

the Age of REASON

SHINING THE SPOTLIGHT ON AGED CARE

A critical lack of staff and training in many of Australia's nursing homes is compromising the extent of quality care that can be provided to the elderly. As the aged care sector approaches a defining juncture in its lifespan, **Robert Fedele** uncovers the hidden toll being felt across the country.

Victoria Hohnen's story is disturbingly common, and deeply symptomatic of an aged care sector embedded with shortcomings.

About a year ago, the experienced registered nurse took up a role as the night-duty supervisor at a shiny new aged care facility that had sprung up on the Gold Coast.

The facility boasted four floors, which quickly shuffled in 160 residents.

Victoria covered shifts three nights a week, heading the team as the only registered nurse on duty with around seven Assistants in Nursing (AIN) helping her hold down the fort.

It was not long into her time at the facility that Victoria became uneasy about what she considered improper practices becoming the norm.

She was regularly asked to check Schedule 8 drugs with AINs without the authority or qualifications to do so.

She witnessed a cohort of 457 visa workers become bullied into accepting back-to-back shifts out of fear of losing their jobs.

She also saw graduate nurses worked to the bone and unwittingly trained to carry out unsafe practices by management.

Following talks with the Queensland Nurses Union (QNU, ANMF Qld Branch), Victoria decided to confront management with her concerns.

"I said I wasn't prepared to do that [check narcotics with AINs] and it got down to the point where the manager said we all need our jobs. We all have mortgages."

Management retaliated by transferring Victoria onto day duty

so she could supposedly realign herself with the company's model of care.

"They made my life as difficult as they could on day duty. There was very little staff and the care was atrocious."

When the poor practices continued Victoria took what she saw as her only option and quit.

"I was just getting to the point where mentally I was going downhill. I couldn't cope with the lies anymore," she recalls. "I questioned whether I even wanted to be a nurse anymore."

The QNU is currently pursuing action against the facility in a bid to force it to acknowledge and address its flaws.

Victoria says the aged care sector is heading in a dangerous direction and believes facilities are securing more and more residents each year without backing up the

PAMELA BLACKER HOLDING
A PHOTO OF HER MOTHER.
PHOTO: MICHAEL AMENDOLIA





NURSE KYLIE BENNETT WITH ONE OF THE RESIDENTS FROM SOUTHERN CROSS AGED CARE, HOBART.

influx with appropriate staff. "It's absolutely heartbreaking. A lot of mistakes are being made and the people that are now in aged care are very acutely sick people.

"Most nurses will just walk out and leave. They won't actually report it."

Aged care in the spotlight

A couple of decades ago nursing homes reportedly embraced a system of care where the ratio of registered nurses and carers to residents could correctly be considered ample.

In time this level of care has become watered down as aged care operators have grappled with balancing the increasing acuity of patients' needs with commercial interests.

Many aged care advocates believe the sector's issues stem from a clear lack of resources, driven by aged care providers more concerned with making a profit than delivering care.

Aged care reform has been on the table for several years but powerbrokers and the government seemingly continue to curtail efforts by advocates such as the Australian Nursing and Midwifery Federation

(ANMF) to protect and improve the sector.

Importantly, the spotlight has perhaps never shone as brightly on aged care as right now in the midst of a critical examination into one of the workforce's undeniable necessities.

Back in June, an Inquiry was launched in New South Wales to determine whether current laws requiring at least one registered nurse be on duty at all times across the state's high care nursing home should be retained. New South Wales is the only state in the country that has the rule etched in legislation and the outcome of the Inquiry could provide a blueprint for future standards of care across the sector.

The New South Wales Nurses and Midwives' Association (NSWNMA, ANMF NSW Branch) has passionately lobbied against the removal of registered nurses through its **RN 24/7** campaign.

A petition of more than 24,000 signatures was gathered and tabled to Parliament to illustrate the strong opposition to plans to scrap the requirement.

Findings from the Inquiry are expected in early November,

with many fearful the removal of registered nurses could potentially act as a catalyst for inferior care.

This line of thinking considers that abolishing the requirement would mean the quality of care would then ultimately fall to the discretion of aged care operators whose financial decisions might override clinical need.

Across the nation, there are 1,016 residential aged care providers who operate 2,688 facilities.

According to a recent Australian Institute of Health and Welfare (AIHW) report, 83% of residents in permanent care are considered as needing "high care".

