



**Royal Commission**  
into Aged Care Quality and Safety

**Statement of Helen Marshall**

**Name:** Helen Marshall  
**Date of birth:** [REDACTED]  
**Address:** [REDACTED]  
**Occupation:** Clinical Nurse Manager  
**Date:** 27<sup>th</sup> October 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. This statement is true and correct to the best of my knowledge and belief.
2. Where direct speech is referred to in this statement, it is provided in words or words to the effect of those, which to the best of my recollection, were used at the time.
3. The views I express in this statement are my own based on my education, training and experience. They are not intended to represent any views of my employer.
4. Professional background

I have been a Registered Nurse for over 45 years. I have been in Management roles for over 20 years in both the Aged Care and Disability Fields.

I have worked as a Facility Manager in Aged Care in different organisations since 2009. I achieved full 3 year accreditation in the 3 facilities I managed during that time. Glenara Lakes did not have a full accreditation during my employ.

I am currently the Clinical Nurse Manager of Mayshaw Health Centre. I have been in this role since 29/10/2019. I am a qualified and experienced manager. In December 2019, I will take the role Facility Manager for Mayshaw Health Centre. I have worked as a Facility Manager in Aged Care in different organisations since 2009.

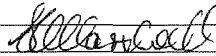
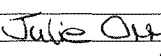
I have a Diploma in Frontline Management, Diploma in Business Management, Executive Certificate in Health Services (Edith Cowan University), and Certificate 4 in Training and Assessment.

I have attended many workshops and seminars over the years to ensure my knowledge and skills remain current.

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5. Prior to working at Mayshaw Health Centre I worked for SCC Glenara Lakes as a Facility Manager.
6. Mayshaw Health Centre is a 50 bed Aged Care Centre in Swansea, Tasmania. Mayshaw also has 3 subacute beds and an Urgent Care Centre attached. The primary role of Mayshaw is providing quality care to the aged care consumers.
7. I am the Clinical Nurse Manager reporting to the Director of Care. In December I will take the role of Facility Manager. I am responsible for all aspects of clinical care, contributing to continuous improvement, completing audits and providing monthly statistics on clinical care.
8. **Describe your role as Facility Manager at Glenara Lakes Apartments Residential Aged Care (Glenara Lakes), including:**
- a) **the dates that you commenced and ceased working in that role, including why you ceased working in that role**
- Commenced work at Glenara Lakes January 15 2018 and ceased employment on Friday October 26 2018. I resigned from Glenara Lakes due to minimal support from Director Clinical Care and minimal if any support from the Clinical Care Coordinator. I also chose to have a lifestyle change and to reduce my working hours.
- b) **your role and responsibilities as Facility Manager at Glenara Lakes, including who reported to you and to whom you reported**
- My role was to ensure operational outcomes were met in the areas of Clinical Care, Quality Assessments, Accreditation success, ACFI outcomes and the responsibility for all employees and residents within the facility. I was also required to participate in and contribute to quality improvement programs and other organisational activities to meet accreditation standards and promote quality improvement of services provided. Care staff, nurses, admin and lifestyle reported to me. I was responsible and reported to The Director Residential Business Services.
- c) **any key performance indicators**
1. Maintenance of Accreditation
  2. Accreditation maintenance
  3. Effective Management of the Continuous Improvement System
  4. Effective management of the personnel – recruitment, performance review, training development

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d) **your specific responsibilities with respect to:**

i) **quality and safety of care at Glenara Lakes**

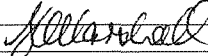
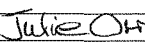
I was responsible for the overall management of the Continuous Improvement system which included:

- a) The Audit Management System – There was an annual audit schedule, audits were undertaken (internal and external) and the results were then actioned according to the achieved outcome. All audit results (internal and external) were sent monthly to the Director of Clinical Services for review and action and I understood the DCS then presented these at the Audit Committee (a Board Committee).
- b) Management of Incidents
- c) Management of Feedback and Concerns
- d) Management of Improvement Logs
- e) Management of the Reportable Events register

ii) **complaints handling at Glenara Lakes**

I over saw the management of the complaints system and these were included in the report to the Director of Clinical Services who had responsibility for managing Clinical Complaints. The process for management of complaints was:

