

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

Name: Name suppressed

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Partially Confidential

Residents in aged care facilities (ACF) have multimorbidities often coupled with frailty, polypharmacy use and advanced age. This is a requirement (ACAT assessment) for admission to the ACF. These frail aged are very vulnerable to acute changes in health and deteriorations that require experience and knowledge to assess and ensure the correct and appropriate management. A reduction in the number of, or removal of, registered nurses from these facilities puts the most vulnerable, high need, section of our community at risk. Studies show that care improves with the presence of registered nurses and the higher the ratio of registered nurses the better the care outcomes - this has been recognised with the establishment of nursing-patient ratios in NSW hospitals. Care staff have limited training in recognising deterioration or change at the appropriate time when support can be provided to prevent further deterioration or suffering. Care staff have limited knowledge regarding medications they are administering and frequently medication errors occur in aged care and often when a resident is deteriorating care staff will continue to administer regular medications (which they are only required to count the number of tablets and give to the resident). Frequently this results in unwell residents receiving blood pressure medications or diuretics that may contribute to their deterioration when they are unwell leading to further problems for the frail aged resident. Regular care staff that know their residents well are good at providing basic care but need a registered nurse to be available to escalate concerns regarding residents too. General Practitioners are often busy with their own practice and find it difficult to respond in an appropriate time frame - often this leads to inappropriate transfers to hospital and unnecessary distress and medical interventions for the frail elderly person when a registered nurse could have prevented the deterioration, provided appropriate support or sought appropriate review. Hospital admissions have been shown to result in poor outcomes for this frail population. Those with dementia or cognitive decline are at the greatest risk as they are unable to express their needs or concerns and require greater skills to assess than available to the care worker. As a Registered Nurse who works in acute aged care (attending many residential aged care facilities) and a daughter of a resident living in aged care I frequently see care staff struggling to manage very heavy work loads to provide very basic care to their residents and the impact that this has on both the care staff and residents. I frequently see residents frustrated or distressed by the lack of care staff to provide sufficient basic care for the residents. Providers of aged care are not in a position to advocate for the removal of registered nurses as they are the only ones to directly benefit if this occurs through financial savings. There should be greater monitoring and reporting requirements for providers to show that sufficient amounts of money are spent on resident care and not diverted to building funds or other projects (that applies to both private and not for profit providers). Providers receive money from the Government (ACFI) and the resident (%pension/bonds + interest/daily fees/extra services) - more of this should be going to direct resident care. The most vulnerable of our population should be protected from excessive profit making by providers. As an ex-care manager in aged care I have experienced the pressures put on managers from the executives regarding staffing levels and budgets, including continence aid use and dietary supplements. I was required to report down to the milliliter the amount of dietary supplements that were being given to the residents with the needs for this questioned (despite it requiring a GP prescription). There is a disconnect between provider management and resident care and an environment of bullying of staff and managers regarding staffing numbers, use of casual replacement staff - often not allowed so there are less staff to cater to resident needs when staff are off sick - this then creates further carer stress. Carer stress is a risk factor for poor care and elder abuse. In some cases the administration staff outweigh the number of care staff at the facility. Carers, most of who are now from non-english speaking backgrounds, are less able to speak out about their situation or the situation of residents and are more likely to leave than report poor working conditions or poor care for fear of reprisals or poor references. Registered Nurses are in a better position to be advocates for their residents and ensure residents care needs are better met by the care staff and provider. It is essential that the frail elderly continue to have the benefit of the experience and knowledge of registered nurses to ensure resident well being and facilitate their care needs within the aged care facility and avoid unnecessary hospital transfers - without Registered Nurses there is no quality in aged care. Registered Nurses improve the

confidence of the resident's family that care will be provided to an appropriate level and deterioration's recognised and dealt with in an appropriate manner.