

23/09/2018

Jayne Bronte

RE: The inquiry into the *Aged Care System*.

To: Minister Greg Hunt

Over the past eight years I have worked at three aged Care facilities on the Mornington Peninsula I retired from aged care, do to the lack of care over profit. I would welcome an inquiry into the aged care system. These are my concerns and observations throughout my time;

Aged care is understaffed.

Ten to Fifteen minutes is to be allocated to each resident, according to 'time management', regulations. As we know it is hard for friends and family to be around all the time. Most residents do not receive a great deal of social interaction. Therefore, many residents want a 'chat' and socialise to Staff. Due to our 'time management procedure' this is near impossible. I worked afternoon shifts from 2.45pm to 9.15 pm. PCA's duties included; Receiving handover from morning staff, hearing about the state of the 16 residents before your shift, assisting in hygiene, (aiding with toileting and showering) distributing afternoon medications (blister packs) distributing and feeding meals, checking residents for incontinence, changing their aids, giving medication again after dinner, preparing residents for bed, completing documentation, changing residents constantly. Two carers, (and I use the term carers broadly), are allocated, for the care of 16 residents (8 each). Our shifts we so busy that unfortunately we had no extra time in between all these duties to take time with each resident to chat about their day or feelings. Again, reiterating there are only two staff members allocated for a six-hour shift. Afternoon staff are allocated a half hour dinner break. Staff do not have time to take this dinner break, it is near impossible considering the above tasks and time devoted to them. This made shifts rushed and stressful.

Aged care staff are under-paid and undervalued.

I was paid \$28.00 per hour to care for frail, needy aged members of our community. When I completed my 'PCA medication endorsement' certificate, my pay was not increased despite the extra responsibility and liability. I felt extremely underappreciated and felt that I was not being remunerated for my new qualifications.

I felt undervalued, when it came to my safety. For example I cared an ex SAS dementia specific resident. He was a dangerous man to handle, he knew how to '*knife and maim*' a man, and had told me so on more than one occasion. I expressed to management that this behaviour was not only to his carers but also the other residents a like. It took two months to remove him after I expressed these concerns for everyone's safety.

Staffing:

I worked with a staff member that smelled of alcohol on more than one occasion. I reported this incident twice, the staff member was never questioned until she came in for her next shift. This time she was reeking of alcohol, she could hardly construct a sentence, nor walk, as a result she flopped into a residents dining chair. Only then when I reported her for the third time was the matter dealt with and she was removed off shift.

Profit over Care:

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A resident, a gentleman who was 6 foot 4 tall and vision impaired, recovering from two strokes was allocated a bed that was not wide, nor long enough for his stature. I informed management, the answer I was given, was that his family *"should have asked for \$800,000 room, not a \$600,000 room"* where he would have had the option of bigger wider king size bed. I asked the family to keep persisting and asking management for a king size bed on the residents' behalf. This took four months of asking before a sufficient bed was bought in for him.

Staff were not allowed to give orange juice to residents at breakfast time, as it was too expensive. Water and tea/coffee was to take its place, despite the fact that tea and coffee was the only other beverage option all day every day. As was ice-cream, such a joy for many residents was limited to a measly one scoop as it was also deemed 'too expensive.'

High care and low care dementia specific residents are housed together, as it is felt there should be a evenly dispersed mix residents with an array of conditions. I don't believe this to be appropriate. There are able body/mind residents that are afraid and/or in danger of high care residents. Wandering residents were known to defecate and urinate in other resident's toilets, steal things from other resident's rooms, often entering uninvited. For example; I had to lock the door for one resident as her neighbour came in twice during the night trying to get into bed with the lady.

I have outlined above the lack of 'voice' I had in an industry that I was passionate about. I felt I was not remunerated for my responsibilities, nor was there time to diligently care for residents. Thus, after eight years of personal and career investment, it was not personally ethical for me to continue in the industry. As mentioned in my opening 'aged care' does not wholly care for residents, rather time management equalling profit is the major motive of this industry.

If you require any further information please do not hesitate to contact me further

Sincerely,

Jayne M Bronte.