



PATRON: THE HON MICHAEL KIRBY AC CMG
ABN 48 609 882 288

Trent Zimmerman, MP, Chair
House of Representatives Standing Committee on Health, Aged Care and Sport
Parliament of Australia
Canberra ACT 2600

TO: Trent Zimmerman MP, Chair:
CC: Steve Georganas MP, Deputy Chair:

CC: health.reps@aph.gov.au

29 March 2018

Dear Mr Zimmerman,

RE: Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia

Aged & Community Services Australia (ACSA) wishes to clarify some comments made by Adjunct Professor Kylie Ward, CEO, Australian College of Nursing, at the inquiry hearing on 5 March 2018.

In her evidence to the inquiry, Prof Ward stated that: *“law reform in NSW removed the requirement for a registered nurse to be onsite 24/7 in aged care facilities.”*

The Chair inquired if other states have the requirement that registered nurses be in place in residential aged care facilities to which Ms Ward responded: *“Correct, on all shifts”.*

Ms Ward went on to state that: *“All other states and territories have the requirement. We are concerned the changes in NSW may motivate other providers to push and lobby the government for the same, as a cost reduction.”*

Contrary to Ms Ward’s evidence, no other state or territory has this legislative imperative.

NSW was the only state with this requirement. Its legislation was impacted when the High/Low Care distinction was removed as part of the July 2014 *Living Longer, Living Better* aged care reforms. The NSW *Public Health Act* linked RNs to High Care places which no longer existed rendering the NSW State legislation obsolete.

Because of that, there was a thorough inquiry undertaken on this matter through the 2016 *NSW Parliamentary Inquiry into Registered Nurses in NSW nursing homes*. The Report and Government Response are available here: www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2275#tab-reports

The NSW Government’s response to the recommendation re RNs stated: *“The Government supports availability of registered nurses where appropriate for the level of care required by the residents. The Government also recognises the wide range of concerns raised in evidence before the committee. At the same time however, aged care facilities are regulated under a national system, operating under Commonwealth legislation. Retention and expansion of the NSW Legislation will duplicate regulatory process without addressing these broader issues.*

It is also important to highlight that these recommendations would extend the 24x7 requirement to facilities not previously caught up in the requirement.”

ADELAIDE

246 Glen Osmond Rd
Fullarton SA 5063
(08) 8338 7111

BRISBANE

Level 3, 19 Lang Pde
Milton QLD 4064
0414 470 940

CANBERRA

Level 1, 10 Thesiger Ct
Deakin ACT 2600
(02) 6282 7827

HOBART

19 Brisbane St
Hobart TAS 7000
(03) 6105 0246

MELBOURNE

Suite 3, Level 6, 24 Collins St
Melbourne VIC 3000
(03) 9108 0750

PERTH

Level 2, 25 Walters Dr
Osborne Park WA 6017
(08) 9244 8233

SYDNEY

Level 6, 5 Rider Blvd
Rhodes NSW 2138
(02) 8754 0400



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At the time, there was campaign waged that asserted that without the 'safety net' of such a legislative requirement aged care providers would remove RNs from their services. This did not occur.

There are already effective Commonwealth 'safety nets' provided through the accreditation processes of the Australian Aged Care Quality Agency (the Agency) and the Aged Care Act and Principles.

The Agency monitors staffing in residential aged care in accordance with outcome 1.6 of the Accreditation Standards, Human Resource Management, which specifically assesses that there are *'appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.'*

Under Standard 2, the accreditation requirements also specifically assess against the clinical aspects of care to ensure that all clinical needs of residents are being appropriately addressed.

Staffing ratios would deny providers the flexibility required to appropriately respond to the changing mix of care needs within their service, where at times it may be that more RNs are needed, and at other times the limited care funding might be more productively spent on additional allied health services or care staff numbers to support their residents.

ACSA is very supportive of 24/7 RN cover where it is needed in those services whose residents require a high level of clinical expertise at all times but is not aware of any research that demonstrates that higher levels of RNs in aged care increase quality outcomes for residents. What is required is the flexibility to have the right staffing model, including differing skill mixes, to meet the needs of residents.

The 2011 Productivity Commission report *Caring for Older Australians* found ratios to be a *"fairly 'blunt' instrument for ensuring quality care because of the heterogeneous and ever changing care needs of aged care recipients"* and found that they were not likely to be an efficient way to improve the quality of care and could also eliminate provider incentives to develop innovative models and adopt technology.

Yours sincerely,

Patricia Sparrow

CEO

Aged & Community Services Australia