

**Submission
No 148**

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

Organisation: UnitingCare Ageing NSW ACT

Date received: 23/07/2015



Inquiry into Registered Nurses in New South Wales Nursing Homes

**Submission to General Purpose Standing Committee No. 3, Legislative Council,
Upper House Committee, Parliament NSW**

UnitingCare NSW.ACT contact:

Mr Stephen Teulan, Director UnitingCare Ageing NSW.ACT

PO Box A2178

Sydney South NSW 1235

July 2015

Publishing Submission: UnitingCare requests that the details of this submission are kept confidential. If the Committee wishes to publish this submission, UnitingCare requests consultation with the Committee prior to publication.

About UnitingCare

UnitingCare NSW.ACT

UnitingCare NSW.ACT is the Board of the NSW and ACT Synod of the Uniting Church responsible for the work of community services, chaplaincy and social justice advocacy. All our work is inspired and guided by the principles of justice and compassion.

UnitingCare Ageing

As a service group of UnitingCare NSW.ACT, UnitingCare Ageing is responsible for the Uniting Church's ministry for older people, particularly those who are disadvantaged, vulnerable and isolated. With more than 14,000 people in our care, UnitingCare Ageing is one of the largest providers of aged care services in New South Wales.

We seek to provide positive lifestyle choices for older people that result in enriching and fulfilling lives. As an organisation we celebrate our diversity and welcome people regardless of ethnicity, faith, sexual orientation, gender identity and lifestyle choices. Our services are delivered in a Christian context characterised by compassion and love for all. Our team of Chaplains and pastoral care workers also provide comfort, counselling and advocacy for residents, clients, families, volunteers and staff as a holistic expression of care.

UnitingCare Ageing offers aged care in a range of accommodation settings including residential care, retirement living, community care, day centres, private nursing services and respite care. We continually strive to develop services by seeking knowledge, responding to and meeting community expectations and by developing innovative approaches that will provide the best possible care for the people we serve.

Furthermore, we provide 75 Residential Aged Care Facilities (RACF) in metropolitan, regional and rural areas. One out of every 12 beds in NSW is a UnitingCare RACF bed.

Executive Summary

Registered Nurses (RNs) are a vitally important professional group in the provision of aged care services. They have been, are, and will continue to be an integral part of aged care service provision with or without any additional legislative impositions by the NSW Government. The role of RNs is enshrined in requirements under the Commonwealth's Aged Care Act. The question at issue is what is the role of the State Government in the prescription of standards for the operation of residential aged care services? The proposal for 24/7 RN onsite cover in virtually all residential aged care services in NSW is a proposal for piecemeal regulation of a service area in which the State Government has comparatively limited engagement, specialist expertise and capacity to oversight.

The Federal Government funds and monitors the quality of care within residential aged care services in Australia. The NSW Government is currently considering its options in relation to outdated legislation on a 24 hour a day 7 day a week (24/7) onsite requirement for RNs in Residential Aged Care Facilities (RACF), that provide care to at least one RACF resident who is classified under the Commonwealth's Aged Care Funding Instrument as "High Care".

UnitingCare believes the proposal for the requirement for 24/7 onsite RNs to be ill considered for the following reasons:

- It will not improve the quality of care for the people of NSW;
- It is not the role of State Governments to provide legislation or oversight of the operations of aged care services. This is the role of the Federal Government;
- The Federal Government has appropriate mechanisms to oversee the staffing of residential aged care services;
- If implemented, the proposal would have significant unintended consequences, including making a number of existing residential aged care services financially unviable and preventing the development of innovative new models of care. Those outcomes would place significantly greater pressure on NSW health systems, as well as reducing access for people to aged care services in their local communities. While it will affect all of NSW, the greatest adverse impact will be in regional, rural and remote areas.

UnitingCare recommends that the NSW Government removes all legislation in relation to Registered Nurse requirements in Commonwealth-funded residential aged care facilities. UnitingCare believes that the Australian Aged Care Quality Agency (AACQA) is the most appropriate organisation to assess the quality of the overall provision of care and appropriate staffing for individual services, rather than the NSW Government setting one requirement relating to RNs, with no regard to the other care systems, overall staffing structure and resident needs' profile for individual services.

The impact of this proposal for UnitingCare and, by extrapolation, for the residential aged care sector in NSW, is summarised below:

- Of UnitingCare's 75 residential aged care services, 22 do not currently have 24/7 RN onsite cover. To meet the requirement of 24/7 RN onsite cover, UnitingCare would require an additional 82 Full-Time Equivalent (FTE) RNs. Given that our RNs work an average of 17 hours per week, UnitingCare would need to employ 183 additional RNs.

- The annual adverse cost impact of this proposal for UnitingCare would be \$11 million. Implementation of a mandatory 24/7 RN onsite staffing regime would result in 11 of those 22 services incurring financial losses (after accounting for all revenue and expenses) in excess of \$200,000 per annum, with little prospect of reducing such losses. That would lead to the serious consideration of the immediate closure of 474 beds. If the 11 services were closed, the 400 staff who are currently directly employed at those services would be at risk of losing their jobs. There would be a further adverse impact on the suppliers of goods and services to those facilities. The viability of the remaining 11 services would be assessed over the following two years.
- As UnitingCare represents 8% of the residential aged care services in NSW, and if it is assumed that it is representative of the residential aged care sector as a whole, the implications for the sector in NSW of this proposal would be a requirement for the employment of almost 2,300 additional RNs, an annual additional cost of almost \$140 million, the real prospect of the immediate closure of almost 6,000 beds, the risk of loss of up to 5,000 current jobs, and a reassessment of the viability of a further similar number of beds over the following two years.

