



**Health Services Union**

**Submission to the Senate Community Affairs  
and References Committee  
Inquiry into Aged Care**

*More time to care...*

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## AGED CARE INQUIRY

### TERMS OF REFERENCE

The following matter be referred to the Community Affairs References Committee for inquiry and report by 30 September 2004:

- a) The adequacy of current proposals, including those in the 2004 budget, in overcoming aged care workforce shortages and training;
- b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in
  - (i) assessing and monitoring care, health and safety;
  - (ii) identifying best practice and providing information, education and training to aged care facilities and
  - (iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;
- c) The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements;
- d) The adequacy of Home & Community Care Programs in meeting the current and projected needs of the elderly; and
- e) The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community

The Health Services Union is a registered trade union, representing over 37 000 health and aged care workers in NSW. In the aged care sector, the HSU represents members working in both the charitable and the for-profit sector. We represent care workers (personal carers and care service employees), and support staff such as cleaners, cooks, recreational activities officers, diversional therapists, administrative staff and maintenance and outdoor staff.

This submission will focus on points (a), (b) and (e) from the terms of reference for this Inquiry. This submission is the result of extensive consultation with HSU members in the Aged Care Sector including a 'Members Phone-In' conducted on 17 July and a survey of members carried out during July. We have drawn on the input of over 100 aged care workers in the preparation of this submission. The HSU would welcome an opportunity to discuss this submission at a Senate Inquiry Hearing and to facilitate the appearance of some of our members also.

***a) The adequacy of current proposals, including those in the 2004 budget, in overcoming aged care workforce shortages and training;***

From extensive consultation with our members, the two most pressing issues facing the aged care sector are;

- Poor wages; and

- Inadequate staffing levels and excessive workloads.

These are both factors which contribute significantly to the aged care workforce shortages.

## **Wages**

It comes as a surprise to many that an experienced personal carer with a Certificate III in Aged Care earns a paltry \$13.53 an hour. For this rate of pay, a personal carer would commonly care for between 15 and 50 residents and would routinely undertake the following range of tasks and duties in any given shift:

- *Provide a wide range of personal care services to residents, under limited supervision, in accordance with Commonwealth and State Legislative requirements, and in accordance with the resident's Care Plan, including:*
- *Showering and toileting residents and assisting with dressing and general grooming;*
- *Assist and Support residents with medication utilising medication compliance aids;*
- *Simple wound dressing;*
- *Implementation of continence programs as identified in the Care Plan;*

- *Attend to routine urinalysis, blood pressure, temperature and pulse checks;*
- *Blood sugar level checks etc and assist and support diabetic residents in the management of their insulin and diet, recognising the signs of both Hyper and Hypo-Glycemia;*
- *Recognise, report and respond appropriately to changes in the condition of residents, within the skills and competence of the employee and the policies and procedures of the organisation;*
- *Assist in the development and implementation of resident care plans.*
- *Assist in the development and implementation of programs of activities for residents, under the supervision of a Care Service Employee Grade 3 or above, or a Diversional Therapist.*

One of the most common complaints from members is that the rates of pay for carers are too low given the responsibility and complexity of tasks performed.

Members get extremely frustrated and angry at the lack of interest by employers in negotiating better wages and conditions for workers in this industry. Members find it grossly unfair that they receive \$13.53 an hour

for the complex, emotionally and physically demanding work they perform, many of them with TAFE certificate qualifications in aged care, when their children if they worked as a checkout operator for Bi-Lo or Coles could earn \$14.13 an hour, or at Hungry Jacks for \$14.86 an hour. Further, members get very frustrated that they receive substantially lower pay than workers doing similar or equivalent work in a public hospital setting. It is a real indictment that the lowest pay for carers, cooks and cleaners is in fact in the for-profit sector, as opposed to the charitable sector, who pay slightly more.

One member from the North Coast of NSW said, "people in the community assume that because we're carers and we work in nursing homes and hostels, that we're paid as Nurses. When we explain what we're paid as carers, most people just can't believe it."

Research shows that qualified and experienced carers in Aged Care earn less than unskilled workers in fast food outlets, and retail checkout operators. One member from the Hunter said "we can't keep the young ones, they can earn more money stacking shelves or working in a supermarket and they don't have to deal with the stress, the workloads or any of the unpleasant stuff that we deal with in aged care."

One member from the Southern Highlands wrote in her survey that "young people don't seem to be attracted to working in aged care for whatever reason ... who will look after the baby boomers in the years to come?"

