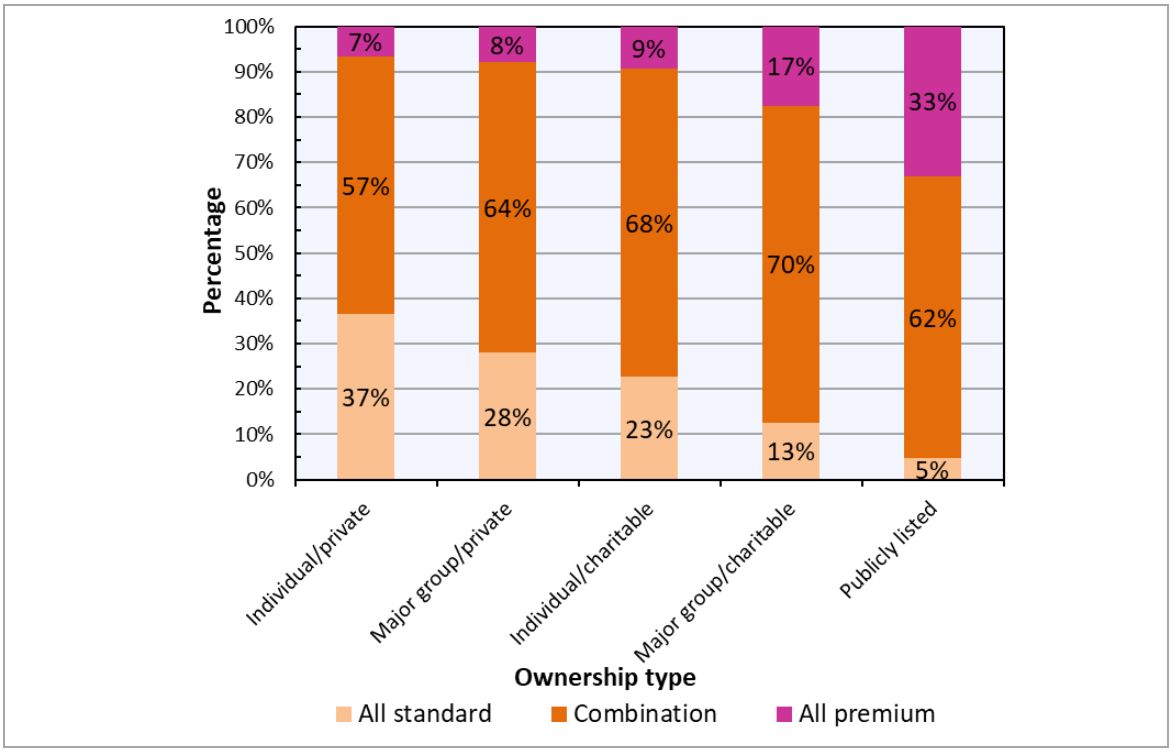

Figure 6.4: Proportion of care facilities in 2017 providing bed types by ownership type

Fifty-one per cent of rooms provided at respondents' care facilities are premium rooms, compared to 49% of rooms being standard rooms.

The long-term trend in split in supply between standard and premium rooms is shown in Figure 6.5. In 2009 most rooms were standard (69%) and a minority were premium (31%). The 2017 NZACA Survey indicates this has reversed; a (small) majority of rooms are now premium (51%) and a minority are standard (49%).

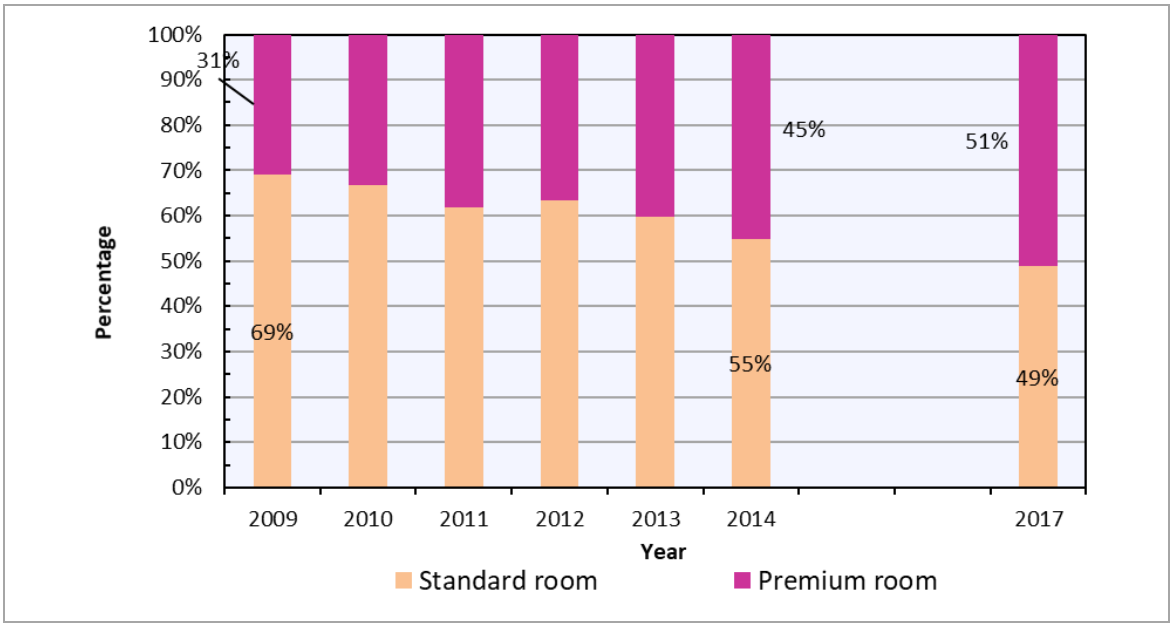

Figure 6.5: Proportion of premium to standard rooms between 2009 and 2017

Room size

Respondents were asked about the average size of a premium and standard room at their care facility; the results of this question are summarised in Table 6.3.

- The median size of room that respondents classify as standard is 12m^2. The lower quartile is 11m^2 and the upper quartile 14m^2.
- The median size of room that respondents classify as premium is 15m^2, the lower quartile is 12.5m^2 and the upper quartile 20m^2.

Table 6.3: Size of rooms at care facility

	Standard rooms (m^2)	Premium rooms (m^2)
Lower quartile	11	12.5
Median	12	15
Upper quartile	14	20

ORA units/apartments/rooms or retirement village units

Forty-two per cent of respondents operate ORA units/apartments/rooms or retirement village units (referred to hereafter as "ORA units") on the same site as their ARC facilities (up from 41% in 2014).

Figure 6.6 illustrates the variation in of care facilities co-located with ORA units across the ownership types. Among facilities owned by publicly listed major groups, that figure is as high as 74%, but it is only 17% among major group/charitable care facilities.

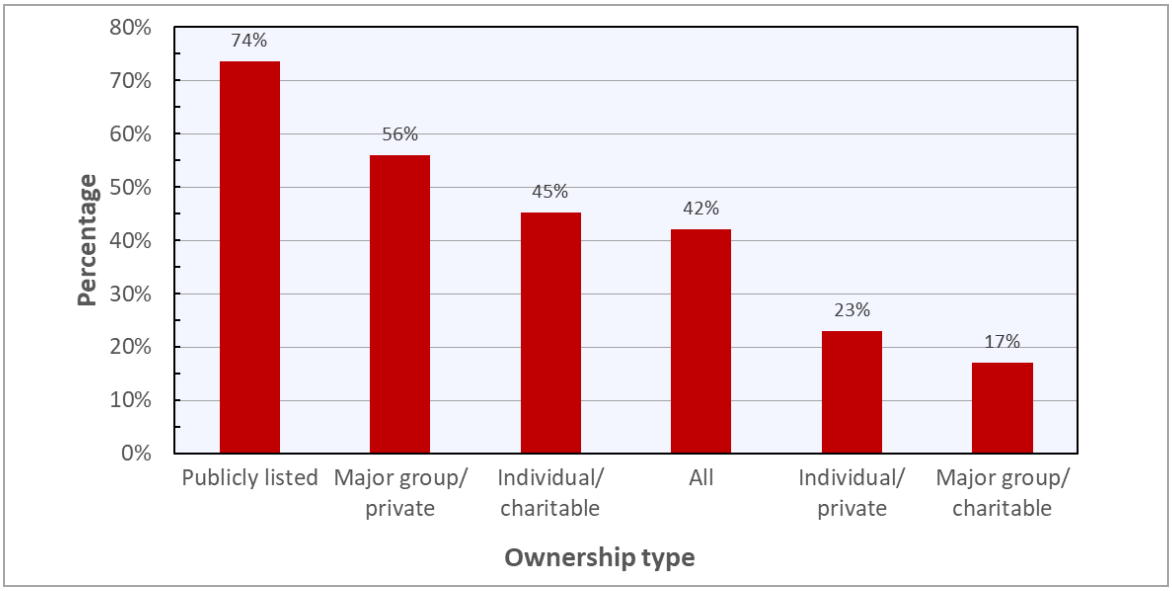

Figure 6.6: Co-location of care facilities with ORA units across ownership types

Of the 12,801 units represented in the NZACA Survey, 12%, or 1,590 units, were certified to provide care under the ARRC Services Agreement (known as "ORA ARRC-certified units"). In other words, 12% of the ORA units co-located with ARC facilities give residents the opportunity to age in place by receiving rest home, hospital or dementia level care into their own home at the same level of care they would receive if they were in an ARC facility.

