Submission to the Productivity Commission – Caring for Older Australians Inquiry.

18th February 2011.

I am an enrolled nurse with over 30 years experience in the Aged Care Sector. In my nursing role I work with unlicensed workers known in Victoria as Personal Care Workers [PCW's]. In my time employed in the aged care sector I have made the observations herewith.

I bring these matters to the Commissions attention, in the hope that working conditions for all nurses and care staff in the sector can be improved, and that the government commit to a funding mechanism for the sector that enables all older Australians access to the best quality of care available.

It has been my observation over the years that:

The Aged Care Standards and Accreditation Agency does not assess approved Aged Care Providers to ensure they provide on their direct care rosters, adequate numbers of appropriately skilled and qualified staff to provide for all aspects of the assessed care needs of residents, in accordance with the Aged Care Funding Instrument. This is a huge concern to both staff and residents and the families of the residents – especially when families often believe that all direct care staff are registered or enrolled nurses.

Specifically,

- There is currently no provision or requirement for approved providers to allocate any amount of quarantined funding for direct care staff. Government money is given to Aged Care Providers with no strings attached.
- There is currently no provision to have a defined staff mix of RN's, EN's and PCW's on a roster, that has any bearing to meet the assessed care needs of a resident, in order to provide optimum care.
- When aged care facilities are coming up for Accreditation, often approved providers ensure that the 'best' staff are rostered on duty, on those days only, even when it may not be the normal rostered shift of the staff member. Example: Some staff asked 'not to come in' on the days the Accreditors are in the facility.

Unlicensed workers [PCW's] comprise the majority of direct care workers in the aged care sector. At present there is no regulated framework for their training. Some of these workers have completed a six month course, and have a good understanding of their role and responsibilities when they 'hit the ground' yet some have only done a three or four week course comprising two weeks of classroom and two weeks of placement in an aged care facility. This is totally unfair to the residents, and experienced staff, who have to take valuable time that could have otherwise gone to resident care, to 'skill them up' to work in the sector. I believe that nurses would be much more comfortable working with, and delegating care to PCW's if they (PCW's) were required to complete a nationally recognised training program that resulted in them being regulated and accountable for their actions, in a similar way as health professionals are in Australia. These are the people providing a large component of 'direct care' to the resident's, and some have less training than the person behind the checkout at my supermarket.

Some of my first hand experiences that I have witnessed in support of my argument include:

- A PCW was attending to the care of an ambulant, cognitively aware resident. A lack of understanding and knowledge in how to apply compression stockings to the resident resulted in an overextension of the resident's leg causing him to sustain a hernia. He also suffered from increasing pain all day and when examined by nursing staff coming on the following shift, they observed a lump in his groin. The resident's treating doctor was called and he diagnosed a hernia, subsequently the resident was transferred to hospital for an operation to repair the hernia, and 'died' on the operating table. He was resuscitated and spent two weeks in hospital. Firstly a stay in ICU, then transfer to a general ward. He eventually returned to the facility, however the condition and the frailty of his health deteriorated and he was never the same again.
- A resident who came into an aged care facility where I worked, for respite care, suffered a severe rash to his face when a PCW applied hair tonic to his shaven skin instead of sorbolene cream. The resident told the PCW not to apply the tonic but she said 'it will be alright' and proceeded to do so. The rash that resulted was so severe that a doctor had to be called that evening and he prescribed a medicated cream to heal the rash.
- A resident, who required continuous oxygen therapy, was wheeled to the day room by the PCW after her shower in the morning. The resident became lethargic and short of breath while sitting in her wheelchair. The Registered Nurse was called and she immediately transferred the resident back to her room for a nursing assessment in private, only to discover that the wheel of her chair had been crushing the oxygen tubing cutting off the supply of oxygen to the resident's airway, hence she was not receiving any oxygen at all.
- On another occasion a resident was going to hospital for minor surgery. The ambulance was booked for transfer at 0700hrs. The night staff ensured that she had a sponge in bed, placed a clean nightgown and continence aid on the resident and made her comfortable on her back, all set to be transferred onto the trolley when the ambulance officers came. This was all handed over to the day staff. When the ambulance officers came at 0720hrs, they were accompanied to the resident's room by the night Supervisor and the EN on day shift. When they all got to the resident's room they found the bed empty. They found the resident sitting on the toilet in the bathroom, unattended. The PCW was nowhere to be found. This resident was a High Falls Risk and it was stated in the Care Plan that she was never to be left unattended on the toilet. The ambulance officers were angry at the extra work involved in transferring the resident onto the trolley, and also for the time it took to get the resident ready for transfer. There were other patients in the ambulance and they were becoming agitated when the officers entered the facility.
- A resident was 'fasting' overnight as she was being transferred to hospital in the morning for a minor operation. The night staff had placed a "NIL BY MOUTH" sign at her bedside and removed her water jug. It was handed over to the Day Shift that she was to fast and that the ambulance was booked for 0900hrs. The RN overheard a PCW ask the kitchen staff "Where is the breakfast for Mrs…" When questioned by the RN, the PCW said that she did not know what the sign (Nil by Mouth) meant.