## **Staffing Levels**

Whilst the poor wages in aged care is a source of anger and frustration to workers, what they get most upset about are the inadequate staffing levels.

Members have explained how staffing shortages impact on them and on the level of care received by the residents.

A member from Albury explained that “we are constantly losing care hours. When someone resigns, they cannot be replaced, so everyone else picks up the extra workload. Then we all burn out and before you know it, someone else has left, it’s just a vicious circle.”

Members get upset about the low staffing because of the impact it has on the residents quality of life. Consistently, members state that because of understaffing they only have time to provide “basic care” to residents and regret that the feeding and showering of residents is too often “like a production line”. Members hate that they don’t have time to spend quality “one on one time with residents.”

Many members commented on the busy morning shift when they are trying to get the residents showered and groomed. One member from Albury said, “We’re not able to take reasonable time on residents showers, particularly with dementia patients who need more time to work through their behaviours. Too often we skip our breaks provided for by the award, we just don’t have time to stop and take them.”

Another consistent theme was that residents were reluctant to ask for help as they know how stretched and overworked the staff are, as one member from Tuncurry put it, "Residents do not wish to call staff when they know there is only 1 staff member on ie. Night duty. Night staff are unable to shower incontinent residents because they are unable to spend unlimited time one to one and need to be available to respond to other residents."

A Carer from Merimbula said, "Due to lack of time, some residents will shower or dress themselves but require staff to check in on them due to frailness, unsteadiness etc."

A Carer from Gosford said, "I feel the residents are often rushed through showers and wound dressing with medication delivery also rushed which causes stress and anxiety for both residents and staff."

A Carer with six years experience and working in the eastern suburbs of Sydney explained how staff cuts have impacted on residents; "Hair is not being combed or washed, showers are not being done daily, teeth are not being brushed – all areas of hygiene are suffering. There is no time to actually *care* for residents in their showering, feeding etc."

A Diversional Therapist from Bowral with 8 years in the industry lamented the incapacity of staff to attend to individual residents, explaining that "usually a number of residents are fed at the same time with one staff member sitting in the middle and spooning food out one at a time."

Many members expressed grave concerns about understaffing on the night shift and the safety issues associated with this.

It is not uncommon for one carer to be rostered on alone overnight in a hostel, looking after up to 50 residents. Members feel a huge weight of responsibility in these circumstances. An awful incident occurred in a facility on the Central Coast this year when a resident had a cardiac arrest and the sole carer had to call the ambulance whilst also trying to give CPR and then actually had to leave the resident alone so that she could go outside and open the gate to let the ambulance in. Clearly, this is an unacceptable arrangement. The union believes that there is a very strong argument for minimum staffing levels, especially at night. It is not safe or appropriate that one carer should be rostered on alone at night.

Other concerns about single carers working at night involve patient falls. If a patient falls at night, either from their bed, or has a mishap on the way to or from the bathroom, the single carer is often physically unable to assist them off the floor and back into bed. Most times when this occurs, the carer will have to call an ambulance so that the ambulance crew can assist to return the patient to bed. Alternatively, some facilities instruct carers to place whatever bedding they can on the floor and make the resident as comfortable as possible so that they can be lifted in the morning. Clearly, neither of these scenarios are satisfactory.

Another obvious concern about short staffing at night is in terms of the carers capacity to respond to a fire or other emergency. Clearly, one carer

with 50 odd residents in a facility would have no hope of getting those residents to safety in the event of a serious fire.

In one western Sydney facility, there is one carer rostered at night to care for 168 residents, in three separate buildings, connected by external corridors. This is clearly a safety issue and one that the union has raised with the WorkCover authority.

A relatively common practice in the industry is to roster a single carer overnight on a sleepover. This arrangement sees the staff member paid \$32.20 for the night and provided with a bed to sleep in. The staff member is expected to rise and attend to buzzer calls and is paid in addition to the \$32.20 for all time worked during the night at the normal hourly rate. Members advise that many use a substantial part of the sleepover shift to catch up on paperwork. Others advise that they very rarely get any sleep as it's a strange bed and they're constantly expecting the buzzer to go off. The union believes that sleepovers are being misused and do not provide a satisfactory level of care.

A final issue raised over the lack of staff is that of staff fatigue. Members report that they are often required to work double shifts and that this, combined with the constant running and rushing in the job, causes burnout. As one member from Unanderra says, "staff are always doing extra shifts or doublers which causes them to burn out and sometimes to be short with residents."