1. Introduction

The Federal Government funds and monitors the quality of care within residential aged care services in Australia. The NSW Government is currently considering its options in relation to outdated legislation on a 24/7 onsite requirement for RNs in RACFs that have a resident classified under ACFI as high care.

UnitingCare believes that the States should not impose legislation which dictates one element of staffing to a Commonwealth funded, managed and monitored system. The imposition of a 24/7 RN requirement on high care residents, regardless of the service type, presumes that the presence of one RN would guarantee the quality of care within a service for a high care resident. It is UnitingCare's belief that appropriate staffing, developed by the provider using a multi disciplinary approach with strong care management and care co-ordination, combined with effective, comprehensive care systems and support, is the key to quality care for all residents. The onsite presence of a single RN in a RACF does not guarantee safe, quality care.

The proposed NSW solution would make many current RACFs financially unviable and reduce options for residents on where and how they receive care.

Furthermore, UnitingCare believes that there are significant differences between a RACF and an aged care ward in an acute care hospital. Any comparison in relation to staffing needs must recognise those differences. Hospitals are generally focused on the treatment of acute illnesses and care needs with the provision of specialist medical and surgical services. RACFs are focused on the provision of long term care, lifestyle and accommodation. Therefore these two service types should not be considered within the same context; nor should they have the same solutions applied.

This submission presents key issues for consideration in the context of current Commonwealth aged care legislation and quality monitoring, and the UnitingCare service context.

2. Key Issues

The Inquiry into Registered Nurses in New South Wales and the potential findings from this Committee can have significant impacts on the viability of residential aged care providers in New South Wales and their capacity to provide quality residential aged care.

2.1 Change in classification of aged care services

The recent amendments to the *Aged Care Act 1997(Cth)* by the *Aged Care (Living Longer Living Better) Act 2013 (Cth)* has changed the classification of aged care services. The removal of high care (previously known as Nursing Homes) and low care (previously known as Hostels) has effectively removed the distinction between these two types of facilities.

Each provider determines which services will be provided at each facility and for whom services will be provided based on a number of requirements which include:

1. Resident demand and needs;
2. Service type;
3. Built environment capacity;

4. Care and medication management systems;
5. Geographic location of service; and
6. Staffing capacity and mix.

This has resulted in the development of a number of service types that are not nursing homes but can provide services for residents with an ACFI high care classification. Types of services can be classified as:

1. Small Ageing in Place RACFs;
2. Larger Ageing in place RACFs;
3. Rural RACFs; and
4. Specific services- e.g. dementia specific or mental health RACFs.

This approach to the development of RACFs allows services to be tailored to resident needs and demands. Some services provide care for people with a specified care need such as residents with a mental health diagnosis or dementia. These services provide buildings, care and staff appropriate to identified care needs.

UnitingCare Service Context

UnitingCare mental health specific RACFs have close links with specialist mental health services and staff who are specialised in mental health care. These services contain a mix of residents with high and low care needs. The staffing profile contains RN staffing, as well as direct care staffing levels which are developed based on meeting residents' needs.

Other UnitingCare RACFs are being operated within small country towns that are located a long distance from other more intensive RACF services. These (usually small) services have developed strong local links and care services that allow a high care resident to remain within the facility; therefore residents remain close to their family, friends and community at the last stage of their life. Case studies in this submission have been provided as testaments to the significant impact these services have on a residents' quality of life, not just quality of clinical care.

2.2 Commonwealth Aged Care Act focus on provision of appropriate nursing services.

The provision of residential aged care is provided in accordance with the *Aged Care Act 1997 (Cth)*. This is defined in section 41-3 of the Act as :

***“Residential care** is personal care or nursing care, or both personal care and nursing care, that:*

(a) is provided to a person in a residential facility in which the person is also provided with accommodation that includes:

(i) appropriate staffing to meet the nursing and personal care needs of the person; and

(ii) meals and cleaning services; and

(iii) furnishings, furniture and equipment for the provision of that care and accommodation; and

(b) meets any other requirements specified in the Subsidy Principles.”

The *Aged Care Act* also lists the minimum care and services that needs to be provided to care recipients. The Act states in Schedule 1, Part 3 - Care Services that

“residents who have been assessed as needing high level care and services are entitled to:

- Nursing services: initial and ongoing assessment, planning and management of care for residents carried out by a registered nurse. Nursing services carried out by a registered nurse or other professional appropriate to the service;*
- Therapy services: maintenance therapy or intensive therapy on a temporary basis only delivered or directed by health professionals including: recreational therapy, speech therapy, podiatry, occupational or physiotherapy.”*

There is no stipulation in the Act to provide 24 hour RN onsite coverage 7 days per week. The intention of the Commonwealth legislation is to provide appropriate nursing services.

UnitingCare Service Context

UnitingCare believes that RNs are integral to the provision of care in RACFs. RNs provide a high level of clinical expertise to residents. They are a scarce resource and UnitingCare believes that they need to be allocated at the right time and the right place to best support those residents with high or complex clinical care needs.

