

To Whom It May Concern,

This submission is from the perspective of family currently experiencing Residential Aged Care.

My father has been in residential aged care for 2½ years. We were unable to source consistent ongoing medical care at home, in particular regular home visits from doctors and registered nurses and those with experience with catheter changes. We would also have liked the regular services of a qualified physiotherapist in home for exercise and movement.

Prior to residential aged care, we engaged aged care service providers and subsequently tried an online platform to co-ordinate the services we needed.

### **Key Areas of Improvement**

Key areas of improvement to home care is accessibility to doctors and registered nurses on a regular basis at home.

Key areas of improvements in aged care homes:

- (i) Pay, Permanency & Direct Employment
- (ii) Nursing Attributes
- (iii) Ratios/Staffing Numbers
- (iv) Organisational Structure
- (v) Use of Technology

### **Aged Care Homes:**

#### **1. Pay, Permanency & Direct Employment**

- 1.1 By all means please pay nursing staff more. However, please find a way to ensure additional funding is not simply going back to the management and shareholders of these large aged care organisations.
- 1.2 I am concerned that General Managers have to manage a tight budget to staff their facility. I am concerned that difficult decisions are being made at the expense of other services that would assist the functionality of the home.
- 1.3 Aged care is often difficult, messy and thankless.
- 1.4 You cannot pay people to care and the difficulties within aged care homes also go beyond pay.
- 1.5 During the Covid 19 pandemic our General Manager committed to reducing the use of agency staff. During the pandemic the General Manager advised that they regularly use agency staff with a preference for staff who work across multiple homes run by the same organisation.
- 1.6 I accept that use of agency staff is essential for full functionality. Shifts must be covered at all times where possible.

- 1.7 I question if using agency staff is a technique to avoid or minimise Human Resource issues or having to manage staff and standards. When you hire an agency staff member there is an expectation of standard, however, if that standard is not met it is the agency's responsibility to address that with their staff.
- 1.8 I question if agency staff are a cheaper option for the business as a whole. This large organisation has competing priorities including shareholders.
- 1.9 Shiftwork may be inconsistent and if so, this is not valuing the skills of an aged care nurse. Irregular shiftwork does not instil a sense of belonging, commitment and responsibility. How can you care for others if you are not cared for? Surely more permanent arrangements provide security for nursing staff who in turn feel valued and can give to their residents.
- 1.10 Nurses are conditioned to work on shifts, however, inconsistency of those shifts is counter-productive to quality care. You want responsibility to come with each shift. Not simply I have done my hours, I do not need to get attached or genuinely care.
- 1.11 A large part of aged care nursing is observation. The nature of intermittent shift work diminishes the capacity for thorough observation.
- 1.12 How will staff get to know the residents and the residents to know them if they are not regular/permanent. Many residents are not aware of what day of the week it is and all they have to rely on is familiarity and we are letting them down in this respect.
- 1.13 Our home has also struggled with nurse transport, particularly nurses needing public transport to get to and from home at odd hours. Perhaps travel vouchers may assist as part of an employment package.

## **2. Nursing Attributes**

- 2.1 A different standard of nursing is required.
- 2.2 **We need to attract dedicated workers who genuinely want to get to know their residents and are satisfied with keeping residents comfortable.**
- 2.3 As nurses have an understanding of medications and medical conditions and signs to look out for, we really need our nurses to be able to go beyond the immediate medical need. They need to see the resident is moving less, or has a sore or skin issue or that they are simply not bright that day and may need some time for a chat or to be taken into the garden for some sunshine. Our nurses need time to do this, either by more hours/shifts or having certain tasks re-assigned to other staff members.
- 2.4 Our experience has been that many staff are there "on shift" seemingly without buy-in to either the home or the residents on any personal care level.
- 2.5 Our experience is that staff are very reactive instead of knowing their residents and providing continuity of care. Some residents are incapable of expressing their needs, particularly as they may be losing cognisance or simply do not have the will to compete for attention.
- 2.6 Good care requires structure and regularity not an unbalanced responsive approach.

