

Royal Commission into Aged Care Quality and Safety

Statement of Jayanthi Kannan

Name: Jayanthi Kannan
Address: 124 Paton Street Merrylands NSW 2160
Date: 26 April 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety in response to its notice NTG-0139 dated 24 April 2019 (**Notice**). This statement is true and correct to the best of my knowledge and belief.

Background

2. My current occupation is Registered Nurse (**RN**). I am employed in that capacity by GardenView Aged Care Pty Ltd (**GardenView**) and have been so employed for about the past 7 years (since 6 May 2012).
3. I was born in India and am an Australian citizen. When in India, I ran my own clinical practice for 3 years practising Indian medicine. Some of my patients were elderly. I moved to Australia in about 2000 and worked briefly as a pharmacy assistant. Until I was employed by GardenView, I was studying for my Australian qualifications and raising my children. During my Bachelor of Nursing studies in Australia, I undertook two clinical placements in aged care facilities including, in my third year, a three week placement in a dementia specific ward.
4. My qualifications are as follows:
 - (a) Bachelor of Siddha Medicine and Surgery from the Tamil Nadu Dr MGR Medical University, which was a 5 ½ year course;
 - (b) Graduate Certificate in Diabetes Education and Management from the University of Technology Sydney, completed in 2009;
 - (c) Bachelor of Nursing from the University of Tasmania, completed in 2011;
 - (d) on 4 July 2016 I completed a 12 week course entitled "*Positive Approach to the Care of the Older Person with Dementia*" with a course grade of 99.36%. This course was conducted by the NSW Government Department of Health Dementia Care Competency & Training Work. I completed this course on-line at my own expense, as part of my Continuing Professional Development requirements as a RN; and

Signature	<i>JKannan</i>	Witness	<i>Alfred Morris</i>
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- (e) on 4, 11 and 18 March 2019 I undertook training conducted by Dementia Training Australia and Dementia Australia in "Dementia Essentials CHCAGE005 Provide support to people living with dementia". The assessor commented "Your participation in class and group activities demonstrated you have a good understanding of the key principles of the course. The workplace assessment refers to you are using a calm, and friendly approach which is a great use of a person-centered approach within your working day with people living with Dementia".

Role at GardenView

5. My role at GardenView is that of RN. My responsibilities are set out in my employment contract.

The tasks I undertake include:

- (a) attending handover meetings at the beginning and end of each of my shifts, which involves an update about each GardenView resident during the outgoing shift (even if only, from time to time, "no change");
 - (b) giving medication to residents as directed by the LMO;
 - (c) observing and making written records as required about the health and behaviour of residents;
 - (d) changing residents' dressings when needed;
 - (e) checking residents' vital signs when needed;
 - (f) liaising with residents' doctor(s), specialists and allied health professionals such as physiotherapists;
 - (g) liaising with residents' families including, from time to time when a resident is unsettled, calling members of the families and asking them to speak to the resident over the telephone or to come and visit the resident; and
 - (h) supervising and overseeing Assistants in Nursing (AINs).
6. I initially worked part time at GardenView. I have worked full-time at GardenView since about 2016. Since then, I have always worked on the afternoon shift, usually 2.30pm-11pm. Whilst I was working part-time I occasionally worked on the morning shift but more usually on the afternoon shift. I have never worked on the overnight shift.
7. Each afternoon shift begins and ends with a 20-30 minute handover. Following the afternoon handover, I walk around all of my allocated rooms and make observations of all the residents in my allocated area, including the activity room. During my shift I am rostered on with another RN, with one of us working in one side of the facility and the other RN in the other side. I am responsible for up to 36 residents during my round (there can be up to 72 residents at the facility). There are also 2 AINs on each side, and another AIN in the secure area known as the

Signature	J Kannan	Witness	
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East Wing. There is also a 'floating' AIN. The Director of Nursing, Deputy Director of Nursing and Clinical Nurse Educator are also rostered on until about 5 pm.

8. My usual routine for the afternoon shift involves taking daily blood pressures for relevant residents, administering other treatments such as nebulizer. I prepare the medication trolley and then dispense all charted medication, per the medication chart, to residents in my allocated round. Dinner is served at 5pm. Following dinner, residents are prepared for the evening and bed although where residents are not ready for bed at that point, they remain in the lounge watching television. Supper is served from 7 pm. From 8 pm I dispense rounds of night medication for those residents requiring it, as per chart. Throughout my shift, I also answer the front door (which is locked from 7 pm), answer and make telephone calls (for instance with residents' families and doctors) and liaise with doctors or emergency responders as required (for instance, if there is a fall). Some of these tasks also require me to complete forms and other documentation. I complete my shift with a handover to the night RN.

