

**Submission
No 64**

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

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I am foremost a carer in his home of an elderly parent (92 year old father) who has been recently assessed as requiring CDC L4 package. I am also a registered nurse writing training material for aged care staff and well aware of what happens within these facilities. For this reason I will not contemplate putting my parent in an aged care facility. I nursed my mother at home till she died for the same reason and I am very concerned about what I am hearing relating to residential aged care and registered staff.

I understand that the NSW Government is considering whether to remove the current legal requirement for nursing homes to have registered nurses on duty at all times.

Aged care is a speciality area and should be treated as such and instead of considering reducing the amount of RN's required in residential aged care you should be increasing them and setting a specific ratio especially if you are as a government are sincere in respecting and caring for the frail older person and treating them with dignity when/if they find themselves in residential aged care. The bottom line is not always just about money but about ethical behaviour and morality.

They (the frail older person) need to be able rely on and have confidence in a robust residential aged care system comprising of well-trained registered nurses who are able to identify and respond to their needs as access to medical staff is almost no existent unlike in the public hospital system. You name any disease/condition found in the public hospital system and you will find the same in aged care. Examples include: diabetes, malignancies, pain or wound management, palliative care, dementia (the treatment is not to sedate/bully/abuse them but far more complex and requiring high level skills). Nutritional management, Parkinson's disease, strokes, mental health issues such as bipolar disorder, schizophrenia, delirium, depression to name a few. The list goes on. I understand that a person under the care of the mental health team on reaching the age of 65 years they become the responsibility of aged care and lose many of their services. The person hasn't changed! Another challenge for aged care.

Aged care has always been considered by those in positions of power to be the poor relation of health care. Unsexy, like mental health. Even the registered staff working in aged care get paid less than their counterparts in the public hospital system yet the few that are there are required to be skilled clinicians to make up for the lack of medical support.

Why do we treat our elderly as lepers, outcasts? I could say there are no votes in aged care but there is a moral responsibility of those in power (our politician's) to look beyond the vote. I am tired of looking at magnificent aged care facilities, beautiful aged care structures where the care inside is not a reflection of the outside façade. I don't necessary blame the aged care sector but I do blame those who hold the purse strings, who set the standards, guidelines, legislation.

The frail aged who cannot speak out for themselves yet we talk all the time about "respecting the older person" and "treating them with dignity". I find this to be lip service to these the most vulnerable in our society, who have worked and paid taxes and have the right to be well cared for when they are unable to care for themselves or have no family member to care and advocate for them or a family that does not understand the system and how to work their way through it.

I can tell you from experience hospital nursing staff have little or no understanding of aged care and the needs of the elderly.

Aged care I reiterate is a speciality area and should be treated as such. Would you want to go into a public hospital system and be comfortable being cared for by untrained or unregistered Cert 111 care staff?

Despite this the system continues to fail them by allowing most care to be supplied by untrained staff, many who have a very poor understanding of English let alone nursing and the needs of the older person. Minimal training as education is the first thing to be cut when funding gets cut and there is no requirement for Level 111 staff or Level 1V trained staff in aged care to be registered. There is no level playing field on training of care staff with their certificates. The cheaper the cost to get that certificate the better irrespective of what the training is like.

I still find it hard to get my head around the fact that a Level 1V trained EN is registered yet a Level 1V trained aged care worker is not. I am aware that the aged care Level 1V is not of the standard of the Level 1V EN training though it should be!

It is such a pity that the elders in our society are not considered as the wise people of our society and given that respect but a group to be pushed aside almost discarded and on many levels treated as unwanted children.

To those still working I say you will not always be in the workforce and whatever system is put in place you will most likely reap/experience the benefit or the suffering from it. Most of today's elderly were not born with silver spoons in their mouths despite the area they may live in and worked hard for what they have. Superannuation was not even a word when most of them were working.

In conclusion:

Aged care is a speciality area and should be treated as such and instead of considering reducing the amount of RN's required in residential aged care you should be increasing them and setting a specific ratio especially if you as a government are sincere in respecting and caring for the frail older person and treating them with dignity when/if they find themselves in residential aged care. The bottom line is not always just about money but about ethical behaviour and morality.