Clearly, there needs to be better funding of aged care services so that the salary of staff can be improved and more staff can be employed. Whilst staff are currently giving 150%, residents are still not getting the quality of care that the staff would like to be able to give. Many members said they wished they had “more time to care” and that is the name we have given to this submission. Our elderly have already given a life time of service to the community and they deserve care and dignity in their twilight years. Aged Care funding must be increased so that this can be achieved.

### **Accreditation and Paperwork**

- b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in*
  - (i) assessing and monitoring care, health and safety;*
  - (ii) identifying best practice and providing information, education and training to aged care facilities and*
  - (iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;*

Members consistently expressed concern about the amount of documentation required of them now. One member from Henty said, “Accreditation can help keep you on target, but the amount of time spent on paperwork is time away from giving care.”

Many members stated that they regularly work unpaid overtime, sometimes regularly 30 mins at the end of each shift to complete paperwork obligations. As one member from Sydney put it, "it's a vicious cycle, you need to do the paperwork or you don't get the funding, but you don't have enough funding to get the staff to do the paperwork."

As one member from the North Coast put it, "I believe there should be some other type of monitoring system. What I don't agree with is the paperwork etc that we have to provide to prove we are doing our jobs."

Members were strongly and consistently of the view that the current accreditation model is inadequate. Scheduled accreditation gives management the opportunity to roster extra staff on, adjust menus and activities, and generally have everything looking ship shape for the accreditors. However, members argue that the standards shown off at accreditation are rarely maintained outside of accreditation periods.

As one Carer with 7 years experience said, "because management know they are coming, they can put on extra staff, and make sure everything looks good. Why don't they turn up without management knowing, that could make things very interesting."

As a member from Bowral said, "Random inspections might lead to more continuous quality care, rather than the focus being on one visit every three years."

Members said that considerable pressure is placed on staff in the lead-up to accreditation in order to 'get things right'. One member even said that their facility tried to intimidate and bully staff into working harder in the lead-up to accreditation by playing on their emotions towards the residents by saying things to the effect of, "if we don't get accredited and we get shut down, where will all the residents go...what will happen to them."

A member from the Illawarra said, "it seems when accreditation is coming up management put on extra staff and give or get you what is needed. Once it is over, it goes back to less staff and less things getting done."

A member from Ballina said, "there are far too many dollars and hours spent on the lead-up to the desk audit and the site audit. Standards of quality improvement need to be investigated more closely."

### **Transitional Care**

- e) The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community*

The union is acutely aware of the impact of the increasing number of public hospital beds being occupied by the elderly. In a report released by the NSW Auditor-General yesterday, it is estimated that "up to 900

inpatient beds are occupied by patients who should be in nursing homes or, with appropriate support, back in their own homes.”<sup>1</sup>

The HSU has initiated discussions with the NSW government about the possibility of creating ‘transitional aged care beds’ as recommended in the Auditor-General’s report, as opposed to having these patients in acute care beds.

With the current chronic nursing shortage, the creation of transitional beds in hospitals for the elderly would potentially enable the engagement of ‘personal carers’ to attend to the needs of these patients as opposed to nurses. This would enable nurses to be allocated to acute beds and the needs of these patients to be looked after, as they would if they were in a hostel or nursing home setting, by carers.

The Union will continue to pursue this with the NSW government and sees great potential for the introduction of a new ‘personal carer’ classification into the public hospital setting to assist in caring for the increasing number of aged care admissions in that transitional period between requiring acute care in hospital and being able to either return home, or access nursing home care.

## **Conclusion**

The HSU is pleased to have the opportunity to submit our views and those of our members on the important public policy area of aged care. It is the

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<sup>1</sup> Sendt, R.J., Auditor-General’s Report – Performance Audit – Transporting and Treating Emergency Patients, NSW Audit Office, July 2004, p. 3.

view of the HSU that there must be immediate and significant enhancements to aged care funding and that such enhancements must be targeted towards improving staff pay and conditions and also increasing staffing levels. The staff in aged care do a very important job in caring for the aged and frail in our community. Their job is a physically and emotionally demanding one and they deserve to have better recognition for the skills they have and the important work they perform. They must be remunerated better for their work. The HSU supports the introduction of staff to resident ratios to ensure that all providers meet an agreed standard of service provision to their residents.

The HSU also urges reform to the accreditation process to ensure a more continuous quality focus. Finally, the HSU supports the introduction of transitional beds into public hospitals and would welcome an opportunity to further explore the use of a 'personal carer' in the public hospital setting.

As stated at the outset, the HSU (NSW) would welcome the opportunity to attend and give evidence at the Committee's hearings and have several members who would also like to attend to give their first hand perspectives on the industry.

29 July 2004