Of the ORA ARRC-certified units, 55% of the units were occupied by someone currently receiving care under the ARRC Services Agreement. Sixty-three per cent of these people in ORA ARRC-certified units were receiving rest home level care and 29% per cent were receiving hospital level care.

Homecare services

Six per cent of respondents offered homecare services to people in their local community. This percentage is higher among individual care facilities (10%) than among those belonging to a major group.

Respite services

Ninety-six per cent of care facilities offered respite services. The percentage is higher among facilities belonging to major groups (99%) than it is among individual care facilities (93%).

Day care services

Sixty-two per cent of care facility respondents offered day care services. This percentage is slightly lower among individual care facilities (60%) than among major group care facilities (63%).

ARC workforce

The NZACA Survey analysed 16 staff categories of the ARC workforce. These 16 categories are split into two broad groups: care and non-care staff.

- 'Care staff' refers to employees working directly with residents and their needs: nurse/clinical managers, registered nurses, enrolled nurses, caregivers, diversional therapists, occupational therapists and physiotherapists.
- 'Non-care staff' refers to employees who do not have direct contact with residents and their care needs: facility managers, office administration staff, chefs (qualified), cooks (unqualified), kitchen hand staff, garden/maintenance staff, cleaning staff, laundry staff and home assistants.[5]

While care facilities may employ other types of staff, they are not included in this survey. Only staff directly employed at care facilities are included. Those engaged in contract work are excluded.

Staff

A total of 23,253 staff members were employed across the 16 staff categories by the 363 care facilities providing employment data. The breakdown of employees by category is shown in Table 7.1.

Table 7.1: Workforce in respondents' care facilities by staff category

Staff category		Number of staff in sample	Number of staff vacancies today	Number of staff departures past 12 months	Turnover rate	Average number of staff/ resident	Average number of staff/care facility
Care staff	Nurse/clinical manager	840	8	131	15.6%	0.4	2.3
	Registered nurse	2,723	96	1,029	37.8%	1.3	7.5
	Enrolled nurse	334	0	66	19.8%	0.2	0.9
	Caregiver	12,131	147	3,228	26.6%	5.8	33.4
	Diversional therapist	1,090	40	197	18.1%	0.5	3.0
	Occupational therapist	24	1	-	-%	0.0	0.1
	Physiotherapist and assistant	45	0	16	35.6%	0.0	0.1
	Total care staff	**17,187**	**292**	**4,667**	**27.2%**	**8.2**	**47.3**
Non-care staff	Facility manager	358	1	45	12.6%	0.2	1.0
	Office administration staff	690	5	142	20.6%	0.3	1.9
	Chef (qualified)	157	0	55	35.0%	0.1	0.4
	Cook (unqualified)	512	9	146	28.5%	0.2	1.4
	Kitchen hand	1,334	12	487	36.5%	0.6	3.7
	Gardening/maintenance staff	676	4	153	22.6%	0.3	1.9
	Cleaning staff	1,543	17	412	26.7%	0.7	4.3
	Laundry staff	603	2	128	21.2%	0.3	1.7
	Home assistants	194	0	31	16.0%	0.1	0.5
	Total non-care staff	**6,066**	**50**	**1,599**	**26.4%**	**2.9**	**16.7**
Total staff		**23,253**	**342**	**6,266**	**26.9%**	**11.1**	**64.1**

[5] Home assistants (new to the 2017 survey) carry out non-care roles – for example, to set tables, help with serving of meals, cups of tea, clearing tables, shut curtains, turn back beds and hang up clothes.

We can estimate the total number of workers in ARC by scaling up respondents' staff according to their share of total residents in the industry. This suggests there are approximately 36,000 workers (full time and part time) in the ARC industry.

Care workforce

Caregivers accounted for the largest proportion of the care staff in 2017 (71%) (Figure 7.1). Registered nurses made up 16% of the care workforce, followed by diversional therapists, accounting for 6% of the care workforce.

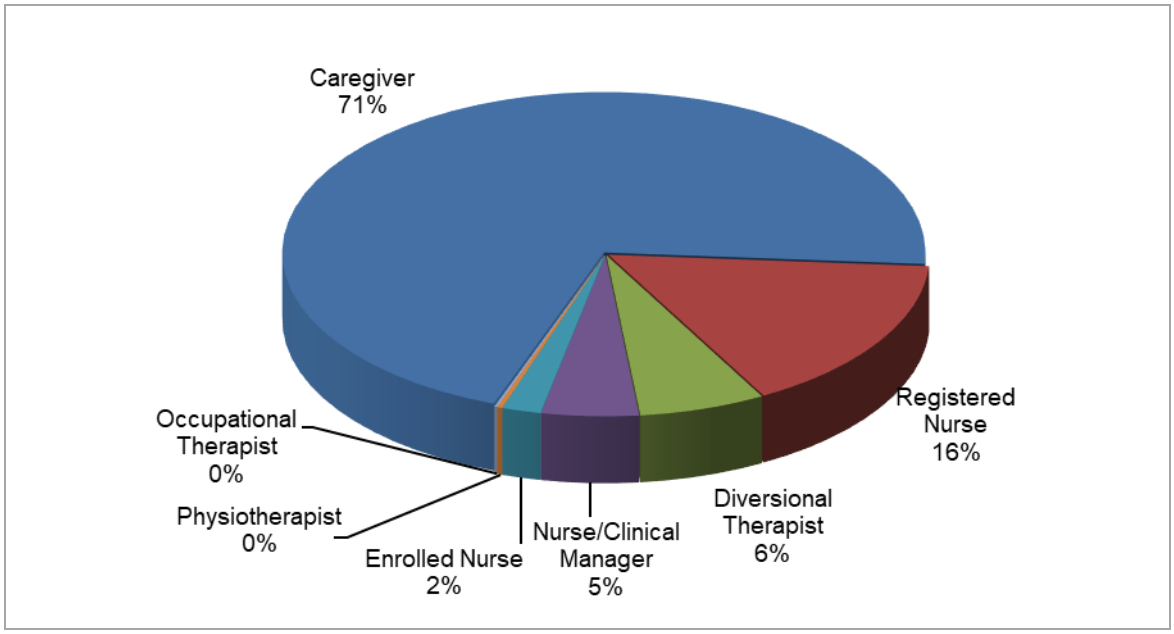

Figure 7.1: Composition of the care staff workforce in 2017

Annual turnover

Annual turnover is the number of staff members who departed in the previous twelve months within a particular staff category, expressed as a percentage of the employees in that staff category. Turnover across all staff categories in 2017 was 27%. This is a considerable increase from the turnover of 21% recorded in the 2014 NZACA Member Profiling Survey. This increase reverses a trend of declining turnover, which was observed up to 2014 (Figure 7.2).

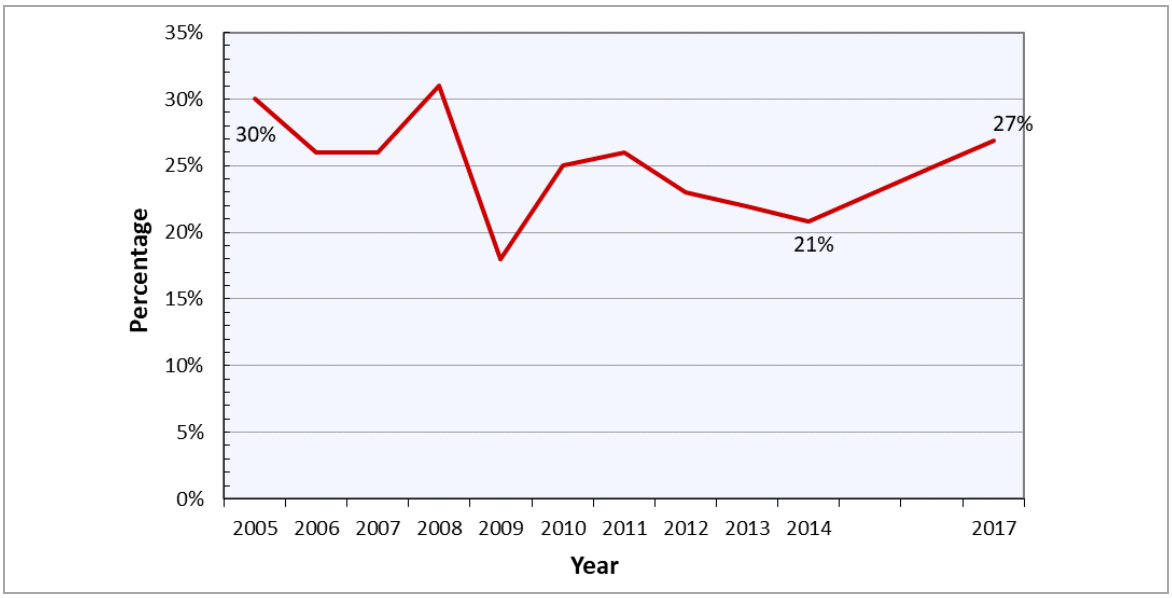

Figure 7.2: Twelve-year trend in annual turnover of the ARC workforce

Annual turnover by staff category is shown in Table 7.2 below. As well as the 2017 turnover figures, the table presents 2014 survey results to show how turnover has shifted over the last three years.

