ANMF NATIONAL AGED CARE SURVEY

FINAL REPORT

July 2016

Australian Nursing & Midwifery Federation

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EXECUTIVE SUMMARY

Over the last decade Australian Nursing and Midwifery Federation (ANMF) members have been campaigning for improvements in aged care with increasing intensity in an attempt to ensure quality care for residents and decent conditions for those working in aged care. But despite multiple reviews, inquiries and investigations no real improvements have been forthcoming.

Consequently, safe staffing in aged care, including a mandated requirement for 24 hour registered nurse cover for all high care residents, was one of the ANMF's four key issues for the 2016 Federal Election and was one of the central planks in the ANMF's Federal Election campaign, *If you don't care, we can't care*.

Underpinned by research undertaken for the ANMF's submission to the Senate Inquiry into *The future of Australia's aged care sector workforce*[1] and an economic analysis of the impact of the budget cuts announced in the 2016-17 Federal Budget[2], the ANMF's Federal Election campaign included a national survey and phone-in of aged care workers and community members.

The survey explored how the funding cuts are, or would, impact the delivery of care in residential care facilities across the States and Territories, with the aim of gathering information to place aged care as a key election issue and gain the attention of voters, and thus, politicians.

The survey, which ran from 17 – 21 June 2016, was conducted primarily online with a national phone-in held on 18 June 2016. A total of 2,423 people, comprising 1,724 aged care nurses and care workers and 699 community members, mostly relatives of people in aged care, participated. This report provides an outline of their views on:

- current key concerns in aged care;
- the adequacy of staffing levels and staffing skill mixes in aged care;
- the adequacy of care delivery in residential facilities;
- improvements needed in aged care; and,
- voting intentions relating to aged care.

The overwhelming theme to emerge from both the aged care worker and community group responses to the ANMF's aged care survey was the participants' belief that the elderly deserve much better care than they are currently receiving. This belief related to care in every aspect: personal care, physical care, medical care, psychological care, and emotional and social care.

The picture of residential aged care painted by the stories and comments of participants is one approaching despair. Participants state that resources in facilities, both human and otherwise, are becoming so scarce that on many occasions it is just not possible for residents to be cared for safely or, as reported by many participants, even humanely.

Their accounts describe a situation of widespread substandard care which offers little or no dignity to the elderly at the end of their lives. A situation which shows no recognition or regard for the contribution the elderly have made to Australian society and which, they believe, represents a profound lack of respect for Australia's elderly. They believe the elderly are not treated as individuals, not treated as real people or, on occasion, not even as human beings.

[1] ANMF's Submission to Senate Inquiry: The future of Australia's aged care sector workforce. Available online: http://www.anmf.org.au/documents/submissions/ANMF_Aged_Care_Inquiry_2016_Report.pdf
[2] ANMF Estimation of impacts of 2016-17 Budget and MYEFO Cuts to Aged Care Funding in Marginal Seats.

The findings of the ANMF's National Aged Care Survey outline an appalling lack of regard from Australian governments and politicians for our elderly. The findings describe a systemic failure to ensure safe and adequate care to all aged care residents and suggest governments and providers are forsaking the elderly the dignity they deserve at the end of their lives.

The survey's participants, and ANMF members more broadly, questioned the kind of society that Australia has become to condone such disrespectful treatment of our elderly. They were firmly of the view that such a society is not a moral and compassionate one.

However, this is what they would like to see, a moral and compassionate approach to care for our elderly, which would ensure them safe, dignified and respectful care at the end of their lives.

The survey's participants believe that this will require:

- Adequate Government funding;
- Appropriate mechanisms to ensure that funding is directed to care for residents;
- Appropriate mechanisms to ensure that funding is directed to ensuring safe staffing levels;
- Mechanisms that ensure genuine accountability and transparency from aged care providers;
- A mandated requirement for minimum training and regulation of all staff, including a sufficient supply of registered nurses and nursing staff specialised in the delivery of aged care; and,
- A commitment from governments, providers and the community to improving care for the elderly.

They believe these changes must happen because, quite simply,

"The elderly deserve a whole lot better."

INTRODUCTION

As a prelude to Australia's Federal Election, on 3 May 2016 the Federal Coalition Government announced, for the third consecutive year, a Federal Budget with significant cuts in funding for vital health and aged care services in the midst of funding boosts for businesses and those on higher incomes.

While these announcements were all deeply concerning to nurses and midwives, most alarming were proposed new cuts to the residential aged care sector. The 2016/17 Federal Budget included significant changes to the Aged Care Funding Instrument (ACFI) used to assess the base-line level of public funding for the care of individual residents.

The Budget Papers indicated the changes to ACFI would lead to a reduction of $1,152m in ACFI related funding over next four financial years. These cuts followed on from $607m in cuts announced in the Mid-Year Economic and Fiscal Outlook in December 2015. The Australian Nursing and Midwifery Federation's (ANMF) analysis of these cuts concluded that in total, close to $1.8b cuts to aged care funding were forecast over the next 4 years.

The alarm at the cuts expressed by ANMF members was due to the fact that, in their vast experience, the sector was already approaching crisis point with a range of critically significant issues needing urgent attention. It could ill afford to be drained of further resources.

Over the last decade ANMF members have been campaigning for improvements in aged care with increasing intensity in an attempt to ensure quality care for residents and decent conditions for those working in aged care. But despite multiple reviews, inquiries and investigations no real improvements have been forthcoming.

The aged care sector remains a sector characterised by:

- low wages and poor conditions;
- inadequate staffing levels and workload issues;
- unreasonable professional and legal responsibilities;
- lack of career opportunities;
- stressful work environments;
- poor management practices;
- a poor perception of aged care in general,[3] and most disturbing of all,
- growing reports of substandard care.

These factors are not new, unknown or misunderstood. They are however, ignored. There has simply been a lack of will by governments and industry to address these matters seriously.

Consequently, safe staffing in aged care, including a mandated requirement for 24 hour registered nurse cover for all high care residents, became one of the ANMF's four key issues for the 2016 Federal Election and was one of the central planks in the ANMF's Federal Election campaign, *If you don't care, we can't care*.

Underpinned by research undertaken for the ANMF's submission to the Senate Inquiry into *The future of Australia's aged care sector workforce*[4] and an economic analysis of the impact of the budget cuts outlined above[5], the ANMF's Federal Election campaign included a national survey and phone-in of aged care workers and community members.

The survey explored how the funding cuts are, or would, impact the delivery of care in residential care facilities across the States and Territories, with the aim of gathering information to place aged care as a key election issue and gain the attention of voters, and thus, politicians.

The survey, which ran from 17 – 21 June 2016, was conducted primarily online with a national phone-in held on 18 June 2016. A total of 2,423 people, comprising 1,724 aged care nurses and care workers and 699 community members, mostly relatives of people in aged care, participated. The presentation of data that follows provides an outline of their views on:

- current key concerns in aged care;
- the adequacy of staffing levels and staffing skill mixes in aged care;
- the adequacy of care delivery in residential facilities;
- improvements needed in aged care; and,
- voting intentions relating to aged care.

[3] CEPAR, *Aged care in Australia Part ll – Industry and practice*, CEPAR research brief 2014/02.
[4] ANMF's Submission to Senate Inquiry: The future of Australia's aged care sector workforce. Available online: http://www.anmf.org.au/documents/submissions/ANMF_Aged_Care_Inquiry_2016_Report.pdf
[5] ANMF Estimation of impacts of 2016-17 Budget and MYEFO Cuts to Aged Care Funding in Marginal Seats.

SURVEY RESPONSES

A total of 2,423 people, comprising 1,724 aged care nurses and care workers and 699 community members, mostly relatives of people in aged care, participated in the ANMF's national phone-in and online survey on the impact of funding cuts in aged care. The survey, which ran from 17 – 21 June 2016, was conducted both online and via a national phone-in held on 18 June.

The national phone-in, which received calls from across the country, provided for those not equipped to participate in the online process and who felt more comfortable speaking directly to an ANMF officer. 680 of the survey's total respondents participated in the national phone-in, 500 aged care nurses and aged care workers[6], and 180 community members.

Two surveys were used, one for those working in aged care and one for community members, mostly people with relatives in aged care. The surveys contained 16 common questions, with each survey containing further questions specific to each group; an additional 8 questions were included in the survey for those working in aged care and an additional 2 questions for community members.

The surveys collected a small amount of demographic data, which focused on participants' states or territories, their relationship to aged care for community members, and simple workplace data for those working in aged care. Figures 1 – 3 provide details of participants by state and territory, overall and by group, i.e. aged care workers or community members.

