

**Submission  
No 104**

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

**Name:** Mrs Janet Ma

**Date received:** 22/07/2015

---

Ms Jan Barham MLC  
Chair, the General Purpose Standing Committee No. 3  
Inquiry into registered nurses in New South Wales nursing homes

22 July 2015

Dear Ms Barham

I thank you for the opportunity to submit this submission (see attached). My husband has Alzheimer's disease, which badly affected his mobility and balance. As a result of frequent falls at home, he was admitted to a metropolitan Asian-specific residential aged care facility 12 months ago.

I visit him every day and sometimes twice a day. From my daily visits, I have gained tremendous insight into the crucial role of the registered nurse (RN) in residential aged care. I would be most concerned for the safety and well-being of all elderly residents if there is no RN on duty 24/7 in any residential aged care facilities.

Almost all elderly residents in residential aged care facilities have complex and chronic health conditions. Many of them also have overlapping conditions such as dementia and stroke. They are unable to express themselves when they are in pain, discomfort or their health conditions deteriorate. These elderly are the most vulnerable citizens in our society. They deserve to have the government's protection to ensure safe and quality care during the twilight stage of their lives.

I sincerely urge the New South Wales government to keep registered nurses in all residential aged care facilities please.

If you have any queries regarding my submission, please don't hesitate to contact me on mobile number

Yours sincerely

(Mrs) Janet Ma

## Submission to the Upper House inquiry into registered nurse in New South Wales nursing homes – Janet Ma

My submission addresses the Inquiry Terms of Reference (in blue font) as follows:

### **Inquiry Terms of Reference:**

The need for registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, in particular:

- (a) The impact of amendment to the *Aged Care Act 1997* (Cth) by the *Aged Care (Living Longer Living Better) Act 2013* (Cth) on the requirement under s 104 of the *Public Health Act 2010* to have a registered nurse on duty at all times in a nursing home, and in particular:
  - (i) the impact this has on the safety of people in care
  - (ii) 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
- (b) the requirement for a registered nurse to be on duty in a nursing home at all times, as compared with requirements in aged care hospital wards
- (c) the administration, procurement, storage and recording of administration of medication by non-registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, as compared with hospital clinical settings
- (d) the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions

Registered nurses (RNs) are essential where residents have been assessed as requiring a high level of care – and people don't enter nursing homes these days unless they require high care and have complex needs. Many aged care residents have overlapping conditions, for example, dementia and limited mobility due to a stroke.

Furthermore, people move into an aged care home from 1 July 2014, they will be asked to pay a basic fee, a means tested care fee based on assets and income, an accommodation payment, and/or fees for extra or additional (optional) services. In our case, we had to pull out our entire life savings of over forty years to pay for a 'refundable accommodation deposit'. Alternatively we had to pay a 'daily accommodation payment' which is based on a 6.69% interest rate of the facility's advertised accommodation payment (\$430,000).

Although we pulled out all our savings, we are still \$35,000 short for the 'refundable accommodation deposit' and we are now paying this shortfall as a 'daily accommodation payment'. In other words, no one would want to enter into an aged care home nowadays unless their conditions are so complex, and they really cannot

be cared for in their own home. The requirement to pay large fees including an accommodation payment in order to enter a nursing home explains the high care and complex needs of most nursing homes residents these days.

Registered nurses have a crucial role including:

- Overseeing multiple medications, including assessing side effects
- Undertaking specialised wound care and nursing procedures for urinary catheters, naso-gastric tubes, ostomies etc.
- Minimising unnecessary transfers to Emergency Departments, for example, assessment of the resident after a fall prior to making a decision to call ambulance or contact the GP
- Providing palliative care to the dying so that they don't have to go to hospital
- Providing support and supervision to the rest of the team that is often composed of unregulated care workers with minimal training.

Without registered nurses, many more aged care residents would be sent to hospital, placing even more stress and pressure on our already overstretched health system and causing unnecessary distress to the residents and their families.

In the facility where my husband stays, most of the care workers speak or understand limited English. Majority of these care workers are hard-working, kind and caring individuals, who are competent in providing basic personal care. However they don't know or understand the resident's medical diagnosis and their complex health conditions. Due to their limited English and training, they won't be able to call an ambulance, and definitely are not in the position to respond to any critical incidents.

The care workers with a Certificate IV in Aged Care learn to give medications to residents according to the six 'Rs' - the right resident, the right medications in the Webster pack, the right dosage, the right time, the right route and the right documentation. They have no knowledge of pharmacology, drug side effects, or when to withhold medications if the resident's condition changes and contact the GP.

For example, a resident, who takes regular diabetic medication, has vomiting and not eating much. His/her blood sugar levels drop. Because these care workers have no nursing and pharmacological knowledge, they will continue to give diabetic medication to the same resident. Consequently, this resident may develop a serious medical emergency – hypoglycaemia, a condition of dangerously low blood sugar level, and the resident could easily slip into a coma.

As aged care services are now largely a user-pay system as well as tax-payers' money, Australians have the right to know whether their loved ones in residential aged care or receiving home care services are getting quality care. When residents

are not receiving safe, quality care, they end up in our public health hospitals which may not be the most suitable place for them and their families.

