

**Submission
No 11**

**INQUIRY INTO PROVISIONS OF THE PUBLIC HEALTH
AMENDMENT (REGISTERED NURSES IN NURSING
HOMES) BILL 2020**

Organisation: Health Services Union

Date Received: 29 January 2021



Submission to the NSW Legislative Council Select Committee on the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020

Thank you for the invitation to contribute to this inquiry. The Health Services Union NSW/ACT/QLD (HSU) represents some 45,000 workers in both public and private health as well as ambulance paramedics and disability and aged care workers. In the aged care system, we cover all levels of support staff and health professionals.

Within the terms of reference for this inquiry our submission will focus on sections (a) to (d):

- (a) the need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who require a high level of residential care,
- (b) the impact registered nurses have on the safety and dignity of people in care,
- (c) the impact on residential care of a lack of registered nursing staff on duty in a nursing home or other aged care facility at all times,
- (d) the need for further regulation and minimum standards of care and appropriate staffing levels in nursing homes and other aged care facilities.

With regard to the first three of these terms of reference, the HSU has previously made a submission to the 2015 inquiry by the Legislative Council General Purpose Standing Committee No. 3 into Registered nurses in New South Wales nursing homes. That inquiry covered closely related themes and our position on the issues has not changed in the meantime. Therefore, although we will refer briefly to the issue of nurse ratios in the context of staffing levels in general, we will rely on that original submission which is provided as an annexure to this document.

This submission reflects the experiences of our members, some 230 of whom provided information via online surveys and a series of interviews conducted by HSU staff. An extensive collection of their comments is also annexed to this submission.

The system is failing

Aged care in NSW is in crisis. Our members consistently report an environment where they struggle, and often fail, to meet even the most basic human needs of their residents.

Residents are missing out on showering; some are not being fed and not getting the attention they deserve. Not enough help in the dining rooms for meals, unable to monitor what residents are eating or if they are eating. Some days the morning tea and afternoon teas are unable to be delivered as the care staff are too busy with the personal care.

Carer, New England

Residents are forced to live in an environment in which their immediate health needs are not appropriately catered for, and they are provided very limited 'lifestyle' opportunities to enjoy themselves. As a consequence of short-staffing, residents are frequently found lying in their own faeces or wet beds. Staff are unable to provide timely responses to resident's buzzers and requests for help. Resident's and their families pay exorbitant fees expecting the highest level of care but are provided with sub-standard treatment by virtue of facilities being understaffed.

Supervisor, Western Sydney

Some of the residents go without food.

Care Service Employee, Central Coast

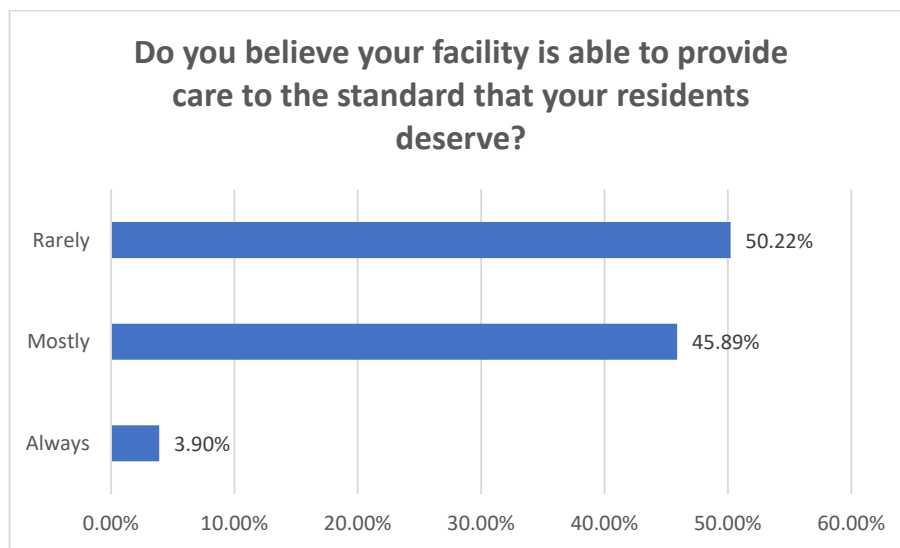
Residents with high mobility care needs being nursed in bed instead of being gotten up out of bed for the day. Residents missing out on basic personal care due to short staff or poorly trained staff. Residents with special care needs not having adequate supervision due to short staff - leading to unwitnessed falls, problematic interactions between residents.