- a) Complaints could be verbally presented or presented in written format
- b) I would meet with the resident representative/s and the resident if they desired. Alternatively, if it was a staff complaint, I would meet with the staff member to discuss the issue.
- c) The issues were documented and a resolution sought.
- d) The Director Residential Business Services would also attend the meetings, where required to assist with resolution of any complex complaints.
- e) Complaints were documented in a register and outcomes also recorded.
- f) Where the complaints were from an external agency these were reported to the Director of Clinical Services (if it was a clinical matter) who would then advise on the matter. The Director Residential Business Services was often more available and responsive to request for assistance in managing complex complaints and would assist the resolution. All complaints received thorough the Aged Care Complains Commission were resolved during my time as Facility Manager.

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**i. ensuring compliance at Glenara Lakes with the Accreditation Standards and their expected outcomes**

I ensured compliance at Glenara Lakes and Accreditation standards were met when visited by Accreditation Agency approximately mid-2018. All Expected Outcomes were achieved following the rigorous accreditation process. There is a report available to this effect that I no longer have access to.

There were no outstanding issues identified.

The Continuous Improvement System including the audit system and informal approaches to quality ensured contributed to the maintenance of quality serviced provision.

**ii. maximising Aged Care Funding Instrument funding or otherwise achieving budgetary targets.**

The ACFI Manager and the CEO stated at a forum their very clear expectations that higher ACFI income was to be achieved (the ACFI Manager based this on performance of other organisations and the CEO lead this forum and approach). However, as the occupancy dropped and ACFI income reduced, I was expected to make staffing cuts to meet budget. The DRBS did argue for a maintenance situation whilst there was action taken to attempt to fill the vacant beds and the board did agree for this to occur in the short term. I believe it was a Board directive, that I was required to meet a certain percentage in relation to budget, which required the cutting of in excess of 30 care hours per week. Later in 2018, I was informed further staffing cuts were to occur as Glenara Lakes had a higher staffing level than any other SCC Tas facility. I did meet with the CEO to express my concerns regarding further staffing cuts.

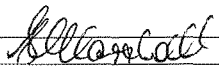
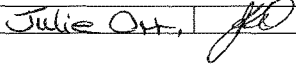
**9. Describe any positions you held at Glenara Lakes or Southern Cross Care (Tas) Inc. (SCC Tas), other than Facility Manager at Glenara Lakes.**

I have not held another position with SCC Tas, other than that of Facility Manager at Glenara Lakes.

**10. Describe your specific responsibilities and work with respect to any measures taken by SCC Tas during the period you were Facility Manager at Glenara Lakes, to assess the quality and safety of care at Glenara Lakes including:**

**10.1. initiating, conducting or responding to internal audits, other internal reviews or QPS External Benchmarking reports**

Monthly audits were conducted and Glenara Lakes met the standard benchmarks during that time. If there were any particular areas identified, then a Continuous Improvement log was implemented and managed. As mentioned, all audit results (internal and external) were sent to the Director of Clinical Services for review and action and the DCS presented on these to the Audit and Risk committee.

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**10.2. any significant changes to the processes of initiating, conducting or responding to internal audits, other internal reviews or QPS External Benchmarking reports**

The only change to this process was the Director of Clinical Services had her area of responsibility clarified and monthly reports were sent to the DCS and not the DRBS on clinical management issues, this occurred in early 2018. The DCS received a report on audits, training and any clinical issues that were seen to be of significance.

I continually entered Continuous improvement logs throughout my time at Glenara Lakes. From memory there were over 70 logged during my employment. These improvements were either the result of audit outcomes or internal review of care and services provided to residents at Glenara Lakes.

**10.3. who you reported to in relation to internal audits, other internal reviews or QPS External Benchmarking reports, including the nature of any reporting to the Chief Executive Officer, the Executive Management Team and Board of SCC Tas**

Monthly reports were provided to The Director Residential Business Services, who collated the data and presented it to the Board. This report also included complaints, ACFI funding information and resident occupancy and education presented, audit results, compliments and complaints received.

