

**Submission
No 115**

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

Organisation: Older Women's Network of NSW

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The Older Women's Network of NSW Inc.

Submission to the NSW Upper House Inquiry Into
Registered Nurses in Nursing Homes.

July 2015

About the Older Women's Network of NSW

Established in 1985, the Older Women's Network of NSW (NSW) is an active network of older women in NSW who seek to uphold the dignity, respect and rights of older women. Operated almost entirely as a volunteer organisation, OWN NSW has its roots in advocating for social justice and providing meaningful and engaging activities to enhance social connectedness and wellbeing.

There are currently 19 OWN groups and 7 OWN Wellness Centres in operation in NSW. There are approximately 1,500 registered members with many more women participating in the activities of the 7 Wellness Centres. In addition, we have over 130 followers on Facebook.

Key Publications:

- Older Women's Network NSW Inc. Members Survey on Access to Health Services
- Active Ageing, Wellness and Falls Prevention for Older Women
- OWN NSW – The Three R's: Rights Roadblocks and Resilience
- Prevention of Violence Against Older Women – The Disappearing Age
- OWN NSW Submission to the Australian Law Reform Commission Grey Areas – Age Barriers to Work in Commonwealth Laws
- It Could Be You – Report on Homeless Older Women

Publications can be downloaded at <http://www.ownnsw.org.au/reports-papers-submissions/>

Key Contacts:

The Older Women's Network of NSW (OWN NSW)

8-10 Victoria Street
Newtown NSW 2042
P: 02 9519 8044
www.ownnsw.org.au

Karen Martin
CEO
OWN NSW

Annette Bray
Chair
OWN NSW

Dr Jane Mears
Management Committee

M: 0438 217 202
E: ceo.own@gmail.com

M: 0400 630 089
E: chair@ownnsw.org.au

M: 0407 192 545
E: J.Mears@uws.edu.au



Statement

The Older Women's Network of NSW (OWN NSW) is committed to supporting the rights, dignity and wellbeing of older women and ensuring that the voices of older women are heard. Older women want to be treated with respect and dignity. This includes vulnerable older women and those who are no longer able, through frailty, disability, injury or illness, to advocate for themselves.

OWN NSW is committed to ensuring that older women have access to affordable, good quality residential and community care. Safe, affordable, timely and appropriate care is a basic right of all older Australians. We want compassionate and professional care when we are at our most vulnerable and we want that care from nurses and care workers who are well trained, experienced and knowledgeable. This is critical when resident needs are increasing in their complexity and require a comprehensive and multidisciplinary approach to their management (Bedin, Droz-Mendelzweig, & Chappuis, 2013).

It is the view of OWN NSW that appropriate care can only be achieved by maintaining the requirement in NSW to have Registered Nurses (RNs) available 24/7 in all residential aged care services, now and into the future.

OWN NSW has heard personal testimonies which tell of the qualitative difference the support and involvement of experienced RNs in residential care makes to the health and wellbeing of residents.

OWN NSW also supports further regulation and minimum standards for assistants in nursing, care service attendants and other employees involved in the care of older Australians, together with decent nurse to patient ratios in all aged care facilities.

OWN NSW is particularly concerned about the employment conditions of care workers and registered nurses. For both groups, improvement in employment conditions requires pay increases and a commitment to professional training (King, 2012, Mears, 2011).

Response to the Inquiry's Terms of Reference

OWN maintains that if care providers are to provide good quality care to older people, residential care facilities need to be staffed with professional, well-educated and appropriately trained care workers and registered nurses.

Registered nurses working in residential care are generally older women, with extensive knowledge and experience of working in this sector (King et al 2012). This is one sector where there is less employment discrimination against older women. We therefore need to provide more job opportunities, not less and in doing so continue to provide decent jobs



and employment for experienced older women (Mears, 2011).

Shifting RN tasks to lesser skilled staff places an unfair burden upon both those staff members and on residents. A good many care service employees who will be expected to perform such tasks receive their training and instruction for doing so 'on the job' (Bedin et al., 2013). This means that they will be practicing their new skills on older women who are frail, unwell and vulnerable.

OWN NSW is concerned about the impacts to the safety of people living in residential care. In particular:

- OWN is concerned about frequent reports from older women who find themselves 'shunted' between their residential care facility and the public health system for the delivery of basic nursing services or as the result of risk averse staff or worse as the result of poor clinical practice or error. We are acutely aware that the movement of older frail and vulnerable persons between care settings can be life limiting in and of itself;
- the possibility for cost-shifting onto other parts of the public health system as a result of any legislative or regulatory change to the current provisions; and
- OWN is also concerned that the services that older women are paying for to be delivered by their aged care provider will be outsourced to the public health system and as such the true cost of care will shift from the provider to the public purse.