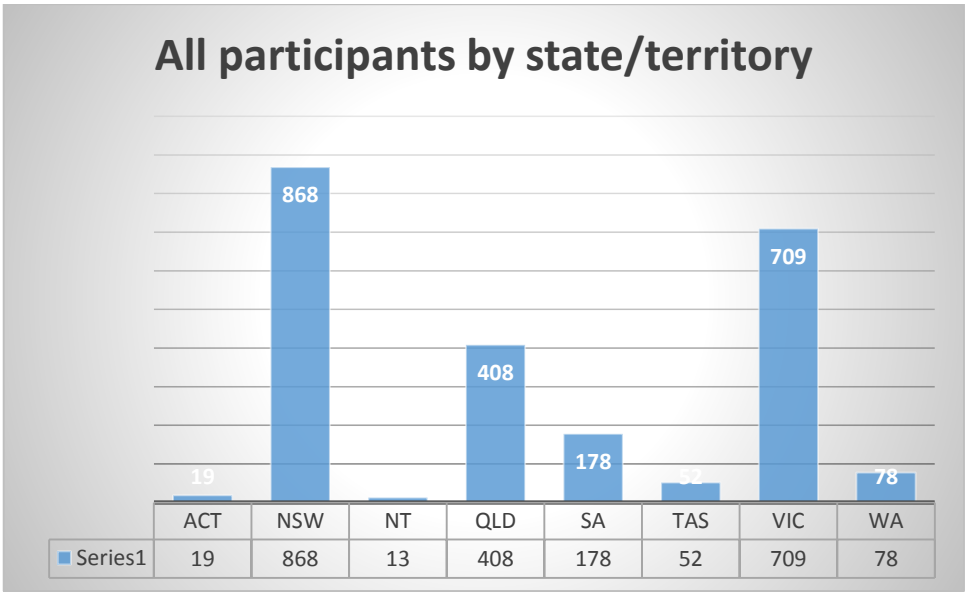

Figure 1 All participants by state/territory

[6] For ease of readability, aged care nurses and aged care workers are collectively referred to as the aged care worker participant group at times in this report.

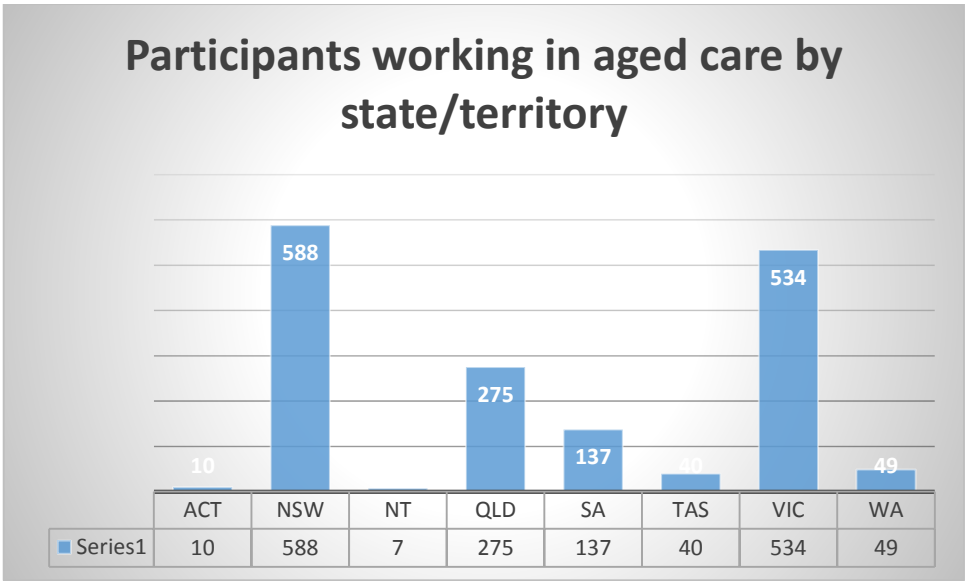

Figure 2 Participants working in aged care by state/territory

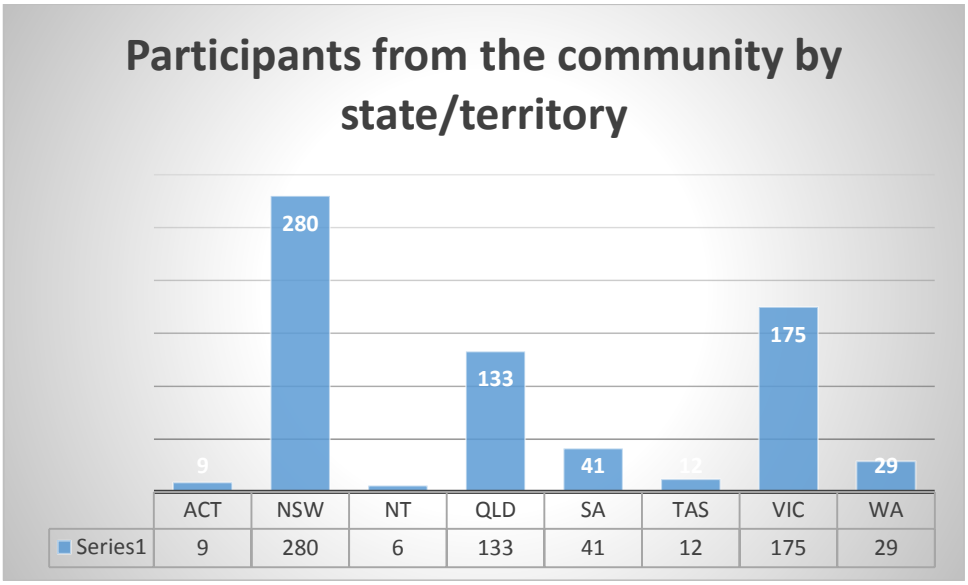

Figure 3 Participants from the community by state/territory

Participants from the community were asked to identify their relationship with aged care, i.e. if they were a resident in aged care, a relative or friend of someone in aged care, a community visitor or had another relationship with aged care. As shown in figure 4, the majority of community participants were relatives of someone in aged care, 61%, with the second largest group, 25%, identifying as having another relationship with aged care, largely comprising nurses who worked in acute care or other settings.

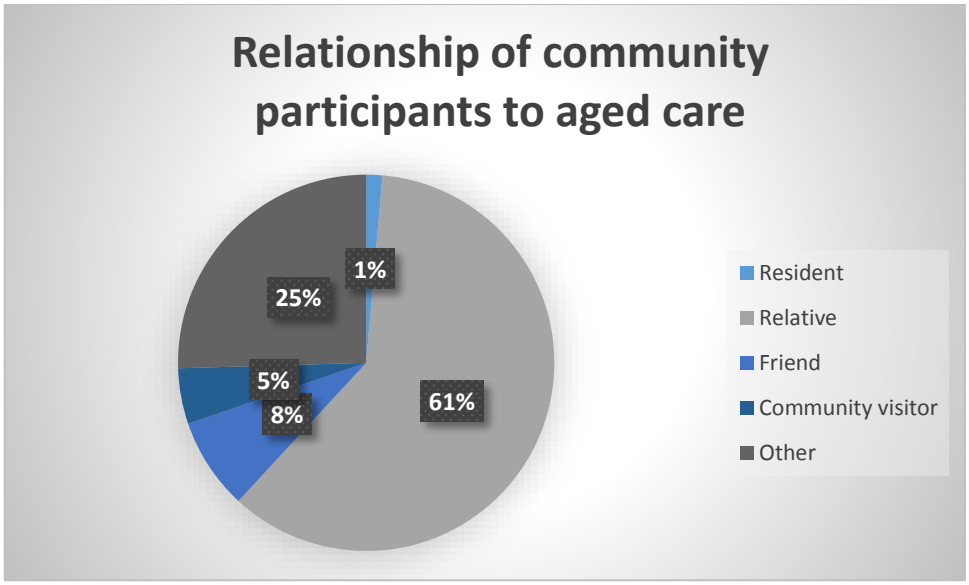

Figure 4 Relationship of community participants to aged care

Participants working in aged care were asked to identify the areas in which they worked and lived, i.e. metropolitan, regional, rural or remote, their employment classification and the sector in which they were employed. There was a relatively even distribution of participants across metropolitan and regional areas, 38.3% and 39.7% respectively, with 20.8% from rural areas. The final 1.2% were from remote areas. The vast majority of participants also worked in the area in which they lived (see figures 5 & 6).

