

Submission
No 97

INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Name: Name suppressed

Date received: 10/02/2016

Partially Confidential

We would like to bring to your attention our concerns for the welfare of residents and staff at our Aged Care Facility. We feel that the resident's health and care is being compromised due to missed care, inexperienced staff and workload. This, in turn, places our APHRA Nurses Registration at risk.

POINTS OF CONCERN:

Lack of documentation across all levels. This causes problems with staff keeping up to date with resident's health.

Missed Care:

- We have had what we believe are several episodes of missed care. These can result in hospitalisation of the resident; undue stress to the resident and family; and death
- RN on duty is unable to monitor the health of the over 101 individual residents and we feel that we are missing early signs of decline.
- Complex dressings are not being attended due to workload.
- EENs and CertIV are not attending routine dressings due to workload.
- Medications incidents, accidents (skin tears, bruising) and falls are on the rise.
- There has been an increase in aggressive behaviours in the Neuro-cognitive disorder unit. This may relate to different stages of the disease process, however may also relate to inconsistent staff, inexperienced staff and lack of support from senior staff.
- New admissions are not being admitted correctly and therefore a complete picture of the new resident is not being passed over.

Routine Care:

- Resident's total care days are not being evaluated. This means that we may be missing subtle early changes in the resident.

Care Plans:

- Care plans are not being updated with new events, such as diagnoses or hospitalisation, which can affect care strategy.
- Inexperienced staff and new staff are not being supervised to ensure they are working within the guidelines of WHS.

Lack of communication:

- This occurs with families and also with staff. RNs are to manage over 100 beds, however changes are not being communicated from senior management.
- Lack of documentation also adds to the lack of communication.

Support:

- There appears to be a lack of support across all areas, care staff up to senior management. This is due to floor managers workload.
- By reducing the RN to one per shift, there is no-one to consult with or tool box with to assist in the management and decision making regarding a resident or event. We believe this is a significant risk factor for safe decision making.

Workload:

- RNs usually do not have a meal break or coffee break. Our handovers for over 100 residents take 1 hour on a good day and we are allocated 30 minutes. We are told we must take a meal break and we are not paid for the time we work over our allotted hours.
- Again, we are unable to complete care plans, complete admissions of new residents, review 'at risk' residents.

Rosters:

- RNs on weekends are often rostered to work with CertIV's only. The CertIV were recently care staff. It is impossible for the RN to supervise each CertIV and be confident that they are fulfilling their scope of practice, and not going beyond this scope of practice. We believe this is placing our registration at great risk.
- There is a lack of continuity in the rostering for care staff and RNs. As a result of this lack of continuity RN's no longer have good clinical information regarding the resident when the doctor's visit. RNs are finding this demoralising and demeaning. They feel that there is an impression that we have a lack of interest in our resident as we do not know the events of the previous week.