

Submission  
No 143

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

**Name:** Name suppressed

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Partially Confidential

22 July 2015

The Director  
General Purpose Standing Committee No. 3  
Parliament House  
Macquarie St  
Sydney NSW 2000

Dear Members of the Committee,

I am now a retired registered nurse who has experience in Aged Care:

- I worked for 20 years in the Community Nursing sector attending to the mainly Aged in our local rural community and at times in the local Home for the Aged prior to Aging in Place.
- I am a carer of my husband who has had-in home care as well as spent some time in Respite over the last three years at different Aged Care facilities.
- I was also the only caregiver for my mother who had Respite in the local facilities two years ago, until she entered permanently into our local, rural Aged Care facility. We are now fortunate to have three Aged Care facilities in our town with a population of 12,000 within the shire.
- Almost two years ago, when my mother first went into Care, this approx. 50 bed facility only had one RN on during business hours and she was also the manager! She had totally insufficient time to attend to nursing issues!! I did not feel at all comfortable with just one EN per shift and carers as I recognised problems arising from what seemed to be 'normal' to them. I often needed to go in to Mum to be her advocate. This was not supposed to happen when she went into the facility! I was supposed to feel relief but instead I was feeling rather worried and at times stressed, having to check on far too many things that would have been simple, had an RN been dealing with it. Thankfully this has now changed and there is a separate manager of the facility and an RN and increasing hours for the RN

The major concerns for me was particularly with the medication, personal care management, and the missing of symptoms that could have instigated the correct early intervention, preventing a more complicated, even fatal situation. Some showed a complete lack of understanding of the basic essential care. They needed to be further trained on the job!

Many carers have no experience before they start! The unemployed are encouraged to do an Aged Care Certificate at either TAFE or other training companies, some even online!!! So we end up with many people simply doing this short course for a job but often results in unsuitable people with very limited ability in dealing with the Aged, going to work in a facility, to care for our aged and vulnerable.

On one occasion, in my mother's case, she had a serious issue early hours of the morning. She had to wait until the RN on duty arrived for her shift to deal with the situation. Her doctor said this delay had the potential to be a fatality.

I feel I needed to make a submission to the Committee because of my nursing background and my personal experiences in dealing with Aged Care with my family. I really fear for the Aged and the disabled in our community who are in nursing homes and I recognise the value and the extreme necessity of having an RN on duty at all times. It is the RNs who have the higher level of expertise when it comes to all aspects of care. But there also needs to be suitable staff ratios in place so staff are not overloaded. Mum has missed out on some aspects of care because of 'short staffed'! She then doesn't want to worry the staff because they are so busy, so she suffers! This is when accidents happen! That is when she had a fall because they were not able to attend to assisting her to the bathroom. There were set orders to always assist her, she was not to do these tasks alone. There NEEDS to be an increase in staff ratios! They are our vulnerable family members who have given to society and paid their taxes all their lives, some even fought for our country, and now it is society's turn to give to them, to care for them and most importantly respect them! If it weren't for them, we wouldn't be here! Why aren't we doing a better job!

We owe it to our aged citizens (our loved ones) in their time of need, to take care of them. That is why they are in a facility, because they can no longer look after themselves so they rely on care by experienced, caring and qualified staff. There are residents who are unable to speak, understand, challenge the care or information given or what is happening to them and are most likely forgetful. Some are confined to bed, unable to move or feed themselves. They are no longer able to speak accurately for themselves, so they need to be in an environment that will ensure that the level of care necessary will always be given and monitored.

Most importantly, they need to be protected from the mistakes and misinformation that I see happen from some carers and ENs. These mistakes come at a cost. A personal cost to the resident who is not treated with respect, care and understanding. Could easily be an unnecessary cost to our Health system because of failed efficiencies and mismanagement of a resident.

Our local health facility needs to be considered. Sending residents to the ED at the hospital is not always the best option. We don't have a resident doctor at the hospital. The need to go needs to be determined by an RN to hopefully reduce the call on our hospital staff, instead of being ushered off in the ambulance when there is no need. RNs have the expertise to make such a decision. Carers do not.

I have experienced the panic and inexperience of an AiN with my husband when collapse. She was unable to deal with the situation in the way that is expected, despite her 'training'.

The cost of the ambulance to simply pick up and take anyone even 1km to the hospital is huge! I've received the accounts, I know how costly it is. I could not even begin to think of the cost for all the unnecessary transportation to hospital. In a rural area, it can be many kms. In the city, the EDs can be overburdened, with hospital diversions in place and long waiting times. Unnecessary trips to hospital because of inexperience of staff who really need to be under an RN, is not efficient at all.

I must add that I have seen the wonderful caring nature that is totally suited to giving the respect, compassion and care our elders need. But their knowledge is limited in the medical field. Knowledge and more experience in the field of caring for the vulnerable, is essential to ensure the best comfortable outcome while they are in "the waiting room to heaven" – as my mother puts it.

Although ENs are also employed, they too, do not have the level of training that an RN has and still require the guidance, and at times, supervision. Today, they can obtain Medication endorsement, but they are not able to give out the dangerous drugs. Their education on drugs is far simpler than an RN's detailed and more extensive training and experience.

My mother missed her pain medication on 2 consecutive evenings. She slept poorly. When Mum told me I expressed how necessary it is that she speak up. She must speak up so she questioned staff (carer giving out medication) on that 3<sup>rd</sup> evening. One tablet had gone missing! This was her S8 drug! But she should not have to worry about her medication.

RNs have the essential observational skills, the understanding of serious medication and the wealth of knowledge that comes from their training to recognise and attend to more serious problems that all too often happen in some facilities.

From my experience, I believe it is critical for further regulation and minimum standards for Assistants in Nursing (AiNs) and carers to ensure better care of the elderly. I have had issues with staff who are very unsuitable for working in Aged Care as they don't have the compassion, ability or understanding, necessary to care for the aged vulnerable. Their actions show this.

- Before the candidate undertakes the AIN course, there needs to be better selection criteria to prevent unsuitable candidates
- When AINs are giving out medication, mistakes are made that would not have happened under the eye of the RN. This is with the prepacked medication! They do not have the attention to detail that is so essential. My mother was actually given someone else's medication by a 'medication qualified' person. Except for the fact she recognised it was not hers, it turned out it could be fatal if she had taken it!
- I have found some carers were mismanaging medication, giving misinforming, or simply not responding to obvious risks because they do not recognise them.

RNs have the trained knowledge of the medication and it's side effects. Many residents have times when they need to take dangerous drugs. Only the RN can give them out. So if there is no RN on at the time of need, the resident suffers. If the drug needs to be checked before it is given, then it's the RN that is needed.

I want to have confidence in our Aged Care system. But I am VERY fearful with the way things are going.

If the RN/24 is removed, then I most certainly will not!

It will then be impossible to have a safe, efficient and healthy environment.

Yours sincerely,