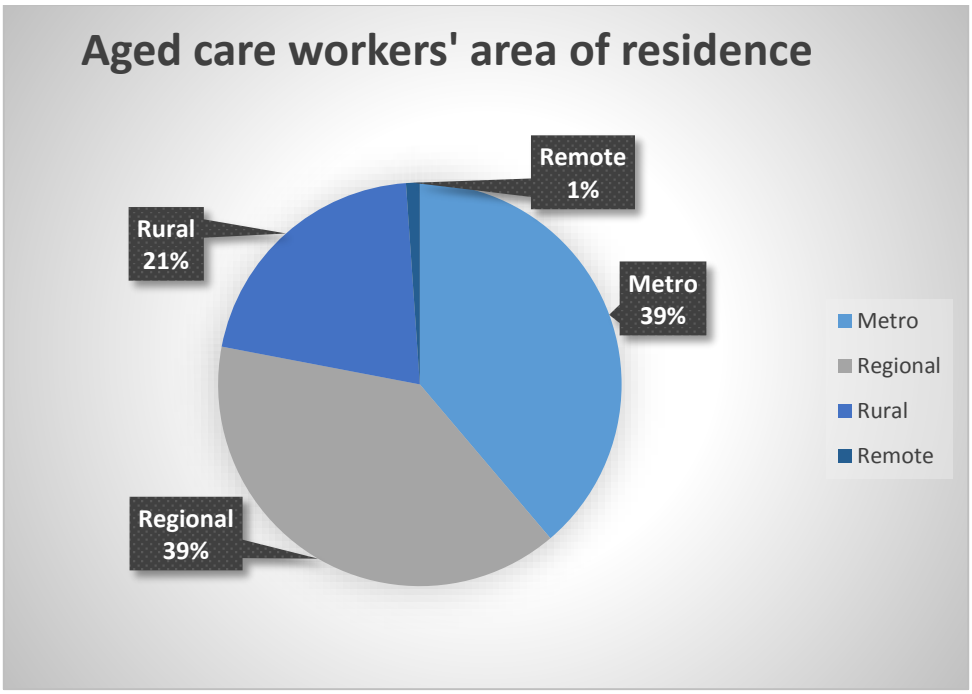

Figure 5 Aged care workers' area of residence

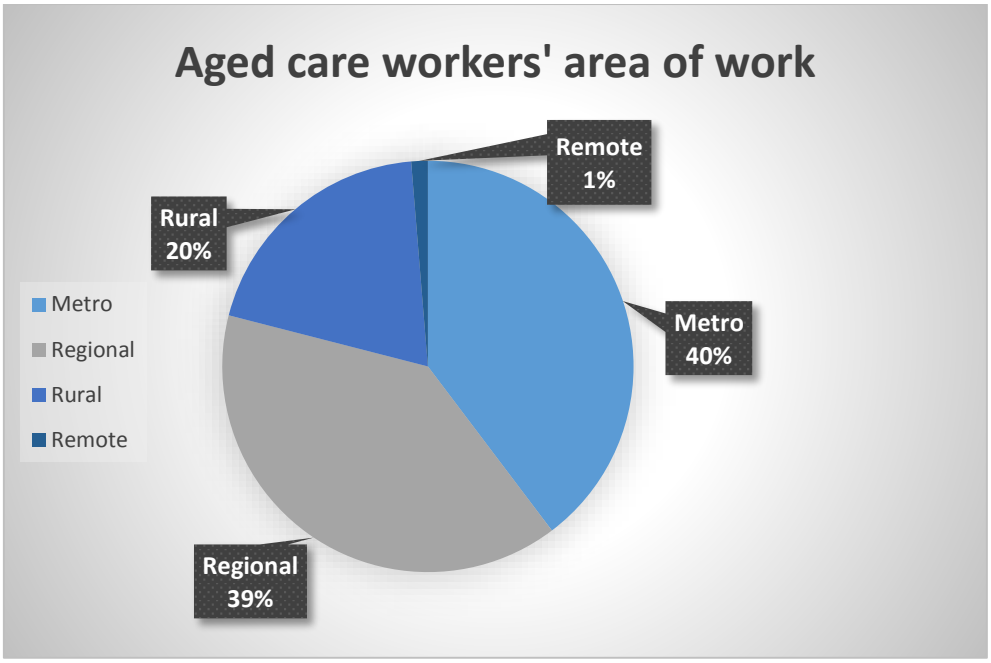

Figure 6 Aged care workers' area of work

The great majority of participants working in aged care were nurses and assistants in nursing/personal care workers, over 86%, with the greatest proportion working in the not-for profit residential aged care sector, 32.3% (see figures 7 & 8).

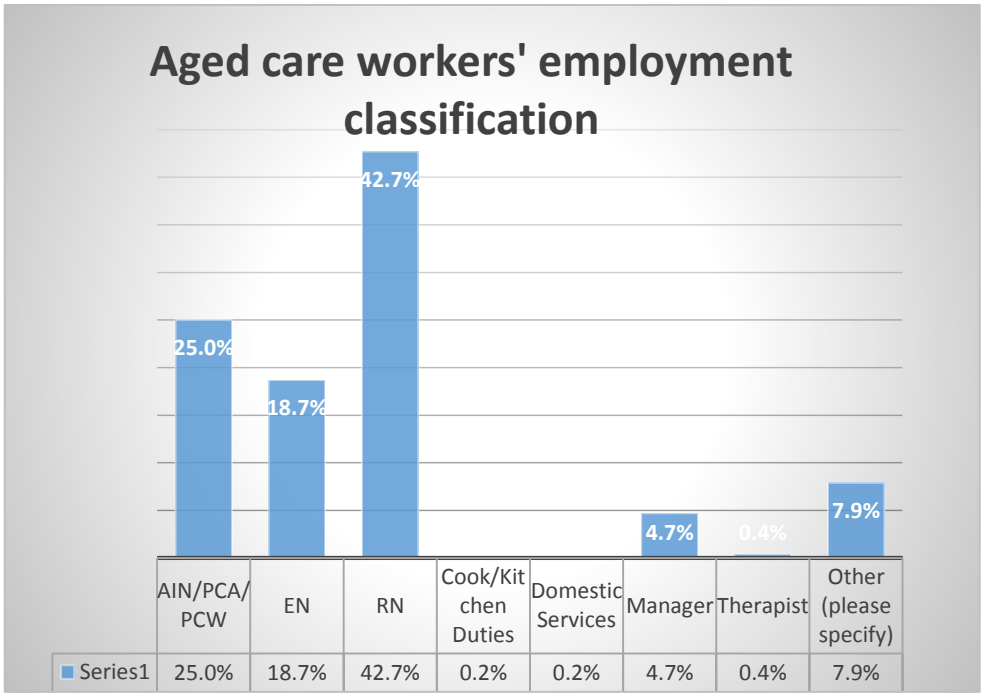

Figure 7 Aged care workers' employment classification

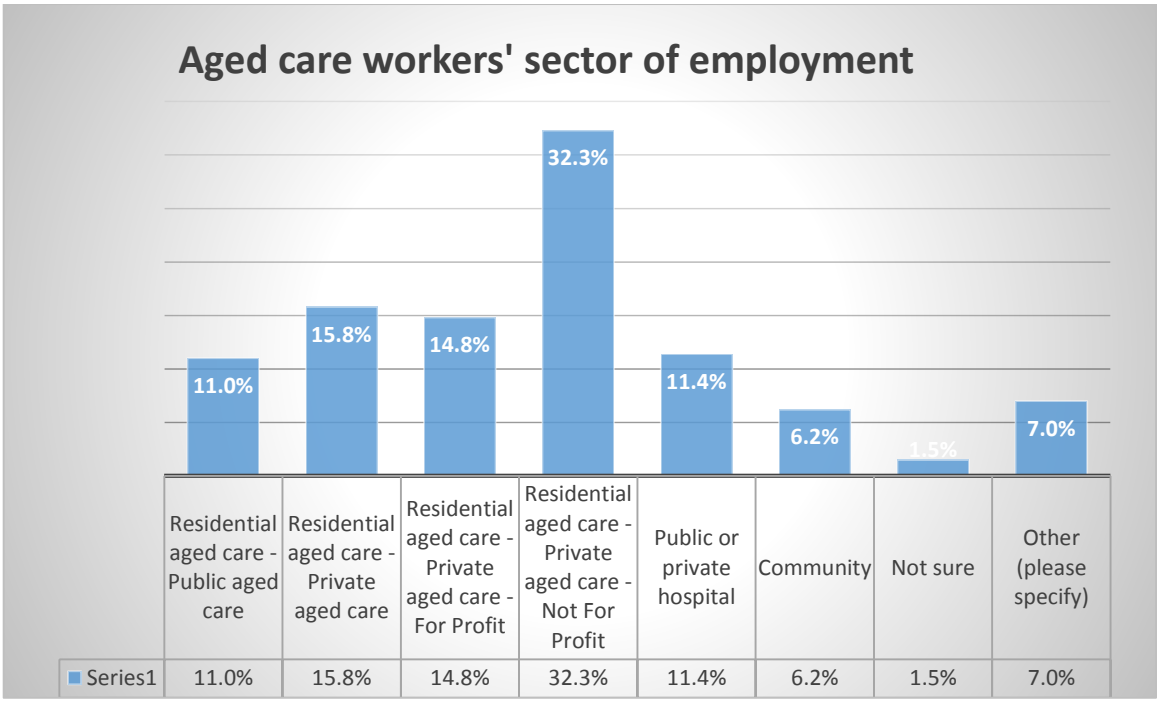

Figure 8 Aged care workers' sector of employment

CONCERNS REGARDING AGED CARE

Participants in both groups were asked to identify the issues in aged care that were currently causing them the most concern. They were asked to select issues from a list of options and were given the opportunity to select more than one issue. Figure 9 provides a comparison of responses from both aged care workers and community members.

Both participant groups expressed very high levels of concern about a range of issues in aged care, with the greatest concern relating to Commonwealth funding cuts and staffing levels. Community participants indicated a greater level of concern than aged care workers in almost every category, most significantly with respect to qualifications of staff, food quality and domestic services.