Overall the increase in turnover is greater for non-care staff (from 16% in 2014 to 26% in 2017) than for care staff (from 23% in 2014 to 26% in 2017). We note that the official unemployment rate in December 2017 was at 4.5%, down from 5.5% in December 2014. Therefore, a greater range of competing employment opportunities may have affected turnover in the industry.

Turnover by staff category is shown in Table 7.2 for both 2014 and 2017.

- The staff category with the highest turnover rate recorded in the NZACA Survey is the registered nurse category, at nearly 38%. This represents a jump of 16% points from the 22% turnover in 2014.
- Turnover of caregivers has also increased; at 27% this is above the 24% recorded in 2014.
- Turnover of nurse/clinical managers is relatively low, at 16% in 2017. This is the only staff category to record a reduction in turnover since 2014, when it stood at 20%.
- Turnover of non-care staff has also increased. For example, kitchen hand turnover, at 37%, is up 12% points from 2014.

Table 7.2: Annual turnover of staff in respondents' ARC facilities in 2014 and 2017

Staff category		2014	2017	Shift
Care staff	Nurse/clinical manager	20.2%	15.6%	-4.6%
	Registered nurse	21.5%	37.8%	16.3%
	Enrolled nurse	18.0%	19.8%	1.8%
	Caregiver	23.8%	26.6%	2.8%
	Diversional therapist	16.3%	18.1%	1.8%
	Occupational therapist	20.5%	-	-
	Physiotherapist and assistant	5.9%	35.6%	29.7%
	Total care staff	**22.6%**	**27.2%**	**4.6%**
Non-care centre staff	Facility manager	5.7%	12.6%	6.9%
	Office administration staff	9.4%	20.6%	11.2%
	Chef (qualified)	28.1%	35.0%	7.0%
	Cook (unqualified)	17.9%	28.5%	10.7%
	Kitchen hand	25.1%	36.5%	11.5%
	Gardening/maintenance staff	14.7%	22.6%	7.8%
	Cleaning staff	15.6%	26.7%	11.1%
	Laundry staff	13.3%	21.2%	8.0%
	Home assistants	-	16.0%	-
	Total non-care staff	**16.3%**	**26.4%**	**10.1%**
Total staff		**20.8%**	**26.9%**	**6.1%**

Vacancies

Vacancies refer to the number of unfilled positions within an ARC facility on the day they responded to this survey in November/December 2017. This gives a snapshot of vacancies.

The number of vacancies reported in the NZACA Survey by staff category is shown in Table 7.3. A total of 342 vacancies were reported. Overall, 1.4% of all staff positions were reported as vacant at the time of surveying.[6]

Diversional therapists and registered nurses have the highest vacancies as a percentage of the assumed workforce (3.5% and 3.4% respectively).

[6] As a percentage of the assumed workforce; the assumed workforce is the total employed workforce plus the number of vacant positions.

Table 7.3 Vacancies in respondents ARC facilities by staff category

Staff category		Number of staff	Number of staff vacancies today	Assumed workforce	Vacancies as % of assumed workforce
Care staff	Nurse/clinical manager	840	8	848	0.9%
	Registered nurse	2,723	96	2,819	3.4%
	Enrolled nurse	334	0	334	0.0%
	Caregiver	12,131	147	12,278	1.2%
	Diversional therapist	1,090	40	1,130	3.5%
	Occupational therapist	24	1	25	4.0%
	Physiotherapist and assistant	45	0	45	0.0%
	Total care staff	**17,187**	**292**	**17,479**	**1.7%**
Non-care staff	Facility manager	358	1	359	0.3%
	Office administration staff	690	5	695	0.7%
	Chef (qualified)	157	0	157	0.0%
	Cook (unqualified)	512	9	521	1.7%
	Kitchen hand	1,334	12	1,346	0.9%
	Gardening/maintenance staff	676	4	680	0.6%
	Cleaning staff	1,543	17	1,560	1.1%
	Laundry staff	603	2	605	0.3%
	Home assistants	194	0	194	0.0%
	Total non-care staff	**6,066**	**50**	**6,116**	**0.8%**
Total staff		**23,253**	**342**	**23,595**	**1.4%**

Bureau/casual usage for care staff

Fifty-three per cent of respondents indicated they had used bureau/casual staff in the month prior to completing the NZACA Survey. This was down from the percentage of care facilities using bureau/casual staff in the 2014 Survey (57%). The long-term pattern in percentage of care facilities using bureau/casual staff is shown in Figure 7.3; this has varied between 50% and 60%.

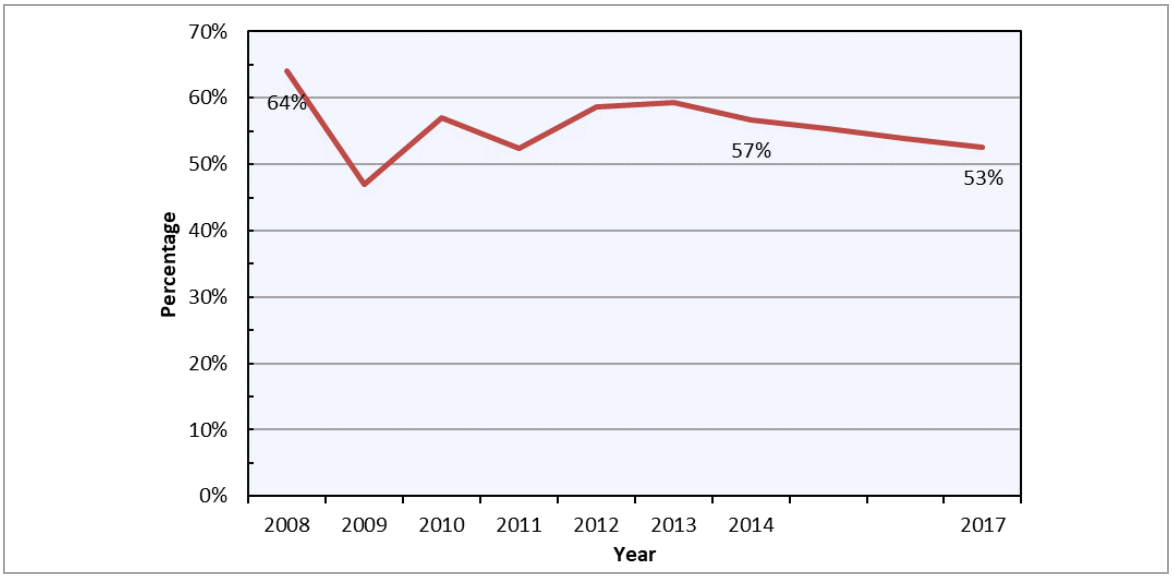

Figure 7.3: Percentage of respondents who had used bureau/casual staff in the month prior to completing the survey

Figure 7.4 illustrates the average number of bureau/casual staff hours used in the month prior to the survey being completed amongst those using them. Average hours are given for registered nurses, enrolled nurses and caregivers.

