

Submission
No 163

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

Name: Mr Clive Watson
Date received: 22/07/2015

Partially Confidential

Submission to the Inquiry into registered nurses in New South Wales Nursing homes

Name: Clive Robert Watson

Contact: address –

BACKGROUND

My wife was diagnosed with Dementia in 1994 and then Huntington's disease in 1996. From 1994 I was her sole carer, at home, until she died in 2011. I had a lot of assistance from GP's, Specialist's and other interest groups during this time.

Due to my own health I required respite for Beryl for three weeks in November 2011. At the time Beryl, considering the advancement of the disease, was in good health which was confirmed by regular visits to the GP and others.

During her stay in the _____ in _____ she contracted aspirated pneumonia, was mal nourished and dehydrated, had lost the ability to swallow and had a large weeping sore on her back. She was transferred to me in that condition on the 1st December 2011 by the Nursing Home without any advice of her condition I had to find out for myself; I was a Carer not a Doctor but knew she needed medical attention. Fifteen days later she was dead.

Naturally I was upset but waited till initial grief had passed then contacted _____ in an attempt to find an explanation of what happened. They were unconcerned, it never happened and I have correspondence confirming this response.

After further consultation with the _____ home and the result of their internal investigation that still found nothing happened and then outlined the changes they made because of the investigation. I realised I was no further advanced and looked for alternatives. I found www.agedcarecomplaints.govspace.gov.au however; it was very bureaucratic, off-putting and self-serving, completing the complaint would be difficult for even the above average person. Besides it only has the ability to comment and advise i.e. no teeth. The committee should take care with any statistics provided by them as I am quite sure they turned away more complaints than they handled.

I was still not satisfied with _____ response and so approached the NSW Coroner in mid 2012 and convinced Her to conduct an inquest, based on the documentation and photo's I had produced. The Inquest was held in _____ by NSW Coroner Barnes in 2014 and a summary of his report can be obtained off the Coroner's site. Beryl J Watson June 2014

The Coroner's findings were reduced by [redacted] submission including all kinds of correction to their procedures which was to be overseen by the Accreditation body. I have not seen any evidence (I am local) that they have changed anything. However, the Coroner's report includes a scathing attack on [redacted] credibility.

While the following information relates to Beryl's stay in [redacted] from my four year dealing with Government Departments and those with Cared one's in Nursing Homes I have a broad insight into the problem from all sides and Beryl's case is indicative of the problems facing Aged care.

SPECIFIC TO INQUIRY

1. It is important that the Committee realise that the designation of "High Care" is no longer in use however they are still there and still require the same level of care that they required previously.
 - a. During Beryl's stay at [redacted] the level of staff/residents was under stress as the Manager was away and some staff were elevated to fill the void meaning at times the ratio was 41 residents to 1 RN, 40 of those residents were High Care at the time. (Managers statement at inquest)
 - (i) With 40 High Care Residents to 1 RN it replicates nearly what is being envisaged at the moment and as in Beryl's case there was virtually no experienced trained staff to assist the AIN's to make decisions and allowed Beryl to;
 - # [redacted] at times, have less than 300 ml of fluid per day,
 - # [redacted] introduce a drinking method that flooded her lungs thereby creating the aspiration,
 - # [redacted] reduced then stopped her ability to swallow.
 - # [redacted] there was no documentation of any feeding provided for the Coroner so it is still unknown why she was malnourished apart from logic.
 - # [redacted] they did not provide sufficient care to Beryl's bed sore (photo attached)
 - # [redacted] and they did not contact a GP or Hospital to repair any of the above conditions.All this can be substantiated in the inquest papers.
 - (ii) At what cost to the residents?
 - b. Based on my experience and anecdotal evidence I received during and prior to the inquest the level of experience necessary in cases of emergency is high.
High care resident can have an episode at anytime.
It is not so much the designation of the supervision but the level of diagnostic ability that comes with training and experience of an RN as well as supervision of staff in these cases.

- c. Again backed by the inquest papers the level of administration skills in this and other Nursing Homes was extremely poor.
I can only believe that the accreditation body could not have seen a majority of those forms and not only those for Beryl.

No form provided by _____ for the Inquest was completed correctly in terms of the forms process as stated by _____ .

In a lot of the cases the forms were missing reports for days and few had an indication of who was reporting.

This I believe was due to the lack of staff, of training and supervision.

The Medication chart for five days was an email page on which was scrawled a list of days and times with some (where readable) missing times and no indication of who did it.

There is no comparison between Hospital care and _____ as there should be. When Beryl was in Hospital everything that was done or given was documented whereas in _____ it was impossible to understand Beryl's care through the documents provided.

It is not confined to _____ .

- d. Beryl is a case in point by their own statements to the Inquest RN's at _____ had very little interaction with Beryl allowing the AIN's to make critically and incorrect decisions.
- e.