**Recommendation:**

- The New South Wales Health Minister to insert into the NSW Act the distinction between low and high care needs that was removed from the Commonwealth Act. That way registered nurses will be on duty where they are needed most. Having a registered nurse at work 24/7 means that the focus remains on meeting the needs of the residents, rather than helping the providers to make bigger profits.
  
- There is a strong possibility for cost-shifting onto the already overstretched public health system. Prior to making any State legislative or regulatory change to the current provisions, the New South Wales government should ask the Commonwealth government to hold an inquiry into the quality of care both in home care services and residential aged care.

**2. The need for further regulation and minimum standards for assistants in nursing and other employees or carers with similar classifications**

The regulated care workers in aged care require to hold a minimum qualification of Certificate III in Aged Care. It is well known in the aged care industry that the quality of registered training organisations (RTOs) varies across the State. I was advised that only TAFE provides quality courses that enable the students to develop the necessary knowledge and competencies in order to work proficiently in the future relevant field.

To my knowledge, RTOs only require an accreditation every five years. In between the five years period, there is no mechanism to ensure these RTOs are actually delivering quality certificate courses. For many non-English speaking migrants, who have little English language skills or qualification, to complete a Certificate III in Aged Care is an easy way to find a job in the large aged care industry.

I once saw an advertisement '*To be a nurse in 5 days*' in my local newspaper. I made a phone inquiry to this RTO from this advertisement on behalf of a family member, who speaks and writes little English. I was told to pay certain amount of money, complete a 'take-home' workbook, and if my relative has difficulties completing the workbook, answers will be provided. I was alarmed to learn of this kind of training. I reported this RTO to various government departments. Unfortunately I was passed on from one department to another department, and no investigation or action was ever carried out. Based on my previous inquiry to this particular RTO, and now my daily encounters with various care workers in the aged care facility, I am not surprised that some care workers were able to obtain a Certificate III in Aged Care even with very limited English.

**Recommendation:**

- All RTOs should have an unannounced audit at least once every 12 months by a government designated department, and an accreditation is required every three years instead of five years in order to maintain their registration.
- To regulate all care workers in aged care similar to enrolled nurses and registered nurses.

### 3. The adequacy of nurse to patient ratios in nursing homes and other aged care facilities with residents who require a high level of residential care

Most people including myself are very surprised when they learn that there is no set ratio of nurse to residents in the aged care sector. In child care centres, there is a legislated set ratio of one worker to four children. Yet, it is not unusual for one care worker to look after 18 to 20+ high needs, sick elderly residents in the aged care sector. The care team is often largely composed of unregulated workers with minimal training and no competency assessment. In the facility where my husband stays, there is one RN on each floor who is responsible for 36 high needs residents.

Removing the requirement of just one RN to be on duty will mean losing trained expertise, losing their capacity to recognise and respond to deteriorating clinical signs, resulting in many more residents suffering or being sent to hospital unnecessarily. One RN 24/7 is actually a very modest minimum standard for staffing and skill mix.

**Recommendation:**

The aged care industry received Commonwealth funding for every resident based on the Aged Care Funding Instrument (ACFI) according to the resident's care needs. Therefore, a legislated set ratio of nurse and care workers to residents based on their care needs could be easily established.

I sincerely urge the New South Wales government to show leadership and courage, and to establish the above described legislated set ratio that is required for all NSW residential aged care facilities similar to the child care industry. In my opinion, this is the best way to ensure safety for all elderly residents in aged care facilities.

### 5. Any other related matter.

#### 5.1 The problem of using the accreditation system to work out a safe staffing level and skill mix

The aged care providers asserted that the accreditation system is adequate to prove that the facility's staffing level and skill mix is safe. However, the general public does not realise that the accreditation system simply measures processes, not outcomes. Nurses working in aged care find it deeply frustrating to spend large amount of their time on paperwork, and they are cynical about this system. A key issue for me as a

carer, and to families of other residents is that staffing level drops to dangerous levels in the afternoon particularly during staff meal break and at night. But accreditation and unannounced visits only take place during business hours, meaning assessors rarely get an accurate picture of overall staffing.

In the facility where my husband stays, extra staff members were roster on duty during the two-day accreditation period. In addition to extra staff, the CEO, the Director of residential services and the staff development officer whom normally base in other sites, were all present at the facility.

Mandating a minimum of one registered nurse on duty is a more direct way of ensuring that skilled staff are present. Rostering of a registered nurse shouldn't be at the provider's discretion. It should be based on the high care needs of the residents, which have been professionally assessed and funded.

## 5.2 The aged care providers' excuse of difficulties in recruiting registered nurses

This is a laughable excuse of the providers. It has been estimated by the Australian Nurses and Midwives Federation that 30 to 40 percent of Australia's nurse and midwife graduates have been unable to find permanent employment in the past two to three years (published in the April Lamp, NSW Nurses and Midwives' Association).

In the facility where my husband stays, I personally encountered three nurse graduates, who were unable to find permanent employment anywhere, and try to get a job at this facility. They had to do voluntary work for the facility, so that they would be considered for some casual work later. No wonder I was informed by the staff that if anyone wants 'to get a foot in the door', one must offers to do voluntary work to begin with.

## 5.3 Requiring registered nurses at all times mean that many aged care providers would be driven out of business

This is scare-mongering by the providers. Australia has an ageing population, and aged care industry is a big business. If there is so little profit in operating a residential aged care facility as the providers constantly claim, I personally would like to see their financial account record to believe it.