

**Submission
No 103**

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

Name: Mrs Kate Mannix

Date received: 22/07/2015

Criteria 1(a)(ii) At my father's aged care facility in middle class northern Sydney, there are 3 carers on between 3pm and 10 pm to look after 39 residents (just on his floor). After 10pm there is ONE carer. There is NO registered nurse on in the afternoon or overnight. This evening, I asked the carers on duty what they did in the event of any difficulties after the RN went off duty. 'We send them to the hospital,' they reported. If the change to the legislation is effected, the outcome MUST be that the hospital emergency departments will suffer a considerable increase in emergency admissions from aged care facilities. What else should relatively underqualified carers do? Aged Care facilities will be careful of their legal risk; therefore they instruct carers to use the hospital emergency departments as a first resource. IT IS UNREASONABLE TO EXPECT HOSPITAL EMERGENCY DEPARTMENTS TO ADMIT LARGE NUMBERS OF THE FRAIL AGED, MERELY TO SAVE PRIVATE AGED CARE FACILITIES THE COST OF A REGISTERED NURSE.

1(c) My father required a sharp reduction in medication due to a misdiagnosis. Because pharmacies do not adjust their paperwork except on a three monthly basis, I have myself witnessed a carer puzzling over what appeared to her to be a contradiction in pharmaceutical instructions. The facility's instruction told her to reduce the medication and the pharmacy maintained the previous instruction. The medication involved was levedopa, which causes falls. In my father's case, the misdiagnosis had caused a catastrophic fall occasioning a near fatal broken neck. The Inquiry may imagine that I, therefore, had a considerable anxiety when I witnessed the carer about to feed my father drugs that nearly killed him.

2. With apologies: the truth is that a majority of carers in aged care facilities (two I have experience of) have BARELY FUNCTIONAL ENGLISH. Neither facility has employed assistants in nursing, only 'carers' and one (or no) RN. It is UNREASONABLE to expect elderly people to make their needs known to unsupervised carers who do not speak English, whatever other skills they may have. RNs could at least supervise these largely undertrained staff, even though their English is limited.

3. It is an INSULT to the community and to the elderly that there are NO ratios in aged care. My father still pays TAX. Yet he has no assurance that there will be ANYONE on duty - let alone anyone qualified on duty. There are NO RATIOS, unlike in childcare. There should be AT LEAST the same ratios, which should be very flexible given that a low care resident can turn into a high care resident very quickly.

I have myself used a call button to try to get a staff member to attend and no one came. No one came for FORTY MINUTES. They were in a staff meeting, it turned out. Lucky my father was not having a heart attack. This is not a terrible facility. This is a very NORMAL facility. Mr Nile, I plead with you as a matter of Christian charity to continue to insist aged care facilities have an RN on duty in every aged care facility in NSW. Governments must start to govern for its citizens and not for corporates, corporates which are also religious institutions, and vested interests. Not to do so means this government and all committee members fail in their duty of care to their most vulnerable citizens. The public will watch for the outcome of this inquiry with care.