Aged Care – The Truth and Lies of Our System

This book is dedicated to my late Grandma, who taught me all I needed to know to be the women I am today. I feel like I let my Grandma down by placing her in the Aged Care system, so this book is to say Sorry Grandma – I will always love you!

Disclaimer – In this book “Aged Care – The Truth/Lies of Our System” all names have been changed. All residents’ privacy has been protected and some stories have been changed so that no-one can be identified. This is a book that is written from the heart of an AIN who believes our system is failing our aged people. It is written as a story to help others to see what needs to be changed so that the Elderly are given more respect and more rights. The aged care industry has come a long way compared to over 30 years ago, but still has a long way to go for improvement.

Please accept this book for what it is. A story speaking out for those that no longer have a voice to speak with, or for those that are no longer able to be heard.

Thank you.
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Chapter 1 - Why I wanted to be a Nurse

I am a Mother and wife and have always dedicated my time to my family. I love my job as a Mum and being at home when they were little and really needed me was a blessing. This year for the very first time, all my children went to school. This was a huge year for me – “oh wow, now what”? This was one question I was asking. I felt very lost for the very first time since being married and starting my family. I was asking a lot of questions.

I looked around and wondered what I could do. I had finished year 12 but never thought to go further with my studies. I was a Mum, a wife.... Now what was I to do with my free time?

I had loved the idea of nursing for some time - my late Grandma was a nurse and she had some amazing stories that she loved to share with our family. I knew it was definitely something that I wanted to look into but was still not sure what type of Nurse I wanted to be, nor how to go about studying.

One day after dropping my children off to school, I returned home and was sitting down to a cup of coffee while looking through the local newspaper. Toward the back section, was a page dedicated to training courses and studies that were available.

I glanced through the section very quickly and then went back over one advertisement that caught my eye. It was for a 12 week Aged Care course that was not too far from where we lived. I knew within my heart that is what I wanted to do. I quickly rang the number and requested an information pack to be sent out. I didn’t even ask any questions on the phone about the course because I was committed before the pack even arrived.

It took days for the information pack to arrive. I was waiting with baited breath because this was something that I could do for me. This was going to be my year, where I was able to have time for my own passion and for my own career. I never thought as being a Mum that I would be able to enter the work force again because my skills were outdated and achieved so very long ago.

Could I even study with a family?

Would I be able to remember all the information in the course?

What if I didn’t like being an Aged Care Nurse?

These were some of the questions that were going through my mind throughout the week while waiting for the pack to arrive. I didn’t have the answers, but was sure I was going to apply myself no matter what.

My family was stunned to say the least. How could I run the house and work? I am not sure that at first they thought I was serious. They did not realise how much I was chasing one of my dreams.
Soon they had to pitch in and help around the house. If they wanted dinner, they had to take turns. If they wanted clean clothes then they had to help with the laundry. If they wanted a clean toilet then they all had to take turns cleaning. If they wanted school lunches then they had to make them.

I sent back the filled out paperwork, and attached a bank cheque. I was so very keen to get going, so much so that I rang the company to confirm my booking in the 12 week course, and to see if my paperwork had arrived. The company reception was shocked to say the least because I had never rung back to ask any questions or to ask for more information. I had sent back the filled out paperwork – but they did not receive anything in time. I was told to attend the course and to wait to see if my cheque/letter arrived.

I did not have any details of where to go or dates of the course starting – so the lady let me know and I was surprised to hear it started that week. It was a three day course and started at 8.30 every morning. At first I thought it went until 4.30pm but was surprised it finished around 2.30pm. So for three days a week, for six hours each day, I was more than a Mum. I was a student. A student that had to study, that had to read and that had to learn.

It was such an exciting time for me. There was so much information to take in, so much to learn. Was I able to handle learning so much about nursing? I am a type of person that has to read and re-read any information that is presented to me. I am not an easy learner – like those ones that can read a piece of paper and know straight away what it all said. I was like that in High School – it would take me twice as long to study for an exam, where my friends studied half the time and had higher grades then I ever did!!

I kept going and before long I had finished my 12 week course. I was going to have a piece of paper that stated I was successful and was an A.I.N – Assistant in Nursing. I was going to be let loose in an Aged Care Nursing Home. Did it feel surreal? Sure did – How can this be possible? The same time last year I was a Mum…..now I was able to re-enter the work force and help those that I admire the most, the aged.

