

**From:**  
**To:** [Community Affairs Committee \(SEN\)](#)  
**Subject:** Senate Aged Care Inquiry - Name withheld  
**Date:** Sunday, 7 February 2016 11:43:25 PM

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I am an EEN entering my 2nd year of nursing in Aged Care. I sacrificed so much to complete my nursing, working 5 days a week as a PCA in a high care facility and attended evening classes 3 nights a week because I wanted to make a difference. So far I am very frustrated with the running of Aged Care facilities.

Aged Care still has a very long way to go in terms of care, respect and dignity. At this stage facilities are pretty much a law unto their own and our elderly deserve so much more. They and their families pay a fortune to live at these facilities and to be cared for by experienced trained staff. This is their home.

Here are some of my experiences in my 1st yr as an EEN.

- inadequate staffing levels eg: 4 PCAs to 50 high care residents.

Residents go under the radar and complex health issues being missed due to inexperience, staffing levels and time factors.

# Nurses registrations being put at risk on a daily basis, using illegal practices, policy & procedures.

# illegal administration and signing of S8 drugs eg: 2 nurses not administering and signing together at the time of administration.

# untrained staff administering insulin.

# not getting EEN or RN authorisation for PRNs.

# PCAs working in charge on medication shifts with no EEN or RN on site to supervise.

# I myself have been called into work whilst off duty so many times to administer palliative care medications eg: Morphine, Atropine injections without pay. Due to the staff member on duty having inadequate experience to administer these drugs.

# inexperienced PCAs administering medications and medication errors have gone unreported.

# EENs working as Care Coordinators.

# unregistered EENs working as nurses.

# EENs completing ACFI care plans and claims. Staff signatures being used to make up ACFI charting to raise claims. Bullied into lying to make claims higher.

# PCAs not being paid for handover  
or nurses being paid for handover

# nurses not paid for handover, drug count or overtime.

# residents made to get up at times that suit the PCAs

# residents not showering for days

# PCAs refusing to follow orders and telling nurses what they will and won't do for residents.

# residents made to care for themselves when they clearly need assistance. The common reply is "they refused help, or their shower".

I recently had a shift where I had 3 residents in dire need of help.

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[REDACTED]

I was the only nurse on duty and only had 2 PCAs who didn't cope well.

I also had to transfer 2 of them to hospital, organise transfer documents, contact family members, complete incident reports etc. and treat the resident [REDACTED]. It was truly horrific to say the least.

Our facility has lost 5 EENs and 4 RNs due to the stress, workload and illegal policy and procedures. I am the 6th EEN to resign.

I am hoping my next position is less stressful.

Please do something about the ratios of PCAs to residents 12 to one PCA just shows a total lack of dignity and respect for their care and well being.

Ensure that every facility must have an EEN and RN on day and afternoon shifts and at least an EEN on night shift. Our residents deserve and pay for this type of care.

Do not put PCAs in the kind of position that I found myself in on my recent shift. People will die, it is a disaster waiting to happen.

Thank you

Sent from my iPhone