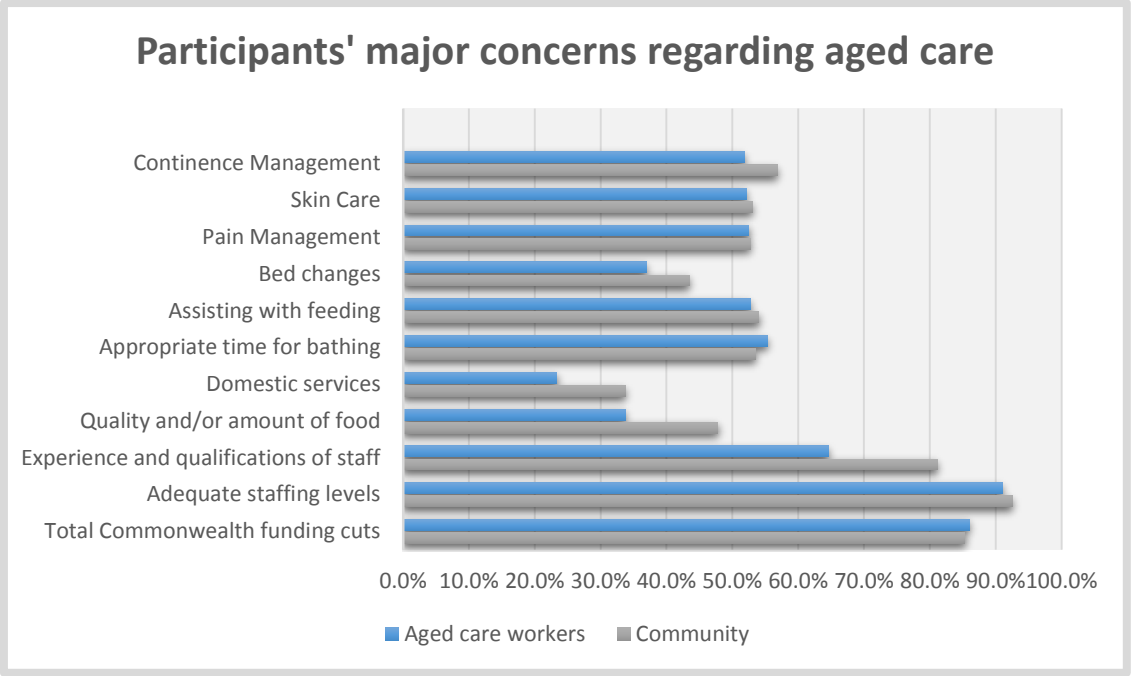

Figure 9 Participants' major concerns regarding aged care

Participants in both groups were asked whether they believe the current funding of aged care is adequate to meet the needs of aged care residents. The response was overwhelmingly in the negative, with a slightly stronger response from community participants, 96%, than aged care worker participants, 94% (see figure 10).

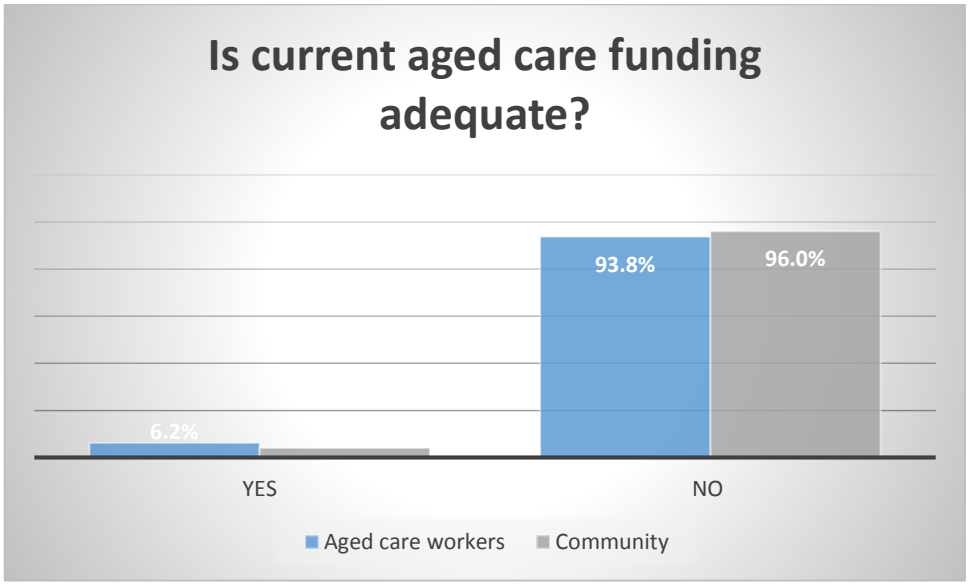

Figure 10 Participants views on adequacy of current aged care funding

Participants were also asked whether they believed the funding cuts planned over the next four years would have an impact on the level of care within aged care facilities and to indicate the scope of the impact. Both groups indicated that they believed the cuts would have a significant impact with

more than 90% of community members and aged care workers suggesting the cuts would have a considerable or greater impact.

Both groups were asked whether their employer, for aged care workers, or facility owner, for community members, had had any discussion with them about - cuts to staffing or the effect on care provision for their relative/friend – because of the Commonwealth funding cuts. 32% of aged care workers responded that their employers had indicated that there would be cuts to staffing, but only 10.5% of community members had had any discussion with their facility owners about impacts of the Commonwealth cuts on care for their relative.

This was followed by a question to both groups on whether cost shifting had started to occur at their facilities, i.e. were residents or their families now required to pay for items which had previously been provided by the facility. A reasonable proportion of both groups, close to half of aged care workers, indicated that this had already started to occur (see figure 11).

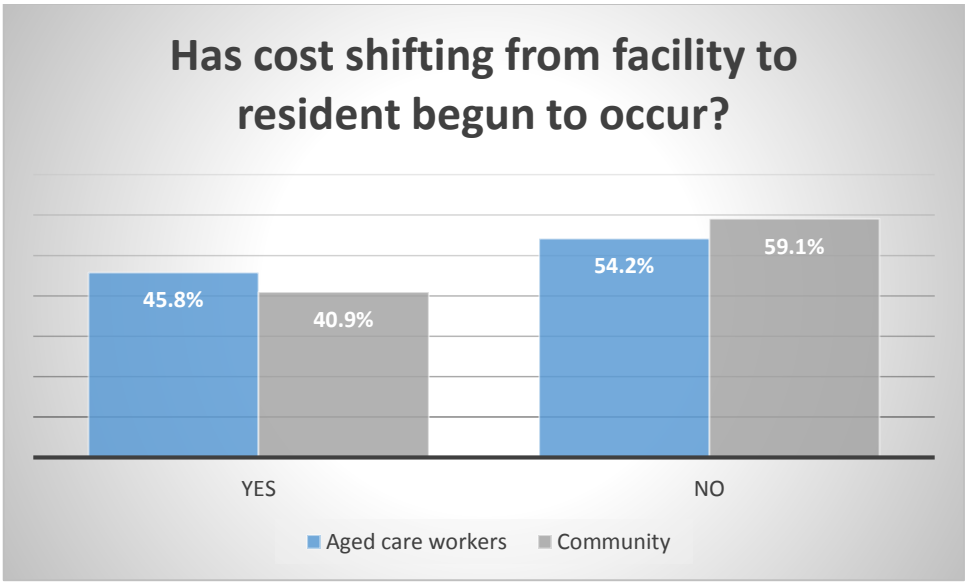

Figure 11 Incidence of residents or their families now required to pay for items previously provided by aged care facilities

STAFFING LEVELS AND SKILLS MIX

Participants in both groups were asked two questions specifically related to staffing; whether they believe the current staffing levels at their aged care facilities were able to provide an adequate standard of nursing care and whether they considered the ratio of registered nurses (RNs) to other care staff to be adequate. Consistent with responses related to adequacy of funding, the responses from both groups to staffing questions were overwhelmingly in the negative.

Interestingly, 80% of participants working in aged care indicated that they did not believe current staffing levels were sufficient to provide an adequate level of care to their residents. This an honest but concerning reflection from aged care workers on the current level of care they feel they are providing. This issue is discussed in more detail later in the report.

There was some variation between the participant groups with regard to their views on the adequacy of RN staffing at their facilities, with community members strongly negative, 85%, and aged care workers somewhat less, though still significantly negative, at 68%. This may be partially explained by the composition of the aged care worker participant group, which comprised more

than 50% of workers other than registered nurses who may have significant concerns about their own staffing ratios (see figures 12 & 13).