I have always connected with the aged and have looked up to the older generation. The Grandparents of our generation have achieved some amazing goals. They have forged the path before us so that we are able to live more easily. I loved spending time with my late Grandma when I was younger and knew that I was looking forward to entering the aged care industry.

How naïve I was! How blinded was I before attending my three weeks work experience. Within the 12 week course, there was three weeks on hand experience in an aged care home. This experience changed who I was forever more. It was three weeks of eye opening, jaw dropping and stunned times where I was really questioning myself and my decision.

Could I do this job? Was I strong enough for what was required from an AIN? I was exhausted in those three weeks, and cried myself to sleep every night. I knew that what I was feeling was guilt – guilty for allowing my late Grandma to live in one of these so called Nursing Homes. It was an experience that I will never forget.

I continued on with my goal of entering the work force as an AIN and after handing out my resume to numerous places and attending an interview at one of the larger Nursing Homes, I was given a start date. Was I excited? Sure I was. But at the same time, I was really scared. I was scared I would...
not be strong enough to experience all that was going to be coming my way in the next few months. I knew after my three week experience what type of situations I would be exposed to.

It still felt like the right decision for me to be taking. I wanted to be a Nurse and I wanted to make a difference to those I came in contact with. I wanted to share my stories of being a Mum with all the residents and share my residents with my family. I knew I was born to be a Nurse.

This was my calling – I was doing this to say sorry to my Grandma. If I could have had one more day with my late Grandma, I would give anything and do anything – but she is gone. So my way around that is to give my time to the elderly and spend quality time with them.

Boy was I in for a shock in my new place of employment.

I was so stunned on my first two shifts. They were buddy shifts with an experienced AIN who has been in the industry for many years and is able to show you the ropes of your first two shifts.

GREAT – I am able to learn slowly about each resident and their needs – was my thought.

How wrong was I. That day was so full on. I still don’t remember how I was able to get through the whole day without breathing. Even as a buddy, I was expected to carry the full load of work expected from an experienced AIN. It was a day of literally running from one resident to another resident. There was not time to stop, no time to talk and definitely no time to connect with any of the elderly residents. It is a day that will be imprinted in my mind forever more.

There are no real words to explain how exhausted I was at the end of my shift, and how heartbroken I was for those gorgeous residents.

This is how this book came about. These are the reasons why I feel this book needs to be written. No Grandparent/Aged person should ever be treated the way they are treated in our outdated system. Our Aged Care facilities are letting our loved ones down. This book is for all Aged Care People who need to be loved and showed more compassion. This is a book dedicated to all Grandmas and Grandparents around Australia.
Chapter 2 – Behind The Closed Doors Of Nursing Homes

After completing my two buddy shifts, my next day shift I was moved to another section and given 14 residents to look after by myself. I had never met any of these residents, nor did I know of their care plan. I started at 6.00 am and was expected to assist at least 8 residents between 6.00 till 8.00am. In that time frame those 8 residents needed either full assistance or partial assistance with showering, toileting, dressing and to be ready for breakfast. When those 8 residents needs were taken care of I then needed to double back to the other 6 residents and assist where needed.

How was that to be achieved? How was I meant to assist 8 residents with their day to day living? I did not even know these residents by name, nor met any of them. Those residents did not know my name, nor ever lay eyes on me. I was stunned. What was I going to do? Why was I given two buddy shifts in one section of the aged care facility, but then given my first alone shift in a unit that was completely different? It did not make sense, nor could any of the other AIN’s understand the situation I was placed in.

Being a perfectionist in my work, I like to give one on one time where possible, so I was feeling lost. I was actually feeling a lot of emotions - stunned, overwhelmed, guilty, sad, flustered, and was left thinking “how in the hell will I be able to pull this off”. I have never been in a situation where I felt so out of control. If I was to assist so many different residents in one go within the time frame allowed how could I met everyone needs?

Watching many of the staff around the nursing home and within my three weeks of work experience, I soon realised how many shortcuts were carried out. I watched as many residents were woken and taken out of bed before they were fully awake, how wobbly they were on their feet and how it took two of us to walk them to the bathroom. Then because they still were not fully awake and alert they were placed onto a shower chair to be assisted with washing. Sometimes the aged care person requested to be taken to the toilet, so that is where they stayed to be washed. There was not enough time to wait for them to finish their business on the toilet and then be moved over to the shower, so lucky for the AIN’s the shower hose reached far enough to give them a shower.