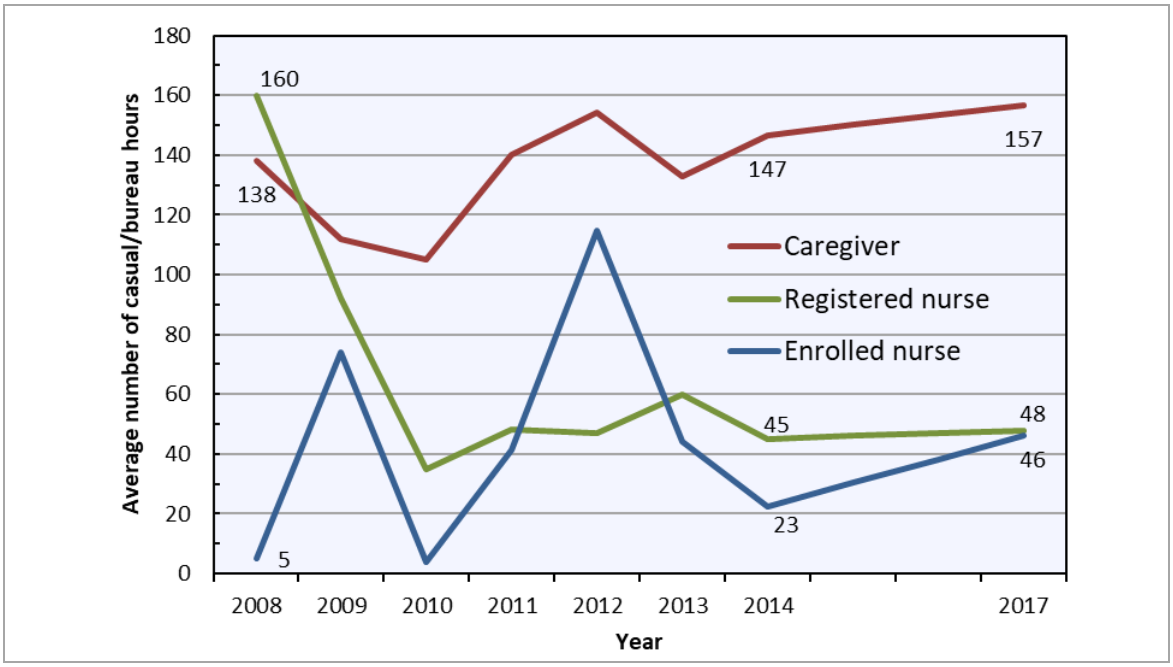

Figure 7.4: Average number of bureau/casual hours used in the previous month between 2006 and 2014

- In 2017, those care facilities using bureau/casual staff caregivers over the preceding month used these for an average of 157 hours. This is up on the 147 hours on average that was reported in the 2014 survey.
- Amongst the care facilities using bureau/casual registered nurses, the time was 48 hours over the last month in 2017, up from 45 in 2014.
- Hours worked by bureau/casual enrolled nurses over the preceding month amongst the care facilities using them was 46 in 2017 – double the 23 hours reported for 2014.

Immigration

ARC providers employ staff who have immigrated to New Zealand at their care facilities on a range of visa types. Frequently, when it comes time for these employees to renew their visas, ARC providers struggle to assist their staff to gain renewal. This is largely because they are required to submit to a 'labour market test' – that is, Immigration NZ must be satisfied that ARC providers have exhausted all avenues to find a New Zealander for the position. Also, frequently the provider has spent time and money to develop and upskill the individual for their role. In this section we seek to quantify the number of ARC staff employed on visas and the challenges faced by providers in attracting and retaining the service of international staff.

Members were asked how many directly employed staff live and work in New Zealand on visas of any type. Overall the percentage is 21%. In major group care facilities 27% of employees are on visas, and the figure for individual care facilities is 12%.

Regional variation can be seen in the percentage of the ARC workforce employed by individually owned care facilities on visas[7] (Figure 8.1). The DHB region with the highest percentage of workers on visas in individual care facilities is Auckland (24%), followed by Waitemata, with 23%, and Canterbury, with 20%. Individual care facilities in provincial regions tend to have a lower percentage of their employees on visas – examples are the Nelson Marlborough and Hawkes Bay DHB regions, both with around 5% on visas.

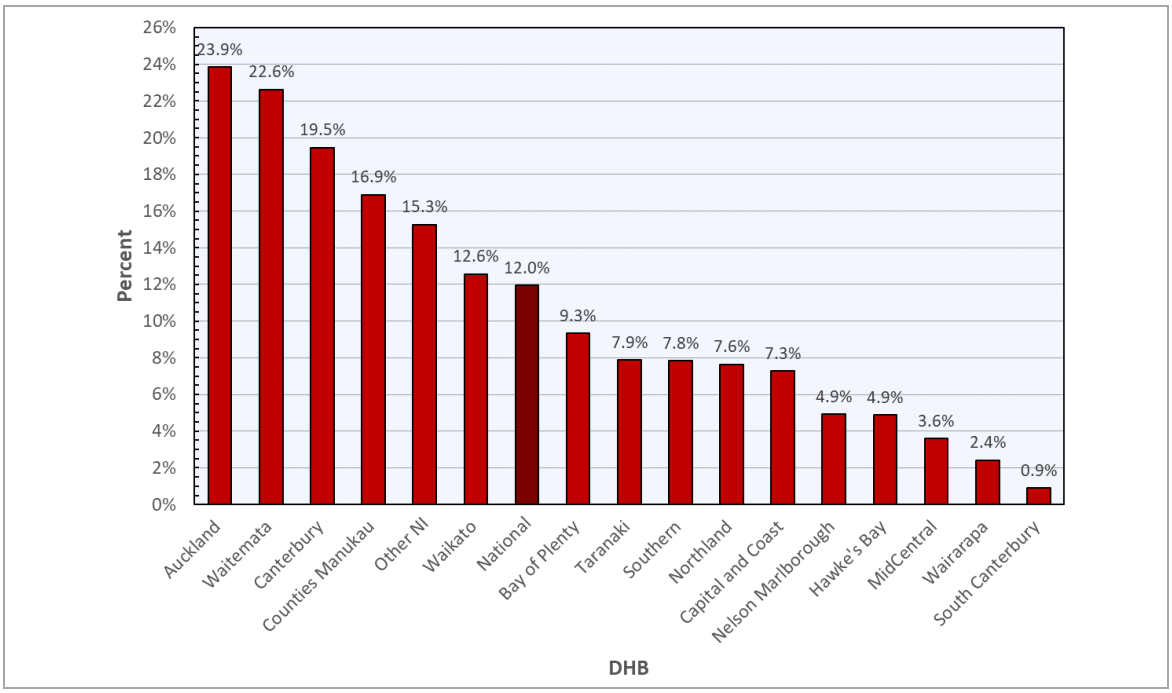

Figure 8.1: Percentage of individually owned care facility staff employed on a visa by DHB region
Note: 'Other NI (North Island)' DHBs are Hutt Valley, Lakes, Tairawhiti, and Whanganui. DHB level results are not shown for confidentiality reasons. West Coast is not shown for this reason

Survey respondents were asked about their recent experience in recruiting and retaining staff on a visa. Among care facilities with staff on visas which expired in last year, 40% had

[7] Facility-level data about employed staff on visas was not provided by sufficient major groups to include these in the DHB-level regional analysis.

employees who were able to renew their visas without undue delays or difficulties (Figure 8.2). This was exceeded by the 63% who experienced excessive delay and/or management effort when assisting an employee to renew their visa. Sixteen per cent of respondents had the experience of staff trying but failing to renew visas.

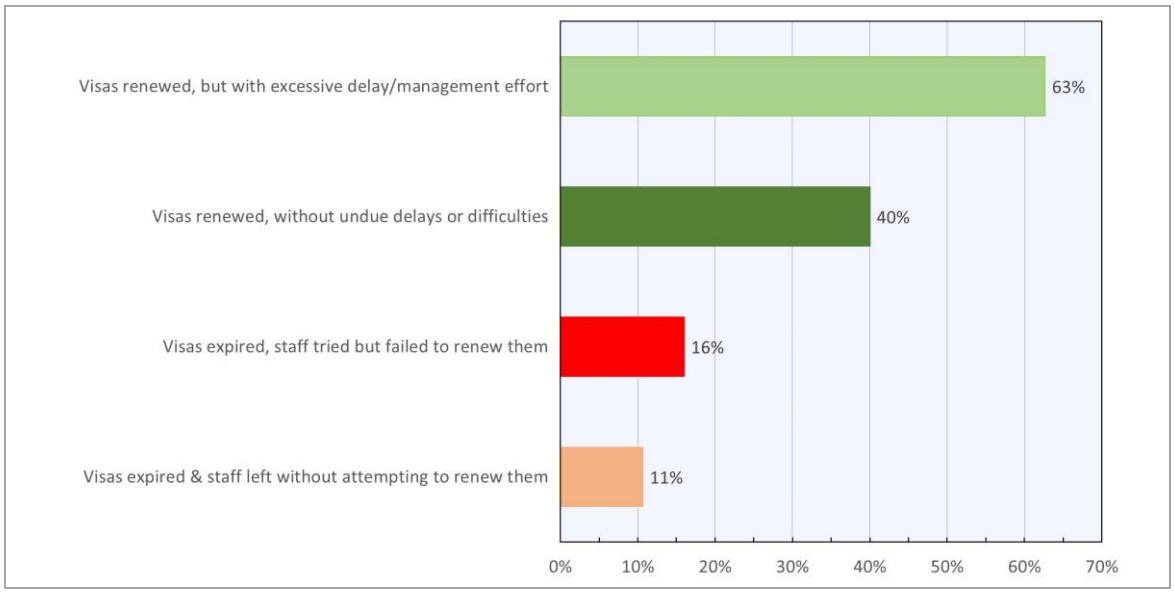

Figure 8.2: Providers' experience with visa expiry and renewal over past year
Note: percentage add to >100%, as providers can have range of experiences with visa expiry/renewal during the year
Filter: Providers with staff on visas which expired in last year

Members were asked about changes in their ability to recruit and retain caregivers on a visa. Among care facilities with caregivers on visas which expired in last year, 63% found it has become more difficult to recruit and retain caregivers on visas, 17% found there had been no change and only 3% thought this had become easier (Figure 8.3).

