



Royal Commission
into Aged Care Quality and Safety

Statement of Lavina Muleka Luboya

Name: Lavina Muleka Luboya

Date of birth: [REDACTED]

Address: [REDACTED]

Date: 10 - October 2014.

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. This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own based on my own knowledge and experience, except where they are based on information I have received. Where I rely on information, I believe that information to be true. The views I express in this statement are not intended to represent any views of my employer or any specific organisation.

Background

3. My full name is Lavina Muleka Luboya. I am 21 years old and I live in Western Australia. I am currently employed as an Assistant in Nursing at a residential aged care facility.
4. I was born in Congo then lived in Zimbabwe for a while. I speak four languages. I spoke a little bit of English when I left Congo, then did some English lessons while living in Zimbabwe.
5. I came to Australia in 2007. I did some more English classes after arriving in Australia.

My path to working in aged care

6. During high school, I did work placements at a hospital and at an aged care facility. I liked my experience in aged care more than the hospital. I completed a Certificate 3 in Health Assessments as part of my high school. After graduating from high school at the end of 2014, I started studying nursing. Whilst I was studying nursing, I worked as an Assistant in Nursing. I did not finish my nursing degree, and switched to studying a Bachelor of Biomedical Science. During university semester breaks, I did a Certificate 3 in Aged Care. I always wanted to help people, so I thought that aged care would be a good way to begin my career. In 2018, I took a year off from my university study and worked full time in aged care. I haven't gone back to university at this stage.

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My experience of working in aged care

7. I started working in aged care at the beginning of 2018. My first job was as a casual but I wasn't getting many shifts, so I started working for an agency. In about June or July 2018, I accepted a casual position as an Assistant in Nursing with my current employer who I will refer to as "the **First Facility**".
8. The First Facility is located in suburban Western Australia. It has 5 wings, including a dementia wing with 20 beds. There are 68 residents in total at the facility.
9. In about June this year, I started working at a second aged care facility which is also in suburban Western Australia. This facility has 72 beds, including a dementia wing with 16 beds. I refer to this facility as "the **Second Facility**".
10. I am employed as a casual at the First Facility. At the Second Facility, I am permanent part time and have 8 shifts a fortnight. My minimum contracted hours are 59 hours per fortnight. Across both facilities, I would normally work between 60-65 hours.
11. Since I started my second job, I usually work morning shift at one facility and afternoon shift at the other one.
12. Every day is different. The morning shift starts at about 6am or 7am. My role is to be on the floor and help residents with their activities of daily living, answering call bells and generally assisting with anything the residents need. Some residents need assistance with feeding so I will assist them with breakfast and later with lunch.
13. In the afternoon shift, I go through the afternoon routine, which involves things like checking that all the residents are hydrated and repositioning. At the First Facility, I also shower residents who prefer an afternoon or evening shower. At dinner time, I again assist some residents with feeding, then change the residents into their pyjamas and get them ready for bed time.
14. The night shift staff come in at around 10pm and I do a handover. At both of the facilities that I work at, there are only 3 Assistants in Nursing and 1 Registered Nurse on duty across the facility on the night shift.
15. When I work the morning shift, I feel like there is never enough time and I'm always on the clock. At the First Facility, there are 12 Assistants in Nursing and 3 nurses (1 Enrolled Nurse in the dementia unit, a Registered Nurse for the whole facility and another Enrolled Nurse who helps the Registered Nurse with 48 residents in the upstairs wing). The Second Facility has 2 nurses on duty (1 Registered Nurse and 1 Enrolled Nurse), and 10 Assistants in Nursing for the morning shift. The Enrolled Nurse works in the dementia unit.
16. During the morning shift at both facilities, there isn't enough time to spend with each resident. The other staff and I each spend around 10 to 15 minutes with each resident. We are constantly rushing.

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STATEMENT OF LAVINA MULEKA LUBOYA CONTINUED

17. The afternoon shift at the First Facility is different from the Second Facility because at the Second Facility, there is no showering residents in the afternoon but it is still very busy. I feel rushed.