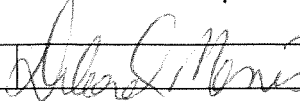
Alleged conversations with members of the Reeves family

9. I am shown the Restraint Authorisation Form (**Form**) for Mr Reeves produced by GardenView to the Commission (GVN.001.001.1270).

10. I made a progress note on 13 May 2018 which said:

Resident was restless & wandering earlier shift. Urinated inside room 27. Staff assisted to change his clothes & mopped the floor. Resident was V/B [visited by] wife before dinner. Wife assisted him with toileting. Noted sitting with wife quietly in central dining. Wife wanted to see resident current med chart & shown as per request. Also signed the restraint form & written in LMO's book to authorise it. Wife stayed until dinner & assisted him to rest in bed. But resident got out of bed within few mins & started wandering. Staff took him to East wing. Resident enjoyed his supper with tea & biscuits. Remains wandering ATOR [at time of report].

11. I am shown paragraph 32 of the statement of Michelle McCulla (Mr and Mrs Reeves' daughter) dated 23 April 2019 (**McCulla Statement**). I respond as follows.
12. I was rostered on from 2.30 pm on 13 May 2018. I do not remember seeing Mrs Reeves or speaking to her on that day. I do not think I gave her the Form. The progress notes record that one of Mr Reeves's daughters was given a Form two days earlier, on 11 May 2018 by RN Loraine Guinty. RN Guinty's notes on that day record "*Resident V/B [visited by] daughter, given restraint form consent. She said she'll take it home and get her mum to read, sign & bring it when she'll visit the facility. Family awares [sic] of the resident restlessness and wandering +++*".
13. I do not remember having any conversation with Mrs Reeves about the content of the Form when she gave it to me, and I do not believe I did as my progress notes do not record a conversation. I do not believe I provided any information to Mrs Reeves about the circumstances in which restraints would be used, or the period of time for which restraints would be used. If I had spoken

Signature	JKannan	Witness	
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to Mrs Reeves about restraints, I would have just talked about GardenView's policy and I would have made a note about that conversation in the progress notes in accordance with my practice (like I did when I noted Mrs Reeves's request to see the medication chart).

14. The Form indicates, by a tick, that Mrs Reeves provided consent for Mr Reeves to be physically restrained with a belt/lap restraint when he posed a 'danger to self and others'. I do not recall putting any ticks on the page. I do not believe I did.
15. The only handwriting on the Form that I identify as mine are the dates "13.5.18", the word "wife" and my signature. These sections were blank when I received the Form from Mrs Reeves.
16. I do not recall whether or not Mrs Reeves signed in front of me. It is possible Mrs Reeves had already signed the Form, because otherwise I would have asked her to write in the word "wife" herself.
17. I put the completed Form in Mr Reeves's folder and made a notation in the Doctor's Communication Book asking the doctor to authorise restraint. There were no doctors' signatures on the Form when I put it in Mr Reeves' folder.
18. I am shown paragraphs 60 and 66 of the McCulla Statement concerning telephone calls on 1 June 2018. I did not make any telephone calls to Natalie after Mr Reeves had a fall. My roster shows that I was on event leave that day.
19. I did not give Mr Reeves any medication that was not charted. I am shown paragraph 76 of the McCulla Statement concerning a conversation on 17 June 2018. I do not recall having any conversation with Ms McCulla and her sister. The conversation referred to in that paragraph may have occurred with someone else. I commenced my shift at 2.30 pm that day and would not have commenced my rounds until about half an hour later, after handover. I am also shown paragraphs 94 and 95 of the McCulla Statement concerning a conversation on 7 July 2018. I was not the RN who discharged Mr Reeves.

Support for managing behaviours of people living with dementia without physical restraints

20. I have knowledge and understanding of the complexities and behaviours of people living with dementia based on my qualifications and training. I use this knowledge and understanding to try to manage those behaviours. Among the current residents, there is one high care resident who is consistently restless and agitated but is not ambulatory (i.e. she is not wandering), so does not present as a danger to others. The other high care resident who constantly wanders does not remove her clothes and is not resistive to care. Both of these high care residents are women and permanent (not respite) GardenView residents. I have not yet had to manage without restraints as a last resort for someone as complex as Mr Reeves. If I could not manage the behaviours of a resident with dementia, I would communicate that to the Director of Nursing and/or the Deputy

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Director of Nursing and/or doctors at the earliest possible time and ensure that any recommendation involving me was carried out.

Signed: JKannan
Date: 26.4.19
Witness: Alfred Morris
Date: 26 April 2019

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