UnitingCare currently provides a range of RN staffing models within their RACF portfolio that respond to high care residents' RN requirements. These models can be divided into two main types:

1. 24/7 Registered Nurse support on-site: These facilities have RNs allocated over 24 hours, 7 days a week. The care requirements in these services have residents who not only require initial and ongoing assessment, planning, management of care and interventions but also have a care need for a RN 24/7 onsite to support changes in health due to identified health needs;
2. Scheduled and Planned Registered Nurse support on-site with on call Registered Nurse: These facilities allocate set times and hours for RNs onsite to provide residents with initial and ongoing assessment, planning, management of care and interventions. These services also have an allocated on-call system to an RN to provide support for unforeseen resident needs and healthcare support.

All high care residents within UnitingCare RACFs have access to RNs that provide the following care and support:

1. Planned care through RN assessment, development and planning of an individualised care plan and care plan evaluation;
2. Comprehensive case management of individuals;
3. RN hours allocated to provide assessed specialised nursing interventions, including wound management and pain management;

4. RN hours allocated to match identified residents' needs;
5. RN hours allocated at times when other key health care services, e.g. General Practitioner services are operating/visiting;
6. Development of strong partnerships with specialised health services such as Hospital in the Home and palliative care services; and
7. RN services supported by allied health including physiotherapy, speech pathology and dietetics.

Different residents' needs within the RACF portfolio requires a different operating model. UnitingCare assesses a RACFs service requirements in order to determine the RN model to be implemented in the service. Considerations include:

1. Built environment;
2. Staffing mix;
3. Assessed residents' needs;
4. Local specialist support services;
5. Resident admission and transfer policy based on service type; and
6. Proximity to identified communities.

UnitingCare may work with a resident and his/her family to transfer them from one RACF to a more appropriate service, based on issues such as:

1. The built environment's capacity to support the resident. Issues usually arise when the service does not support a resident's decrease in mobility or a resident requires a higher level of safety and security;
2. Resident care needs increase and require higher care support than can be provided at the existing service; or
3. Resident needs become complex and require a higher level of monitoring and specialised care support.

2.3 Service providers are required to determine the appropriate levels of staffing to meet the needs of residents in accordance with the Aged Care Accreditation Standards

Aged Care Providers are required under Commonwealth Government funding arrangements to provide care and services in accordance with the Aged Care Accreditation Standards. The combination of all 44 standards represent a comprehensive assessment of the governance, systems, practices and environment. Accreditation is assessed against:

Standard one: Management systems, staffing and organisational development

Standard two: Health and personal care

Standard three: Care recipient lifestyle

Standard four: Physical environment and safe systems

Expected Outcome 1.6 of the Accreditation standards 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”

The Federal Department of Social Services has the power to apply sanctions at any time to aged care providers, which can result in imposing external administrators, loss of government funding and ultimately loss of Approved Provider status. It is difficult to see how State Governments can provide more appropriate oversight or exercise more appropriate responses to service shortcomings than those already undertaken by the Federal Government.

UnitingCare Service Context

In adhering to Standard 1.6, UnitingCare will continue to see the majority of UnitingCare residential aged care services have 24 hour 7 days per week RN onsite cover. Unless the residents' profile changes, this staffing mix will not change.

UnitingCare currently has full accreditation in all RACFs including Expected Outcome 1.6. Compliance with this outcome has been achieved with a range of staff mixes and models that have been developed and implemented based on residents' needs.

2.4 Prescriptive State legislation will not improve or maintain quality of care within RACFs

The financial impact of State legislation to prescribe the minimum coverage for specific staffing resources, such as a 24/7 onsite RNs, would reduce Approved Providers' flexibility to provide staffing models responsive to resident care needs. It would limit the capacity of providers to employ staffing models which have a broad range of care and therapy services for residents.

UnitingCare service context

2.4.1 Financial impact

UnitingCare has 22 residential aged care facilities, out of a total 75 facilities, that currently offer services to residents classified as high care in facilities without 24/7 Registered Nurses onsite. The number of residents receiving high care in these facilities is variable - it could be only one resident.

The cost of a single RN onsite 24/7 in a residential aged care facility, regardless of staffing ratios and minimum number of beds within a service, is approximately \$570,00 per annum. The impact would be reduced by the current RN coverage, except where there are Service Managers who are RNs.

The total net cost impact of requiring 24/7 onsite RNs to RACFs, with at least one ACFI classified high care resident, would be \$11 million per annum for UnitingCare.

Of the 22 services affected, 11 would, as a result of the proposed change, incur annual losses of greater than \$200,000 per annum. For those services, closure in the short term would seriously be considered. Those 11 services account for 474 beds and directly employ approximately 400 people. The viability of the remaining 11 services would be considered over the following two years.

It is estimated that the proposal would require UnitingCare to add 82 Full Time Equivalent (FTE) RNs to its staff, which would require the employment of over 183 RNs. An RN at

UnitingCare works, on average, 17 hours per week. As UnitingCare provides approximately 8% of all residential aged care services in NSW, a simple extrapolation of the impact of the proposal is the requirement for approximately 1,025 additional FTE RNs. This would require almost 2,300 additional Registered Nurses to be recruited for the aged care sector in NSW, many in rural environments. The supply of RNs, as well as the ability to recruit appropriately skilled and experienced RNs with aged care experience is a further factor for concern.

The financial impact of a 24/7 onsite RN requirement would limit services' capability to dedicate financial resources to a range of care workers and allied health practitioners who are also required to respond to the high care residents' needs. These include physiotherapy for improved safety in mobility, speech therapy in swallowing, nutrition management and behavioural specialists for residents with needs to support confusion and disorientation. UnitingCare believes in a multidisciplinary approach to care provision. High quality care is achieved through a number of disciplines supporting the resident. The ACFI high care classification allows high care to be achieved through a range of allied health needs or care interventions. There is no evidence to support a 24/7 onsite RN as being the best resource to provide good, quality care to a resident.