Personal Care Assistant, Southern Highlands

Plenty of times we are short staffed the residents are at are higher risk of falls, are in pain, and dying alone.

Care Service Employee, Mid North Coast

This deficiency in care provision is not confined to a few badly-run facilities. It is reported consistently from all areas of our aged care membership, with a full 50 percent stating that services at their facilities are inadequate, and a further 46 percent that they sometimes fall short.



Survey of HSU aged care members January 2021

The major workplace problem our members report is always the crucial issue of underfunding. This leads to insufficient material resources and inadequate staffing levels, which in turn make for employees who are increasingly subject to excessive workloads, inadequate training opportunities

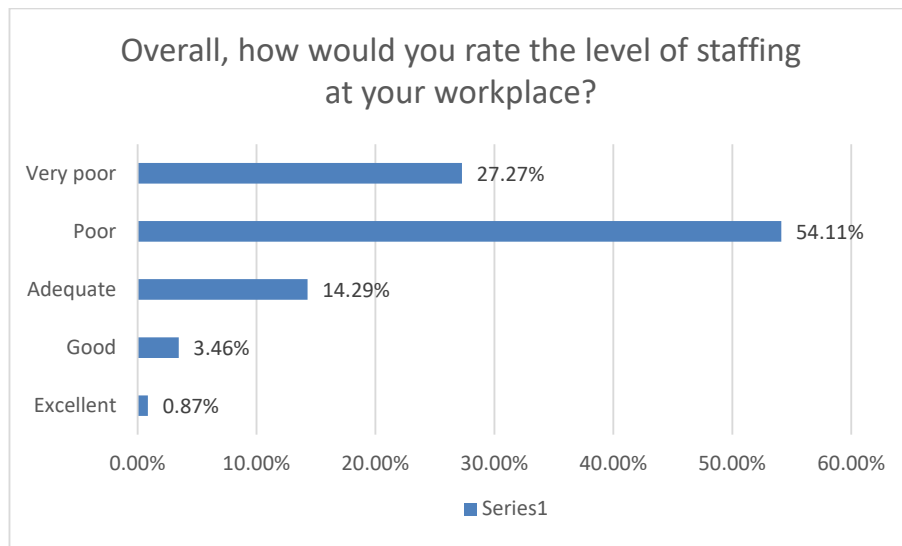
and workplace stress. The result is a poor level of service both in the range and quality of care available and in the physical environment in which those services are delivered.

It's getting worse, the residents just can't get the care they need because we are too busy to help them, there's not enough staff on and we're required to do the job of multiple people which means it physically impossible for the residents to get adequate care. The understaffing is the biggest issue because everyone suffers - staff and residents alike.

Care Service Employee, Southern Sydney

Sometimes we finally get to residents and they are already incontinent, tried to dress themselves and had falls.

Personal Carer, Riverina



Survey of HSU aged care members January 2021

The lack of staff affects not only the physical, but the emotional and psychological needs of residents. Aged care workers are acutely aware of residents' needs for personal attention, and their inability to provide it causes distress all around.

Residents are lonely and saddened because they look forward to seeing and talking to someone who's not in a hurry.

Care Service Employee, Northern Rivers

Lifestyle staff so short that activities are constantly being cancelled. Residents miss out on social activities because of it.

Food Services Worker, Mid North Coast

Residents need company, need someone who answers their buzzers when they need help. Residents should not be left alone staring at the television or at the window most of the time. They need a home where there is always someone they can talk to. Not to be left alone with too much loneliness till the end of their lives.

Care Service Employee, Northern Sydney

Residents are lonely. No human contact. Suffering with no one to talk to. Isolated from social simulation. Very sad.

Residential Care Worker, Southern Tablelands

The social isolation that many of the elderly suffer has become more of an issue than ever in the wake of the COVID-19 pandemic. Staff can see the effects of lockdown but are helpless to compensate for the absence of visiting friends and relatives and the lack of outside services.