By contrast, child care workers are regulated and need to meet an educational standard to gain employment, and it is a disgrace that personal care workers in aged care do not have to meet similar stringent standards. We are talking about two of the most vulnerable sectors in our community: child care and aged care. One is held up to high standards and one is not. Child care workers have a mandated ratio of workers to children. This must also occur in Residential Aged Care.

For many years people in our society have held the view that aged care workers were just 'looking after the old people', work that is of little value, and therefore anyone can do that. What is not widely known is that people who come into an aged care facility are not only just 'seniors'; in fact some are aged in their 30's and 40's. These people are in residential care because they require high level, complex nursing care. In order to receive such complex care, direct care staff in residential aged care homes, need to have the skills, education and competence to provide it. In order to safeguard our communities this needs to be guaranteed under national regulation.

I see resident's entering aged care facilities these days who are much frailer and sicker than those admitted just a few years ago. People come to residential aged care now days with diagnoses like heart disease, CCF, COAD, Parkinson's Disease, Multiple Sclerosis, Diabetes, Asthma, Obesity and all the complexities these conditions entail; often combined of course, with the increased incidence of Dementia. Many residents's experience multiple illnesses and require complex medicine regimes to manage these illnesses and conditions. Then there are the complex nursing issues: Indwelling Urinary Catheters, Suprapubic Catheters, Tracheotomies, continuous oxygen therapy, Percutanious Enteral Gastric feeding tubes, syringe drivers, the list goes on. PCW's are not educated nor trained in dealing with any of these nursing care issues.

The review of Care for Older Australians needs to ensure the establishment of a regulated standard for **all** direct care staff in aged care settings, including the home and community, as well as residential care. More and more is expected of the PCW who is being delegated aspects of direct care to residents. Most aged care providers do not have enough RN's or EN's in their employment to delegate and supervise PCW's. Thinking about this analogy – If your car needs a service, you take it to a professional mechanic; if you want your taxes done, you go to a Certified Practicing Accountant; if you want your plumbing fixed, you go to a licensed plumber etc. Why then is it deemed acceptable for untrained carers to 'nurse' our frail elderly citizens? There are many regulations and compliances which both aged care providers and staff need to adhere to in order to achieve Accreditation, and therefore operate an aged care facility; however there is absolutely **no** regulation for the majority of direct care staff, which residents rely on for every aspect of their daily living. It is unfair to lump **all** unregistered care staff under the umbrella of PCW when some have had adequate training to function within their scope of practice, and do so well, and some have only done a short four week course, which does not equip them with the skills needed to function as a carer within a residential aged care facility.

Much of your initial report speaks to the funding arrangements of aged care, going into the future. This of course is important, and much needs to be done to address the gap between nurses working in aged care and those working in the Public Health system. In order to recruit and retain qualified staff in residential aged care an adequate remuneration is important, and we would all like to be paid a decent wage, but I do not believe that anyone goes into aged care for the money. Many of us have a genuine concern for our elderly

residents and want to give them the best care we can. I would like to believe that with the new Pathways and funding arrangements you advocate in your initial report, that future resident's both in Residential Aged Care and Community Care will experience value for money with respect to the care they receive.

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