

**Submission  
No 101**

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH  
WALES NURSING HOMES**

**Organisation:** Wesley Community Services Limited

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# Inquiry into registered nurses in New South Wales nursing homes

**Submission by Wesley Mission**  
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## Inquiry into registered nurses in New South Wales nursing homes

Wesley Mission provides a diverse range of services, delivering 130 programs of care across the community services sector, employing 1,650 staff and utilising 2,400 volunteers. Wesley's annual income is \$170 million. Throughout its history, Wesley Mission has proven to be a dynamic and innovative organisation with a goal to realise its vision of "doing all the good you can, because every life matters". Wesley Mission has achieved its purpose when our consumers say "I live the life I choose in my home". Wesley Mission believes that everyone should be given the opportunity to achieve their full potential, building on their strengths as individuals.

Wesley Mission has a large Aged Care portfolio which includes 637 Home Care Packages across five Aged Care Planning Regions, 160,000 hours of Home and Community Care (HACC) services annually, five residential aged care homes for 329 residents and three independent living villages with 448 units.

Wesley Mission welcomes the opportunity for ongoing consultation and provides the following feedback into the Inquiry into registered nurses in New South Wales nursing homes. Wesley Mission shares the committee's commitment to the delivery of quality care to residents of aged care facilities. Residents of aged care facilities are often vulnerable, and the residents and their families should be confident that they will receive the highest quality care possible.

Wesley Mission contends that the current level of care provided in residential aged care facilities across NSW and Australia is not compromised by current nursing coverage. On the contrary, a strict policy that requires the presence of a registered nurse on duty at all times would have adverse effects on viability and as a result on the quality and breadth of care that is currently offered.

We offer the following insights from our own operations to support this position:

### 1. Legislative Oversight and Policy Directions

Aged Care Providers across the nation, including Wesley Mission, are currently audited by the Australian Aged Care Quality Agency (AACQA) against standards that embed skilled staffing structures and clinical care into our service provision. Quality of care is monitored through regular support contacts (announced and unannounced) and a comprehensive accreditation review every three years.

Wesley Mission was recently audited by AACQA, and met all the 44 expected outcomes of the Accreditation Standards. These include a number of standards that rigorously test quality of care:

#### **Standard 1.6 - Human Resource Management**

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.*

## **Standard 2.4 – Clinical Care**

*This expected outcome requires that “care recipients receive appropriate clinical care”.*

## **Standard 2.5 – Specialised nursing care needs**

*This expected outcome requires that “care recipients’ specialist nursing care needs are identified and met by appropriately qualified nursing staff”.*

## **Standard 2.7 – Medication management**

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”*

Delivery against these standards ensures a high quality of care and allows some flexibility in creating staffing solutions to meet a variety of care needs in a cost effective way. Residents currently benefit from access to a range of specialist and social services including General Practitioners, Physiotherapists, Podiatrists, Hairdressers and Recreational Activities staff. Facilities also develop technological solutions to support resident care and inclusion. The flexibility to utilise funding to meet the needs of residents in each individual facility creates more holistic outcomes than a strict adherence to a one size fits all approach.

The Federal Government’s Australian Aged Care Quality Agency can impose sanctions on aged care providers when standards are not met. This can result in the loss of funding and ultimately the loss of Approved Provider status. Wesley Mission contends that regulations implemented by the State Government (over and above the existing regulatory framework) could lead to confusion and over regulation that would distract from optimal care outcomes and threaten the ongoing viability of a significant number of providers in the sector.

The cost to an organisation of legislative differences between states is widely recognised. Aged Care policy is being developed with an emphasis on greater consistency across all jurisdictions, for example harmonisation of workers’ compensation, the introduction of the National Disability Insurance Scheme and creation of national Community Common Care Standards. An isolated requirement for 24 hour registered nurse coverage in residential aged care facilities in NSW alone would impose additional red tape and be out of step with this trend.

## **2. Quality Care in a Wesley Mission Facility**

Wesley Mission currently operates four facilities that do not have a registered nurse on-duty 24 hours per day, seven days per week. This does not in any way compromise the quality of care we deliver.