Because of COVID-19 they have no visitors. Residents are hurting. [Management] are not handling this. You can't even call it care; they're neglected. It's neglect.

Residential Care Worker, Southern Tablelands

Little time for casual chats with the residents, which the residents crave. This is especially the case since the COVID pandemic began because they have less visits by their loved ones. The residents can get very upset by this.

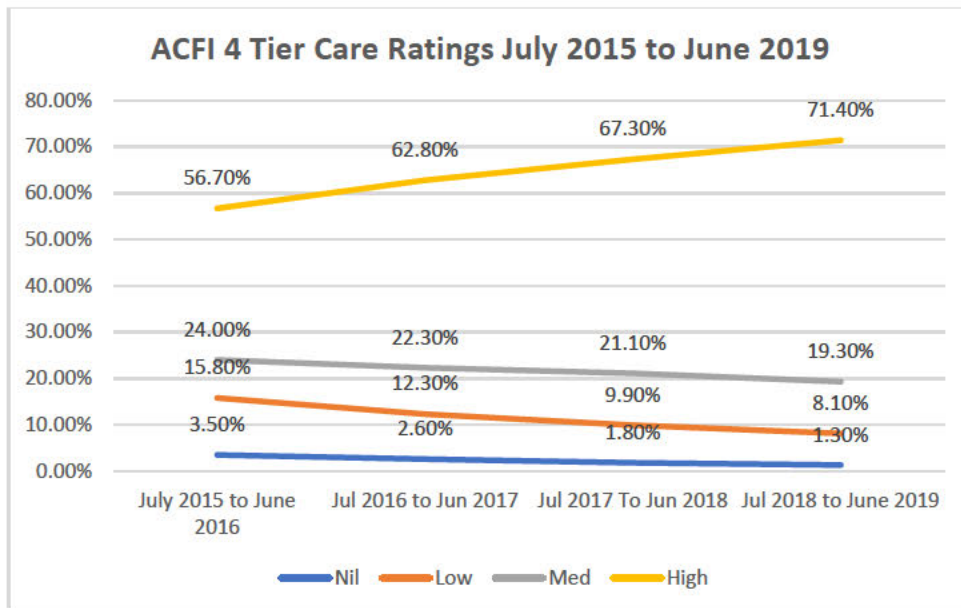
Care Service Employee, Southern Tablelands

Support staff during the pandemic like maintenance, hairdressers, masseuse, entertainers were not allowed in the facility thus it was relegated to some of the carers to do some of the tasks aside from caring the residents on the floor.

Care Service Employee, Macarthur

Residents need more care

It is undeniable that resident care needs have been steadily increasing for years. The rate of increase can be charted from the periodical report series *Residential Aged Care in Australia: a statistical analysis* published by the [Australian Institute of Health and Welfare](#). The trend shown by the data is clear.



It is also clear that not only have staffing levels have entirely failed to keep pace with those needs, in far too many cases they are actually falling behind.

You come home exhausted at the end of every day: you're running around all day. When I first started my workplace was a retirement home, so while the staffing hasn't changed, the resident's needs have changed, so overall it's gotten worse.

Care Service Employee, Riverina

When calculating the resident to staff ratio, the level of care of each resident needs to be calculated and categorized either high care, medium care, or low care. Because those who have high care needs need more staff to help them, and they take more time to take care of.

Care Service Employee, South Western Sydney

Working conditions have been deteriorating as the number of residents increases and the frailty of residents increases, while the number of staff remains insufficient. This ever-increasing pressure on staff then impacts on the wellbeing of staff.

Supervisor, Western Sydney

Increasingly residents need a higher level of care. So they need more time to be cared for. But the number of staff hasn't changed. So while residents need double and triple of care of time - the amount of time each resident needs to be cared for is not taken into account when calculating staff to resident ratios. Staff are being more and more pressured. Care level has reduced. When I started we had more staff than now. We used to start at the same time. But now hours have been reduced in order for the company to save money. Staff therefore have to rush to complete a job. Staff more stressed.

