

Submission
No 124

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

Name: Name suppressed

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Partially Confidential

SUBMISSION TO THE GENERAL PURPOSE STANDING COMMITTEE NO.3 INQUIRY INTO REGISTERED NURSES IN NSW NURSING HOMES.

I am herewith making my submission to the Inquiry into Registered Nurses in New South Wales Nursing Homes, both as a consumer (daughter who currently has a mother in an aged care facility in NSW), and as a Registered Nurse who has previously worked in aged care, most recently in 2011.

INTRODUCTION

My mother entered the aged care facility which is a well- respected not for profit organisation in 2011. Initially she was classified as low care however for at least the last 12 months she has been classified as High Care in accordance with the ACFI. She remained in the low care facility until two days ago when thankfully she was transferred to the newly opened dementia unit on the same premises because of her cognitive decline and need for more supervision and higher care needs.

I would like to point out that this facility does currently always have an RN on duty 24/7 both in the hostel facility and the nursing home area in which the dementia unit is situated. I have been informed by the Manager who is also a registered nurse that while there are no plans to change this arrangement at present she doesn't know what might happen in the future.

The points I wish to make in this submission will be in support of maintaining mandatory 24/7 RN coverage in all high care facilities or facilities in which residents classified as high care are located. They will be made under the relevant point in the Terms of Reference as follows:

1. The need for registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, in particular:

(a) the impact of amendments to the *Aged Care Act 1997 (Cth)* by the *Aged Care (Living Longer Living Better) Act 2013 (Cth)* on the requirement under s 104 of the *Public Health Act 2010* to have a

registered nurse on duty at all times in a nursing home, and in particular:

(i) the impact this has on the safety of people in care

I will elaborate on this in the following sections but it is my observation the impact would be extremely detrimental.

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

It is obvious to me as an RN who has worked in both aged care and hospitals that if there is no RN on duty in aged care facilities 24/7 residents are far more likely to be transferred to hospitals unnecessarily. Carers, Assistants in Nursing simply do not have the clinical skills to properly assess residents so they will err on the side of safety, in most cases.

As State Governments are increasingly being expected to fund hospitals this will put a greater burden on the state health budget.

(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.

In hospitals there is always someone senior to call on in case of an emergency or simply for clinical advice / support. For instance, if a patient appears to have deteriorated or become unresponsive there are clear protocols to follow. This is not the case in aged care facilities. Also nursing staff in hospitals are either RN's or EN's and have the training to know when they require assistance or ask for another opinion.

(c) the administration, procurement, storage and recording of administration of medication by non-registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, as compared with hospital clinical settings.

While it is current practice in most aged care facilities for residents to be given medications from pre packed webster packs by assistants in nursing/carers in my experience this is not ideal.

An example occurred with my mother approximately a year ago. She was prescribed prednisone on a sliding scale starting with 50mg daily and to be gradually reduced. After approximately one week I became aware her mental state and behaviour had changed. She seemed unusually agitated and angry. As an RN I wondered if this could be due to the prednisone as it is a possible side effect. I asked the RN on duty to check the dosage she was on. He discovered on doing so that the pharmacy had incorrectly packed the Webster pack and she had been receiving 50mg daily for more than a week. He of course rectified this with the pharmacy immediately and made an incident report.

The point is the care staff who administer medications did not have the training to recognise the side effects and had therefore not reported anything unusual to the RN. As the RN in the low care facility has sometimes up to 80 residents in their charge they are not able to see every resident every day and rely on the care staff to report any concerns etc.

On other occasions I found tablets on the floor because my mother had not been properly observed taking them. She had a habit of almost throwing them from the cup into her mouth and sometimes missed – an RN or even medication endorsed EN would have noticed this. Again I reported this and asked that the staff be given training in this aspect.

As an RN I have no idea who would be responsible for giving medications such as insulin, schedule 4 and 8 drugs for pain relief and managing palliative care medications if an RN was not on duty. This would require a change in the current legislation covering these drugs which would have other serious implications. Even now mistakes are made but this would mushroom out of control.

Also less trained staff don't have the skills to recognise possible side effects which could be fatal or do not recognise when a prn medication may be required or should not be given.

In hospitals a patient is under closer observation by trained staff and has their vital signs recorded and charted at least on a daily basis. This does not occur in aged care facilities. Even as a high care resident my mother only had her vital signs recorded on a weekly basis and one of the medications she is on is for high blood pressure.

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

As an RN I can attest to the importance of having an RN available 24/7. When working in aged care I witnessed and was involved in numerous critical incidents from falls to patients becoming unconscious and developing acute infections. As an RN I was able to assess and if necessary contact the appropriate medical personnel, and often families to decide whether or not the patient needed to be transferred to hospital. Without doubt in many instances patients would have been transferred to hospital unnecessarily if an RN had not been on duty adding both to their personal discomfort and impact on public health budgets.

