

As the former carer of my late husband who died in an aged care facility, I gratefully take this opportunity to comment on the Draft Report. During the two and a half years that my husband was a resident in a nursing home, I visited every day and in so doing, I developed first hand a clear insight into the realities of the day to day operation of an aged care facility.

Reform in aged care is undoubtedly much needed. However, the Draft Report does little to address the glaringly obvious needs which I observed. My overall impression of the Report is that it is heavily biased towards the aged care providers; it contains a strong emphasis on funding options, but very little about how quality care will be delivered. My response covers two major areas of concern.

### **1. The need for quality care**

During my two and a half years of contact with the nursing home, I can state unequivocally that the consensus of the families of the residents was that quality nursing care was the major priority. The reality of high care facilities is that residents have very complex medical needs, and require hospital level care. Their fluctuating health situations require constant monitoring, and staffing levels with an appropriate skill mix are vital. Registered nurses (RNs) are crucial in this equation. My own experience was that I relied heavily on the expertise of the RNs whenever I suspected a deterioration in my husband's condition. Yet it seems that RNs in nursing homes would be eliminated if the providers had their way. One RN explained to me her sense of frustration and abandonment in her attempt to deliver care to the residents. She felt the heavy weight of responsibility for medical decisions for a large number of people, when in a different environment i.e. a public hospital, she would have the back up of doctors and specialists.

High care residents who have dementia are often unable to express their level of pain or discomfort, and therefore monitoring by a skilled practitioner is of prime importance if their suffering is to be relieved. Very recently the mother of a family friend died in a nursing home; she had a complex set of medical problems, including cancer. In the last days of her life, her daughter had to seek out information on palliative care so that it could be provided for her mother. She stated that although she liked and admired the nursing staff, they could not meet her mother's needs because they were stretched to the limit, and that it really was disturbing that the family rather than the facility had had to seek out palliative care.

The employment of unlicensed care workers i.e assistants in nursing (AINs) and the lack of government regulation on the quality of training courses for AINs, creates an injustice for both the residents and the employees. Critical health issues may go unobserved by unlicensed care workers, thus compromising the resident's situation. On the other hand, the unlicensed care workers must feel a burden of responsibility and guilt when mistakes in an area in which they are not competent lead to the deterioration of a resident.

Over the period of time in which I visited a nursing home regularly, I realised that there were virtually two categories of resident; those who had family who visited and those who did not. I observed that those residents who had no one to visit, fared badly when illnesses struck, mainly because symptoms had been picked up far too late. On the other hand, residents with family could rely upon their symptoms being observed and reported to nursing staff. This situation is directly attributable to poor staffing levels in terms of both the skill mix and the number of staff available.

As a retired teacher, I am incredulous that ratios of nurses and care workers to residents do not exist. In education, we have mandatory pre-school ratios of carers to children and limits on class sizes in primary and secondary schools. Yet for nursing home residents - a very vulnerable group in any community, we are coming shamefully close to creating a sad indictment upon our society by ignoring the true care needs of residents in nursing homes.

## **2. The need for absolute transparency in the use of government funds given to care providers**

My experience during my nursing home visiting and my participation in relative / residents meetings lead me to believe that the aged care providers should be monitored very closely. Comments were often made by families about the anomaly between the needs of the residents in terms of increased levels of nursing care and resources, which were not forthcoming and the fact that the provider had found the money to build a new facility in another suburb.

The proposal that the homes of residents may be sold in order to fund their aged care calls for the utmost transparency in terms of how that money is used. Taxpayers have a right to know how their money is distributed and the earmarking of government money for specific purposes such as nursing care and resources is the only just outcome acceptable.

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