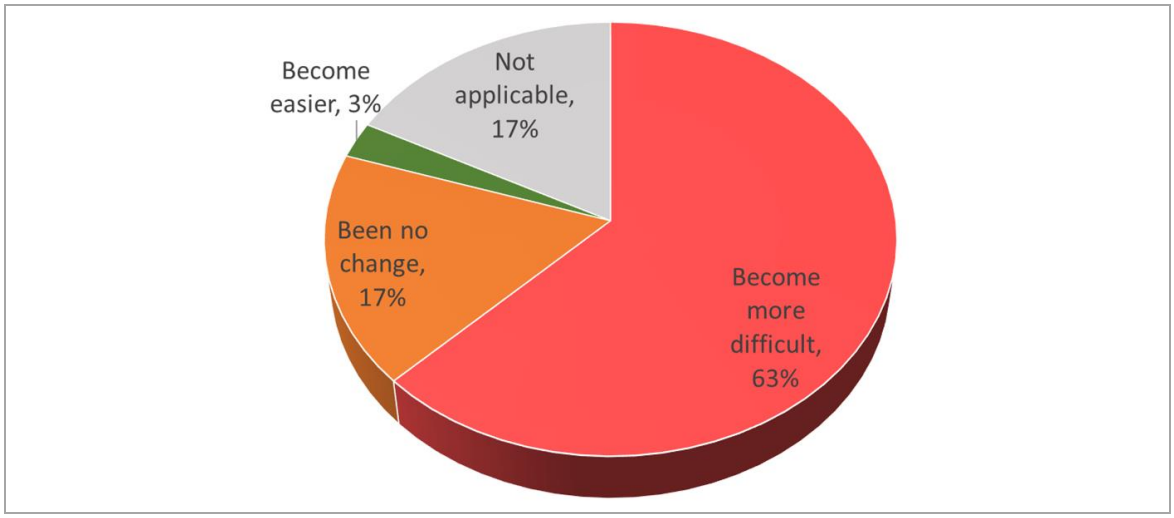

Figure 8.3: Change in difficulty in recruiting and retaining caregivers on a visa over past year
Filter: Providers with staff on visas which expired in last year

Remuneration

The standard hourly wage rates of ARC employees within the 17 staff categories are discussed in this section.

The wage rates discussed here are standard hourly remuneration rates of staff at responding care facilities. These standard hourly wage rates include premiums paid by respondents for training and/or long service. They do not include penal rates paid for overtime, weekend work or night shift work. The rates reflect the wage rates of staff employed directly by ARC facilities and do not include people who work as contractors.

Pay equity settlement employee remuneration

In this subsection we discuss the two staff categories covered by the pay equity settlement (caregivers and activities coordinators). In the next subsection we turn to the other 15 staff categories.

Under the pay equity settlement, the pay rates at each of five pay bands are set by the Care and Support Workers (Pay Equity) Settlement Act 2017, and the criteria for workers to be assigned to each pay band are determined by regulation under the Act. Therefore, here the focus is on the percentage of caregivers and activities coordinators in each pay band.

As discussed in the data sources section, the NZACA surveyed ARC providers in April 2018 to compile up-to-date data on caregiver and activities coordinator employment and standard hours (the ARC and Pay Equity Update Survey). Table 9.1 shows the distribution of caregivers and activities coordinators across the pay equity pay bands.

- Twenty-five per cent of workers covered by the pay equity settlement are on the highest pay band (L4b). This percentage is 24% for caregivers and is considerably higher for activities coordinators, at 42%.
- At the lowest end of the pay band scale, 29% of workers covered by the settlement are on L0. This percentage is similar for both caregivers and activities coordinators.
- The 25% of pay equity settlement workers at L4b account for 28% of the standard hours worked by pay equity settlement workers (Table 9.1). The reason for the share of hours being higher than share of workers is shown in Table 9.2, considered next.

Table 9.1: Distribution of employees covered by pay equity settlement across the pay bands – caregivers and activities coordinators

Pay band	Hourly pay rate 2017/18	Split of caregivers	Split of activities coordinators	Split of total pay equity settlement workers	Split of total hours worked
L0	$19.00	28.9%	27.7%	28.8%	23.8%
L2	$20.00	15.5%	12.9%	15.3%	15.4%
L3	$21.00	31.2%	16.2%	30.2%	32.1%
L4a	$22.50	0.8%	1.1%	0.9%	0.9%
L4b	$23.50	23.5%	42.1%	24.8%	27.8%
Total		**100.0%**	**100.0%**	**100.0%**	**100.0%**
Source: ARC and Pay Equity Update Survey, April 2018					

Table 9.2 breaks down employees covered by the pay equity settlement split by employment status (that is, casual, part-time and full-time employees). A higher percentage of L4b employees work full time (53%) than employees in lower pay bands (for example, 22% of those at L0) (see Table 9.2). The table shows that full-time workers at L4b contribute 62% of the hours worked by L4b employees, but only 34% of the hours worked by L0 employees.

Table 9.2: Split of pay equity settlement workers and their hours worked, by employment status

	Employment status	Pay band					
		L0	L2	L3	L4a	L4b	Total
Percentage of employees by employment status	Casual	25.1%	7.5%	7.7%	3.5%	3.9%	11.7%
	Part time	53.2%	58.1%	50.4%	43.4%	43.0%	50.5%
	Full time	21.8%	34.4%	41.9%	53.1%	53.1%	37.8%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of hours worked by employment status	Casual	14.5%	3.5%	3.5%	1.8%	1.7%	5.6%
	Part time	52.0%	52.8%	44.6%	36.9%	36.0%	45.1%
	Full time	33.5%	43.7%	51.9%	61.4%	62.3%	49.3%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Source: ARC and Pay Equity Update Survey, April 2018							

Standard hourly wage rates: other employees

Table 9.3 shows the standard hourly wage rate ranges for the remaining 15 staff categories directly employed by ARC facilities in New Zealand. The range between the 10th and 90th percentile best represents the spread of wage rates across the industry. This range removes the effect of any outlier minimum or maximum values. The minimum hourly wage was $15.75 as at 1 April 2017.[8]

Table 9.3: Wage rates by staff category

Staff category		10th percentile	Lower quartile	Median	Upper quartile	90th percentile
Care staff	Nurse/clinical manager	$31.50	$32.82	**$34.17**	$36.05	$38.77
	Registered nurses	$25.22	$26.45	**$28.00**	$29.84	$31.27
	Enrolled nurses	$20.76	$22.50	**$23.50**	$24.50	$25.25
	Occupational therapist	$20.50	$24.00	**$26.90**	$34.57	$39.00
	Physiotherapy assistant	-	-	**$17.43**	$19.19	$20.00
	Physiotherapist	-	$27.67	**$28.97**	$60.00	$72.06
Non-care staff	Facility manager	$34.00	$40.00	**$44.00**	$45.09	$48.00
	Office administration staff	$19.89	$21.29	**$23.00**	$24.89	$27.00
	Chef (qualified)	$20.00	$21.00	**$22.00**	$25.00	$26.50
	Cook (unqualified)	$16.89	$17.50	**$19.17**	$21.00	$22.14
	Kitchen hand	$15.75	$16.00	**$16.60**	$17.53	$18.00
	Gardening/maintenance staff	$18.00	$19.60	**$21.76**	$23.19	$24.00
	Cleaning staff	$15.85	$16.00	**$16.44**	$16.50	$17.00
	Laundry staff	$15.80	$16.00	**$16.55**	$17.00	$17.79
	Home assistants	$15.75	$16.15	**$19.00**	$20.00	$21.00

[8] Source: www.employment.govt.nz/hours-and-wages/pay/minimum-wage/previous-rates/

Mean standard hourly wage

In 2017 the mean[9] standard hourly wage rate across the industry ranged from $43.24 for facility managers, down to $16.40 for cleaning staff (Table 9.4). The Private Sector Average Ordinary Wage[10] in 2017 was $28.60. This average exceeds the mean average earnings of registered nurses in ARC ($28.17).

