

30th July 2010

Submission to the Australian Government Productivity Commission on 'Caring for Older Australians' from Dr Anita De Bellis. Parts of this submission were also printed in Elder Care Watch.

This submission focuses on the Terms of Reference numbers 1 and 3 to do with staffing and nursing care provided in residential aged care facilities. Any resident who requires moderate to high care is at risk because of the lack of qualified nursing staff in these facilities. There are no minimum staffing levels and the provision of complex care is undertaken by underqualified and often untrained non-nurses - with Registered Nurses nowhere to be found. Enrolled Nurses, who have a minimal education, are often running a complex clinical environment on the ground. The requirement for 24 hour seven day a week nursing care for residents needs to be brought back into the language of what were once formally called 'nursing' homes. All staff who provide nursing care to residents are called nurses but this is not the case and 'nurse' is a protected title for a reason – that of protecting the public. Residents are not protected and are provided with unsafe and negligent nursing care because 'anybody' can deliver 'health and personal' care in 'supported accommodation'. Residents' needs are complex and require expert nursing assessment and care – this is not occurring. That is why there are high levels of complaints and admissions of residents to emergency departments.

Australia wide there is an elephant in the room of any resident who lives in a residential aged care facility and requires moderate to 'high' care. These institutions used to be called 'nursing' homes – for a reason. Persons who are ageing and in the end stage of the lives whose bodies have failed them; persons who are debilitated, frail or disabled; persons who suffer with degenerative and chronic conditions; persons who are dying; young persons with cancer and degenerative diseases; and persons with cancer all reside in residential aged care. The de-institutionalisation of aged care is applauded, however, there will always be persons, who are most likely to be elderly, who will require nursing care 24 hours a day and seven days a week until their death. This nursing care should be carried out and directly supervised by professional nurses who belong to the nursing profession and are accountable to the public, and can competently carry out and supervise nursing work of Enrolled Nurses and non-nurses – the latter who provide the majority of nursing care.

Unfortunately the reality is far from the ideal, and in fact, it is tragic for so many residents and relatives, as well as the nursing profession. The system in place under the Aged Care Structural Reforms of 1997 and the Aged Care Act 1997 that was started with the 1987 reforms, has had a profound detrimental effect on the nursing care provided on the ground and at the bedside for residents who require a high level of extensive, intensive, and complex nursing care. The requirement of a Registered Nurse was taken away. A non-nurse only has to have access to a Registered Nurse and that may be at the end of a telephone. Surely nursing care should be delivered by nurses who are qualified, educated, and trained in caring for persons who are highly dependent on nursing care and cannot care for themselves. The nursing care given impacts on their very quality of life and wellbeing, as well as the lives of their relatives and love ones.

What the system has created is an environment of non-nursing, whereby the fundamentals of nursing practice have been hived off through the legislation, regulations, and funding mechanisms. Anybody can provide 'personal' care and it would appear that non-nurses can now handle persons' bodies, do comprehensive assessments, administer medications, do complex dressings, provide for safety and security, and prevent complications etc.

Unfortunately, non-nurses who provide the majority of care, under the distant supervision of nurses relegated to documentation, are providing a substandard level of nursing care to residents. Compounding this skillmix are atrocious staffing levels and punitive measures through the funding and accreditation schemes. Educated and trained 'nurses' are nowhere to be found on the ground, directly supervising, assessing, and implementing what is essentially nursing care. No wonder the choice is often a trip to the emergency department for staff who cannot cope with the complex needs of residents. No wonder the choice is often chemical and/or physical restraint.

The nursing profession is regulated and is, therefore, accountable for nursing practice to the public. Non-nurses or careworkers (however named) are accountable to their employees and do not have standards, competencies, and codes of ethical and professional practice on which to base their 'care', with this care being essentially and fundamentally nursing care. Non-nurses have no requirement to be educated or trained. The federal government has a policy of non-nursing in residential aged care. and the industry uses economic rationalism that aims to make a surplus or profit. This has been at the expense of nursing and the quality of nursing care able to be provided, and has also led to never ending battles between relatives who advocate for their loved one's care with staff or managers in the aged care organisations. Instead of a partnership – it becomes a struggle.

We would not have the stories of neglect, abuse, cross infection, and substandard nursing care if qualified nurses were directing, supervising, and participating in nursing care at the bedside. What we have is an elephant in the room and that elephant is non-nurses providing nursing care in a rushed environment with inadequate staffing levels to provide quality of life for residents that is complex, intensive, and extensive nursing care. Until nursing is brought back to residential aged care for persons who are highly dependent, a substandard level of nursing care will continue and probably get worse. The government's rhetoric is one of enough funding provided to organisations for adequate staffing levels and skillmix. The industry's rhetoric is one of not enough funding for capital works – let alone qualified nursing staff. Nurses have been driven out of the system, because of the system, and the cry is that nurses cannot be attracted to the system. The residents are made docile because of the system or their condition, and the relatives are labelled as 'difficult' and even marched off premises when being strong advocates.

The nursing profession has been sidelined and silenced and nurses have shifted up a hierarchical structure that finds them unable to directly supervise nursing care – having to document nursing care that they do not supervise. Good nurses have left aged care and many who are in aged care are wanting out because of what I have termed 'systemitis'. It is not ageism with nurses, as many claim, but an inability to nurse in the system. Other factors include stress placed on staff and wage parity. Nurses do not want to work in aged care and no person wants to be admitted to these institutions. Why? Because of the inadequate quality of nursing care that determines and underpins the very quality of life for residents and also the working lives of nursing staff!

Careworkers or personal care attendants need to be regulated as 'licensed nurses' and need to come under the 'nursing' profession to be regulated, have nursing standards implemented and competencies assessed; and be accountable to the public as Registered and Enrolled Nurses are. Minimum qualified nursing staff/resident ratios and skillmix must also be introduced.

Residential aged care needs to focus on a clinical context requiring 24 hour seven day a week nursing care as the core service. The language of nurse, nursing home, director of nursing needs to return in the reforms, regulations, standards and legislation. Residents require complex nursing care – not 'personal and health care'. This quality of 'nursing' care needs to be one of the standards in the accreditation process.

I would refer the Commission to my PhD thesis entitled 'Behind Open Doors – A Construct of Nursing Practice in an Australian Residential Aged Care Facility' that can be searched by author from Flinders University and accessed through the Australasian Digital Theses website at:

<http://adt.caul.edu.au/>

The thesis analysed the historicity of the reforms and the system as they relate to nursing, as well as the nursing care provided to three highly dependent residents in one facility, and it is argued that these findings are transferable to highly dependent residents and residential aged care facilities across Australia - and it is not pretty.

I also refer the Commission to an opinion piece written by myself in the journal *Contemporary Nurse* using the following citation:

De Bellis, A (2010) Australian residential aged care and the quality of nursing care provision, *Contemporary Nurse*, volume 35, issue 1, April, p100...

I make the analogy of the outcry the Australian public would bring to bear if one qualified teacher with a degree sat in the Principal's office of a school documenting the teaching and education being delivered in each classroom by a teacher's aid, or 'anybody' for that matter.

I hope I have made the point of the importance of having qualified, educated nurses delivering nursing care to our dependent aged and young persons in residential aged care facilities to ensure quality nursing care and, therefore, the residents' quality of life. Until nursing is recognised as the core business of these facilities and minimum staffing levels and skillmix are introduced, along with the licensing of nurse assistants with a minimum of training and education in nursing – things will continue to deteriorate even further.