- 2.7 We are also experiencing a generational diversity gap. I am sorry to say that unfortunately given the age difference between the residents and workers, the older generation struggle with international names that they cannot remember or associate with any familiarity. Similarly, accents are difficult for older people. Regrettably in carer/resident communication older colloquialisms and humour are often lost. It is very disheartening to see both parties trying but regardless those subtleties are lost and communication is more difficult than it should be.
- 2.8 I can only speak to the facility that we have experienced, however, many of the nurses do not know my father by name, nor his specific needs, and equally he does not know their names or have any affinity with them after 2 years. Little rapport has been built. My father is someone who in past years would pride himself on calling people by name. This simple lack of personal interaction makes for a lonelier environment.
- 2.9 Staff turnover is immense. And that staff turnover is from the top down. In 2 years we have had 4 General Managers, not to mention the temporary managers in between.
- 2.10 Good management begins at the top. Stability in management is important. 2 of the 4 General Managers were wonderful, however, they were poached to other organisations. Each General Manager that arrived was stylistically different and a couple had their own preconceived ideas of what they would implement in advance when all they needed to do was focus on consistency, healthcare and communication.
- 2.11 With the change of management change of staff has followed.
- 2.12 Nursing staff also require support by way of positive interactions and goals not solely based on a resident's medical needs. A different measurement of satisfaction and success must be identified and rewarded. Those entering this workforce should clearly understand the goals of comfort, peace and reassurance. Aged care nursing can be an unpleasant and thankless job on repeat.
- 2.13 I must say that we have encountered some lovely nurses and staff, well-meaning and doing their best but regrettably they leave.
- 2.14 Older people need routine, consistency, familiarity and dependability.
- 3. Ratios/Staffing Numbers**
- 3.1 When considering ratios or staffing needs please do not forget that **1 resident often requires 2 staff members to complete a task.** 2 staff members may be required to move, dress, shower or even to administer certain medications.
- 3.2 I have heard nurses raising their voice at their colleagues to hurry up as things were running behind and buzzers were going off. The nurse who was calling out was embarrassed when they saw that I had witnessed this. At the time I was grateful to the nurse assisting my father who showed grace under pressure.
- 3.3 With more staff, better functionality and operational reforms, positive caring could occur such that a more co-operative environment develops without the current "battle of the buzzer" for residents to get attention.

#### **4. Organisational Structure – Particularly in larger Aged Care Homes**

- 4.1 Reporting at all levels equals accountability.
- 4.2 More mandatory roles within an aged care facility are necessary including additional administrative roles to free up nurses to be nurses who then may have the time to provide more care.
- 4.3 Our aged care home has: A General Manager; Registered Nurses; Nursing staff; Lifestyle Activities Manager, Cleaner, Cooks and Laundry staff.
- 4.4 We also need additional roles being a dedicated Facility Receptionist, a Family Liaison Officer and Co-ordinators for each wing. Co-ordinators who are responsible for keeping things running on time and to co-ordinate outsourced services such as doctors, physios, podiatrists, chemists and hairdressers may be helpful.
- 4.5 I believe there is some knowledge to be gained from the childcare system. Particularly in relation to ratios and reporting. When my children were in care 12 years ago, I could view information on a daily basis with regard to what had been eaten, activities undertaken, incidents of the day and any other related information. I cannot obtain any information on a daily basis as to how my father's day or even week has been. I am not saying daily reporting is in any way necessary as in childcare, however, at the very least I would be pleased to see a monthly overview of when the doctor attended, what medication my father is on this month, a health report as to any infections or incidents. Occasionally we will receive a telephone call from a nurse, whose name we are not familiar with, and regrettably their accent can prevent a clear understanding on our part of what has transpired. As we do not have medical knowledge taking in the change and the name of the medication can also be difficult. **The next of kin requires more reporting in a formal sense.**
- 4.6 We have found two-way communication very adhoc and ultimately unsatisfactory. You may voice a concern to the nurse on duty with no way of knowing the concern was recorded or followed up. Please look at the mandatory reporting framework in childcare and see what lessons can be learnt and what can be adapted.

#### **5. Technology**

- 5.1 Lift the level of technology used in facilities. Our nurses should have ipads on hand to record their notes. There is a lot of scope to implement useful Apps for nursing staff on duty. Or add in administration staff. As next of kin we would like to be able to log on and view my father's records to see when the doctor attended, what current medications are administered and if there have been any falls or incidents of note.
- 5.2 In our facility there is a distinct lack of technology being used.
- 5.3 Viewing an individual's plan/appointments that are coming up would also reduce the need to interrupt nursing staff.
- 5.4 There is scope for technology/Apps to be used in respect of medical care and personal care. When reporting, there should be a distinction between medical care and personal care.