Table 9.4 ranks staff categories in descending order of percentage change in mean standard hourly rate between 2014 and 2017.

- The two staff categories with the highest percentage increase, due to the pay equity settlement, are caregivers (up 34%) and activities coordinators (up 23%).
- In contrast, mean wages of RNs increased by only 5.5% – less than the 6.8% increase for the private sector average hourly wage between 2014 and 2017.
- The mean hourly wage of nurse/clinical managers has been essentially static since 2014.

Table 9.4: Mean standard hourly wage rates for 2014 and 2017
Staff categories are ranked in descending order of percentage change 2014–17

Staff category	2014	2017	$ change 2014–17	% change 2014–17
Caregivers	$15.58	$20.87	$5.29	34.0%
Activities coordinators	$17.35	$21.39	$4.04	23.3%
Enrolled nurses	$20.13	$23.46	$3.33	16.5%
Chef (qualified)	$20.12	$22.95	$2.83	14.1%
Cook (unqualified)	$17.43	$19.67	$2.24	12.9%
Gardening/maintenance staff	$19.04	$21.41	$2.37	12.4%
Occupational therapist	$26.33	$29.46	$3.13	11.9%
Kitchen hand	$15.02	$16.72	$1.70	11.3%
Laundry staff	$15.17	$16.71	$1.55	10.2%
Office administration staff	$21.16	$23.11	$1.94	9.2%
Cleaning staff	$15.03	$16.40	$1.36	9.1%
Private sector average ordinary (Q.E.S.)	**$26.77**	**$28.60**	**$1.83**	**6.8%**
Facility manager	$40.71	$43.24	$2.53	6.2%
Registered nurses	$26.72	$28.17	$1.46	5.5%
Nurse/clinical manager	$34.81	$34.76	-$0.05	-0.1%
Physiotherapist	$31.59	$30.03	-$1.55	-4.9%
Physiotherapy assistant	-	$18.14	-	-
Home assistants		$18.55	-	-

[9] The mean is the sum of all results divided by the total number of reported results. The mean may be affected by extreme values.
[10] Source: Statistics NZ Quarterly Employment Survey.

Median standard hourly wage

The median[11] standard hourly wages in 2017 for each of the 17 staff categories are presented in Table 9.4. The 2014 medians are also presented for comparison.

The median standard hourly wage in 2017 ranged from $16.44 for cleaning staff, and similar median wages for kitchen hands and laundry staff, up to $44.00 for facility managers (Table 9.4).

Table 9.4: Change in median standard hourly wage range between 2014 and 2017

Staff category		2014	2017	$ change 2014–17	% change 2014–17
Care staff	Nurse/clinical manager	$33.65	**$34.17**	$0.52	1.5%
	Registered nurses	$26.49	**$28.00**	$1.51	5.7%
	Enrolled nurses	$20.00	**$23.50**	$3.50	17.5%
	Caregivers	$15.40	$21.00	$5.60	36.4%
	Activities coordinators	$16.75	$21.00	$4.25	25.4%
	Occupational therapist	$24.90	**$26.90**	$2.00	8.0%
	Physiotherapy assistant	-	**$17.43**	-	-
	Physiotherapist	$28.84	**$28.97**	$0.13	0.5%
Non-care staff	Facility manager	$40.86	**$44.00**	$3.14	7.7%
	Office administration staff	$20.55	**$23.00**	$2.45	11.9%
	Chef (qualified)	$19.80	**$22.00**	$2.20	11.1%
	Cook (unqualified)	$17.00	**$19.17**	$2.17	12.8%
	Kitchen hand	$15.00	**$16.60**	$1.60	10.7%
	Gardening/maintenance staff	$19.00	**$21.76**	$2.76	14.5%
	Cleaning staff	$15.00	**$16.44**	$1.44	9.6%
	Laundry staff	$15.00	**$16.55**	$1.55	10.3%
	Home assistants	-	**$19.00**	-	-

Penal rates

Respondents were asked whether they pay caregivers or diversional therapists/activities coordinators penal rates.[12] Seventy-seven per cent of care facilities responded they do so for caregivers, and 64% do so for activities coordinators (Figure 9.1). As shown in Figure 9.1, there is considerable variation in whether penal rates are paid between care facilities under different ownership; 94% of major group/charitable care facilities pay caregivers penal rates compared to only 43% of individual/private care facilities.

[11] The median is the 50th percentile or middle point of a data set when it is arranged in numerical order.
[12] Penal rates are defined in the survey as additional amounts which may be paid for working on a particular day (usually a Saturday or Sunday), or on a statutory holiday, or for night shifts or overtime.

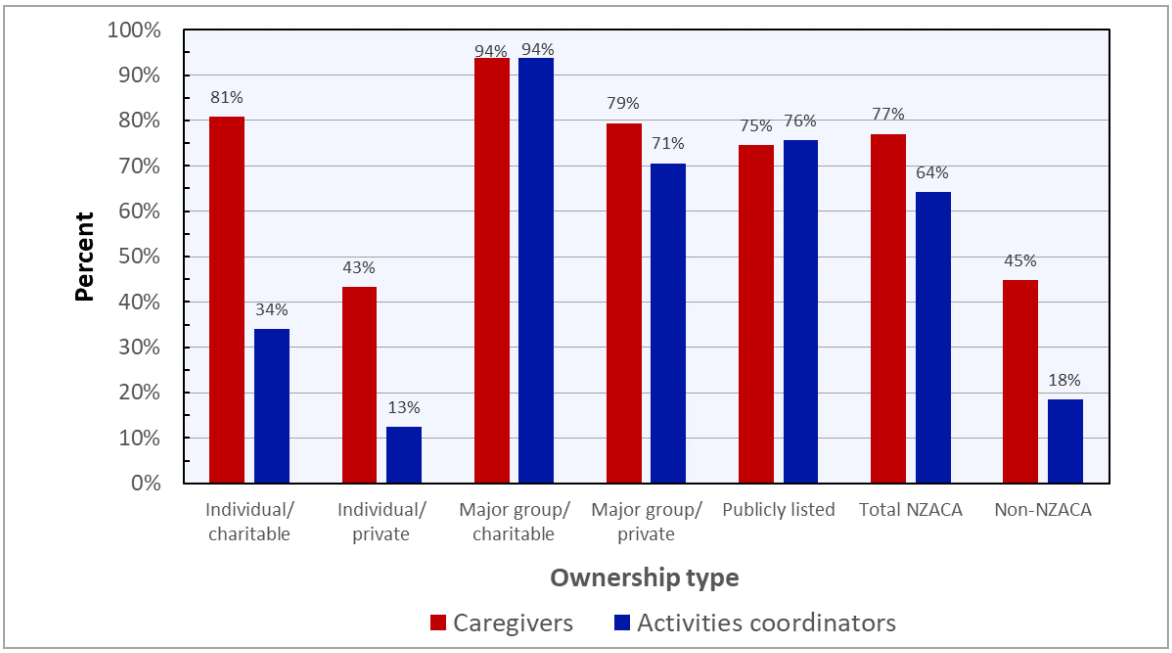

Figure 9.1: Percentage of care facilities that pay penal rates to caregivers and activities coordinators

Respondents were asked how they calculate penal rates for caregivers or activities coordinator. The majority (90%) of care facilities use a fixed penal rate, e.g. a set amount of dollars per hour or per shift (Figure 9.2). Sixteen per cent[13] use other methods. Variations in this between care facilities in different ownership types are shown in Figure 9.2.