The QPS External Benchmarking reports were overseen by the Director of Clinical Services, as were the regular audits which were part of the SCC Tas auditing process. I understood that a summary of these were presented to the Audit and Risk committee every three months when the audit reports were received. It was the DCS role to monitor compliance and achievement and address any issues with the relevant Facility Manager. I never received any feedback on areas of concern from the DCS nor did she visit to address any areas of concern.

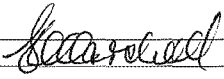
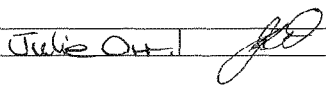
Internal reviews and quality improvement were reported to and discussed with The Director Residential Business Services who was extremely supportive of any improvements suggested which enhanced the lives of the residents at Glenara Lakes.

**10.4. resolving issues identified during internal audits, other internal reviews or QPS External Benchmarking reports or other reviews of quality and safety.**

From memory there were only minor issues identified with internal audits which were rectified as soon as possible. Quality and safety meetings were held at Glenara Lakes of which I was not required to attend.

As mentioned, the DCS had a primary role to ensure state-wide compliance and did not raise any areas of concern with me that required corrective action. I acted on results and ensured where there was an opportunity for improvement strategies were put in place for this to occur and re audits occurred.

On a number of occasions, I did try to arrange training for staff through the DCS however this was not always provided.

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**11. In relation to your time as Facility Manager at Glenara Lakes, address the following:**

**11.1. what were the key challenges in delivering quality and safe care at Glenara Lakes**

I inherited a difficult financial situation which had occurred through decreased occupancy, loss of the dementia supplement, reduced ACFI income and increased costs resulting in the RACF making a financial operational loss over a period of months. One of the primary key challenges was to make staffing cuts. I was informed within the first few weeks at Glenara Lakes that I was to make staffing cuts because there had been a change in occupancy, the facility was losing money and this had occurred for many months. Whilst action had taken to increase occupancy and address changes to income with the loss of the Dementia Supplement (which was a component of the budget as perceived income however was removed by the government one month before the commencement of the financial year) these had not been able to address the ongoing loss of income.

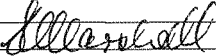
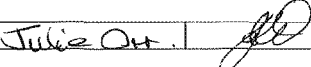
Whilst I had support from The Director Residential Business Services, I had minimal support from the Clinical Care Coordinator and the Director of Clinical Services. I had many performance issues to address with the Clinical Care Coordinator who was angry she was unsuccessful in the position of Facility Manager. As such this impacted on her ability to lead the nursing staff in clinical management and as an experienced RN, I saw her clinical skills as limiting and she did not have a strong ability to lead clinical quality.

I continually requested further education and training from the Director of Clinical Services (later retitled through the restructure Executive Manager Clinical Services) throughout my period at Glenara Lakes. The training was in particular relation to the skills and expertise of the Registered Nurses, not the Enrolled Nurses. This training was not forthcoming and the DCS did not visit the RACF to assist, review or provide training unless this related to a performance management issue.

ACFI funding Nationwide has been continually been adversely affected by the Government, with an ever increasing burden of providing care with limited funding. The loss of the dementia supplement (on a facility which received a significant income from this supplement to support the care of people within the dementia specific wing was significant – approximately \$40,000 per month from memory. This applies to all Aged Care Facilities, not just Glenara Lakes.

**11.2. what in your opinion were the primary areas of substandard care at Glenara Lakes**

I do not believe there was substandard care; however, I am of the belief with greater funding there can be an even better level of care provided. The assessment and clinical skills/expertise of Registered Nurses was of concern because it was always difficult to recruit and have choice of RNs because of the poor rate of pay compared with the private health system and government system. We occasionally had to resort to recruiting through an overseas agency because of the inability to recruit local nurses.

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However, the care staff delivered quality care to the residents, despite the reduction in care hours.

**11.3. what in your opinion were the possible contributing factors to substandard care at Glenara Lakes**

As mentioned, I do not believe while I was the Facility Manager there was substandard care. This certainly was not evidenced within the quality management system. However, when the restructure occurred and the DRBS was no longer able to provide guidance on accreditation management (even though she certainly assisted in the preparation and leading up to a successful accreditation achievement mid 2018) I found there was a gap in support for me as a manager. Poorly skilled Registered Nurses with the limited leadership of the Clinical Care Coordinator meant I was required to take a more active hands on management of many clinical issues (providing training and delivery service). I have to say that the care staff delivered quality care to the residents, despite the reduction in care hours.