I had provided a six page outline of Beryl's care needs that was backed by GP and Specialist advice. All nurses stated they had read it but very little was implemented. This was further damaged by lack of diagnosis when Beryl's condition deteriorated to a critical stage.

All experts at the inquest indicated that Beryl should have been referred to a GP or Hospital five to ten day earlier to her release. (She was never referred by _____)

2. A number of things were highlighted by the Inquest and while they are directed at _____ and Beryl's stay from my association with those affected by Nursing Homes over this time they are reflected in most.

(i) At the moment there is no physical ratio between the number of Carers (AIN) and Residents in Nursing Homes so their business models tend to be at the maximum and vary markedly from Home to Home. This must be addressed if care of our loved one's is important.

(ii) Similarly there is no ratio for RN's

- (iii) High Care Residents require greater levels of attention, diagnostic skill and experience.
- (iv) Administration and documentation must be of a consistently high standard for both the resident and the Home.
- (v) Training both procedural and medical must be continuous and documented .
- (vi) All residents are not the same especially those in Respite Care.

It is a fact that we are losing Community based Nursing homes either through takeover or financial difficulty the reason is most are based on a level of care that far exceeds those of the Corporate. Changing the regulations may not rescue them but it will level the playing field and hopefully provide a better level of care across the board with better financial models.

3. There has been no mandated Nurse to Patient ratio in Nursing Homes for any level of care only financial incentives and they have gone, it is why the figures vary so much between Homes. The discussion should be on the need for! not the adequacy of the ratios. As each Patient problems will vary so widely so will the need for a variety of care levels. Even in Schools we vary the teaching due to the variation in children why should aged care be different?

GENERAL

The problem with Nursing Homes at the moment there are few if any broad medical or ethical standards but plenty of financial ones.

This tends to lead to judgements being made from entirely the wrong perspective. While realising that there is a financial imperative in all cases it should not override the humane ones.

The aged are just as entitled to appropriate levels of support as the rest of society whom they have served all their previous lives but there seems to be a general feeling it is their time to go.

Statements made to me after Beryl death and my anger “Let her go it’s not worth the effort” or “you won’t win it’s a large Corporation so why put yourself through it” reflect the perception that nothing can be done for the aged.

Let me assure the Committee that Beryl had a very good lifestyle even though she couldn’t speak in the end we could still communicate and enjoy each others company. I have lost this because it cost too much to provide sufficient and appropriate care. To reduce what little there is and not increase the level of care would be criminal.

I realise that the NSW Government is only part of the regulatory bodies controlling Nursing Homes and some of what I have stated is for another body and so I have tried restricted my comments to the specifics as outlined but the pressure is building.

However; If the Committee believes that the Commonwealth Government and the Australian Aged Care Quality Agency will oversee any decisions that it makes so they will be covered let me refer to a letter I received from the Chief Executive Officer, Mr Nick Ryan on the 17th September 2014, in it he states “the grant of Accreditation for a period is based on the confirmation of the existence and functioning of systems and procedures” and “This can only be done on a sampling basis”.

During the period after the Inquest a number of Investigative Journalists probed both Beryl’s and other cases and what was found was appalling if you are aged and in Care you have no rights.

ABC program PM on 16/6/2014 “Mr Watson is outraged that the Nursing Home passed it accreditation not long after his wife’s death” in fact the Coroner was investigating it at the same time.

Women’s Weekly, August issue, “The shocking abuse in our Nursing homes” by Caroline Overington Associate Editor

ABC Radio National program on the 21st September 2014 by Anne Connolly raised questions about the accreditation of Homes and who is held accountable for failures of Care.

RECOMMENDATIONS

1. There has to be medical oversight at all times for High Risk Patient’s as their episodes will not be at a specific time of day therefore a suitable person must be onsite and the only one with the training and experience is at a minimum a Registered Nurse.
2. The designation of High Risk should be determined by at a minimum a General Practitioner and once determined should be monitored.
3. Just as the Opera House wasn’t built by apprentices there should be levels based on training and experience for AIN’s leading to a mandated maximum of Patients that should be designated by level of risk.
4. Most Carer’s (AIN) that I have seen are keen to help their patient and this sometimes leads them to make decisions contrary to Medical or other advise they need assistance and that should be offered by an RN.
5. Each Home must provide consistent policies and procedures and the training necessary and document that training to further assist.

6. Paperwork is dreary however it is critical in determining if a resident has changed their pattern of health as a GP or even the RN only overlooks at intervals and paperwork is all they have.

IN CONCLUSION

In my dealings since Beryl's death with those affected by Nursing Homes the most comments are about Staffing and more so when resident becomes high care. The failure of a Home to provide sufficient trained and experienced Staff can be solved by this Committee by providing a framework that allows both flexibility for the Home and a high standard of care for the resident, it is possible.

Would you like your car repaired only by Mechanics Assistants?

Further information can be provided if requested

Clive R Watson
22nd July 2015