Care Service Employee, South Western Sydney

This being the case, many of our members expressed reservations about the establishment of staff ratios for nurses only. Although in no way opposed to such ratios, they see a risk of a shift in employment from care staff to nurses.

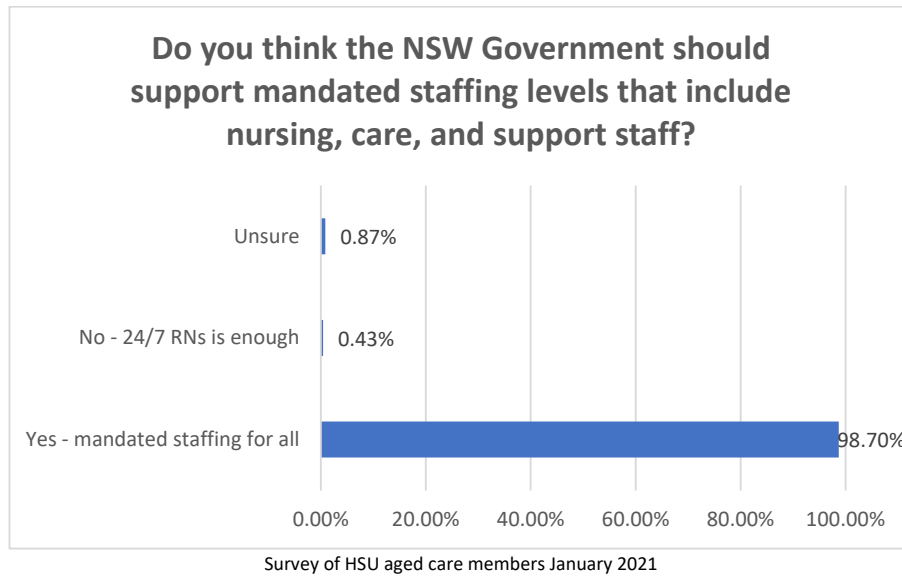
The RN24/7 idea is a good plan but it should only be a supplementation not a replacement. I fear that if this were to be passed care service staff will be cut because of the RN but it should be an addition. Give us 24/7 RNs but we need a lot more care service workers as well, RNs are often off the floor filling out paperwork and looking at individuals for a prolonged period of time - we need more care service workers as well as RNs.

Care Service Employee, Northern Rivers

I'm really worried about this 24/7RN policy, if it gets implemented we're all scared that means RNs will replace careworkers and instead of having two care workers we have one with a nurse. Nurses don't do the same job as us and they have to do a lot of paperwork and don't clean or bathe residents as we do- I support the 24/7 RN policy if our staffing levels aren't affected because we are all concerned as to what happens if we lose ratios.

Care Service Employee, Southern Sydney

Instead, an overwhelming majority of our members responded that mandatory levels should be introduced for all types of aged care workers.



All aged care work is care work

There is a misconception that the needs of residents are only met through direct or clinical care. This fails to recognise that all roles within aged care are important in delivering safe, dignified and respectful care to residents.

Our members report that job cuts in support roles (catering, cleaning, administration, maintenance) are frequent. This work is being shifted to care staff so at the same time care demands are becoming more and more time-consuming, the range of support duties required of them is expanding. In particular, care staff are being diverted into support tasks such as cleaning and food services. Unsurprisingly, the standards of catering and cleanliness reflect the inability of workers to cope with these added duties.

The facilities are filthy because of understaffing, we don't hire enough cleaners and if people call in sick it just means we have to pick up the slack. As a care service worker I'm having to sweep and mop floors of residents who I'm meant to be helping, which is just harder on top of that.

Care Service Employee, North Western Sydney

General lack of staff means care staff have to pick up the slack and do duties outside of our descriptions. While we are running around doing other duties residents are waiting, people have to wait to be fed or to go to bathroom.

Care Service Employee, Mid North Coast

Currently we are short of cleaning staff and it does affect the residents. There's pressure on the care staff to attend the cleaning but it is impossible to attend to it on time due to lack of staffing.