Other times there was no time to shower and dress, so it was a face washer and dry then quickly place them into clothes. I always made sure that the residents had matching clothes because there was nothing worse than seeing the aged care person walking around looking like a clown in clothes that no person should ever have to wear - yellow t-shirt with red pants and then a jumper that was multi-coloured and then to top it off, purple shoes. That was how time-poor we were every morning. Some of the AIN’s took anything and everything out of the resident’s wardrobe and dressed them without even looking at the end result.

Is that a way to be treating our aged people, the elderly who are part of our society?

I made a vow never to become one of those carers who did not look what was on the hanger; to take the time to dress a resident in clothes that matched; to shower a person in the shower, and to let them finish their toileting; to shave a male resident while in the shower, so he was not having a
dry shave; to work towards providing as much privacy and dignity to the elderly residents as possible within my short time frame.

Yet I was scared. If I was seeing these tasks carried out around me and everyone was accepting them as the norm, would I eventually accept it as the norm and also carry out these tasks in the same way? How would I guard myself from the same practices? How would I be able to keep up with all the AIN’s and how fast they moved? I could tell that as a carer, if you are not keeping up and doing more than your share of the work, then you are soon talked about. Sometimes not directly in front of you, but you can still tell when you are being talked about - it’s a feeling that you can pick up on and tell by the looks between the two carers who are standing there discussing how you work.

For the first few weeks I never made it to each resident that was on my list. I could never work out how to cut my time in half, so that no one was left to assist themselves. The feeling of guilt that went home with me every day at the end of my shift! I was forever saying sorry to the residents because I knew that without my help they were left to attend to themselves.

Some of the residents were very understanding. Some of them were just as frustrated as I was. How could they understand why I did not have enough time for them when I could not understand myself?

There was one resident who needed so much assistance and should really have been two assisted, but there were never enough carers around to help out. So I put “Kim” at risk and myself at risk by transferring her from her bed every morning into her shower chair. I knew that she was too heavy to lift, and there was a no lift policy, but there was not enough time to use the standing hoist nor was there even one around. It also stated in her care plan that she was able to move herself off the bed into the shower chair. I questioned the system. I asked the other AIN’s and the Registered Nurse why Kim’s care plan was not reassessed nor updated to take into account her changed day to day living requirements. Again I was frowned upon for speaking up.

I was not meant to question the hierarchy of the nursing home and the way it was run. I think it rubbed a few noses out of joint and I was considered an outsider by some of the staff. I soon realised that I would not fit the mould of an aged care nurse. I was not prepared to accept the way the nursing home was treating their residents behind closed doors.

Another resident “Tracy” was two assist. She was very dangerous on her feet and was only able to stand by holding onto a support bar that was placed on the wall. Each time Tracy stood, she could only stand long enough for her pants to be pulled down or pulled up. Moving Tracy from the bed was only possible by placing her shower chair next to the bed, as close as possible and assisting with sliding her onto the chair. She was not able to stand and walk, and her legs shook whenever she was moved. In her care plan it states two AIN’s are to assist at all times. I knew that I was not to move her on my own, but it soon became apparent that I had no option. I remember the first time I was in Tracy’s room to assist her out of bed in the morning.

Tracy had pressed her buzzer so that any available AIN’s could attend to her needs. I was first on the scene, so I left the buzzer pressed and asked Tracy to wait a few moments for another carer to turn up. I can remember apologizing to her because she was so in need of the toilet and yet I was not able to move her. I felt so hopeless and so frustrated that I was there in person for her, but not able
to help. We waited for over 10 minutes for another carer to show up; but by this time Tracy was beyond waiting. She had used her pad that was placed in her undies to go to the toilet. Tracy was distressed to say the least, and my guilt was tenfold. Luckily for Tracy it was only urine and we were able to assist her onto the toilet to be cleaned up and given fresh clothes. This was the last time I ever waited for another carer to help me assist Tracy.

After that uncomfortable incident, I soon followed all the other AIN’s and watched how they moved Tracy in the easiest and safest way possible. I was soon breaking my promise to never cut corners and to never lose touch with the way I wanted to nurse. Was it for the benefit of the residents’ needs? This time it was – I was helping Tracy to reach the toilet in the fastest way possible but at the same time I was expecting Tracy to take more of her own weight and assist me with moving her. Was that safe? Probably not, but I tried to make sure her chair was close to the bed/lounge chair as possible and placed the breaks on at all times. The only risk I could see that Tracy was being placed in was the risk of having to wait for another carer to turn up. I had followed all the other AIN’s into the rank of being over worked, under paid and overstressed.