Similarly, over the next 40 years, the number of people aged over 65 is expected to double.

All figures point to an urgent need for aged care reform in order to safeguard the health of older Australians.

The consumer

Semi-retired registered nurse Pamela Blacker was one of 165 individuals or organisations that made a submission to the NSW Upper House Inquiry in the lead-up to its debate over retaining the requirement for registered nurses in

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nursing homes.

Pamela was driven to support the union's campaign while her late mother was living in a not-for-profit residential aged care facility.

Sadly, Pamela's mother passed away just a month ago.

On inspection, her submission highlights alarming examples of significant hiccups at the facility.

Chief among them was her mother being given the wrong dosage of medication, and several incidents where Pamela visited her mother and found tablets on the floor because staff had not properly observed her taking the medication.

Pamela's other accounts reveal carers not having enough time to attend to all residents and a shocking incident of neglect. "I arrived at my mother's facility to find her sitting in heavily soiled underwear that had obviously been there for several hours. Staff themselves have told me that they don't have time to conduct the necessary personal care. I have also found residents on occasions in states of distress or requiring assistance and been unable to find staff nearby," Pamela wrote.

"They're just ordinary things that happen all the time. This is just the way it is," Pamela said later this month when asked about her accounts.

Prompted on what should be done to alleviate the sector's problems, Pamela cited staffing levels and adequate training as fundamental.

"I don't take a position that all care needs to be provided by registered nurses because I think that's financially impossible," she explains. "I think carers provide the majority of the workforce in the aged care sector. I don't see that as a problem if they are properly trained and they are properly supervised."

Pamela has worked in aged care previously during her nursing career and says her concerns about the state of the sector have been long-standing.

"I could see this starting to happen at the beginning of 2000 when RNs were kind of being phased out in aged care or reduced. It concerned me then. It was already bad enough but now it's critical."

Pamela proposes that the government's funding of the sector needs to be reviewed and that aged care providers should face

greater scrutiny over the services they provide through regular unannounced inspections.

Pamela in no way blames the aged care facility for her mother's death and says on the whole, the home provided adequate care.

She does however warn families contemplating placing a loved one in residential aged care to do their homework. "The general public is very unaware of what to look for and what to ask about. Often they will be taken in by fancy trimmings. It might look like a five star hotel but that doesn't mean that the service is five star and staffing can in fact be worse and more expensive."

An age old problem

Aged care expert Dr Maree Bernoth, an academic at Charles Sturt University's School of Nursing, Midwifery and Indigenous Health, contends that the aged care sector's problems emanate from core issues regarding low wages and sufficient staffing and support that create a ripple effect of neglect and at its most distressing, abuse. "It's the systems that aren't in place to support our aged care workers that cause this behaviour to happen.

"Those workers are stressed, desperate, uneducated, and trying to work under horrendous conditions and that contributes to the abuse. It doesn't justify it but you can't blame the worker. You can't blame the person who has no power. What's the infrastructure there? Who don't we see when this sort of neglect and abuse happens in our general hospitals?"

Dr Bernoth has been a nurse since 1971 and worked as a registered nurse in aged care for 15 years before pursuing her studies in a bid to become a strident advocate for quality in aged care. She says the sector is currently facing its most challenging period.

One of the key issues, she says, is a heavy reliance on semi-skilled and unregulated care workers who invariably get by without adequate support.

Dr Bernoth reflects back to 1994 and a national accreditation of the Certificate III in Aged Care that she remembers being substantial and rigid in its delivery.

Today the landscape is glaringly different. "What I find distressing is that this course has been watered down. It's been deregulated. It's been opened up to Registered Training Organisations (RTOs) and

the standard of the provision of the course is very inconsistent. So I can do a really good course through TAFE or I can go to an RTO and do it in a weekend or I can do it online."

The consequences?

"It doesn't equip them with the skills they need so they go out into the aged care facilities and they're not sure enough of their skills so they're very easily bullied by existing staff who may have entrenched poor practices and they quickly fall into doing what other staff do."

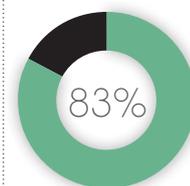
I COULD SEE THIS STARTING TO HAPPEN AT THE BEGINNING OF 2000 WHEN RNS WERE KIND OF BEING PHASED OUT IN AGED CARE OR REDUCED. IT CONCERNED ME THEN. IT WAS ALREADY BAD ENOUGH BUT NOW IT'S CRITICAL.