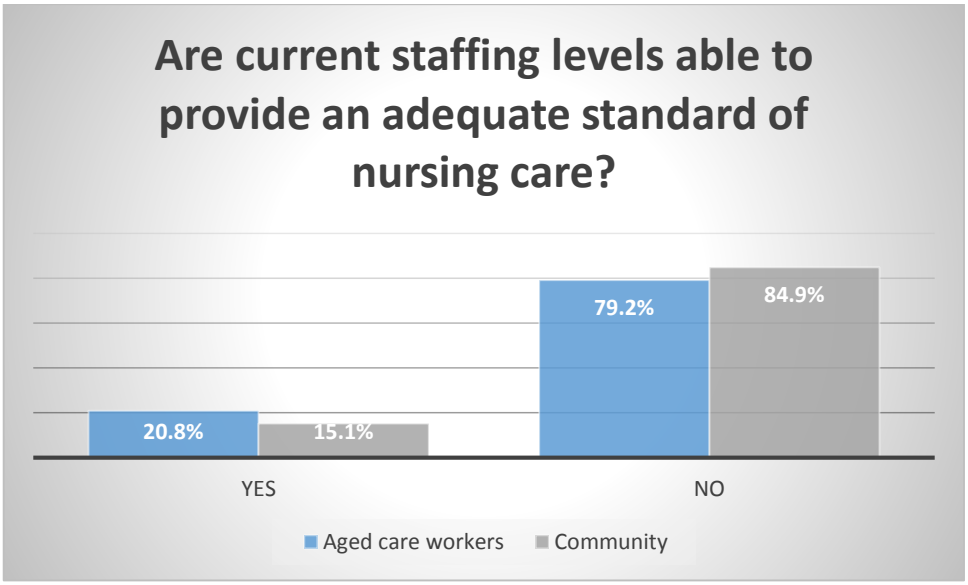

Figure 12 Capacity of current staffing levels to provide an adequate standard of nursing care

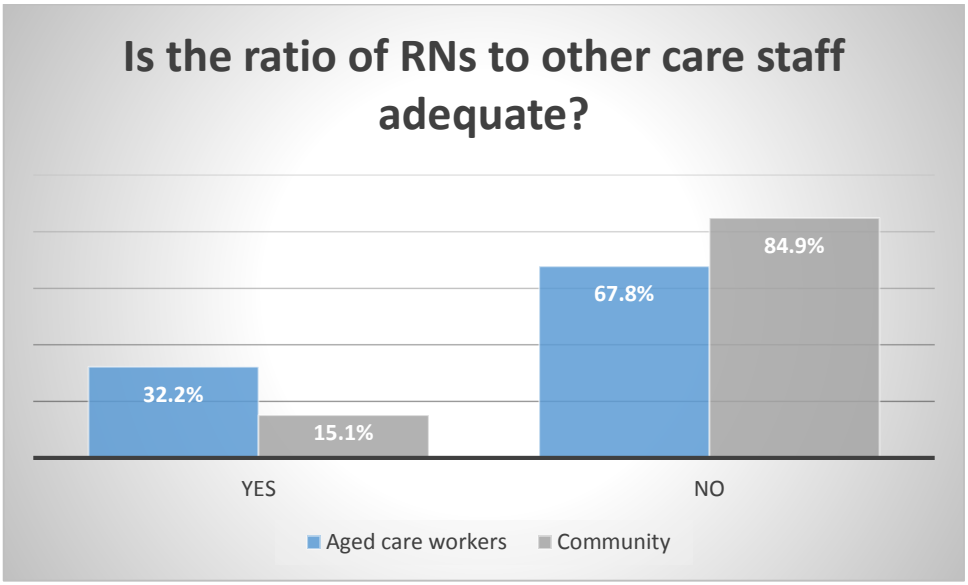

Figure 13 Adequacy of ratio of RNs to other care staff

Participants in the aged care worker group were asked two additional questions related to staffing: whether residents were transferred to hospital for care that could be provided at the facility with a more qualified staffing mix and what they believed was the main contributor to nurses leaving or not wanting to work in aged care.

Just over half, 53%, indicated that residents were being transferred to hospital for care that should be able to be provided at the facility if appropriately qualified staff were available. And almost half,

47.5%, identified workloads as the single greatest contributor to difficulty in recruitment and retention for the aged care sector (see figure 14).

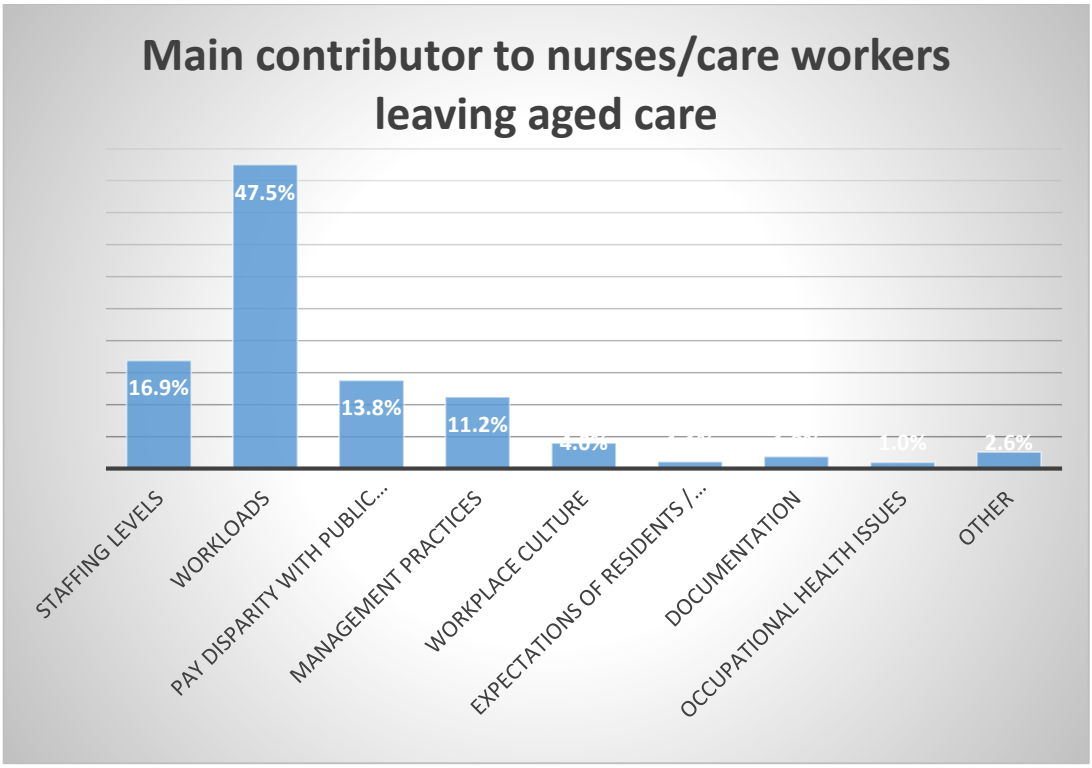

Figure 14 Main contributor to nurses/care workers leaving aged care

IMPROVEMENTS NEEDED IN AGED CARE

Participants in both groups were asked to identify what they believe needs to be done to improve aged care services. They were asked to select issues from a list of options and were given the opportunity to select more than one issue. Figure 15 provides a comparison of responses from both aged care workers and community members.

Excepting the need for increased government funding, community participants registered a stronger response on all options provided than aged care worker participants. This was particularly evident with respect to their views on the need for more vigorous accreditation inspections and the imposition of financial penalties on providers who failed to ensure a minimum standard of care to residents.

The disparity between the groups regarding these two issues may be partially explained by the following: aged care workers believe the accreditation process to be deeply flawed and therefore see little use in further investment in the process; and, they already believe the sector to be starved of funds, therefore to restrict funds further through financial penalties may serve only to exacerbate existing problems.

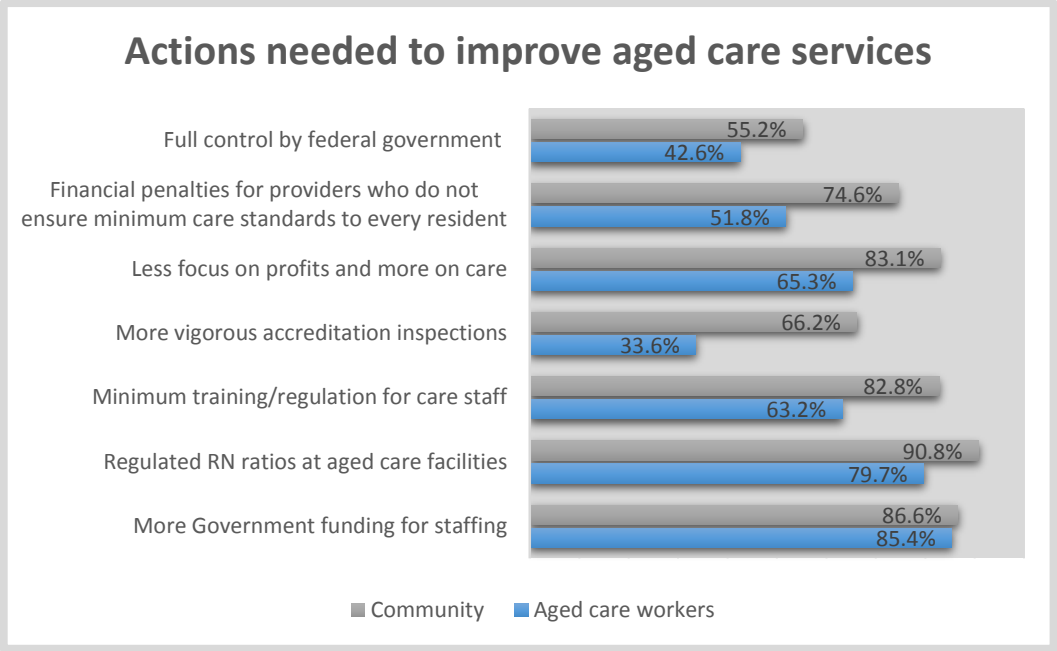

Figure 15 Actions needed to improve aged care services

As the survey formed part of the ANMF's Federal Election Campaign, both participant groups were asked whether they would change their vote to support a party that made an election announcement to restore funding to improve services and care to residents in aged care. A significant majority in both groups indicated that they would as shown in Figure 16.