Care Service Employee, Western Sydney

The kitchenhand staff contract was not renewed and care staff are now required to serve meals to residents while also caring for residents' every need. Most of the time we are working flat-out without a proper meal break but are deducted for meal breaks therefore working 8.5 hours and only being paid 8 hours.

Care Service Employee, Central West NSW

When I first started, we had cleaners, we had people who just worked in the kitchen. But over time, they got rid of the cleaners and most of the kitchen staff, and we had to do all of these things as well as our caring role.

Carer, Central Coast

Given the need for stringent cleaning protocols to prevent the spread of COVID-19, the frequent stories of poor hygiene, to the extent in some cases of infestation, are alarming. Too often cleaning and laundry staffing numbers are negligently low or non-existent.

Cockroaches and ants in residents' rooms on a regular basis.

Care Service Employee, Western Sydney

Cockroach infestation, cleaners short staffed and given tasks not possible to meet, only certain things are cleaned, not enough linen at times. Care are staff having to dish out meals taking valuable time away from feeding residents.

Care Worker, Central Coast

There was a change of policy and they got rid of laundry staff on weekends. Nobody cleans the clothes, so they just pile up. And it stinks.

Carer, New England

We only have cleaning and Laundry staff on for Monday to Friday and only, and none on the weekend, One staff member for each for the whole of the facility. Kitchen staff have only skeleton staff. These numbers put pressure on everyone not everything gets done properly.

Care Service Employee, Western Sydney

There's often no cleaning staff at all, then they have to play catchup, rooms and public areas not sanitised correctly.

Care Service Employee, South Western NSW

The hygiene conditions of my workplace are atrocious, there's two cleaners that don't receive nearly as many shifts as they should and they're in charge of cleaning 70 rooms which is just impossible. If a member of cleaning staff calls in sick the rooms just don't get cleaned which leads to more staff getting sick,. There's no replacement staff: it's just taken as it comes.

Assistant in Nursing, Southern Sydney

Understaffing is unsafe for everyone

Falling standards of care are a source of constant distress to the people who work so hard to try to provide that care.

If there is a fall or a resident is dying there is really no chance that we can give a resident our full attention when we have buzzers going off or they are calling out. If the dying resident has no family then we can't sit with will they are going.

Care Service Employee, Illawarra

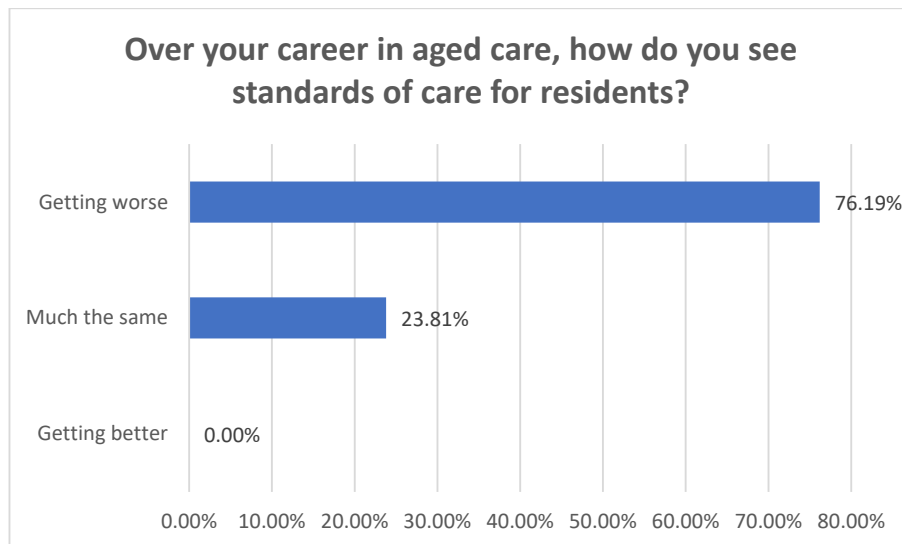
Every day we are short staff it impacts residents, they miss activities as they're not being showered on time, they wait longer for feeds or everything is running late and behind and its effecting their mental health, like they're not important enough. They feel forgotten which is appalling.

Carer, Western Sydney

We are rushing through this when we should be able to do care at their pace. It's their home, and it should be their choice, but we are really not giving them that due to the time factor.