2.4.2 Quality accreditation of services

Case studies have been provided in this submission (pg 15-23) of four RACFs that provide residential aged care to a mix of residents, including high care residents. In the attached case studies, UnitingCare has provided the relevant sections of the Accreditation report for the following expected outcomes:

- Expected Outcome 1.6 Human Resource Management
- Expected Outcome 2.4 Clinical Care
- Expected Outcome 2.5 Specialised Nursing Care Needs

The implementation of 24/7 onsite RNs into these facilities will not improve safety and quality within these services. UnitingCare's claim is supported by current quality accreditation within these services, resident satisfaction and internal quality monitoring.

UnitingCare believes that Australian Aged Care Quality Agency (AACQA) is the appropriate organisation to assess the overall adequacy of staffing for individual services, rather than the NSW Government setting one requirement relating to RNs, with no regard to the overall care systems, staffing structure or residents' needs profile for an individual Service.

2.5 Quality and accreditation across Australian jurisdictions

There is no evidence to support that a single input requirement, such as 24/7 onsite RNs for all services that provide care to at least one resident classified by ACFI as high care, will guarantee quality. Legislation requiring 24/7 onsite RNs in nursing homes is a historical requirement for nursing homes in NSW. This requirement pre-dated the Commonwealth Government's quality outcomes. The NSW legislation is now redundant.

Other States have determined that the responsibility for monitoring aged care facilities lies with the Commonwealth Government. UnitingCare believes that NSW should also follow that approach.

From a national perspective, NSW accreditation results are comparable with other States, despite the current extra legislative requirement of RNs in nursing homes in NSW. If the 24/7 onsite RN legislative requirement is present in NSW State legislation to improve quality of care in high care services then it could be presumed that NSW accreditation results should be significantly better than States that do not have this legislation. That is not the case with accreditation outcomes.

2.6 Commonwealth resource allocation

The Commonwealth funds providers for meeting residents' needs using the Aged Care Funding Instrument (ACFI). According to the Department of Social Services website¹ ACFI is a resource allocation instrument. The purpose of ACFI is to assess a resident's care needs as a basis for allocating funding. The instrument uses three components to determine the residential care subsidy;

1. Activities of Daily Living;
2. Behaviour; and
3. Complex Health Care (including medication management)

The Complex Health Care component relates to the assessed needs of a resident related to ongoing complex health care procedures and activities. The procedures and needs required in this question need to be identified in a directive from a nurse practitioner, nurse, allied health professional or medical officer². The focus of this question is on specified, identified treatments or procedures, not on the provision of care by a Registered Nurse.

A resident is able to achieve an ACFI high care classification without needs being identified in complex health care. A resident is also able to achieve a high care classification without the requirement for a RN to deliver specified care, within the ACFI instrument. The intervention may be required by an allied health practitioner such as a physiotherapist.

The current ACFI definition of "high care" includes resident funding variation between \$52 and \$209 per day. At present, there is at least one resident with a high care classification in every residential aged care service within UnitingCare. UnitingCare's accreditation results prove that the organisation is able to provide ACFI-classified high care support tailored to the needs of each resident with a variety of staffing structures.

Current NSW State legislation of 24/7 RNs is based on the presumption that every high care resident in Commonwealth funded RACFs requires a 24/7 RN in the service. This does not consider the following issues:

1. The previous high care classification that equalled nursing home care that was linked to the 24/7 onsite RN requirement in NSW is no longer present in the aged care program;
2. The variation in funding for an ACFI high care resident (\$52-\$209 per day) indicates that the Commonwealth funds services on the assumption that not all high care residents will require a 24/7 onsite RN resource;

¹ <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-funding/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/aged-care-funding-instrument-acfi-user-guide>

² https://www.dss.gov.au/sites/default/files/documents/10_2014/acfi_user_guide_1_july_2013.pdf

3. There is no assumption or expectation from the Commonwealth funding body that a RACF service with high care residents should be funded and operate like an aged care ward in an acute hospital. Those two service environments have very different requirements. The average cost per day for a comparable hospital bed is \$805, inclusive of doctors and allied health care. UnitingCare's average cost per day for an Ageing In Place bed is \$216 and a High Care bed is \$261;
4. The Commonwealth has not imposed a 24/7 onsite RN requirement for people classified as high care. There are thousands of people living in their own homes classified as requiring high care (level 3 & 4) home packages that are not receiving 24/7 RN onsite support in their home services. These programs provide 24/7 offsite on call support.
5. Advancement in communication technology in areas such as Telehealth is challenging the need for the physical presence of a range of clinical experts in many fields of health care.

2.7 Models of Care in RACFs and Acute Health

The interactions of health in Australia is complex - the Commonwealth is responsible for aged care and the States are responsible for acute health care. The NSW Government, through NSW Health, is directly responsible for the provision of health care services to patients. These health care services include acute health care and hospitals. It remains the right of a resident living within a residential aged care home to access acute health services through services such as hospitals, when required. Both sectors of health (aged care and acute) have a specific role to play in the continuum of health services for older people, but they do not have the same objectives and therefore should not be staffed similarly.

The understanding of the outcomes provided for an aged care ward and an aged care home need to be understood in this process. A review by the Committee of patients within aged care wards would identify patients with acute, clinical needs that require responsive medical and nursing support. Aged care homes provide an environment that delivers care, lifestyle and accommodation to aged persons who are affected by long, term, chronic illnesses. This environment is their home and they require long term support. The clinical care requirements of these two cohorts are significantly different and should therefore be considered differently. Aged care homes are not hospitals!