Often there are advanced care directives in place but it still requires a trained nurse to interpret these and discuss the situation with the family and doctor.

My mother has fallen on several occasions. Because there was an RN on duty they were able to assess and monitor her and she did not require transfer to hospital, but had there not been she would probably have spent many hours lying on a trolley in Emergency in physical and emotional distress. I have seen this as an RN working in already overstressed ED Depts and it is very distressing.

On other occasions I have found her to be febrile and delirious because of a urinary tract infection that had gone unnoticed by the care staff. As I mentioned before, even though there was an RN on duty the care staff had not noticed the symptoms either due to inadequate training or because of the lack of time to attend to her. Had I not visited and recognized what was happening the situation could have become very serious if not fatal.

Carers have expressed to me that they depend greatly on having an RN to turn to in the event of emergencies or changes in a resident's condition. They have said they would not continue to do this work if there was no RN on duty.

2. The need for further regulation and minimum standards for assistants in nursing and other employees or carers with similar classifications.

I believe the points I have made previously clearly point to the need for minimum and adequate standards and regulations for all care staff employed in aged care facilities.

Training for care staff now can amount to as little as 2 or 3 months. The majority of care staff come from overseas and while in some case they

may be registered nurses or other health care professionals in their native country, the majority have not had experience in this area before. They frequently face language and cultural challenges as well. While the care staff in my mother's facility are very caring and courteous they are sometimes unsure of how to deal with her as her behaviour can on occasions be challenging due to dementia. The tendency by some staff was to ignore her and I observed this with other residents similar to her.

I have also walked into the dining room to find her choking and staff ignoring her, or on another occasion no staff present. I reported this and it resulted that the staff had not known what to do. Had I not arrived when I did I doubt she would be alive today. When I reported this to the RN she apologised but said she had been busy with another emergency at the time as were other staff. She pointed out to me that this happens fairly frequently. I also know this to be true from my own professional experience.

3. The adequacy of nurse to patient ratios in nursing homes and other aged care facilities with residents who require a high level of residential care

In my experience both as an RN and as a consumer nurse to patient ratios are rarely adequate in aged care facilities. As I have previously discussed the RN's now rely on the carers to notify them of any issues occurring with residents as there is no way they can possibly attend to every resident themselves. Their role is to supervise. In some cases this works well but it depends on care staff being adequately trained and not having too heavy a workload themselves. This is rarely the case.

I have arrived at my mother's facility to find her sitting in heavily soiled underwear that has obviously been there for several hours. Staff themselves have told me that they don't have time to conduct the necessary personal care. I have also found other residents on occasions in states of distress or requiring assistance and been unable to find staff nearby.

Care staff have admitted to me that they dare not complain as they fear losing their jobs. RN's too have told me they must always appear to be coping and that they are basically advised they should not join the NSW Nurses Association. They too have expressed fear of losing their jobs if they 'rock the boat' or complain.

I am in favour of carers and assistants in nursing forming the major part of the aged care workforce but they must be well trained and supervised by professional staff and have truly workable staff to resident ratios,

5. Any other related matter.

I am extremely concerned about the state of aged care as it exists now but the prospect of it no longer being a mandatory requirement to have an RN on duty 24/7 where there are vulnerable high care residents horrifies me.

I feel for those residents who do not have a health professional as a family member to advocate for them now let alone if this change occurs.

As a mature aged RN with many years of experience I don't believe I have unrealistic expectations and I am aware the aged care industry faces real financial challenges. However it is clear to me that if this proposed change is implemented it will not reduce costs it will simply shift them from the Federal to State budgets and increase them as more residents end up in hospitals receiving more expensive care.

The other issue that requires clarification is what is meant by 'High Care' and 'Ageing in Place'?

My mother was classified as high care but remained in a low care facility as did many others like her with the same ratio of staff to resident as when she was classified as low care. I was told this was in line with the new policy of 'Ageing in Place'. Her care needs had changed and presumably the facility received more funding for her but the care she received stayed the same as the staff ratio remained the same. There appears to be no financial accountability!

It is clear to me from my experience as both an RN and consumer that the industry cannot be trusted to regulate itself. This is possibly even more evident in the For Profit Sector where I have seen luxurious surroundings replacing real professional care.

As the population ages we will require increasingly transparent and publicly accountable structures in place to guard against incompetence, neglect and financial mismanagement.

The current accreditation process doesn't achieve this. I have witnessed my mother's facility go through this process which they apparently passed with flying colours. There was a big build up to it and indeed some positive and lasting changes did occur such as the installation of a fire sprinkler system. However the boosted staffing levels did not last. As an RN I know spot checks are rarely, if ever conducted. I am also well aware that the care in the facility my mother is in is very good compared to many others.

Yours Sincerely