Reflecting on recent developments, Dr Bernoth says she was "flummoxed" and "perplexed" that the NSW government would even contemplate removing registered nurses from aged care, pointing to an 80% cohort in residential aged care suffering chronic and complex health conditions.

"All of those conditions require very skilled people to oversee them," she says. "It's being driven by profit."

More broadly, Dr Bernoth blames many of the aged care's problems on a clear-cut gap in the workforce. "We're not doing anything to attract them [nurses]. We're paying them less. They're the meat in the sandwich. They're caught between knowing what should be done but knowing that if they demand the care workers provide the sort of work that's required, and the care workers don't like it, they can be reported to management. And management are much keener to keep the care workers.

"As a society, we don't see registered nursing in aged care as an exciting place to be. There are lots of opportunities to use complex skills, complex assessments, and communication skills. They're not valued."



ACCORDING TO A RECENT AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (AIHW) REPORT, 83% OF RESIDENTS IN PERMANENT CARE ARE CONSIDERED AS NEEDING "HIGH CARE".



PHOTO: DAILY LIBERAL

To counter the challenges, Dr Bernoth says registered nurses must be paid better as a starting point, coupled with the establishment of career pathways to ensure working in aged care is pitched as appealing.

Universities should forge close links with aged care facilities, and graduate programs for nurses coming out of university should also be provided, she further argues.

As part of her work at Charles Sturt University, Dr Bernoth is undertaking a research project investigating ways in which to attract nursing graduates into aged care to curb looming workforce shortages.

Dr Bernoth is working with rural aged care facility, Holy Spirit Aged Care in Dubbo, and will attempt to build links between the university and the facility through learning, mentoring, and clinical placements for nurses in the residential aged care setting.

Aged care reform

The ANMF has been a long-standing campaigner for major reform in aged care.

The battle to challenge the government to take responsibility remains ongoing and with the

aged care sector facing a critical shortage of nurses that will only become compounded by an ageing Australian population, the issue becomes even more precarious.

Unacceptably, nurses working in aged care continue to be paid less than their counterparts in public hospitals and the wage gap is growing.

Currently, the ANMF is investigating safe staffing levels and skills mix in the aged care sector by conducting a research project in conjunction with Flinders University and the University of South Australia that involves collating valuable feedback from aged care staff, residents, family members, and concerned stakeholders.

Simultaneously, ANMF Federal Secretary Lee Thomas has called on the government to develop an aged care workforce strategy urgently that encompasses investment in aged care, mandated staffing levels, and streamlining wages and training.

Ms Thomas says the increasing complexities of conditions common in aged care demand a suitably skilled and qualified workforce.

"What we desperately need now is an aged care strategy that encompasses workforce, as we



know we are facing a significant shortfall of nurses in the aged care sector over coming years.

"In nursing homes across the country, it's not uncommon to have just one Registered Nurse (RN) with perhaps two personal care assistants, caring for up to 100 residents with increasingly complex needs."

Ms Thomas says it is now incumbent on the federal government to spark positive change for the sake of Australians and their families.

She welcomed the recent addition of Minister Sussan Ley to the dedicated position of Minister for Aged Care but says unless real change occurs then the issues plaguing the sector will persist. "In the current landscape, workforce issues continue to compromise the amount of quality care that can be delivered to our elderly, whether in nursing homes or home settings.

"Proper investment in aged care and most critically, proper staffing, is the only way forward in reaching a renewed sector focused on quality care."

Finding solutions

Victorian based independent lobby group Aged Care Crisis is indicative

(CLOCKWISE) DR MAREE BERNOTH (L) WITH HOLY SPIRIT AND ST MARY'S RESIDENTIAL MANAGER DI THOMAS, HOLY SPIRIT DEPUTY RESIDENTIAL MANAGER MIRIAM MUTASA AND CHARLES STURT UNIVERSITY LECTURER LYN CROXTON.

NSW NURSES FIGHT TO RETAIN REGISTERED NURSES IN AGED CARE. (PHOTO SHARON HICKEY)

24K

SIGNATURES

A PETITION OF MORE THAN 24,000 SIGNATURES WAS GATHERED AND TABLED TO PARLIAMENT TO ILLUSTRATE THE STRONG OPPOSITION TO PLANS TO SCRAP THE REQUIREMENT.

of a community that believes unresolved issues in Australia's aged care system need urgent attention.