Residents from UnitingCare's RACFs often use acute health services such as emergency and public hospital beds when acute care is required. We view the interactions of our residents with the public health system as appropriate and responsive to the resident's needs. An aged care facility is limited in its abilities to care for acute episodes, particularly trauma due to falls, orthopaedic, acute cardiac and respiratory issues. Acute services are usually accessed by residents when specialist services are required and are outside the scope of care provision for most residential aged care homes.

UnitingCare is committed to investing in the interrelationship between RACFs and acute care. It is in the best interest of the resident to support care in their RACF home, where possible. UnitingCare has developed and continues to develop strong relationships with NSW Health that has resulted in partnership services in telehealth, geriatrician onsite support and numerous rapid response acute health teams that visit residents within RACFs. These initiatives have been successful, as staff from both health services (RACFs and acute) are

committed to developing protocols and procedures to ensure the best outcome for the resident. It often prevents RACF residents presenting at emergency departments as well. These initiatives have successfully been implemented across a range of our RACFs and the success of these programs has not been reliant on a 24/7 RN onsite support in the RACFs.

2.8 Impact on innovative service model development

In the case studies provided in this submission, UnitingCare has provided examples of residents who are currently receiving quality high care through a number of service models and staffing configurations.

The implementation of 24/7 RN requirement would also prevent the uptake of many of the new models of aged care provision which are emerging globally. The unilateral requirement for a 24/7 onsite RN in an aged care service, when there is a resident classified by ACFI as high care, would prevent the development of services which are emerging internationally, such as micro-nursing homes, various forms of local-cottage based residential respite services, and a range of hybrid models of residential and community care. The majority of residents entering residential aged care services are classified by ACFI as high care. This does not automatically mean a 24/7 onsite RN requirement. If services require a 24/7 onsite RN for every high care resident, the financial impact of the 24/7 RN would generally result in larger residential aged care services (above 70 beds) in order for a service to be financially viable. This would prevent the continued development of smaller scale residential care services which are home-like and are particularly important in rural areas.

If 24/7 onsite RN cover becomes a requirement for all residential aged care facilities, the following issues will arise and would need to be addressed:

1. What penalties will apply for failure to comply with 24/7 RN onsite requirement? The Federal Government can apply sanctions, including restricting funding, impose administrators, and close a service and/or withdraw Approved Provider status. What is the capacity of the NSW Government to impose penalties, particularly if this is ongoing and the service is unable to recruit suitable RNs?
2. Who will monitor and enforce the 24/7 onsite RN requirement?
3. Given that the 24/7 onsite RN requirement will result in thousands of beds becoming economically unviable, including in rural areas, what transition period and process will apply? A minimum of five years would be required.

3. Alternatives to 24/7 RN in High Care Proposal

UnitingCare offers a number of alternative approaches to the proposed 24/7 onsite RN requirement in services where there is a resident classified by ACFI as high care:

UnitingCare believes that the Federal Government should be solely responsible for monitoring the quality of residential aged care services. However, if the NSW Government formed the view that it was necessary for its intervention in the regulation of aged care services, it could supplement this process with the following alternatives:

1. Implement a requirement for all RACFs with high care residents to have access to a 24 hour RN on-call. This support could be provided by phone/telehealth etc.;

2. Transparency of staffing could be provided to consumers: RACFs could be required to publish staffing levels or state whether they have 24/7 onsite RN cover. This would provide transparency of staffing levels for all RACFs and ensure consumer choice; or
3. Grandfather the 24/7 RN current arrangements for services previously licenced as Nuring Homes. This allows the maintenance of current RN arrangements for those services.

4. Recommendations

UnitingCare provides the following recommendations to the Committee in relation to RN requirements within RACFs:

That NSW should remove all legislation in relation to Registered Nurse requirements in Commonwealth-funded residential aged care facilities. UnitingCare believes that the Australian Aged Care Quality Agency is the most appropriate organisation to assess the overall provision of care and appropriate staffing for individual services. This is preferable to the NSW Government setting one requirement relating to RNs, with no regard to the care management systems, overall staffing structure and residents' needs profile for individual services.

5. Summary

In summary, UnitingCare believes the proposal for the requirement for 24/7 RNs to be ill considered for the following reasons:

- It will not improve the quality of care for the people of NSW;
- It is not the role of State Governments to provide legislation or oversight of the operations of aged care services. That is the role of the Federal Government;
- The Federal Government has appropriate mechanisms to oversee the staffing, quality and safety of residential aged care services;
- If implemented, the proposal would have significant unintended consequences, including making a number of existing residential aged care services financially unviable and preventing the development of innovative new models of care. Those outcomes would place significantly greater pressure on NSW health systems, as well as reducing access for people to aged care services in their local communities. Whilst it will affect all of NSW, the greatest adverse impact will be in regional, rural and remote areas.

6. Case Studies

Examples of UnitingCare Services that offer services to residents classified by ACFI as high care without 24/7 onsite RN cover.

6.1 Rural Hostel

Service Description and Quality Outcomes

This Hostel is a 15 bed RACF located in a small township. It was originally classified as a hostel and currently offers limited ageing in place. The RACF is located on the hospital site and at the time of Commonwealth Residential Care Accreditation provided care and support to two low care residents and 13 high care residents. The RACF is located in a town of approximately 500 people in a close rural community. The closest high care service (or Nursing Home service) is 69km away.

