

**Submission
No 126**

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

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The Director
General Purpose Standing Committee No. 3
Parliament House
Macquarie St
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Submission To The Inquiry Into Registered Nurses In New South Wales Nursing Homes

I am currently conducting research into residential aged care, which involves in-depth interviews with aged care experts and staff, including carers, AINs, ENs and RNs based in New South Wales. Some early findings are relevant to your enquiry.

In relation to the Standing Committee's terms of reference, I draw your attention to the following issues:

ADMINISTRATION OF MEDICATIONS BY NON-REGISTERED NURSES IN AGED CARE FACILITIES

In many aged care facilities, unskilled workers (AINs) are administering Schedule 4 poisons (prescription only medicines) and Schedule 8 poisons (controlled drugs, usually addictive in nature) to aged care residents without having to follow the same strict protocols that registered nurses (RNs) are mandated to follow. As a consequence, there is no guarantee the right person receives the right drugs and mistakes with medications are common. This increases the risk of aged care residents subsequently having to be hospitalised.

Here is a direct quote from one RN I interviewed:

... in the acute care environment the S4Ds and the S8s, like your opioids, are under lock and key and two nurses must sign those drugs out and verify that the patient is the correct patient and give the drugs to the patient, while they're observing them, and sign for it. Whereas, in the aged care environment, they have AINs (assistants in nursing) that have done perhaps an in-house training on how to give out medications and been deemed competent to do so and then they will give out the Webster pack drugs ... There's always lots of medication errors.

Recommendation 1:

Establish consistent protocols for the safe handling and administration of medications across the health and aged care sectors.

Recommendation 2:

Establish consistent qualifications and ongoing professional development across the health and aged care sectors for staff administering drugs.

MINIMUM STANDARDS FOR ASSISTANTS IN NURSING AND OTHER EMPLOYEES

I draw the Committee's attention to a report prepared for the Aged Care Branch of the Victorian Government's Department of Health entitled '*Innovative workforce responses to a changing aged care environment*' (attached) which sets out evidence-based research on the ideal skills mix in aged care settings.

Issues:

Early findings from my own research suggest there are many aged care facilities that employ staff with no minimum qualifications or training in aged care whatsoever and many of those same facilities do not provide staff training. Issues that arise from this lack of accreditation include:

Many aged care staff have inadequate English speaking skills, making it impossible for residents to make their needs known.

Recommendation 3:

Make English language proficiency a minimum requirement for all aged care staff in NSW. This is especially important when administering medications. Evidence of English language proficiency needs to be provided by a regulated Australian educational institution, rather than from overseas, to avoid the problems that our universities are currently facing with many of their international students falsifying certificates of language proficiency.

Issue:

Staff are often unable to distinguish between their own personal values and their professional responsibilities, resulting in their values being imposed on aged care residents. Examples of this include restricting displays of affection, separating couples who form romantic attachments, and limiting the privacy of married couples to prevent sexual activity taking place. Overseas-born staff often have no understanding of Australian culture and Australian sexual norms and staff with religious beliefs often have no tolerance for difference. When such staff see these normal behaviours taking place they often overreact, making residents feel ashamed or causing them to become distressed. Aged care residents are some of our most vulnerable citizens. They deserve a peaceful, calm environment where they are treated with respect and are facilitated to maintain their personal autonomy for as long as possible.

Recommendation 4:

Make the Certificate III in Aged Care a minimum qualification for all aged care staff in NSW and teach Australian cultural norms and respect for cultural and religious differences as mandatory components of that qualification.

Issue:

Many staff in aged care facilities are not adequately trained to manage sexual and romantic relationships in the aged care environment. Considerable research shows that many elderly men and women wish to retain their sexual autonomy for as long as possible and some are successful until the day they die. It is not the staff's role to determine if residents are 'permitted' to be

affectionate or sexual with each other. The *Aged Care Act 1997* and the Department of Social Service's *Charter of Care Recipients' Rights and Responsibilities-Residential Care* clearly state that aged care residents have the right to be 'treated with respect', 'to select and maintain social and personal relationships with anyone else without fear, criticism or restriction', and 'to maintain his or her personal independence'. This includes their right to maintain sexual relationships.

Recommendation 5:

Make the Certificate III in Aged Care a minimum qualification for all aged care staff in NSW. Include mandatory subjects that explain the law in addition to evidence-based subjects to inform staff about the sexuality of older people including the normal range of behaviours to expect, the range of sexual problems the elderly need help with, and the sexual side effects of medications, among other things.

Recommendation 6:

Use of the *Sexuality Assessment Tool (SexAT)* for residential aged care facilities (attached) should become mandatory in all aged care facilities.

OTHER RELATED MATTERS: MEDICATIONS

In relation to medications administered to aged care residents there is another issue that deserves your attention.

Medications are often administered without explaining the side effects of those medications to residents and without obtaining residents' informed consent. Not all aged care residents have cognitive loss and research indicates that even people with dementia have lucid moments and are capable of giving informed consent in those moments. Some of the aged care experts I have interviewed described the indiscriminate practice of administering anti-psychotic drugs as well as oestrogen injections and androgen-suppressing medications (such as Androcur) as a form of chemical restraint to curb residents' sexual appetites and behaviours. The justification often used is that residents displayed 'inappropriate behaviours'. However this term is highly subjective and is not clearly defined. As an example, I received accounts of insensitive staff being rude or rough in their handling of elderly residents, causing residents to lash out to defend themselves. These residents were then labeled 'difficult', staff called the doctor giving their account of the situation, and anti-psychotic medications were subsequently administered to control behaviour. Our elderly need to be protected from this type of abuse.

Recommendation 7:

Systemic cultural change is needed in the aged care industry to address negative attitudes and stereotypes applied to our elderly.

Recommendation 8:

More consistent staff training and accreditation is required to educate staff to better understand residents behaviours and how to manage them effectively without resorting to medicating residents. One of the more experienced RNs I interviewed described how most situations can be diffused with a sense of perspective, a sense of humour and a range of diversional strategies. This

type of approach needs to be modelled to staff via ongoing training.

Recommendation 9:

The term 'sexually inappropriate' needs to be clearly defined in aged care policy and regulations and made known to staff.

Recommendation 10:

Drugs administered to control aggressive or 'sexually inappropriate' behavior should be administered as a last resort, and certainly not in the first instance.

Recommendation 11:

The side effects of medications, including sexual side effects, need to be clearly explained to residents and/or their families and written records maintained demonstrating that informed consent was received prior to administering these medications.

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Research Topic: *Baby Boomer Sexuality: Exploring the Wants, Needs and Available Options for Partnered Individuals & Couples in Australian Residential Aged Care.*

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Supporting documents attached:

1. Nay, R., Fetherstonhaugh, D. & Garratt, S. (2010). *Innovative workforce responses to a changing aged care environment*. Melbourne: Aged Care Branch, Victorian Government Department of Health.
2. Bauer, M., Fetherstonhaugh, D., Nay, R., Tarzia, L. & Beattie, E. (2013). *Sexuality Assessment Tool (SexAT) for residential aged care facilities*. (Available from the Australian Centre for Evidence Based Aged Care, La Trobe University, Melbourne VIC 3086).