The organisation was established by Lynda Saltarelli in response to the death of her father while in hospital more than a decade ago.

Ms Saltarelli's father suffered a debilitating stroke before being admitted to hospital.

He was no longer classified as requiring acute care and the hospital recommended the family move him to an aged care facility.

Fourteen weeks after entering hospital, Ms Saltarelli's father contracted bedsores and died as a result of septicaemia.

The upsetting experience left Ms Saltarelli grief-stricken and later compelled her to launch Aged Care Crisis in a bid to push for greater accountability in the treatment and care of older Australians.

fuelled discussion, engagement, and action, in a concerted effort to break the cycle of the deterioration of aged care.

Moving forward

Despite the aged care sector's obvious challenges, hope persists.

Tasmanian aged care worker Kylie Bennett has worked within the sector for over a decade and is currently the Aged Care Funding Instrument (ACFI) coordinator for Southern Cross Aged Care in Hobart.

Over the years, Kylie has worked her way up from the laundry to becoming an AIN and then working in management roles.

She is currently undertaking a Bachelor of Nursing and a Bachelor of Dementia at the University of Tasmania in order to boost her credentials.

Southern Cross Aged Care has 12 facilities spread across Tasmania

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This month, Aged Care Crisis launched a new campaign website where it is inviting concerned stakeholders to contribute and debate issues in aged care with a view to finding solutions.

"We believe that aged care is broken and accept that politics is paralysed and unable to address the problem," Ms Saltarelli says.

Among Aged Care Crisis' long-term plans is the creation of community controlled aged care hubs that would collect data and monitor the performance of facilities on behalf of the government.

Ms Saltarelli says the most pressing issues currently facing aged care involve a lack of reliable information regarding staffing and standards, the clash between providing care and making a profit, the vulnerability of consumers, and government funding going to profits and not care.

"We do not believe that government or industry are capable of meeting the challenge. It will require strong and direct community involvement."

Ms Saltarelli says Aged Care Crisis will be focusing on community

and is the largest employer of aged care workers.

Kylie undertook her Certificate III in Aged Care back in 1995 and says many carers these days lack the hands on skills needed to deal with patients appropriately.

Working in aged care, Kylie understands the stress that arises as part and parcel of the job, but stresses that carers need to find a voice too. "If someone asks you to do something, nine times out of ten people will say yes without stopping to think about whether they should be the person doing it.

"We try to chip in and everything but at the end of the day you have to know where your boundaries are. No matter what your role is you have to be responsible. The nurses shouldn't be asking the carers to do things that they know they can't do and vice versa."

Kylie believes there is light at the end of the tunnel and that progress can be made. "If we can get mandated staffing levels I think that would ease a lot of the burden across the board for a number of things."

Social Media Snapshot



"The staffing levels in aged care are an absolute disgrace. The focus has shifted from care to profits. I'm becoming very disillusioned."

Libby

"Reform can't arrive quickly enough. It needs to arrive soon or the train will just continue to gather steam, wreaking damage in the aged care sector. I've recently left the "high care" aged care sector (private) after six years. As an EN, giving medication to 35 residents, wound care, dealing with families, pharmacy, LMOs, AHPs and supervising staff usually meant a 7.5 shift really being a 10hr shift without overtime pay. Not much was left of me for my family once I got home. Our elders deserve so much more than what they're getting. They really do need strong advocacy. I was constantly flabbergasted that a nursing home operator would strictly refuse to use agency staff if staff could not be replaced, for fear of cost, and allow the floor to go up to two staff short. This obviously results in other issues directly affecting care or how staff handled themselves. Too many risks. Sad situation."

Jana

"We suffer with staff not turning up for shifts every day. Makes everything so much more difficult. Impossible to get 30+ residents to breakfast by 8am. Especially the ones in hoists, etc. I have seen so many residents trying to care for themselves and it's heart breaking."

Lynn

"It's always about the dollars. Aged care homes are seen as nothing but a business. Whilst I appreciate the owners cannot run at a loss, they seem to not care about the workers or residents, often leaving us short staffed, and employing staff who have little understanding or are poorly trained and left with limited resources. This leaves the elderly in aged care at risk of very poor quality care and staff overworked and stressed. I for one find it very stressful to not be able to give the proper level of care to my residents due to having to cover other staff, whether that be other staff not being replaced or by having staff on the floor who do not know what they're doing."

Giulia