The service has a defined resident admission and transfer criteria and works closely with the local health service and medical officers in order to allow residents to remain living in their country town for as long as possible. Transfer criteria includes residents with high mobility needs and complex care needs.

The service maintains a staffing roster that includes scheduled Registered Nursing hours and an on-call Registered Nurse system for support.

The hostel has maintained Commonwealth Accreditation continuously. Extracts from the current accreditation assessment reflect the service's successful achievement of good, quality care for all clients, including high care clients.

1. Expected Outcome 1.6 Human Resource Management

“Residents and their representatives are satisfied with the sufficiency of staff and the quality of care and services provided at the home. The staff roster is overseen by senior management. It is based on residents’ needs and monitored through feedback from staff and residents. Staff are multi skilled and are satisfied they are able to meet residents’ needs. Registered nursing staff are available to meet residents’ specialised care needs and supervise care delivery. New staff are recruited in accordance with the Organisation’s minimum qualification criteria. The home has a leave replacement program.”

2. Expected Outcome 2.5 Specialised Nursing Care Needs

“The specialised nursing care needs of residents are identified in consultation with the resident and/or their representative, medical officers and the health care team. Provision of specialised nursing care is managed and overseen by registered nurses. Care strategies are developed and recorded within care and treatment plans and evaluated regularly by Registered staff. Staff indicated they have access to education, appropriate equipment and sufficient resources to enable care and treatment is provided effectively. Resident/representatives are satisfied with specialised nursing care provided.”

Case Study Overview

Two medium claims out of three domains in ACFI equal “High Care”. This is easy to achieve, especially if the resident takes a number of medications and requires a pain management program, as well as a behavioural management plan. This plan of care requires monitoring by an RN, however, it does not require an RN to be monitoring them 24/7.

Resident’s Case Study

“Norman (name has been changed) recently began palliating with us because the family did not want him to move to (another town), which is at a minimum a 45 minute drive. His wife is also a resident of our town and they would not have been able to spend quality time together. This was a decision undertaken consulting with the family, resident, doctor and staff.

The family wanted them to be together and agreed to roster themselves so one would stay at the facility to be the extra person for care needs that require 2 people, such as bathing and repositioning. We organised with the doctor to order the medications through a syringe driver so there was constant delivery of pain relief. We had an RN on call if breakthrough was needed and titrated the syringe driver accordingly to reduce the amount of breakthroughs required. The Doctor was also very supportive of this process.”

We also have two residents on peritoneal dialysis which alone would create a classification of high care. This is the type of dialysis that happens at home. The care staff went through specific training to be able to attend to the procedure by the Local Health District (LHD) renal unit. Again the RN monitored the resident’s needs. The service worked with the renal unit daily to monitor weight and the renal unit provided the RACF with the type of bag and fluid to be used to run through the dialysis process. Again the Doctor was a great support and so was the renal unit.”

These stories provide evidence of how a residential aged care service, with the support of health services, can assist a high care resident to remain within the local community and prevent admission to another RACF nearly 70 km away from their support systems and family. The care provided to the residents is of high quality and there is no requirement of a 24/7 RN onsite.

6.2 Metropolitan Low Care Service

Service Description and Quality Outcomes This low care service is located in Sydney. It was originally classified as a hostel and currently offers limited ageing in place. It has a total of 47 allocated places with 32 residents classified as high care. The service base roster includes personal care workers with scheduled RN hours and on-call support. The service has developed a transfer criteria, identifying when residents needs that cannot be supported in the facility.

The service has maintained continuous Commonwealth Accreditation. Extracts from the current Accreditation assessment reflect the service’s successful achievement of good,

quality care for all residents, including those classified as high care. This assessment was undertaken between 30th June 2015 and 1st July 2015.

1. Expected Outcome 1.6 Human Resource Management

“The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and a minimum Certificate III qualification is preferred for care staff. The home is supported by human resources department and police check certification is obtained prior to employment and is monitored for renewal. All staff complete a comprehensive orientation program and work buddy shifts. Staff sign to acknowledge confidentiality of information. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, competency assessments, annual performance appraisals, feedback and audit results. Staff rosters are adjusted according to workloads and Registered Nurses are rostered four days a week and the manager and registered nurses are accessible after hours and on weekends. Extended staff hours cover most staff leave requirements with minimal use made of employment agency staff. Long standing staff said they enjoy working at the home, they work as a team and have sufficient time to complete shift duties. Resident/representatives expressed satisfaction with care provided by staff and residents said they are assisted when necessary in a timely manner.”

2. Expected Outcome 2.4 Clinical care

“The service has a system to ensure appropriate clinical care is provided for residents. Information collected prior to entry and from the assessment process is used to generate care plans which contain specific interventions for each resident. Any changes to residents’ condition or care needs are communicated to staff by verbal handovers, communication diaries, progress notes and care plan updates. Care plans are regularly evaluated for effectiveness. The home has established networks with clinical support services in the community. Residents have a choice of local medical officers who visit the home and arrangements are in place to ensure residents have access to after hours medical treatment or transfer to hospital. Clinical care practices are monitored through internal audits, staff competencies and resident satisfaction surveys. Care staff demonstrated positive attitudes toward their work, a good understanding of the tasks required of them and the importance of the care of residents. Residents/representatives provided very complimentary remarks about the care provided by staff.”

