SUBMISSION TO THE ROYAL COMMISSION

Questions about you

Submitted By: [Redacted]
Email: [Redacted]
Phone Number: [Redacted]
State: VIC

Do you live in a remote, rural or regional area? : Regional area
Previous submission:
This submission is on behalf of: Myself
The submission is about: General feedback on aged care services not made on behalf of an aged care service provider or another person or organisation
Are you a person who is or who identifies as a member of one or more of the following groups?

About your submission

Which of the Royal Commission's terms of reference is your submission about?: Challenges and how to best deliver aged care services to people living with dementia; Challenges and how to ensure aged care services are person-centred (including by allowing people to exercise choice, control and independence of care and improving engagement with family and carers); Challenges about understanding what care is available, the assessment process, how to get care, and at the level of care needed; Challenges and how to best deliver aged care services in a sustainable way (including through innovative models of care, use of technology and investment in aged care workforce and infrastructure); Challenges and how to ensure high quality and safe end of life care; Challenges associated with providing high quality, safe and affordable aged care services generally; Interface between aged care services and primary health services, acute care and disability services and regulatory systems (including how people transition from other care environments or between aged care settings)

What, if any, specific concern/s does your submission relate to?: Staffing issues including ratios; Clinical care; Medication management; Personal care; Nutrition (including malnourishment)

What type of aged care services does your submission address? Care in an aged care home (nursing home)

Your Submission

What would you like to tell the Royal Commission?
I am a Clinical Nurse Consultant for [Redacted] and so I regularly visit all nursing homes in [Redacted] My concerns are:

Most homes rely on carers not nurses to deliver care. I frequently see clinical issues go unrecognised by a carer and so the nurse (EN or RN) is not made aware of the clinical issues requiring attention. I believe that carers should be replaced by Division Two nurses and the person in charge of the shift should be a division one nurse. This will provide an improved level of expertise to deliver care and assess health issues.

I also note that those suffering from dementia are frequently left to wander around unsupervised because most aged care facilities have only limited funds to pay for lifestyle workers. These workers can not only assist in improving the resident's quality of life but they can also devise activities for those suffering from dementia to keep them occupied, calm them down and use the activity as a way of monitoring their behaviour to keep them safe. Many dementia wings are too big, have "dogleg" turns in walkways and so general observation of residents can be difficult due to impaired vision of people. I utilised the services of lifestyle workers and was able to reduce a man's falls from 2/3yr to 0.

Those receiving palliation can sometimes experience a delay in receiving narcotics if there is not enough staff to check the Schedule 4 drugs out of the locked storage area. Some aged care facilities will have a Division one nurse available via phone after hours and so, depending on available staffing, those on the floor may not be able to check out the drugs - we are called to be the "second signature" on occasion. This is addressed by having a division one nurse on all shifts in addition to Division Two nurses as the carers. This suggested staff initiative also ensures a better identification and management of symptoms eg pain management.

Aged care residents can suffer in a delay in treatment due to the increasing difficulty to access a GP. Many GP's will not visit aged care facilities or will be slow in responding to staff requests for medical advice. This can be remedied by inserting more Nurse Practitioners into services that provide assistance to these facilities - hence pathology slips and antibiotics could be ordered in a more timely manner. Another suggestion here is to consider improving the pay structure associated with residents when utilising GP services.

Residents are more complex, have more health issues and so require more complex care than previously. Consequently, it takes longer to address their care needs. Hence the argument to increase staff/resident ratios is important. Many residents complain about how long it takes for their buzzer to be answered. I rarely see staff sitting around doing nothing - what I do see is staff running to meet the basic needs and frequently working longer than their 8 hrs to get everything done. Aged care has become a very stressful area of nursing. Ironically, there is more documentation to be done to make it look like it is a well regulated industry but in fact I have seen an increase in pressure sores, chest infections go undetected, and delirium not recognised.

As stated previously, the carers are barely qualified to do what they do and the person in charge of the shift - the Div 1 or 2 - is required to be off the floor dealing with paperwork eg ACFI submissions, or checking the continence sheets are completed. The other role seems to be the consistent search for staff to try to have a shift fully
Finally, I see drug errors of various types - same made by pharmacy who has pre packed the meds, but also because the meds are given out in a machine like fashion with little assessment of a resident will often have undetected hypotension, receive their meds daily, and then one day collapse with a low BP. There is insufficient monitoring of vitals etc to ensure medications are doing their job. I am not confident that GPs actually review meds every 3 months when required to write up a new drug chart. I also note a conversation one day where, after resident fell, I asked the carer if resident was on an anticoagulant. The carer replied no. However, when I checked she was indeed on one. The carer admitted to not knowing the meds, she simply signed that she gave a particular number as they were all prepacked. It is this fragmented approach to medication management which contributes to some of the health issues experienced by aged care residents. Following on from this last point, if a resident requires pm meds then the carer needs to locate a nurse who is frequently off the floor because they have a different set of duties. This causes a delay in the delivery of care.

I realise the above comments are all saying that more money is required. If this money is not spent on changing the staff mix, then at least it should be found to provide better education to the carers who are at the coal face in the delivery of care. I am aware that the... have stats which suggest there is significant profiteering in this sector. If this is the case then perhaps there needs to be regulation on how much profit is allowed and so ensuring the funds are re-directed to staff development more. This means no change in cost to residents but a reduction in the profit earned by the private companies.

Regards,

Supporting material provided:

Can this submission be made public I agree to my submission being made public anonymously