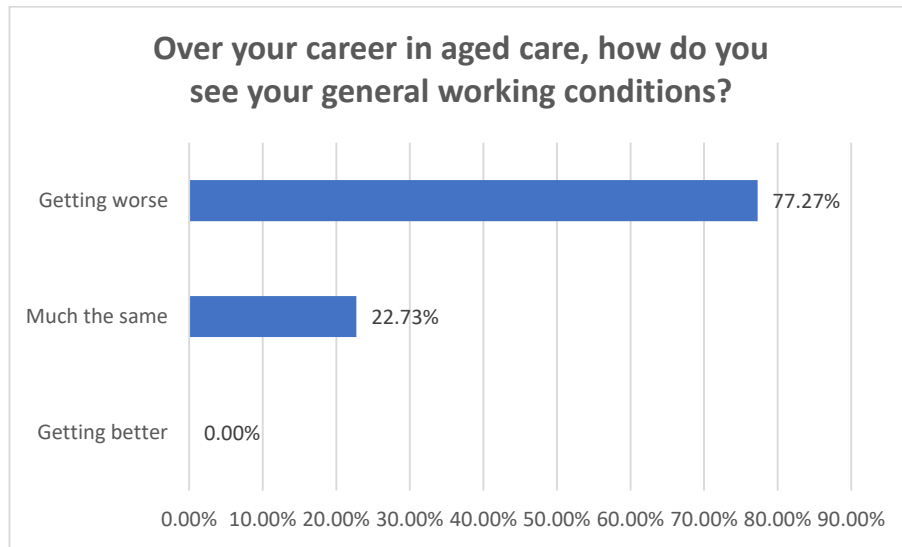
Care Service Employee, Illawarra

There is no sense among age care workers that these conditions of underfunding, understaffing and under-resourcing are likely to change any time soon. We spoke to a number of members who have been employed in the sector for ten years or more and their views of present conditions were overwhelmingly negative.



HSU staff interviews with long-term aged care members January 2021

For too many members the emotional impact of seeing residents' needs going unmet combines with the physical and mental effects of chronic overwork and lack of support to produce dangerously high stress and low morale. The same members who were pessimistic about standards of care had a similar view of their own working prospects.



Often it is their caring nature that draws people to employment in the aged care sector. Unfortunately, that very desire to help others makes them more vulnerable to the negative consequences of the work. In a profession where the demands are great and the tangible rewards paltry their willingness to put the needs of residents and colleagues ahead of their own puts them at risk of exploitation.

Often people are working so much that they're missing breaks, sometimes even dozing off at work. And where I work lots of people grew up here and we all know each other... so it adds this pressure where we feel like we can't say no to extra shifts. It feels like we'd be letting our workmates down if we don't accept extra shifts or overtime because it would leave them too short-staffed. I only started working in aged care over the past few years, and I came in to the industry because I wanted to make a difference to people... but when I started, I was really surprised there were no staffing ratios like there are in childcare. We definitely need staffing ratios.

Care Worker, South Coast

I'm working around an extra hour per 6.5 hour shifts just to get my work done and finish the required documentations. I feel obliged to put in the extra time but I'm not legally covered if have an accident or anything happens to a resident. After working a double shift I'm wiped out - basically a write-off all the next day.

Care Service Employee, Hunter

I don't work in aged care now: I quit my job two months ago. The pace that care staff are expected to work is totally unreasonable. Management expects you to work fast but at the same time give the residents optimal care. The responsibility was enormous and I was constantly on edge and didn't sleep well as I would be thinking, did I get this done and that done. It was a minefield and I feel sorry for the residents as I know they are not receiving the care and time that I'm sure they were promised when they signed on the dotted line.

Care Service Employee, Illawarra

The extreme physical and mental pressure of this type of work increases the likelihood of needing to take sick leave etc, so the lack of backfilling is a frequent issue. An example of this at my workplace was that a number of staff were forced to take leave after they had miscarriages, induced by the extreme stress of their work. Management did not provide replacement staff even when these workers were on leave for weeks.