3. Expected Outcome 2.5 Specialised Nursing Care Needs

“The specialised nursing care needs of residents are identified when they move into the home. Systems ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. The home provides care for residents with specialised nursing care needs such as diabetic management, wound care, use of oxygen concentrators and behaviour management. Staff access the services of specialists and use resources from the local area health professionals as necessary. Care staff demonstrated knowledge and understanding of residents’

specific needs and said they are provided with education and training in specialised nursing procedures. Residents/representatives confirm staff are skilled in providing and managing residents' specialised nursing care needs."

Case Study Overview

Some residents at this service have been able to remain at the Hostel as their needs became more complex. We have been able to manage those residents, providing good quality care without an RN onsite 24/7.

Resident's Case Study

"Rose (name has been changed) came to live at this service over 20 years ago. Her medical diagnosis includes Schizophrenia, Parkinson's IHD/ Angina, epilepsy, Macular degeneration, chronic cellulitis, depression, Asthma, DVT, Rt TKR, severe left knee Osteoarthritis.

We put a care plan together with Rose's assistance as she is able to let us know how she feels and what her needs are. As Rose's mood and behaviour were challenging at times, our care staff were provided with education and training on dealing with her care needs. We were also able to assist her with medication as prescribed and pain management, with physiologist assistance. Support was shared between the Manager (E.N.) and Operational Manager RN when needing certain medical assistance, such as injections.

Rose can maintain socialising as the bus has the capacity to provide transportation to and from the shops, day outings, medical appointments, etc. Her unit was renovated by opening up the shower recess, installing grab rails, providing a suitable bed, etc.

Night staff is able to manage Rose as she wears incontinence pads, she can ring the bell for staff as needed, care staff provide two hourly rounds check (or as required) and the Manager is on call, after hours doctors are available or ambulance is available if the need arises for emergencies.

Rose's mobility is very poor at present – we take her to the dining room by wheelchair for the main meal and deliver the other meals to her unit. We attend her wound care every 2 to 3 days following review either by her Doctor or RN.

We receive great support from her Doctor, Ryde Mental Health and Ryde rapid response team – APEC."

Staff is able to manage residents similar to Rose well without the RN being on-site 24 hours a day. When residents become unable to communicate their needs, coupled with nutrition / feeding requirements due to complex swallowing difficulties, or when they develop complex wound care, then RN intervention is required.

6.3 Regional Low Care Service

Service Description and Quality Outcomes

This service is a 20 bed RACF located in a regional centre in NSW. It was originally classified as a hostel and currently offers limited ageing in place. At present, the service offers 16 RACF beds to permanent residents and 4 beds are allocated to the provision of Residential Transitional Care.

Current ACFI classifications include 10 low care and 6 high care residents in the 16 residential care beds. The service has defined resident admission and transfer criteria. The service's base roster includes personal care workers with scheduled RNs hours and on-call support. Transfer criteria includes residents with high mobility needs and complex care needs. UnitingCare seeks to support these residents and their higher care needs through transferring the residents to a UnitingCare nursing home in the same regional centre. The service has maintained Commonwealth Accreditation continuously. Extracts from the current Accreditation assessment reflect the service's successful achievement of good, quality care for all clients, including clients classified by ACFI as high care.

1. Expected Outcome 1.6 Human Resource Management

"The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and a minimum Certificate 111 qualification is preferred for care staff. The home is supported by the human resources department and criminal certification is obtained prior to employment and is monitored for renewal. All new staff complete a comprehensive orientation program supported by a mentor and work buddy shifts. Staff sign to acknowledge confidentiality of information. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirement. Staff practices are monitored through observation, skill assessments, annual performance and development reviews, feedback and audit results.

Staff rosters are adjusted according to workloads and registered nurses work 2 days per week and there are supports on call at all other times. Casual staff are available to cover staff leave requirements. Staff said they enjoy working at the home, they work as a team and mostly have sufficient time to complete shift duties. Residents and representatives expressed satisfaction with the care provided by staff and resident said they are generally assisted when necessary in a timely manner."

2. Expected Outcome 2.4 Clinical Care

"The Home has systems to ensure residents receive appropriate clinical care. A comprehensive program of assessment is undertaken when a resident moves into the home and a care plan is developed. Residents and/or their representatives are consulted in the assessment and care planning processes including through care conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of residents clinical care. The registered nurse develops and reviews individual care plans every three months and when resident's identified needs and preferences change. Medical officers review

residents regularly and as requested and residents are referred to specialist medical and allied health services as required. The quality of care is monitored through resident/representative feedback and a range of clinical audits and clinical data analysis. Care staff are provided with current resident clinical care information through handovers, calendars, clinical information in residents' rooms, care schedules and progress notes. Staff report they have appropriate equipment, resources, education and supervision to ensure residents receive appropriate clinical care. Staff interviews demonstrate staff are knowledgeable about care requirements and preferences of individual residents. Residents and representatives are satisfied with the clinical care the residents receive."

3. Expected Outcome 2.5 Specialised nursing care needs

"The home has systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on individual care plans when residents move into the home. Changes are documented in progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with residents and/or their representatives. The registered nurse and community nursing services attend and provide supervision for care staff who attend residents' specialised nursing care. Clinical nurse specialists are available through the local health service and within the organisation if required. Staff inform us they have appropriate training, resources, equipment and support to provide specialised nursing care for residents. Residents are satisfied with the specialised nursing care provided."

Case Study Overview

This service is a small, tight community RACF providing high quality care. The case study involves a resident who has transitioned within the RACF from an ACFI classification of low care to high care as her needs became more complex. We have been capable of managing residents in this situation successfully for many years.