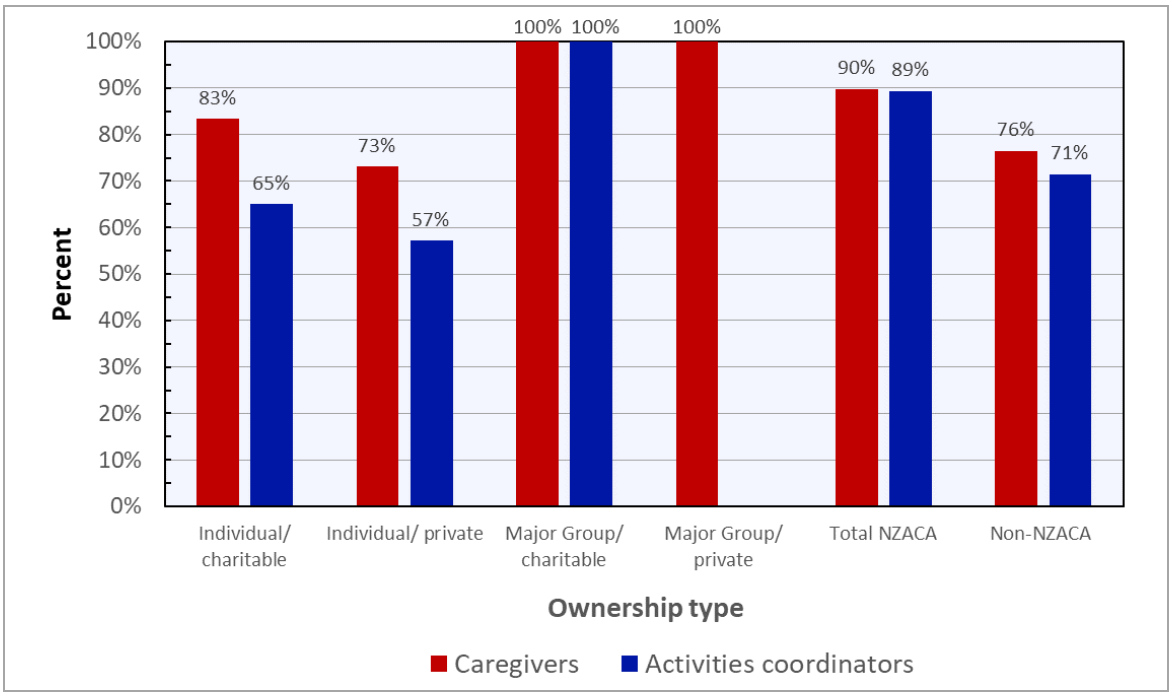

Figure 9.2: Usage of fixed penal rates

[13] Responses add to more than 100% because multiple responses are allowed.

Those respondents who said they pay fixed penal rates were asked to specify the dollars per hour or dollars per shift fixed penal rates paid for each type of work. The median payments are shown in Table 9.5.

Table 9.5 Median fixed penal rates

Type of work	Caregivers		Activities coordinators	
	Dollars ($) per hour	Dollars ($) per shift	Dollars ($) per hour	Dollars ($) per shift
Night shift	$5.50	$7.20	$5.50	$5.26
Overtime	$5.25	$128.25	$5.25	$132.50
Weekend shift	$3.50	$7.97	$3.50	$7.97
Statutory holidays	$13.86	$69.69	$15.38	$94.00
Other	$1.20	$4.28	$1.20	-

Hours per resident per day

In 2015 and 2016 the NZACA developed, distributed and analysed a series of surveys which gathered data required to inform the Ministry of Health's modelling of the cost of pay equity. This modelling had a major bearing on the uplift in funding per resident per day for the pay equity settlement. A series of questions based on these surveys were included in the 2017 NZACA Survey to inform the round of modelling and negotiations on pay equity prices for 2018/19.

Respondents were first asked to give the number of residents in their care facility, at each care level, on a specific Monday-to-Friday week day. They were then asked a series of questions about the registered nurses, enrolled nurses, caregivers and activities coordinators working on that specific day, including the

- number of hours worked by care level over the day (including casual and bureau staff)
- number of staff that day, broken down by full-time, part-time, casual and bureau status
- number of vacancies that day, broken down by full-time and part-time
- number of staff employed at each pay-rate paid by the respondent.[14]

Employment on specific mid-week day

Table 10.1 Number of care staff working at care facility on a week day

	Employment status	Type of staff			
		Registered nurses	Enrolled nurses	Caregivers	Activities coordinators
Number	Full time	1319	173	4397	492
	Part time	472	105	3471	501
	Casual	99	20	626	13
	Bureau	52	0	99	0
	Total	1942	298	8593	1006
Average number of staff per care facility	Full time	3.3	0.4	11.0	1.2
	Part time	1.2	0.3	8.7	1.3
	Casual	0.2	0.1	1.6	0.0
	Bureau	0.1	0.0	0.2	0.0
	Total	4.9	0.7	21.5	2.5
Average number of staff per ten residents	Full time	0.60	0.08	2.01	0.22
	Part time	0.22	0.05	1.59	0.23
	Casual	0.05	0.01	0.29	0.01
	Bureau	0.02	0.00	0.05	0.00
	Total	0.89	0.14	3.93	0.46

Table 10.1 shows the number of employees, by employment status, working at the responding care facilities on the specific mid-week day. The table also shows the average number of staff per care facility, and the average number of staff per ten residents.

[14] Data on number of caregivers and activities coordinators employed at each pay band level was also collected in the 2017 Member Profiling Survey, but this data was superseded by the data collected in the ARC and Pay Equity Settlement Employment Update Survey (April 2018).

Hours per resident per day

Table 10.2 shows the median (together with lower and upper quartile) hours per resident per (mid-week) day by care level and type of staff.

- Median hours for RNs working at rest home care is 0.36 hours per resident per day.
- For RNs at hospital level, the median is one hour per resident per day.
- Median hours for caregivers working at rest home care is 1.88 hours per resident per day.
- For caregivers at hospital level, the median is 2.72 hours per resident per day.

Table 10.2 Hours per resident per day by type of staff and care level.

Type of staff		Care level			
		Rest home	Hospital	Dementia	Psychogeriatric
Registered nurse	Lower quartile	0.28	0.78	0.30	0.29
	Median	0.36	1.00	0.38	1.04
	Upper quartile	0.59	1.33	0.51	1.42
Enrolled nurse	Lower quartile	0.13	0.09	0.14	0.16
	Median	0.21	0.16	0.26	0.35
	Upper quartile	0.38	0.36	0.42	0.35
Caregiver	Lower quartile	1.53	2.27	2.15	1.34
	Median	1.88	2.72	2.63	2.74
	Upper quartile	2.25	2.95	2.96	3.23
Activities coordinator	Lower quartile	0.16	0.15	0.20	0.08
	Median	0.21	0.20	0.32	0.32
	Upper quartile	0.30	0.28	0.37	0.43

Topical questions

The 2017 NZACA Survey gathered information on a range of topical issues of interest to the ARC industry. The survey questioned respondents on the age of care facilities, provision of palliative care services and support to families/whānau, and services by their primary healthcare providers. The survey findings are summarised in this section.

Years of construction and renovation

Respondents were asked to indicate the year their care facility was originally constructed. The median year of construction is 1987, but there is considerable variation in this median between the different ownership types (Table 11.1).

A follow-up question was on whether care facilities have undergone recent major renovations, where a major renovation is considered *"anything that involves significant improvements and structural modifications intended to improve functionality of the facility in line with modern standards"*. Results are summarised in Table 11.1.

While the median year of original construction for care facilities of individual/charitable ownership type is 1977, 60% have had major renovations in recent years, with the median year of most recent renovation being 2015.

Table 11.1 Median year of construction and most recent renovation

Ownership type	Median year care facility constructed	Percentage renovated recently	Median year of most recent renovation
Individual/charitable	1977	60%	2015
Individual/private	1988	57%	2016
Major group/charitable	1977	11%	2013
Major group/private	1992	21%	2016
Publicly listed	2002	17%	2016
All	**1987**	**29%**	**2015**

Palliative care services and support to families/whānau

A new topic for investigations in the 2017 NZACA Survey is palliative care services offered by care facilities.

Respondents were asked whether their care facility use an end of life pathway (examples given in the survey include the Liverpool Care Pathway, Te Ara Whakapiri/Last Days of Life). Overall, 62% of respondents do. This percentage is as high as 95% among respondent care facilities belonging to publicly listed groups, 81% for individual/charitable care facilities, and 70% for individual/private care facilities (Figure 11.1).

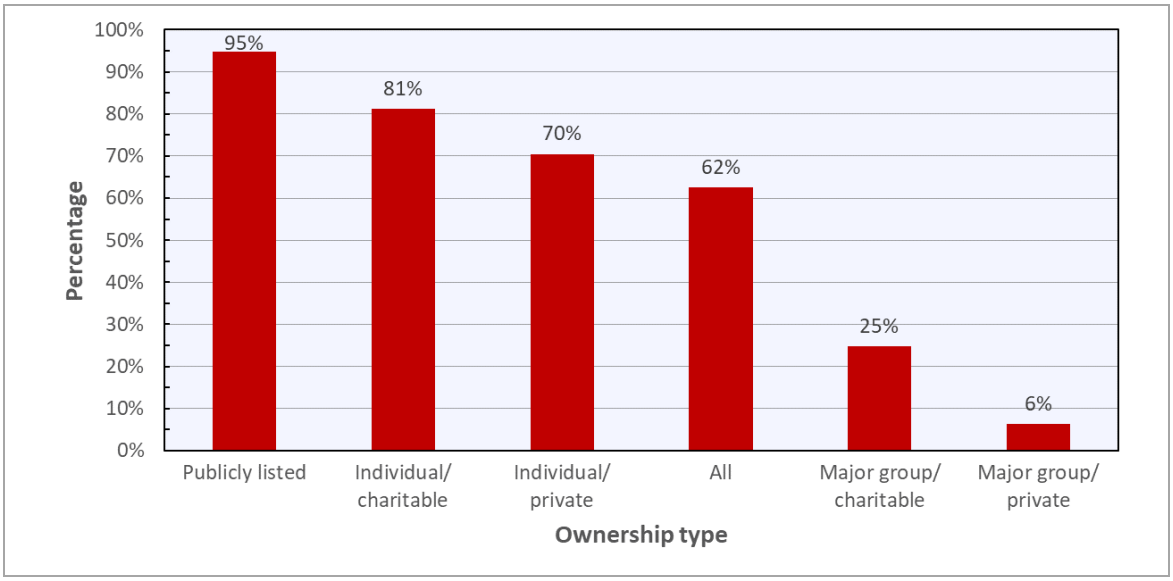

Figure 11.1: Use of an end of life pathway

Respondents were asked whether their care facility provides specific forms of psycho-social support to families/whānau before and after death. Overall, 69% provide chaplain services, 43% provide counselling services, 41% provide social work services, and 7% provide other types of support (Table 11.2). Further details by ownership type are given in Table 11.2.