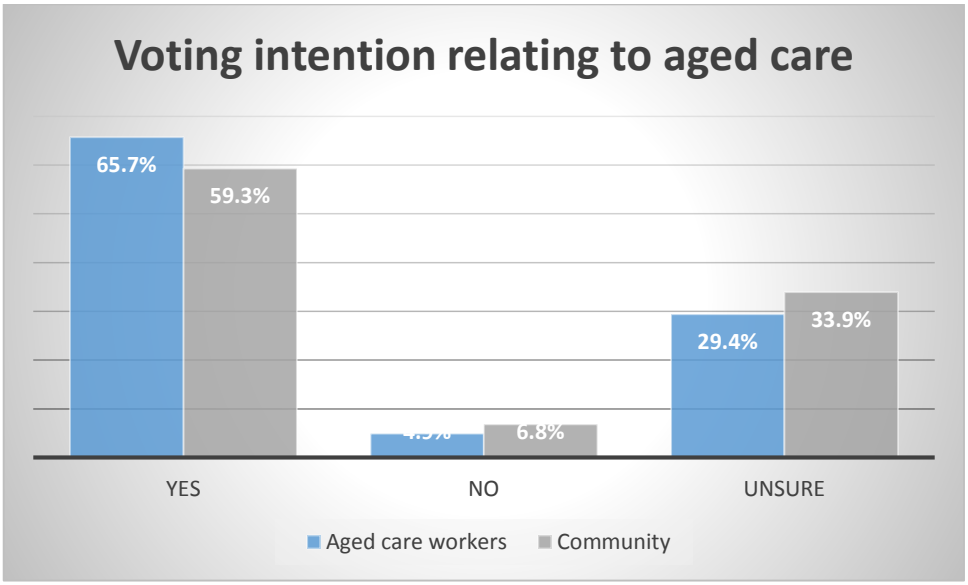

Figure 16 Voting intention relating to aged care

In addition to the responses outlined above, participants were offered the opportunity to provide further information on a number of questions and were given a final opportunity to add any further general comments they wished to make or to tell their story to the ANMF. The remaining section of this report discusses their responses in detail.

THE ELDERLY DESERVE BETTER

The overwhelming theme to emerge from both the aged care worker and community group responses to the ANMF's aged care survey was the participants' belief that the elderly deserve much better care than they are currently receiving. This belief related to care in every aspect: personal care, physical care, medical care, psychological care, and emotional and social care.

The picture of residential aged care painted by the stories and comments of participants is one approaching despair. Participants state that resources in facilities, both human and otherwise, are becoming so scarce that on many occasions it is just not possible for residents to be cared for safely or, as reported by many participants, even humanely.

Their accounts describe a situation of widespread substandard care which offers little or no dignity to the elderly at the end of their lives. A situation which shows no recognition or regard for the contribution the elderly have made to Australian society and which, they believe, represents a profound lack of respect for Australia's elderly. They believe the elderly are not treated as individuals, not treated as real people or, on occasion, not even as human beings.

> *Basically the whole situation shows very poor form. Our frail and elderly citizens should be shown respect and supported in their twilight years. They have worked hard and paid taxes, fought for their country (in many cases) and now they are an easy target.*
>
> *My elderly father's and mother's days are TOTALLY BORING and the activities are MIND NUMBING. They are an insult to people who have lived very RICH and REWARDING LIVES. There are also NO PSYCHOLOGICAL SERVICES for grieving families who have to deal with the traumatic effects of watching their parents cry day and night, suffer depression, and make suicidal comments over and over again.*
>
> *I think it is disgusting that people of this country who have contributed so much during their working life can be treated in this way in their old age.*
>
> *Not good enough, our frail aged deserve much better. They deserve respect, dignified care, and mostly, professional care.*

The situation participants describe is what is currently happening, that is, before the implementation of $1.8 billion in government cuts to funding. They are deeply concerned about what will happen if these cuts are implemented.

This is not to suggest, however, that participants believe lack of appropriate government funding to be the only concern or the only cause of the woeful situation they are experiencing in aged care. They are also extremely cynical about aged care providers and their approach, or lack thereof, to the provision of quality care for aged care residents. In fact, many of them claim that there is no semblance of 'quality' in the care that is being provided to the elderly.

It should be noted that this was the overwhelming and consistent view of the majority of participants; less than 20% expressed satisfaction or better with their experience of aged care. Given the large sample size of respondents for the survey it can be reasonably assumed that the results have significant general applicability.

The participants' principle claim is that aged care funding, irrespective of its source (from government or from residents and their families), is not being, nor is it required to be, directed to ensuring safe and adequate care for aged care residents.

> *Aged care providers are not held accountable for how the received government funding is being spent, especially on staffing levels, continence management and food. The aged care providers have always been crying 'poor' or about inadequate funding. I guess it depends on how much profit*

the providers want to make.

Providers are interested in profits and care is secondary. Huge conflict between quality of care and being a for profit provider.

It's a business now to make profit. Staffing is not adequate, it takes the care out of the nursing. The staff do care but without adequate time there isn't enough to go around. Communication is lacking. There is no empowerment and advocacy for the general rights of residents.

I'm also aware that there is a substantial amount of money given that is not being wisely spent. This is about managers … making decisions that affect staff on the floor e.g. not enough continence products available to use... The money might be there but is not being delegated to staff to use as they should - has knock on effects down the line and becomes a big issue.

Participants explained that even when residents and their families paid extra fees and made additional contributions to aged care providers, they were not assured of high quality, or as reported in many cases, even reasonable, care for their relative.

Why is it that hefty ingoing fees are paid, plus or minus daily service fees - the management and owners are making a great profit whilst the government and families are paying top dollar for services - we pay $50 a DAY for my mother for "extra" services - she is ambulant, continent, showers herself - if I don't pay this fee, I would need to find an alternative place for her, which is nigh on impossible.

But the funding goes to profit not to care. We paid $380,000 to get into a home then pay another $500 per week.

The facility for Dad's permanent residence is a private one. The bond we were asked for was exorbitant… The fees we pay for Dad's care are very high and they increase at least twice per year. Despite this injection of private funds from mine and other families, the facility is still failing to provide some basic care and still doesn't have RNs rostered 24/7. My own experience, and the experience of others in my community indicate a massive problem with aged care funding.

While the vast majority or participants believed that aged care is significantly under-funded and more funding is needed, they expressed concerns about increasing government funding to providers without much better accountability for how those funds were spent.

I would only support the idea of further government funding to aged care if the providers' expenditure is transparent to the Australian public. After all, aged care funding is tax-payers' money.

Many participants went further, suggesting that the lack of accountability allowed providers to present an image of the care that residents and families could expect from their facility which was inconsistent with the reality.

The aged care facility I currently work in is so intent on "presenting" a picture to the public of a facility that provides wonderful "care" and "respect" for their residents. But beneath the surface of the "lovely" uniforms that staff wear and the big posters on the wall with loving pictures of residents and staff there is the true story of incontinent pads not being changed when they should because staff who called in sick have not been replaced; of residents sitting in chairs for hours on end without being walked or moved because there is not enough staff to assist them; skin tears occurring on frail skin because residents are being transferred in a hurry from bed to chair and then the wounds not being reported. Broken and red skin on the bottoms of those residents who

are unable to walk and not given the adequate pressure area care because of time.

My mother-in-law (93) is blind - a meal tray is put in front of her - she stabs at the food - exhausted she gives up - tray taken away. Commode chair next to her bed every time I visit - so undignified. So much effort put in to making front entrance and coffee shop look fantastic - if only that money was spent on residents.

Participants believed the lack of any genuinely effective requirement for aged care providers to direct funding to the provision of care is leading not only to a lack of safe and adequate care but also to the occurrence of many preventable incidents, illnesses and conditions, and even unnecessary or premature deaths.

My mother who is paralysed left side and suffers memory loss due to a stroke is often left in bed all day, often not showered, rarely has teeth cleaned and was left unsupervised twice resulting in ambulance to hospital and further brain injury and surgery. More staff would allow adequate care.

Residents often were not showered, looking constantly uncared for. Teeth not cleaned, basic care not attended. On a few occasions they just left my Nan in her room rather than getting her for meals as they forgot as they were too rushed.

Not enough staff on esp. overnight. My mother fell in her room when getting up to toilet and was lying on floor a long time with fractured femur. Only 2 or 3 staff on for 50 residents. Not enough!

