

Submission
No 100

INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

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Partially Confidential

Ms Jan Barham MLC
Chair, General Purpose Standing Committee No. 3
Legislative Council, NSW Parliament

20th July 2015,

Inquiry into Registered Nurses in New South Wales Nursing Homes

Thank you for the opportunity to provide a submission to the above inquiry, allowing to inform the Standing Committee of the impact that any legislative requirements may impact the operation of our facility and the care given to residents.

consists of both residential aged care and independent living units. The residential care is provided under 2 RAC numbers still known as and . Our situation is a little uncommon as we are situated under the one roof, in one complex and share a number of facilities and staff. The nursing home has always been considered high care and therefore staffing levels covered with 24 hour, 7 day a week registered nurse supervision. The hostel considered as low care with ageing in place, over the years has always had a Monday to Friday supervisor but in the past this position has been filled with Enrolled Nurses but currently the policy is to employ a registered nurse to maintain the standard of care.

1. The need for registered nurses in nursing homes and other aged care facilities

We understand the need in aged care to provide a high level of care and to achieve this professional staff need to supervise and oversee this care. Certainly we also agree that the previous Nursing Home or High Care facility require this supervision on a regular 24/7 basis. has for over 30 years provided this staffing level and there is no reason we would consider any change. The current quality standards could not be met without these professional staff members and in fact employs more Registered Nurses now than ever before.

In regards the lower scale of care required for the Hostel or Low Care facility, it is debatable if the nursing care that is provided can be achieved by a day supervisor overseeing the care. In most cases evening, night and weekend shifts are at present being provided by care staff who would appear to be supplying good quality care.

employs a Registered Nurse in charge on Monday to Fridays and employs a mixture of Enrolled Nurses and care staff to cover all other shifts.

The issue arises with the removal of the distinction between Nursing Home/Hostel or High Care/Low Care. How do we now determine when it is time to have full supervision and when can care staff continue to provide appropriate care.

- (a) *The impact of amendments to the Aged Care Act 1997..... to have a registered nurse on duty at all time in a nursing home*

It is my belief that legislative amendments will not affect our current High Care and Dementia facility, either operationally or care provision. Amendments will however cause a significant impact on the Low Care facility whereby an increase in staff levels will be required to provide 24/7 care. I am unsure how the amendments will relate in regards provision of a Director of Nursing and have excluded this issue from comments in my submission. Regarding Registered Nurses at _____, is it estimated that an annual increase in staff will total 6650 hours or an annual expense of \$380,000. _____ is a small rural town of approximately 8500 people, and while not considered remote would struggle to provide 5 professional staff to fill this void created should the amendments require a 24 hour, 7 day per week change.

The cost to implement the amendments is substantial and would see the viability of the facility in question, taking up most of any reserve that may be generated and therefore affecting future development plans to improve or replace facilities. Whilst cost is a major issue it concerns me in regard the professional downgrade that may occur by placing Registered Nursing staff in situations whereby their skills are underutilised. Residents in Low care facilities may require very little medical care and trained staff may be required to provide nursing and personal care including, feeds, toileting and showering. Certainly smaller facilities will not have the funding to provide both trained and care staff on after hour shifts.

- (i) *the impact on safety of people in care*

Currently the safety of residents is a standard that is monitored by the Quality Agency. If facilities do not met this requirement they are forced to do so. Changes to legislation will not affect this commonwealth requirement.

- (ii) *the possibility for cost shifting onto other parts of the public health system as a result of any legislative change to current provisions,*

The argument in this regard by Industrial Union bodies is that Aged Care Providers will reduce the number of professional staff should the current requirement be removed. As previously stated _____ will not consider this option due to the needs of our residents and the risk this would place on all staff and residents. Reducing trained numbers may result in increased resident transfers to medical care facilities in emergency situations. Again the quality standard would require that appropriate staffing levels are maintained in line with care needs of all residents.

- (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;*

My concern is the effect of the Public Health Act amendments in regard aged care facilities and I am unaware of state requirements in hospitals. I would however assume that residents in hospital wards would be in a condition that would require a high level of care and therefore also require trained care.

- (c) *the administration, procurement, storage and recording of administration of medication as compared with hospital clinical settings;*

Administering of medication in Low Care facilities is certainly a concern within the Aged Care industry and I believe is being addressed by peak bodies and appropriate agencies as the issue relates to Registered Nurses v's care staff giving medication.

maintains a high level of appropriately educated care staff to meet the current legislative requirements. In fact quality assurance monitoring shows that Low Care staff perform better than High Care professional staff in relation to medication errors.

- (d) *the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions;*

As stated previously is a combined High/Low Care facility with a registered nurse on duty at all time in the High Care unit. Critical incidents in areas without a registered nurse can be covered by the High Care RN. It should be noted though that the presence of a Professional staff member would rarely prevent the transfer of a resident to a hospital should the need arise. This decision can be made on a number of occasions through communication with the medical officer and senior care staff. Incidents will normally require further testing ie X Rays which require the transfer to the local hospital. Certainly in the case of palliative care and pain management the employment of a Registered Nurse is a benefit.

2. *The need for further regulation and minimum standards for assistants in nursing....*

I believe there is a large number of under educated care staff in Aged Care facilities throughout NSW. However it is policy to employ only Assistants in Nursing holding a Certificate III in Aged Care as a minimum. Further education is provided during the year covering all aspects of care. Unfortunately we are always under pressure to fill care positions and the current availability of suitably qualified care staff would need to be considered if looking at regulating minimum staffing standards.

Enticing staff to work or train in Aged Care facilities on current wage rates and conditions is an on-going concern.

3. *The adequacy of nurse to patient ratios in nursing homes.....*

Again staffing levels are monitored by the Quality Agency in line with resident care needs. The ACFI funding instrument is in place to provide funding for care staff carrying out assistance with daily care needs. Any increase in funding would be appreciated by all Aged Care providers and would equate to increased hours, however without funding facilities continue to make do with what the subsidies and fees they receive. Facilities that are well managed can provided more hours than those that are not so well managed, but it does not follow that more hours may provide more care. I believe the accreditation system currently works well ensuring that a level of care through patient ratios is provided. Unlike the hospital system where staff ratios have been increased at a cost to the state, Aged Care providers would need to find their own funds should the government not increase subsidies.

In conclusion I would hope that the amendments to legislation in this regard would only occur after full consultation with all stakeholders, and especially those remote rural and small facilities who will be affected the most by any changes. I do agree that there is a requirement at some care level to provide full time professional staffing but the challenge will be to determine at what point and how this is to occur. It is very important to ensure that any such change is appropriately compensated for those facilities that are required to do so.

Yours sincerely