Was it the way I wanted to Nurse? No way. It was one of the many times that I soon learnt how to change the way I carried out my duties so that all residents’ needs were soon being met. Did it make me feel less guilty? To a certain degree it did. I was attending to more and more residents each shift, but I was not within our guidelines. So I became an Aged Care Nurse.

Each resident is given rights? Right? Wrong. They were given care behind closed doors that was carried out in the quickest safest way possible. If carers took the easiest option to assist with their needs then so be it. It was all carried out behind closed doors and if one carer agreed with how you were doing your job then you were left alone to continue.

I remember assisting one of my favourites one afternoon. I know we as Nurses are not allowed to have favourites, nor form a relationship with any one resident but with my heart that is not possible. I had formed lots of close relationships with the residents that I clicked with. With the residents that I did not click with, it was because I had not had the time to get to know them.

This particular favourite resident was gorgeous...... She broke all the rules of the Nursing Home and always stood her ground. “Lucy” – even had her showers in the afternoon instead of the morning like all the other residents. For that very reason I knew that she was special. Lucy’s spirit would never be broken for the time she is able to speak. What will become of her when she loses her voice? I do not like to think about that.

Well, this one time I was assisting her in the afternoon with her daily living needs. I took the time to pay particular attention to her heels after she had a quick shower. Lucy had purchased foot heel cream but no one had yet opened the seal. It was sitting on her bathroom shelf, while her feet and heels were getting more and more cracked. I pulled out all the creams she had available and massaged them. I put cream on her hands, her arms, her scars and onto her body where ever she was dry.

Then I opened up her Foot cream. I placed her foot into my hands and rubbed so much cream into her heels, her toes and up her calves. I was as gentle as possible, yet also made sure I worked on releasing any tension. As soon as I had started with the cream Lucy had tears in her eyes. With my
head being down and my eyes focused on her feet, I did not realise that Lucy had started to cry. When I glanced up for a second I was stunned. At first I thought I had hurt Lucy, but once she started to speak I realised I had in fact touched Lucy in a way that no one had reached out and touched in years. I had taken the time to really care for Lucy’s needs and she was not sure why. Lucy was so used to the fast paced AIN’s who carried out their work without adding their own personal touch.

I can still remember her words - “No one has touched my feet in years as gently as you have, and no one touches me unless they are dressing me”.

Her tears were too much. I had to swallow back my own tears. The nursing home frowned upon any carer showing emotions, so I made sure that I smiled, yet if you were to look closely you would see that I too had tears in my eyes.

It made me think – did anyone care for my late Grandma in a manner that made her day? Or did her day to day living care receive so little time and love that she felt like she was no longer important to anyone?

One easy foot rub with Heel Foot cream changed Lucy’s day for the better, and made her feel important for such a short time. If only I could assist Lucy everyday; if only I was able to touch her heart over and over. But this was not possible, as I was only casual within the nursing home so my shifts changed from section to section, day to afternoons or evenings. I was only a small part of Lucy’s life. She made a huge difference in mine.

It made a huge difference in mine.

After giving Lucy the full body treatment, I tried to suggest to the Registered Nurse that Lucy’s care plan needed to be reassessed to include cream after having a shower. I was ignored, looked down upon and brushed aside. Lucy was back to having less than 10 minutes of anyone’s time and I was left feeling guilty once more.

Lucy was not the only resident who made a difference to my life. There were a few, who with their stories, their history and their impact in their own journeys, touched my very own soul.

One man who amazed me was over 100 years old. “Stuart” was more independent than I was. He could walk faster than my legs could carry me, and he was more social than I ever thought possible. Stuart did not need assistance with his day to day living. He was not on any medication, nor did he require Doctor’s visits. I was actually wondering why Stuart was even in the Nursing Home. Yes, he was in the low care section, and had his own room with his own door. But why was he not in his own home?

Still to this day I have no answer to that question. My only conclusion was he liked to know that there was company around him, and nurses to assist his needs if he was ever to get to the stage where he was not able to be so independent. Not that I think there will ever be that time. He made his own bed; he made his own coffee and even did most of his own laundry. Stuart was one man in a million.

I remember the first time I met Stuart. I was stunned with how young he appeared in looks and how young he was in attitude. I asked him if I could shake his hand. He agreed with the cheekiest grin on his face and his eyes held a twinkle. I asked Stuart what his secret recipe was, but he could only say
that he kept active by walking, not using medication and having one beer a day. A really great recipe to help keep all the residents young forever.

