

**Submission  
No 76**

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

**Organisation:** Christophorus House Retirement Village

**Date received:** 21/07/2015

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# Christophorus House

## Retirement Village

ABN 32 001 781 013  
Registered Office:  
396 Peats Ferry Road, Hornsby NSW 2077  
PO Box 3198, Asquith NSW 2077  
Website: [www.christophorushouse.com.au](http://www.christophorushouse.com.au)  
Patron Dr h.c. Karl Kaltenbach OAM

20<sup>th</sup> July 2015

**Upper House Committees,  
Legislative Council,  
Parliament of New South Wales,  
Macquarie Street,  
Sydney NSW 2000**

**To:** General Purpose Standing Committee No.3  
**Reference:** Inquiry into Registered Nurses in NSW nursing homes

Dear Honoured Members of the Committee,

I write to the Committee in relation to the 'Terms of Reference' regarding in particular s 104 of the Public Health Act 2010, which reads that "... a registered nurse (RN) should be on duty at all times in a nursing home ..."

Prior to 1<sup>st</sup> July 2014, which was prior to the implementation of the **Commonwealth Aged Care (Living Longer Living Better) Act 2013** (Act), Christophorus House operated a low care facility, commonly identified as a 'Hostel' (not a Nursing Home). Following implementation of the Act on 1<sup>st</sup> July 2014, the distinction between low care (Hostel) and high care (Nursing), was eradicated and homes from that date forward were required to assess the level of care that they were able to provide, given the number and experience of the staff in the facility.

### **Background**

Christophorus House Retirement Village (CHRV) operates a 24 bed Aged Care facility under the Act. It also operates 23 independent living units (and in 15 months a further 26 units will be added), under the **Retirement Villages Act (NSW) 1999**. CHRV has been in operation since 1983. The Hostel was one of the first buildings built and it has always been the tradition and intent of CHRV to provide 'whole of retirement' living. The Hostel since its inception has always lost money and those losses have been subsidised through 'Village' income. When an independent living resident requires more support, to the level of an Aged Care Facility (Facility), it is very important that that resident does not have to leave the Village in order to receive the care they need. Naturally the facility also caters for external clients from the surrounding region.

CHRV staffing and levels of professionalism have proved more than satisfactory over 3 decades and more. The Facility has never recorded any adverse outcomes to its residents since commencement of operations, and under the strict regulatory framework of the Commonwealth, has since 2005 rated 100% in Accreditation Audit results; viz-a-viz , not any one of the 4 Standards or any of the 44 Outcomes found wanting.

The current Facility staffing make-up is as follows: Registered Nurse – full time and On-Call; Facility Supervisor – ENA, full time and ‘On-Call’; Personal Care Assistants – Level 4 Certification and above, 24 hours per day, and daily ancillary staff (e.g. Chef; cleaner; admin.)

The current profile of High Care Residents (all aged care facilities have always had ‘ageing-in-place), as per the Aged Care Funding Instrument (ACFI), is 9. An appraisal shows that those in this category are mainly so due to their need of personal assistance in ‘Activities of Daily Living’.

The Facility has an ‘Exit Policy’ which quickly addresses the need for a resident to be transferred to an appropriate facility to the benefit of their health needs and safety, should the need arise. There are three primary reasons why CHRV may not accept a person as a resident, or may require a resident to obtain services at a more appropriate facility; they are ‘wandering dementia’, non-ambulatory status; or some forms of complex medical care. Under the Act, it is up to the facility to determine what level of care they are able to provide.

In terms of Medication, the Facility has a Medication Policy and Procedure which complies with all Regulations. Staff are trained, educated and regularly assessed in this important area. CHRV is supported by the local pharmacist, who also provides staff training and reviews medications to recommend changes to visiting doctors.

### **Issue**

To require a Facility such as CHRV (a small bed facility), to change its operational model to a 24/7 RN situation is cost prohibitive. Additional cost impost would be in the order of over \$300,000. For a facility that currently loses \$250,000 per annum, this additional cost impost would be unsustainable and force the closure of the Facility. The implications of this are clear; current independent living residents and local residents in the community would no longer have access to a place such as CHRV offers, this at a time when more (not less) beds are required due to the ever increasing ageing population. Home services can only cater for the needs of a person up to a point. Ultimately, aged care facilities will be needed. Where CHRV will consider in its strategic planning, to increase the number of beds it offers, a pre-mature closure of the Facility would result in such a plan not going ahead, there-by reducing the available beds in the community. The closure of small facilities such as CHRV is an anathema against the ‘right of individual choice’ as outlined in the Act. Whilst large service providers will continue to expand their operations, such will be at the expense of ‘choice’ and this may also have implications for the quality and dignity of individuals in an aged care setting

Whilst the ‘push’ to have 24/7 RNs in all facilities may well be seen as providing additional employment to nurses, the real end result will be to see not only all ancillary staff, but also the existing nursing staff losing their jobs. No other State in Australia has such a clause as s104 of the Public Health Act 2010. CHRV has proven over 3 decades of operation, that there is no need for imposition of a requirement as to the profile of staffing, which takes regulation of the industry too far, at the expense of the end user.

**Recommendation**

The industry has worked well throughout decades without the need in ‘Hostel’ type settings, for a 24/7 RN. The solution, for a CHR V to remain in operation, is for section 104 to be repealed, in order to ensure that CHR V would not be breaching the law by operating without a 24/7 RN.

Mandatory setting of staffing requirements, contradict the many procedures and systems in place for an operator of an Aged Care facility to determine staff and resident profile. To impose a 24/7 RN, regardless of need, would be to see valuable resources to the community close. CHR V will most definitely be forced to close its operation if 24/7 RN requirements are made mandatory by State government legislation.

**Yours faithfully**

**Milan Telford**  
**Chief Executive**