When my mother was in a nursing home I found it difficult to comprehend that it was me identifying her health problems and not the staff looking after her. It seemed to me it was alright while you could fend for yourself and were continent, but when more care was needed there just wasn't the staff. My mother ended up with pressure areas very quickly once she became less mobile. A skin tear to her leg became very badly infected as it was not being dressed properly.

My Dad has only been in an aged care facility for 6 months, but I feel as his advocate, my concerns are not always taken seriously. The meals are often cold… He has lost weight and this has also affected his health. He's a type 2 diabetic and was having frequent hypoglycaemic episodes, because he was not/is not eating. His skin care had been neglected and his skin was breaking down, which had never been an issue. Because there was so many different staff involved in his care, I had to put signs up in the bathroom and bedroom to remind them to moisturize his legs morning & night. I feel like I have to be his nurse & not just his daughter.

My father was put into a home aged 68 with dementia, the care was appalling. He had a fall and cut his head open, they gave him 2 Panadol. My sister went there the next day and he was put into hospital at my sister's insistence. My mother… went on the Monday at lunch time which she did every day to feed him and found him unconscious in a restraining chair. Ambulance was called and dad had asphyxiation pneumonia, never regained consciousness and died 7 days later.

A resident died a slow agonizing and undignified death because management refused to allow RNs to send residents to hospital after a serious fall possibly causing terminal injury.

These are not just isolated comments, there were hundreds of comments from participants outlining cases of inadequate and unsafe care. They described countless instances of residents being left "wet, dirty, hungry, thirsty, dehydrated, and in pain". They explained that residents were "bored, lonely, ignored, invisible, depressed, humiliated, belittled and dehumanised". The lack of emotional and social care for residents described by participants was deeply disturbing.

Some comments described situations that in virtually any other context would constitute neglect and even abuse.

> *I worked as an agency nurse in an aged care facility. The PCAs told me the gent in such and such room required panadol routinely at night, to sleep. I asked further, and was told the gent, who was aphasic, post CVA (very vulnerable) has a sore penis. He was grimacing as I approached and asked if I might look. He nodded. He had a [urinary catheter], and instead of exiting from the meatus, the glans had a split down the side, to the level of the shaft. It looked like a split hot dog. I am still horrified to this day - the wound was not new, it took time to erode through, with pressure from the IDC tunnelling into his penis… The GP had not been informed, and obviously I faxed them a message there and then for urgent review. A follow up shift - he was in hospital, for an urgent urology review… I am… blown away the staff did not report the erosion as it was happening, take steps to prevent it, more educated staff had not looked at the source of his pain - he had panadol every night!*

Despite the above, in general participants did not blame staff for the systematic lack of safe and adequate care currently being provided in aged care facilities. They explained that there are simply not enough staff with the right mix of skills to care for the number and type of residents in facilities.

Many participants explained that aged care is now a complex area requiring specialised skills in order to provide safe and appropriate care for residents. Staff need to have skills and knowledge of the common co-morbidities affecting the elderly, in the management of dementia and other mental health and behavioural issues, in palliative and end of life care, pain management and wound care. Staff also need to be able to assess the condition of residents effectively to prevent deterioration and avoid illnesses and incidents with early intervention and appropriate clinical management.

However, in the view of the participants, these skills are sorely lacking. There are too few registered and enrolled nurses; and assistants in nursing/personal care workers simply do not possess this level of skill even if they are qualified and well trained. And often, they are not.

> *We are sticking people with 8 weeks training to give direct care - we are sending the message that anyone can give direct care, we don't demonstrate that we care about people's bodies through money and staffing. PCAs are not properly trained but are delivering physical care. This is an ethical issue. Looking after people with advanced dementia is one of the most ethically complex things I have done.*

Most significant of all was the issue of workloads; for both nursing and care staff. Nurses explain that with current staffing levels it is just not possible to deliver quality care.

> *1 RN to 52 residents is too much, not enough quality time spent with each resident.*

In fact, the staffing ratios in many facilities go well beyond hindering the provision of quality care, they are unsafe; the ratios of registered nurses (RNs) and enrolled nurses (ENs) to residents described by aged care worker and community participants alike seem almost impossible to believe.

> *When doing aged care as the only night RN on duty I would have 150 clients in my care with 6 AINS on. On occasion I would have an enrolled nurse on duty with 5 AINS.*
>
> *1 RN for 50 residents AM shift (morning only). No RN in the evening or night.*
>
> *Our registered nurses are responsible for 5 staff and approximately 90 residents on a night shift. How can they possibly be able to do their job properly, considering the changeable nature of the job? On a good night, they're run off their feet with normal duties, if there happens to be an incident then they undoubtedly have to stay after their shift.*

Workloads and complex care needs have increased but where I work there is 1 RN for 86 residents.

51 residents and 2 ENs. RN is only part-time

1 EN for 52 residents on afternoon shift....disaster waiting to happen.

Night shift only one RN to 98 residents.

1 RN to 60 residents or sometimes 120 residents is grossly understaffed and not safe.

1 RN in a 94 bed facility.

1 RN in charge of a 90 bed facility across all shifts, also has to care for 30 residents including medication rounds.

80 residents to 1 RN.

One RN to 150 residents on pm or night shifts is not adequate or safe.

1 RN to 75 residents - high and low care.

Only 1 RN to care for 120 residents

Sometimes 100 - 150 residents only 1 staff nurse when short. A.M shift 1 RN and 1 EEN for 72-75 residents, P.M shift 1 RN for 72-75 residents, Night shift - 1 RN for 145-150 residents.

Very few participants described a workplace or facility with nurse to resident ratios they believed were satisfactory. However, in some facilities, they do exist.

We currently have 1 RN for every 22 or 23 residents which I think is more than enough.

One RN for 28 Residents.

For the significant majority of participants, ratios of care staff[7] to residents are equally concerning. The best and therefore, in the view of participants, safest ratio described was one care worker to six or seven residents, with one to seven cited more frequently. However, the experience of participants was that the ratio of care staff to residents is very often much worse.

In nursing home; [morning shift] 2 RNs & 10 care staff; [evening shift] 1 RN & 8 care staff; night duty 1 RN & 6 care staff for 150 residents.

1 RN for 90 residents, 2 care workers for 24 high care residents , 1 laundry person for 90 residents. Ratio is 12:1 for care workers in meeting hygiene care, nutritional needs, mobility needs and the list goes on.

1 RN to over 80 residents on [morning shift], same for PM shift, most times no RN overnight, care staff… 1 to 10 residents in the AM, 1 to 20 on PM, and 1 to 40 overnight.

[7] *Care staff* are referred to variously by participants as *PCAs* (personal care assistants), *PCs* (personal carers) and *AINs* (assistants in nursing).

I am an EEN looking after 60 residents on [an afternoon] shift in a hostel with 4 care staff, my employer is now bringing in high care residents to the hostel; these residents should be in the nursing home environment where there is a registered nurse.

My staff are wonderful and give 200% and it still is not enough. 4 carers on [evening shift] for 60 high care residents is disgusting.

Despite their best efforts and intentions, staff simply cannot manage the workload demanded of them. Hundreds of participants commented on the overwhelming workload that currently exists in aged care facilities for both nurses and care staff. Both aged care worker and community participants described, as a consequence, how 'rushed' the staff often are and how detrimental this situation can be for their residents.

There were 53 residents, including an 8 bed special care unit, and 85% of these required high care (according to their ACFI scores). Overnight, there were only 2 PCAs rostered, and an RN on call. These staff were expected to wake residents at 0500 to commence the personal hygiene tasks. If they didn't do this, the morning PCAs would be openly angry because they didn't have time and weren't able to help all the residents with their personal hygiene according to their needs. Both morning and afternoon staff were rushed and, therefore, the residents were rushed. There was an RN rostered on both morning and afternoon shifts. The afternoon RN was required to administer all medications during all the evening shift rounds. As a result of the staffing levels, the facility has a high rate of falls and medication errors; the RNs are too rushed to monitor the staff, leading to a culture of bullying; and there is no safe handover process for the RNs, given the gap during the night.

Residents are made to go to breakfast if they don't want to. Residents are showered at 6am - some still sleeping on the shower chair. Some residents fall asleep at the breakfast table. The AINs are so rushed in the mornings that skin tears that occur during transfers are not reported at the time that they occur. Residents' feeds are not finished due to not enough time and often drinks - especially water - are left on the bedside tables of the residents who cannot feed themselves because the AINs/PCs do not have the time to help them.

[With just] two and a half PCA shifts there is no way adequate care can be provided in a timely manner. Care staff try to push themselves up to a point and when they cannot they go for the short cuts which do not result in good care.

My mother is left to wet herself as no staff come to toilet her, she becomes dehydrated due to water or trolley not left near her, bell not near her to call staff. No skin care so my mother has bedsores now. All due to no experienced [carers], and no nurse as [there's] one nurse to 100 patients.

My mother was in aged care for around 6 months with MND before her death on May 8 2016. On numerous occasions she would be forced to wait to be assisted by carers and RNs to be toileted, hoisted, given pain medication and fed using PEG feeds etc. due to the lack of staff present and therefore not able to help her high maintenance care needs. These circumstances were very distressing for her and for us as a family.