Table 11.2: Support provided to families/whānau before and after death

Ownership type	Chaplain services	Counselling services	Social work services	Other types of support
Individual/charitable	81%	26%	28%	19%
Individual/private	62%	26%	26%	13%
Major group/charitable	31%	7%	7%	3%
Major group/private	97%	78%	69%	0%
Publicly listed	92%	87%	82%	1%
All	69%	43%	41%	7%

The majority of care facilities can draw on clinical support from primary care providers for palliative care and end of life care (Table 11.3). This is in the form of routine visits (95%), emergency visits (93%) and telephone advice (91%).

Table 11.3: Clinical support available from primary care for palliative care and end of life care

Ownership type	Routine visits	Emergency visits	Telephone advice	Other
Individual/charitable	92%	79%	85%	17%
Individual/private	95%	87%	85%	8%
Major group/charitable	91%	99%	99%	1%
Major group/private	97%	94%	81%	6%
Publicly listed	99%	97%	95%	1%
All	95%	93%	91%	5%

Most care facilities can also draw on support from hospices for palliative care and end of life care (Table 11.4). This is in the form of routine visits (82%), emergency visits (60%) and telephone advice (86%).

Table 11.4: Support available from hospices for palliative care and end of life care

	Routine visits	Emergency visits	Telephone advice	Other
Individual/charitable	58%	38%	73%	21%
Individual/private	69%	57%	74%	7%
Major group/charitable	90%	76%	93%	3%
Major group/private	78%	81%	81%	3%
Publicly listed	96%	50%	96%	0%
All	82%	60%	86%	6%

Services by primary healthcare provider

Respondent care facilities were asked whether they have a service contract with a local primary healthcare provider (GP services). Seventy-seven per cent of respondents said that they do (Figure 11.2). This ranges from 93% among major group/charitable care facilities and 88% among major group/private care facilities, down to only 51% of care facilities belonging to publicly listed groups.

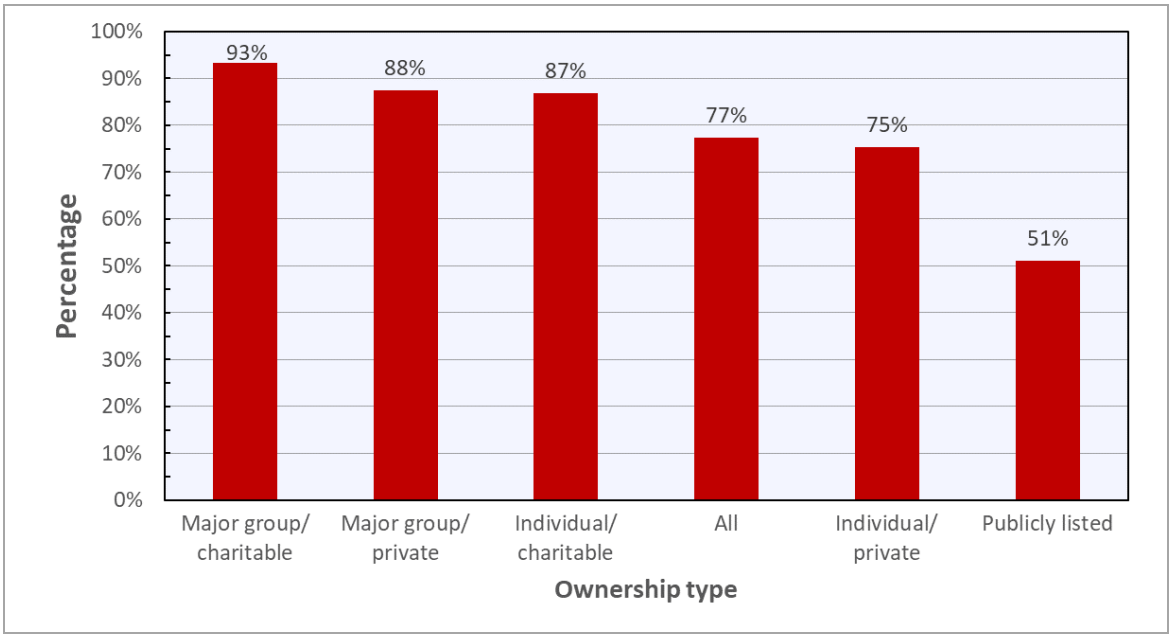

Figure 11.2: Percentage with service contract with local primary care provider

Care facilities who have service contracts with their primary care provider were asked to outline the services included. Most cited 'routine' GP services with weekly visits, with a minority citing twice-weekly visits. A minority cited 24-hour emergency support, as well as telephone support. Some members mentioned three-monthly health assessments of residents as coming under the service contract.

Forty-one percent of care facilities said nurse practitioners are available through their primary care provider. This percentage is lower for care facilities in metropolitan areas (37%) than it is in secondary urban areas (46%) and provincial areas (41%).

The majority (87%) of those care facilities with nurse practitioners available make use of these services.

New Zealand Certificate in Health and Wellbeing training provider

Respondents were also asked which training provider they use for staff to gain their New Zealand Certificate in Health and Wellbeing. The dominant provider of training staff in the New Zealand Certificate in Health and Wellbeing is Careerforce. This was cited as the main trainer by 79% of respondent care facilities (Figure 11.3). This is followed by polytechnics (10% collectively) and private training institutes (7% collectively).

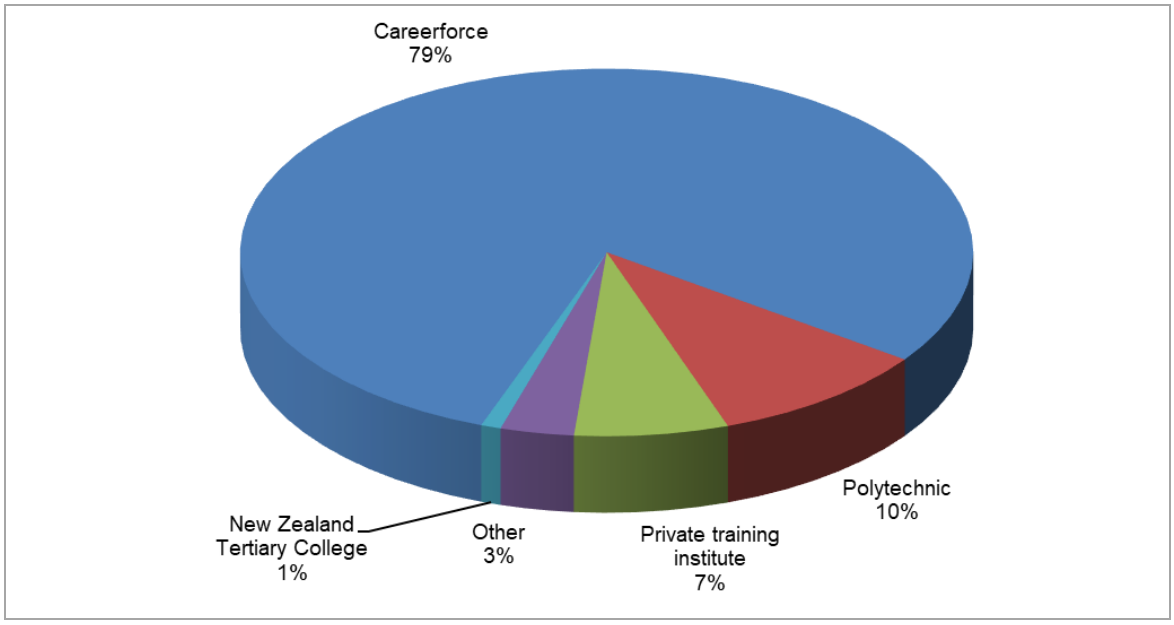

Figure 11.3: Training providers used for New Zealand Certificate in Health and Wellbeing

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