The inability to recruit suitably qualified Registered Nurses, who have the desire to work in the Aged Care Industry, which in itself has a huge workload/responsibility, high stress levels and is historically poorly paid. I think the reduction of care staff hours without the clinical leadership on sharing how this was able to work in other SCC facilities. This lack of state-wide leadership left a large gap. Although the facility still had greater staff: resident care ratios than other RACFs, how this was achieved without any impact on care was not shared once the DRBS was restructured out of the clinical support which was given to the DCS.

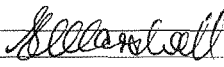
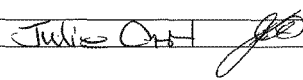
**11.4. to what extent do you consider the following impacted upon the quality and safety of care at Glenara Lakes:**

**11.4.1. staffing levels**

The reduction of care staff hours impacted on the time spent with each resident. This however, I believe did not impact on the safety of the residents, but rather the morale of care staff who wished to spend more time with each resident.

**11.4.2. directives from, or governance or business operational issues at, the SCC Tas Executive Management level**

I was required to ensure the delivery of quality care whilst at the same time making staffing cuts to meet budget. This was a directive from the Board and Management. Whilst the Director Residential Business Services and Director of Finance Manager were supportive in this area, I needed further support from the Director Clinical Services and this did not happen. I believe they were also given the directives from the CEO and the Board to reduce hours to meet budget.

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**11.5. the extent to which you reported to SCC Tas management regarding complaints, quality and safety risks, and incidents of substandard care at Glenara Lakes**

As per above this information re complaints, quality and safety risks were included in the monthly report supplied to Executive Management and then to the relevant Board Committees (Audit and Risk and the Finance and Budget Committee) and the Board (in my monthly report to the Board. Poor staff performance, in particular the CCC, was also reported to the Executive HR Manager who assisted with performance management of staff, disciplinary measures and outcomes.

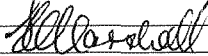
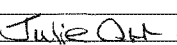
**11.6. the extent to which SCC Tas management assisted you to respond to reports concerning quality and safety issues at Glenara Lakes.**

I contacted the Director of Clinical Services on several occasions, requesting education for the Registered Nurses. The Director Residential Business Services was available and assisted wherever she could to address quality or safety concerns, often supporting me in challenging complaints management. Whenever she was involved these were successfully resolved. Although I would advise the DCS of these matters I received little support or feedback except to ask for a copy of the documentation which the DRBS assisted me to prepare.

**12. Describe any responsibilities you held in your role(s) at SCC Tas with respect to complaints from residents and/or their families or representatives about the quality or safety of care at the relevant facilities. In your answer, identify any processes that you are aware of that were in place in the relevant period for the reporting of such complaints to the Chief Executive Officer, the Executive Management Team or the Board of SCC Tas.**

A monthly report was provided to The Director Residential Business Services detailing any complaints. All complaint information, and in particular those which concerned the AACQA Complaints Department were documented in that report. As the Facility Manager I would:

- a) Either address the issues with a face to face meeting, or by email as preferred by some family members.
- b) Teleconferences were also part of the interaction with resident representatives and the Aged Care Complaints Commission acting on behalf of a family member.
- c) Prepare documentation of the issues and recordings of those meetings were actioned.
- d) Any areas for improvement or rectification of services were identified and an action plan would be agreed by all parties, if possible.
- e) As part of the investigation process a follow up meeting would be organised

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to ensure satisfactory resolution of the complaint by all parties.

- f) As mentioned previously initially I was supported by the DRBS in managing these complaints where this was required. However, when the restructure occurred, support was then limited. However, I found the DRBS would still be of assistance and continued to help if needed.

Dated this 27th day of October 2019

Signed: Helen Marshall

Date: 27/10/2019

Witness: JCO

Date: 27/10/2019

Signature	<u>Helen Marshall</u>	Witness	<u>Julie O'Connell</u>
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