Care is delivered by well trained and professional staff. All staff are recruited in consideration of resident needs and the certificate III Aged Care Qualification is a minimum requirement. Our staff have developed a high degree of competency through education, on the job training, continuous improvement mechanisms and individual training plans. They have the expertise to deliver a high quality of care. Workforce development and job satisfaction is not supported by any process that limits the scope of practice of competent staff.

Staffing rosters are adjusted to meet workloads and resident requirements. In every Wesley Mission facility, registered nurses are accessible seven days and are on call after hours. Internal data indicates a low rate of after hour calls at each facility (a maximum of 4 per week) to support staff with care support, resident medication or managing adverse events. Wesley Mission is aware of no data indicating that facilities with a full roster of registered nurses have statistically lower rates of hospitalisation among residents. Wesley Mission's current staffing profile enables us to manage the complex care needs of residents with chronic disease such as diabetes, respiratory conditions, urinary conditions and cardiac disease, and provide timely intervention to prevent unnecessary admission to tertiary health care facilities.

Wesley Mission has flexibility within the current system to call in registered nurses to meet specific needs. This is particularly relevant within our palliative care framework that is managed effectively and sensitively in consultation with residents, representatives and medical staff. Further to this, each facility has developed local arrangements with General Practitioners, practice nurses and other health specialists to ensure that holistic care plans can be developed and implemented.

The following case study illustrates the way appropriate management protocols and staff training is used to ensure quality resident care in facilities where a registered nurse is not onsite after hours:

**Wesley Mission has a comprehensive procedure that is documented on a Falls Flowchart. This procedure has been developed with input from occupational therapists and registered nursing staff. All staff are trained in the management of falls. The procedure outlines the assessment of critical issues that require staff to call an ambulance, regardless of whether a registered nurse is on the designated shift.**

**During routine staff duties on the evening shift, Mrs M was found on the floor beside her recliner. She had fallen when she had attempted to stand unassisted. Mrs M had not called for assistance. At the time of the fall Mrs M was conscious and alert, was able to provide a coherent description of events that lead to the fall. She was fully assessed by evening staff (Assistant In Nursing). The resident was asked if she had hit her head and she told the staff that she did not hit her head. The evening shift staff followed all of the steps outlined in the Fall Flowchart and documented each action taken. Mrs M was assisted back into her chair. The call bell was placed within easy reach and she was monitored every 15 minutes for the remainder of the shift. Night staff were made aware of the incident at handover and followed procedure for the remainder of the night.**

### 3. Sector Viability

The Aged Care Funding Instrument (ACFI) assesses the care needs of residents and is the mechanism for allocating the Government subsidy to aged care providers for delivering care to residents. The “high care” resident funding varies from people with no significant clinical needs to those with complex clinical needs and this is reflected in subsidy rates that vary from \$52 to \$209 per day.

Based on our current resident mix, the requirement to provide an on duty registered nurse at all times would add an extra financial burden of \$1.1 million per annum. Like many providers, four of our facilities carry a large proportion of residents needing high levels of support with activities of daily living or behaviour management, rather than nursing support. The flexibility of service provision that currently addresses resident needs holistically would potentially be compromised as additional services would need to be carefully considered in the light of significantly higher staff costs. While we anticipate that national aged care reforms may drive (over time) a growth in residents needing nursing care, currently 24 hour nursing is not required in all facilities. The introduction of such a requirement at the present time would threaten the operational viability of many providers, particularly facilities in rural and regional areas, where the resident needs were not sufficient to attract higher ACFI, or the built environment was not suitable for complex clinical needs.

In addition to prohibitive cost increases that might flow from the requirement to employ a registered nurse on every shift, access to an adequate staffing pool would be problematic. This would have an especially significant impact on regional, rural and remote providers, threatening access to aged care services for rural populations. Implementation of this proposal could lead to the closure of facilities with an immediate impact on the NSW health system.

## Summary Statement

Wesley Mission maintains that:

1. The current regulatory framework is robust enough to ensure quality care throughout the sector.
2. The current regulatory framework is adequately placed to deal with providers who do not provide quality care
3. The requirement to provide a roster that includes 24/7 on duty registered nurse is cost prohibitive and unnecessary for many residential aged care providers where the resident profile is not heavily weighted towards complex clinical needs
4. Current flexibility in staffing profiles allows a holistic approach to resident need and innovation that is jeopardised by a one size fits all approach



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