

Submission  
No 151

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

**Name:** Name suppressed

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Partially Confidential

The Director  
General Purpose Standing Committee No. 3  
Parliament House  
Macquarie St  
Sydney NSW 2000  
Fax: (02) 9230 2981

23 July, 2015

Dear Sir/ Madam,

wishes to lodge this letter before the General Purpose Standing Committee No. 3 ***Inquiry into Registered Nurses in New South Wales Nursing Homes.***

### **About**

is a not-for-profit aged care service provider who has proudly cared for older Australians for more than 40 years. We understand the importance of providing older people with not only the best services and programs but also the dignity and respect that helps them to lead fulfilling, meaningful lives.

We are known for our superior care, our range of services and accommodation, our social justice commitment as well as our strong, long-standing presence in rural and regional communities.

We are part of a national Federation, delivering aged care services across all States and Territories in Australia. Collectively, we employ over 7,000 staff and support in excess of 11,000 clients. In NSW & ACT alone, we have 30 residential aged care facilities, 20 of which support older people living in regional and remote locations. We employ close to 2,000 staff across NSW & ACT and are a major employer in many rural locations.

### **Our Position**

is supportive of 24/7 Registered Nurse (RN) cover *where it is needed in those facilities whose residents require a high level of clinical expertise at all times.*

The Aged Care reforms of July 2014 that removed the high/low distinction meant the Legislative Requirement of the Public Health Act as linked to 'high care' places is now outdated and unnecessary. The legislation was never intended to cover low care facilities and if enacted will have a dire impact on aged care services.

At we value our RN's, and we work hard to ensure we attract, retain and support them. Unfortunately, the scare campaign asserting aged care providers like us, would, without the 'safety net' of a legislative requirement, remove RN staff from our services is uninformed, alarmist and untrue.

For us, more, not fewer, RNs are needed and wanted in our sector. More importantly, they are needed in the right place to best support our residents with high or complex clinical needs. Maintaining flexibility to tailor, the right staffing mix for individual facilities, is vital to our operations. Alongside the financial burden of employing more RN's lies an even bigger issue of recruiting RN's. The shortage of RN's, especially in our rural and regional areas means the legislative requirements will be impossible to enact, putting us at risk of failing our compliance obligations.

Rather, we call for legislation that gives us the flexibility needed to customise skill mixes according to the specific needs of residents across low needs and those with higher needs. Also, we need the

flexibility to respond to residents' changing care requirements by being able to deliver specialised care when they need it.

We believe the legislative changes should not expose high-performing providers such as ourselves to potential breaches of compliance. It will not always be possible to secure 24/7 RN's onsite, particularly in regional and remote locations.

We believe the Commonwealth 'safety nets' provided through the Australian Aged Care Quality Agency (the Agency) accreditation process and the Aged Care Act and Principles demonstrate there are currently effective protections in place.

We challenge why only NSW is being subjected to this legislative imperative? As a member of a national Federation, we are able to demonstrate that our counterparts in the other States who work under the Commonwealth framework provide an equally high standard of care and support to their residents, as we do in NSW. They achieve this without the crippling burden of maintaining RN's 24/7.

We challenge legislators to provide evidence to prove that employing a higher level of RNs in aged care will increase quality outcomes for our residents.

\_\_\_\_\_ is most concerned that this unwarranted legislation poses a significant impact on the viability and sustainability of our operations, particularly those services we currently provide in our regional and remote communities.

We request the following key issues be taken into consideration.

### **Standardisation**

The quality of care \_\_\_\_\_ provides in NSW is no different from that provided by other \_\_\_\_\_ Federation members in other states, so this standard clearly works. We work closely with our counterparts across Australia, and our accreditation records demonstrate our consistent standard of care.

### **Shortage of RN's**

A requirement to have RN cover 24/7 in all our facilities will be impossible to achieve, as there are not enough RNs to sustain this. We, like all aged care providers, struggle to secure the RN's we need to operate our business today. In NSW, it takes on average 7- 8 weeks to fill an RN vacancy. Given the shortage of RNs, finding a further 2,000 to work in aged care is not going to be possible. Furthermore, competition between for-profit and not-for-profit providers will intensify as we fight over this limited resource.

Today, we ensure our RN's skills are used effectively where and when needed. Alongside our RN's, we are equally proud of our entire care workforce. Our dedicated team receive comprehensive ongoing training and support to ensure residents receive consistent, high-quality care. This legislative burden will change the staffing mix, having RN's assigned while residents sleep is not an efficient use of our RN's skills and will not necessarily improve resident care to residents. The RN's we currently employ will need to work multiple, extra shifts, and we will also be competing on a daily basis with other providers to secure agency RN's to fill gaps. This potentially changes the dynamic of our workplace and introduces our residents to an ever-changing line-up of carers who are unfamiliar with them and their needs.

### **Financial Burden**

We would be forced to carry a huge and potentially crippling financial burden. If enacted, we would be looking at additional costs into the millions across our 30 facilities.

### **Significant Impact on Regional and Remote Communities**

Two examples typify the potential financial and employment impacts if these requirements were expanded.

### **– Southern Highlands**

In [redacted], other than ten places at the MPS, [redacted] is the only residential aged care provider with [redacted] servicing the needs of the entire Shire of 366 people aged 70+. If enacted, an increase of 138 RN hours per week at this facility will equal \$426,000 p.a. increase. The minimum, if offset against care worker hours would be \$240,000 p.a and would require an additional minimum of 4/5 RNs per week to cover shifts. The difficulty in securing RN's in this location together with the cost would challenge SCC to reconsider the viability of operating this facility. Our withdrawal would not only leave this regional town with inadequate beds, but it would also mean the loss of 27 jobs.

A similar scenario would play out in another rural community where we have an important presence.

### **– Central West**

Again, [redacted] is the only aged care provider in this locale. We are a major employer in the town with a total of 45 staff. The figures are similar to the [redacted] example above showing an increase of 138 RN hours per week would equal \$426,000 p.a. and requiring an additional minimum of 4/5 RNs per week to cover shifts.

If enacted, there are long-term consequences and our organisation would be forced to consider;

- Closing our low care and smaller facilities because we would be unable to comply with the legislation.
- The potential closure of rural and regional facilities because we cannot secure RN's.
- To fund required RN's we would consider removing other staff including Lifestyle Co-ordinators, and Pastoral Care workers that will impact on the overall quality of life care our residents enjoy today;
- We would consider transferring 'high care' residents, from any low care facilities, to hospitals to avoid making non-compliance;
- Reconsider the viability of our future developments and upgrades in regional and remote communities.
- Stop investigating ways to provide short-term acute or palliative care in our facilities, as there will not be enough RNs available to help us with these short term peaks and troughs in changing resident needs.

We recommend the General Purpose Standing Committee No 3 consider the following recommendations to allow aged care providers in this state to continue their core business of effectively delivering reputable, quality care to the elderly of NSW.

[redacted] recommend that, as the NSW legislation is out of date, it can be safely repealed in favour of the comprehensive national framework in the Aged Care Act.

We recommend a move towards standardising Commonwealth Accreditation for all states and consistent legislative requirements across all aged care services.

We recommend that the aged care sector adopt a flexible approach grounded in assessed care need that allows us to meet the best needs of our individual residents.

Yours sincerely,

General Manager Residential Care