Supervisor, Western Sydney

A further risk factor, especially for people working alone, is exposure to violent or abusive actions. Our members rarely complain about the residents but such behaviour is not uncommon, especially where there are factors such as dementia or frustration with lack of attention.

Care recipients sometimes bully and abuse the staff, because of they are not getting services on time.

Care Service Employee, Western Sydney

We are continually telling them they have to wait and then we cop the back lash mostly abuse

Care Service Employee, Southern Sydney

You never see management come on the floors to see how residents and staff are travelling with the work load. It is like they do not care and seem to have no compassion for staff who are constantly struggling day to day with residents and families who some verbally abuse and degrade staff make them feel like they are nothing.

Carer, Western Sydney

We need systemic change now

It is clear that chronic understaffing in the aged care sector must be addressed in order to ensure that the quality of care afforded to residents is up to the standard that they deserve. HSU members' experiences of working in aged care, presented in this submission, paint a stark picture of the extent to which understaffing problems are endemic to the industry and attest to the dire consequences this has for resident health and wellbeing. These issues are particularly critical in the context of growing demand for aged care into the future.

The case for minimum staff time standards

While mandating the presence of a registered nurse on site at all hours of the day is an important start, the care provided to residents will always fall short without genuine investment in care and support staffing levels. The need to implement minimum standards for care hours has been recognised in the [proposed recommendations made by Counsel Assisting](#) in their final submissions to the Royal Commission into Aged Care Quality and Safety. This model would see providers being required to engage the requisite staff (consisting of personal care workers, enrolled nurses, registered nurses) to provide the following care hours for residents by July 2024:

- a. 215 minutes of staff time per resident per day for the average resident, with at least 44 minutes of that time provided by a registered nurse; OR

- b. 264 minutes of staff time per resident per day for the average resident, with at least 36 minutes of that time provided by a registered nurse.

It is worth noting that the bulk of this care time will be provided by personal care workers, whose unique skills in caring for residents are of a different nature to, but are no less necessary than, the skills of registered and enrolled nursing staff.

Increasingly, the work time of care workers is being taken up with cleaning and other domestic duties, which points to the importance of maintaining appropriate levels of support staff at facilities to prevent overworked and fatigued care staff from being too time-poor to provide the care that they know their residents deserve.

The allied health workforce is also crucial to an aged care sector that prioritises resident wellbeing. This was also recognised by Counsel Assisting in their recommendations that aged care providers be required to engage at least one of the following allied health professionals: an oral health practitioner, a mental health practitioner, a podiatrist, a physiotherapist, an occupational therapist, a pharmacist, a speech pathologist, a dietitian, and exercise physiologist, and a music or art therapist. Additionally, they would also need to provide audiology and optometry services to residents requiring them.

Addressing all care needs is key

Meeting the clinical needs of residents is critical in ensuring their quality of life. But so too are their social and emotion needs. To this end there has been an international shift in the concepts and models of care delivery in residential settings, with “home-like” models of care replacing the traditional institutional models.

Home-like models see smaller groups of residents reside in a “home”, often a wing or designated area within an aged care facility, with an increasing number of facilities being built to accommodate the model. There is a greater emphasis on resident choice in daily decisions, as example in their meals and daily activities as there are, in theory, a smaller group of residents to accommodate. Research shows these models deliver better outcomes for residents and aged care workers.

Central to the delivery of these models are trained carers, supported by registered nurses and other health professionals. This must be taken into consideration when contemplating mandatory staffing in aged care.

The workforce is already under pressure

The aged care workforce is held back by stubbornly low wages, making it difficult to attract and retain staff. Indeed, the recommendations proposed to the Royal Commission by Counsel Assisting include the pursuit of increased wages through a work value or equal remuneration case under the Fair Work Act. Low pay is compounded by precarious employment, with many aged care workers on part time contracts with low hours, leaving them with little choice but to take on secondary employment.

The time to act is now

The existing staffing situation in aged care is untenable. If active steps to address the chronic and systemic understaffing in the sector are not taken, the future will only see it become worse. Those who argue that increased staffing is too expensive ignore that the true cost is in doing nothing. We can't afford to allow our aged care system to continue to fail our older citizens and those who care for them.

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