We acknowledge that there are many reputable aged care providers who strive to ensure that RNs are in place 24/7 to meet resident need, however, there are also a number who believe that they can separate the expertise of the RN and the tasks they perform and delegate critical tasks to lesser skilled staff (Bedin et al., 2013). This poses an unacceptable risk to older women residing in residential aged care settings and devalues the key management and care coordinating role of the RN, critical in aged care settings which are noticeably devoid of any other senior clinician (Heath, 2010). Whilst General Practitioners visit residents within such facilities they are not physically present 24/7 and rely on the RN to provide clinical support for their patients. We note that the Australian and New Zealand Society for Geriatric Medicine (ANZSGM) have also been vocal in making this point.

OWN NSW does not believe that it is acceptable for RNs to only be available during core business hours or 'on call'. Further we believe all staff in residential aged care settings should be 'stand up' staff to ensure all resident needs are met.

A 2009 report by the National Prescribing Service (NPS) noted that the most at risk cohort from medication error were older people. Older people are more likely to be prescribed a complex mix of drug therapies (Easton, Morgan, & Williamson, 2009). This demands a greater level of skill to administer not less. OWN NSW has heard stories many stories from older women and their carers about the misuse and abuse of medication administered by



unqualified staff, including one from an older woman supporting her elderly severely demented mother who resided in a residential care facility on the North Shore of Sydney. Her mother had been treated with steroids for a chest infection. She was deeply concerned that although the chest infection had cleared up, her mother was becoming increasingly distressed and disoriented. When she checked her mother's notes, she found that her mother had been on a continuing dose of 70mg of Prednisone without review. Steroids such as Prednisone are known to cause disorientation and mood swings. Without the daughter's intervention it is unknown how long this resident may have remained on an inappropriate drug or what long term damage may have resulted.

OWN NSW sees RNs being on duty 24/7 to respond to critical incidents, as crucial. With appropriate responses, hospital admissions can often be avoided. To have this care available 24/7 also engenders confidence that patients in residential settings are getting the best possible care at all times (Heath, 2010). Whilst older women do have a somewhat limited choice in the facility they enter they have no actual choice either before or after entry as to the staff that will be made available to them. Therefore as a vulnerable cohort they are reliant on policy makers to ensure their needs will be met long term.

We know that the quality of care provided in nursing homes depends on the capacity of care workers and nurses to develop caring relationships with patients and to know and be able to respond to a patient's needs. Care workers and registered nurses need sufficient time and sufficient skills to respond flexibly to changing individual needs (Mears, 2006). Those of us in residential care services want care that is relationship based, respectful, individualised, flexible and compassionate. This is not achieved by cutting critical care staff at the frontline of care.

Final Remarks

While many will have you believe that the current debate is about a redundant piece of legislation it should be remembered that this current situation has been triggered by a significant shift in aged care policy at the federal level underpinned by the concepts of 'user pay' and 'user choice' on which we are told all age related services will now operate.

If older women are to be given a choice in the delivery of their care and if they are expected to pay more for it today than they have been ever asked to then, it would seem reasonable that they should be able to demand and have access to an acceptable level of care services 24 hours per day, 7 days per week (24/7).

OWN NSW and its members welcome this Inquiry and the opportunity to put forward our views. We would also welcome the opportunity to speak to this submission at the Public Hearings of the Committee in August.



Summary

1. The provision of good quality aged care is of central concern to older women. 70% of all residential aged care recipients are women (AIHW, 2012). Older women will have experienced domestic violence, discrimination in access to education, employment and health care resulting in poor health, disability and poverty in old age (Mears et al, 2013).
2. The increasing complexity of care required by residential aged residents is well documented and reflected in the care subsidies claimed by providers. As at June 2013, 82% of all residential aged care recipients were classified as high care under the Aged Care Funding Instrument, with the most common classification being high across all three domains (AIHW, n.d.). This suggests greater, not less, expertise and clinical management is required to ably support such residents.
3. Consumer directed care aims to support user choice. Older women in residential aged care settings in NSW have no ability to direct the staffing levels appropriate to their care needs. They have **no choice** but to accept the consequences of the providers preferred staffing model even if this is to the detriment of its residents.
4. There is a need for a diverse mix of skills in residential aged care which includes both RNs as well as care and ancillary staff. This affords all residents with the best opportunity to have their particular needs attended to.
5. The cost of residential aged care services for older women has risen considerably in the past 5 years due not only to changes in legislation but also as an offset to provider costs in upgrading facilities. There is an expectation therefore that the care provided is, along with accommodation, of an equally high standard.
6. Access to high quality, affordable, safe, appropriate and dignified care is the right of every older woman in Australia. The 2012 NSW Ageing Strategy states:

'Older people should have access to high-quality, timely and equitable services. Older people deserve high-quality services when they need them. Services should be focused on customers and help people to be as independent as possible.' (ADHC, 2012:5)

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