Management and staff rostering

18. At the First Facility, we have a part time manager and a clinical manager. The rostering is done by someone in head office. As she isn't on site, we get the roster sent through on the computer. As a casual worker, they roster a specific number of shifts and then I can pick up any additional shifts I would like to work. Sometimes they don't put me on the roster and I have to ask for all of my hours.
19. At the Second Facility, there are two schedulers who are admin assistants. They work out the roster in 6 week blocks. They allocate a certain number of shifts to staff as permanent shifts, and then make up the additional staff numbers by letting people put their name down for any additional shifts they want to work. I do 8 shifts per fortnight as permanent shifts. The maximum number of shifts per fortnight is 11.
20. The schedulers then approve the additional shifts. Not all of the shifts always get picked up. If nobody puts their name down for the free shifts, we just work short staffed. We are short staffed at the Second Facility about 3 or 4 times each week.
21. At the Second Facility, about 80 per cent of the care staff (Assistants in Nursing and nurses) are permanent part-time so they work the same shifts each week. The other 20% are casuals.
22. At the First Facility, around 50 per cent of the care staff are part time workers and the other 50 per cent are casuals or part of casual pools. If you are part of the casual pool, you work across multiple facilities.
23. Sometimes when a staff member is sick at the First Facility, they call somebody in from an agency but it sometimes takes a while for them to arrive. Other times, they ask someone from the next shift to start early rather than calling someone from the agency. This still means we are sometimes short staffed.
24. At the Second Facility, they do not use agency staff. So if somebody calls in sick, the Registered Nurse has to try to get someone else to replace them, but if they can't find someone, we just work short staffed. For example, if someone calls in sick for a shift the next day, it will go back to the rostering scheduler and they will try to replace the staff member on the shift. However, if someone were to call in sick after 4pm when the scheduler has gone home, the Registered Nurse has to call around and try to find someone to come in. If they can't find someone, we just work short staffed the next day because they don't use agency staff at the Second Facility.
25. When we work short staffed, considerations about safety go in the bin. Even though management are aware that we are short, it feels like they expect miracles from us and safety isn't considered. It is really hard working short staffed in high care as a lot of people are 'two assist', which means they need two staff for parts of their care needs. In particular, you need to people to lift them in or out of bed or a chair.

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26. At the First Facility, the staff are more vocal and they will refuse to do two assists if there is not someone to help them. So management try to find staff to make sure we are not short, because otherwise families complain.
27. At the Second Facility, staff are less vocal. They will work as a team and help each other out, so people will move between wings to help other staff with double assists when they are short staffed. It's very hard to look after your residents when you have to go to another wing for 20 to 40 minutes to help another staff with a double assist. It means that my residents have to wait and I can't help them, for example, to go to the toilet when they want to.
28. I've raised concerns about staffing numbers multiple times at the First Facility, with the clinical manager and the facility manager. I've complained about issues like being on the floor in what we call the 'heaviest' section, which is the wing with more residents that are double assists, with no partner to help me. Staff from other wings have to come back and forth to help but would only stay for a minute before going back. In my experience, when I have raised these concerns, there is always an excuse.
29. At the Second Facility, a Registered Nurse told me that she had raised the issue of understaffing in writing. She later told me that the scheduler had got back to her and said "we have enough people on".
30. The other issue that affects the staff at both the facilities that I work at is lack of equipment. We don't have enough equipment or the equipment is faulty. We put tags on equipment to advise that it is faulty but it may not get fixed. For example, at the First Facility, we only have one hoist that can weigh residents. We have to run back and forth with the one weight hoist across the facility. There are also problems with the hoists used to transfer residents. Many of the hoists we have are old and do not go high enough to get the resident off the bed properly, so we still have to lift the resident. It also leads to staff having to just pull residents from their bed into their chair because the right equipment isn't available.

Training

31. At both facilities that I work at, we have ongoing training that we do fortnightly or monthly.
32. At the First Facility, most of the ongoing training has become online now, involving listening to someone talk in a video and then answering questions. The training is compulsory, so if you don't do it you won't get included in the roster, regardless of whether you are part-time or casual. We are supposed to be able to do the training during working hours, but often we are too busy. I try to fit the training in during quiet times in my shift but if a call bell rings I stop to help the resident. At the First Facility, there are around two or three compulsory trainings each year that are run face to face.
33. The manual handling training that we have to do is not useful because it is unrealistic. It doesn't allow for the fact that some residents weigh over 100kg, so in a hoist that is not going high enough, you would need three carers to assist and you may still end up having to pull the resident. If someone from head office comes to teach us about manual

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handling, it is based on the books, not on reality. Sometimes they train carers to deliver manual handling to other staff at the facility, which is much better, as they can teach us with our residents and equipment.

Concluding remarks

34. Aged care is the end for a lot of residents. Despite that, I know that I can make a difference. A lot of the residents don't have family and we are their only family. I get satisfaction in my job from seeing the residents' smiles and knowing that I've made a difference. I find that all the staff are on the same page about that.
35. My job is different every day and you can never predict what will happen.
36. I really like what I'm doing but I'm not sure about the future. The pay could be better but it's ok for now. I'm considering other options because I am always exhausted after my shifts. My back and shoulders are always sore. I worry that if I injure my back while I am young, I won't be able to get a job after that. A lot of the people I work with are older than me and they tell me to 'get out' and 'save your back'.
37. If there were more staff and better equipment, I might stay in aged care. Management just refuse to acknowledge that there is a problem. They always just say that they have a budget. It makes me feel like management don't care about the fact that the work is often unsafe. If there were more staff, I would also be able to spend more time with each resident and maybe stay in aged care longer. Spending more time with residents would allow me to speak to residents and listen to their needs and not have to rush them. Some of the residents walk slowly, if we have more time we could assist them walking to the bathroom, but because we are rushed, we might put them in a chair and wheel them to the bathroom to save time.

Signed:

Lavina Muleka

Date:

10 October 2019

Witness:

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10 October 2019

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Lavina Muleka

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