Resident Case Study

"Janet (name has been changed) is a 86 year old lady who came to the service as a low care resident who had experienced a fall and was requiring additional assistance with her ADL's, in particular mobility. Over the period that Janet has been at the service her mobility and cognitive ability have declined and she has required increasing care interventions and the co-ordination of her care by a Registered Nurse. Janet is now classified as a high care resident, especially in the ADL and complex care domain.

Janet's care needs are met by the staff at the service without the presence of a RN every day. Janet requires assistance of two persons for mobility thus many of her care needs in the ADL domain are impacted. Strategies requiring two persons to assist her have been implemented, however due to the roster there are times when there is only one staff member available. In these instances alternative strategies for aspects such as mobility and toileting have been

implemented, in consultation with both Janet and her family members to ensure her care needs are met.

The RN is available 16 hours per week and in those hours endeavours to address any changes in care planning and assessment to ensure that Janet's changing care needs are identified and care planned. Janet's medication management and wound management are also attended by the RN on these rostered days to ensure all care needs are being met. Pain assessment review is also undertaken at these times and any liaison with Janet's doctor is undertaken.

Outside of the hours when the RN is rostered the remaining care staff are skilled and able to attend to Janet's care needs and if there are any concerns or changes that require more immediate review then a number of options are available to the staff to follow. The staff are able to contact and access a RN at the nearby UnitingCare nursing home for advice, they can call and discuss concerns with Janet's doctor, staff can access the on call manager (who is an RN) at any time or they can call an ambulance for both assessment and possible transfer to hospital for treatment. These options are all dependent on the issue and assessed level of concern and risk."

With various support from other RACFs and health care contacts, a RN is not necessary to be onsite 24/7. All residents receive high quality care and all employees are trained and capable of providing valuable service.

6.4 Metropolitan Specialist Mental Health Low Care Service in

Service Description and Quality Outcomes

This service is an 86 bed RACF which specifically caters to elderly people with mental health concerns. It is operated by a Service Manager, and has a Deputy Manager, Diversional Therapist, Registered Nurse three days a week and care staff, providing quality care on a daily basis.

This service has maintained Commonwealth Accreditation continuously. Extracts from the current Accreditation assessment reflect the service's successful achievement of good, quality care for all clients, including those clients classified by ACFI as high care.

1. Expected Outcome 1.6 Human Resource Management

"Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have required skills, experience, knowledge and qualifications for their roles. The orientation and education program, outlined in Expected Outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and resident/representatives. Relief staff are drawn from existing permanent and casual staff to ensure vacancies that

arise in the roster are filled. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents needs.”

2. Expected Outcome 2.4 Clinical Care

“The home has a system to assess, implement evaluate and communicate the residents’ clinical care needs and preferences. The review of residents’ files demonstrated the home regularly assesses the residents’ clinical care needs and updates care plans in collaboration with residents, representatives and the relevant health professionals. The home uses validated assessment tools and evidence based interventions to meet the ongoing needs of the residents. Interviews with staff indicated they have the knowledge and skills to deliver clinical care in line with residents care plans and the home’s policies. The home regularly evaluates and improves assessment tools, care planning, care delivery and staff practices. Residents/representatives expressed satisfaction with the care provided to residents.”

3. Expected Outcome 2.5 Specialised Nursing Care

“Interviews with staff and documentation demonstrated residents’ specialised nursing care needs are identified and managed by appropriately qualified staff as required. The home has processes for staff to consult on best practice care with external specialists (psychiatrist, psychiatric mental health team, wound care, and diabetic management) if required. Interviews with staff demonstrated they have the knowledge and skills to assess, manage and evaluate specialised nursing care. Documentation showed the staff use evidence based assessment tools and interventions to deliver specialised care. The home monitors staff practices and provides education which includes specialised nursing care. Interviews with residents/representatives indicated they are satisfied with the specialised nursing care provided to residents.”

Case Study Overview

As noted above, this service specialises in supporting older people with mental health conditions. We have continually provided good quality care to residents with complex health issues without the need for an RN to be present onsite 24/7.

Resident’s Case Study

“Seventy-nine year old, Betty (name has been changed), has lived at the service since 2012 and has the following diagnoses: Schizophrenia, high cholesterol, heart disease, back problems, mental & behavioural disorder due to alcohol, depression, reduced mobility and deconditioning secondary to fall and pneumonia. Although her care needs are complex, she is certain in her mind that she wants to only live at this service.

We have developed some strategies to address and manage Betty's complex care needs including a comprehensive care plan and intervention strategies, we have annual reviews with specialists such as Psych Geriatrician (onsite) and cardiologists, and we have at least three monthly GP reviews onsite.

Care staff provide Betty full assistance with activities of daily living, medications are pre-packed and are administered by staff that have Certificate IV. Pain management and mobility concerns are addressed by a Physiotherapist who visits the home every week. Podiatry and other allied health services are organised and provided onsite.

All required equipment such as air mattresses and princess chair have been provided to address Betty's care needs and make her comfortable. We also house Betty's cat which has added value to her life.

If Betty sustains any wounds, then the referral to a Wound CNC is made. On their first visit, they train and educate the staff regarding the dressings, if required, and then it is followed up at the facility level. In a case of emergency, staff are instructed to call 000 immediately and in after-hours concerns, GP after hour services are utilised."

In order to respect Betty's choice and decision to remain at this service, we have ensured that she receives optimum care with our staffing structure and have proved that quality of care and more could be delivered without having a 24/7 onsite RN. We, at this service, believe that Clinical Care is only a small part of the holistic care that we provide at UnitingCare.