## **6. Home Care Service Providers**

- 6.1 Prior to entering into residential aged care we started off with a home care package. The most crucial issue for us was that we couldn't get regular home doctor and home registered nurse visits. Fluctuating diabetic health management and wound care were major concerns for us.
- 6.2 Even service providers could not provide regular RN services. The nursing staff that were sent from the service providers were not experienced with catheter changes and those experiences were hit and miss and ultimately unsatisfactory.
- 6.3 We were surprised to learn that a number of carers who attended our home did not have first aid qualifications.
- 6.4 Service providers were very good at advising what that they couldn't attend to because 'that was not solely for the care of the client. I.e. Could only vacuum the bedroom of the client and not communal spaces as the service was "not for the carer", the same was said of a second shared bathroom. Genuine carers are holding everything together, they spend 24 hours a day with the interest of the other person front and centre, they worry, they re-arrange their life and put their health secondary. A lack of care & empathy for carers is to the detriment of the person needing the care. A more wholistic home approach is needed in this space.
- 6.5 Service providers were also very keen to buy supplies. We were over supplied on a number of items.
- 6.6 There is a distinct lack of assistance in knowing what is available to you and navigating aged care. Our best source of information was initially gained from interviews with service care providers. There is so much to wrap your head around between entering the system and finding services that work for you. More work is required in the dissemination of information.

## **7. Online platforms**

- 7.1 As the service providers we used did not have registered nurses available regularly, and cleaning services were limited, we opted for the online platforms to seek individual services. We sought the services of pre-prepared meals and a cleaner.
- 7.2 We used the online platform Mable to access a cleaner. That service lasted a few months until such time as the cleaner had personal health issues and ceased working. We were then back to square one finding another service. That cleaner had provided a great service that has been hard to match. We hadn't anticipated the impact this lovely lady had on my mother's wellbeing, she lightened our mother's day. Interactions with others is so important when your world has become about the care of a loved one at home. When you are at home full time caring your world becomes very small. Most home carers live for the person needing the care, 24 hours a day their choices are made with the patient's needs first and foremost, even down to whether they can leave the home for a time. Any in-home care should be provided in the interests of both the client and the carer. Any assistance given to the carer allows the carer to regain the energy to keep giving. Even a conversation with the carer goes a very long way, whether the carer is unburdening themselves of what's going on

or whether a carer is having a conversation about the world that makes them feel connected to more than the situation they find themselves in.

- 7.3 We found the online Mable platform relatively easy to use and helpful for a time. Having said that, all online arrangements were with the assistance of family members as our mother is not confident online. Everything from research, engagement and paying invoices was with the assistance of younger family members.
- 7.4 There is a place for gig online platforms, however, carers are often emotional as the needs of their loved ones change. It is difficult for many carers to take on more new information, platforms and processes and make decisions without some assistance from family or having some level of surety.
- 7.5 Despite the availability of online personal care services our primary issue was a genuine need for ongoing medical care. My mother was physically exhausted and worrying immensely and following a respite stay it was evident that my father's needs were beyond the family's capabilities.
- 7.6 It must be said that at the time our family felt that we could have used the home care package funds more prudently by directly engaging reputable businesses or individuals for services needed. An accountable framework to manage funds that do not require "middle men" upfront may be beneficial. Surely if funds were managed from a unique bank account and a service provider had an ABN, then audits could occur. I'm sure more safety nets are necessary but with constructive thought it is possible. Perhaps arrangements on an invoice only basis where no contracts can be entered into would give the recipient the freedom to obtain services from different suppliers at any time. Perhaps a price guide for particular services could be a further safety net. Financially responsible people will use their funds wisely and will use people they know and trust to provide the services they need. There are risk factors for consideration, however, that's not to say this should not be considered.

## **Conclusion**

Despite any negative comments above I am thankful to the staff of our home for doing a job that our family as a collective is unable to do. We are untrained and unable to respond to medical needs. Much time was spent worrying about how to medically support my father. **A major barrier to staying at home is the availability of a regular doctor or registered nurse to be available for home visits. And not just any doctor or nurse from week to week, the same ones that you would expect to build a rapport with as if you were attending your local GP. That would have made the world of difference.**

When you are looking for a loved one to enter care you are looking for medical care **and equally important** is a "family" environment for your relative, there is clearly not a 'family of staff' in many of these homes. As with all good family structures, stability and continuity is key.

Like many things in life until you experience it, how can you understand it? I do hope that this Commission hears directly from nurses and individuals rather than corporate structures who have been able to distance themselves from the personal touch that is needed to care.

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