Once I visited my Nan at 11:45 am and she was still in bed and hadn't even had breakfast. They staff said she was being a little difficult and they didn't have time for her. She hadn't even had a drink. It was absolutely terrible.

Staff who are always rushing between tasks cannot give quality time and care to frail elders. The food is also a problem, it is often not nutritious and well presented. Food is important when you are in aged care, the meals break up the day and good meals provide pleasure and nutritional value. Hygiene is an issue; dirty hair, infrequent showers. Residents have the right to refuse, but when does a refusal become neglect? Qualified staff are expert as working around refusal, they have the skills to persuade an elder that a shower or bath is needed and afterwards the resident is clean, happy and cared for. Relatives can then feel assured their loved one is being well looked after. Toe nails and finger nails are another problem, staff just don't have time in the day to do these tasks; so family end up having to help.

Having to rush frail, anxious, vulnerable, perhaps demented, persons in order to attend to their most basic requirements instead of maximising their remaining abilities, hearing their concerns and honouring who they are, or - at worst - allowing the cover-up of cruelties & neglect, is a disgrace and poor reflection on the society that ignores or fails to address such issues.

The workload is increased further by providers requiring staff to undertake additional tasks that, not only do not directly involve the delivery of personal and other care activities, but distract staff from providing adequate care to residents.

I work in a 60 bed facility, 1 RN and 2 PCA's on night shift… Us PCA's CANNOT give proper care to these residents because of the extra duties load. We do full laundry, wash-dry-fold, [clean] and also a computer program that can take up to 2 hours. Our care to these residents is very limited and we practically rush their requests and cannot spend time with them because of the duties that we have to do.

Registered nurses described at length the amount of documentation and paperwork they were required to complete and the impact this had on care delivery for residents.

The quality of care that is delivered in aged care has declined markedly in the last 10 years. Everything is based on what is documented. Sadly we spend so much time writing about what should be done that we have no time to actually do what we say that we do.

Participants explained that staffing was not the only resource in short supply; incontinence aids are frequently “rationed”, wound care products are often selected by cost rather than clinical efficacy, and food is often “inadequate”, “unappetizing” and “not nutritious”. One participant explained that in her facility “party pies and saveloys [were] being blended up as a meal”.

“Extra” services were also being cut, access to allied health services and, most significantly, to medical services had disappeared for many residents.

When nurses and care workers raised their concerns about staffing and other resources with their management they were frequently ignored. They reported feeling unsupported by their facility management and, on occasion, blamed for the problems.

The [registered nurses] are under so much pressure to do ACFI documentation - no time for assessment or wound management. AINs with no experience doing meds after a couple of days. Lots of medication errors - reported but not responded to - management very difficult to deal with. Our Facility Manager was an AIN for 3 years and prior a hairdresser and now FM.

I worked in the acute secure dementia ward, 2 AINs were responsible for 19 fully mobile [patients] who had a high level of aggression towards staff and other residents with incidents occurring daily, it was common to complete 7-10 incident reports on a shift. When we complained and asked for additional staff we were labelled troublemakers and given less shifts.

At the time I was working in a high care facility, feeding procedures stated that we must give patients adequate time to eat with sufficient drinks to assist with the patient dysphagia. Yet between 2 AINs we were given 14 high care patients and were expected to feed them dinner within 45 minutes. If you could not meet these expectations you were labelled incompetent and given less shifts.

One RN to 60 residents for day hours only. What happens when our residents are sick during the night? The policy is to call the ambulance. The paramedics get very upset with us because we are "wasting their time", however this is what we must do for action to be taken.

Most aged care workers want to provide the best care possible but are just not afforded the time. I remember as an AIN I would plead with management, doing the math, and showing them that I would only have 15 mins with each patient in the morning. I would be expected to shower and dress and attend to the needs of high care dementia patients. I was just told to work on my time management. It is sad that such love and passion goes into a career in aged care but so many are chased away by lack of support, worse wages, but such high expectations, I hope that things can change for the better.

We have spoken up, night staff is run down, neglected and [receive] broken promises all the time.

We scream for additional staff to meet the care needs of the residents - but nothing changes.

Many participants explained, however, that when accreditation is due circumstances change.

For my work I go to various aged care facilities and educate staff on wound and continence care - I am constantly flummoxed by the variants of who may be making decisions for residents under these standards, the fact that they may or may not make the residents families pay for wound and continence care, the level of experience and knowledge is so varied. Overall the "pot luck" of it - for some facilities they strive for best practice, for others it's a cheap and cheerful approach, unless they are coming up for accreditation and then they focus on an approach to show what they… have in place for accreditation purposes.

During annual accreditation inspections additional staff were rostered to ensure procedures were followed. We were also encouraged to fill in ACFI forms to maximise funding as this would help keep our shifts!

Participants regarded this all too common approach from providers as disingenuous and even deceitful but especially, for staff, disheartening. When coupled with constant “cost-cutting”, a persistent failure to address staff concerns and what can only be described as a profound lack of respect for the elderly in many circumstances, the situation for many nurses and care workers has become unbearable.

Consequently, they are leaving the sector in droves.

On my last shift before quitting I was the RN in charge for 120 residents, a pill load, a schedule 8 round across three buildings and not enough staff to manage the secure unit. At the same time I had two very serious falls and one inexperienced new graduate RN. I rang the General Manager and said she is going to have a coroner's case on her hands if she doesn't sort something out. I left after being routinely stuck with dangerous staffing levels shift after shift. It was downright reckless and shameful as I knew residents were at risk due to poor staffing. The residents stay in faeces longer than is acceptable, had delayed assessments and sat on toilets waiting for help inhumane lengths of time night after night. I couldn't be part of that anymore. I lost sleep over it and felt my soul was being destroyed by being part of such an industry.

While studying towards my bachelor of nursing 2013 - 2015 I worked in private aged care as an AIN. Working there was soul destroying and I will never work in aged care again as an AIN or RN due to the poor level of care, staffing ratios and poor pay levels.

I have been a registered nurse since 1972 and working in aged care since 1988 and for almost all of that time worked in senior management positions running large aged care facilities for the same not for profit organisation. Last year there was a roster review at the facility I was running and the organisation made the decision to cut 16 hours per day from my care staff roster. The only option I had was to resign as I could not stay and work under those conditions knowing that the care I would be responsible for delivering would not be of a high standard. I am now working as a registered nurse 7 shifts per fortnight in an aged care facility for another not for profit organisation and they have just reviewed their staffing hours and are going to cut 9 hours per day from the care staff roster. I am saddened and disillusioned with aged care and fear for our vulnerable residents and the standard of care they are going to receive.

I resigned last week as my pleas for one more hour of carer time on a pm shift were ignored have now decided to retire as I can't continue to see the neglect of the residents.

We have a 44.4 percent turnover rate of staff. First you need everyone to turn up. It is that hard to get staff from anywhere, we are left doing doubles and taking on double of the work load. There was one RN looking at doing a triple due to lack of staff. If there is no one there then you are stuck! Kitchen staff are hard to keep as well.

In my facility, there were 7 RNs who resigned in just a year because they can't cope with under staffing and the workloads. Most of us are very stressed [which is] resulting [in] poor health… It's just impossible when you don't have adequate staff, it's so frustrating that no one cares about adequate staffing and yet expecting quality care? It makes me cry.

Many participants described how the factors outlined above combine to create an unhappy 'home' culture for residents and an intolerable workplace culture for nurses and care staff. Residents, families and staff reported feeling bullied, abused and neglected.

All this is currently sanctioned by the Australian people.

Aged care residents are sadly locked away and forgotten by the community when they have very real healthcare and life needs, and because they can't fight for their rights they miss out on funding. Just providing an existence for those that spent a lifetime accumulating that pension for the latest politician to retire on, is not appropriate.

Surely, the only conclusion that can be drawn is that the residential aged care sector has reached crisis point.

CONCLUSION

The findings of the ANMF's National Aged Care Survey outline an appalling lack of regard from Australian governments and politicians for our elderly. The findings describe a systemic failure to ensure safe and adequate care to all aged care residents and suggest governments and providers are forsaking the elderly the dignity they deserve at the end of their lives.

The survey's participants, and ANMF members more broadly, questioned the kind of society that Australia has become to condone such disrespectful treatment of our elderly. They were firmly of the view that such a society is not a moral and compassionate one.

However, this is what they would like to see, a moral and compassionate approach to our elderly, which would ensure them safe, dignified and respectful care at the end of their lives.

The survey's participants believe that this will require:

- Adequate Government funding;
- Appropriate mechanisms to ensure that funding is directed to care for residents;
- Appropriate mechanisms to ensure that funding is directed to ensuring safe staffing levels;
- Mechanisms that ensure genuine accountability and transparency from aged care providers;
- A mandated requirement for minimum training and regulation of all staff, including a sufficient supply of registered nurses and nursing staff specialised in the delivery of aged care; and,
- A commitment from governments, providers and the community to improving care for the elderly.

They believe these changes must happen because, quite simply,

"The elderly deserve a whole lot better."

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