Stuart’s only request was never to be woken up, never to be checked on overnight and never to be disturbed once it reached a certain time in the evening. Luckily for me he did not wake up when I checked on him when I did my first late shift. No one had thought to mention that Stuart’s door was not to be opened, nor was I to check his glass door. So very grateful to this very day that I was able to sneak in and sneak out without Stuart even noticing. Why did the staff not inform me of his strict request? Lack of time maybe or because I was the rookie they liked to see me make so many mistakes. They sure got a giggle out of that incident that night!!
Chapter 3 – Nursing Issues within the Work Force

There are many Nursing issues within the aged care industry. A lack of time for the residents, a lack of funding, a lack of qualified staff (AIN’s, EEN’s and Registered Nurse), there is even a lack of understanding from the management team. After working for such a short time in the work force, it soon became apparent that there were many Nursing issues and they came from many different directions.

A lack of time is huge. It means that every shift, a resident has about 10 minutes of any carer’s time.

A lack of funding means that the Nursing Home is not providing enough resources for each resident to feel fully satisfied.

A lack of qualified staff means that the Nurses that are there working, sometimes have to do double shifts, or that agency staff are called in at the last minute.

A lack of understanding from the management team, mean that staff morale may be low.

If you have a Registered Nurse that can remember a time when they were training or when they were an AIN, then you are very fortunate. If you lucked out and had a Registered Nurse that was from the old school and ran a tight ship, so to speak, then you are in for interesting times.

Now, I have nothing against RN’s – it’s their attitude towards Nursing that I have issues with. They will not see past themselves and the way they think care should be carried out – even if you have a good idea they will not take the time to hear you because they are too busy listening to their own inner voice.

Sometimes RN’s will even look down on AIN’s – it’s almost like there is a hierarchy within the Work Force and there is no crossing the line. I am sure that if there were separate tea rooms, then the RN’s would sit together and the AIN would be placed into the smallest room available.

So how do the residents’ needs get taken care of? Simple sometimes, other times the AIN’s carry out the care behind closed door and the RN’s are none the wiser for it. There are many issues within the nursing staff, and if the top of the top do not take care of it, then many staff either work it out their own way, or walk away from the job.

There seems to be such a high turnover of staff within the aged care industry. Again this boils down to how the system is working (or not working in some cases). Due to the lack of time and money within Nursing Homes, good quality AIN’s enter the work force with high expectations and soon realise that they are not cut out for the job and leave. It’s almost like the good quality staff members stay for such a short period of time, and the old timers stay because they have moulded themselves to fit within the timeframes/lack of funding and lack of quality activities provided. Not sure how or when the AIN’s start to fit into the system, and forget who they are, but you can tell with speaking to the Nursing staff who are new to the industry and who have been there for a very long time.
Is it right for the AIN to become someone they are not? Is it acceptable to become the same as each other? Probably not, but it’s how the industry is able to keep going. If AIN’s were to unite and stand up against the Nursing issues, then maybe the system would have to look at changing. But because so many different staff members become used to the way of nursing expected each and every day, the system will never change.

Over 30 years ago, the Nursing issues were massive. Compared to nowadays, the industry has had a huge shake up. Many years ago there were many Nursing Homes that were run, yet were not fit for animals let alone fit for humans. It was not until the law changed in 1997 and the government started to change the Nursing Home rules and regularities that the level of care changed.

In 1997 the Commonwealth Aged Care Act was put into place. Within the aged Commonwealth Aged Care Act, all Nursing Homes and community services needed to comply with the guidelines and provide a minimum level of care to receive funding. Each Nursing Home needed to provide each resident with a level of care that is acceptable and covers things as personal care, privacy, confidentiality, to be consulted with in regards to their care plan, have access to personal files, to be provided a person who can speak on the aged person behalf, to be able to make complaints if unhappy with any service that is provided, and to meet all needs from staff in a manner that is not disempowering. The Commonwealth Aged Care Act has four standards and within those four standards are 44 outlines that under the standards must be met, along with 170 criteria that must be covered.

So in effect, each Nursing home must now meet certain standards of level of care, and provide documentation to back up that they provide the level of care for each resident’s individual care plan needs. If there is no back up of documents, then the funding will be removed, and money will have to be paid back to the government. If the standards fall below what is acceptable and has been detected within one of the inspections carried out by the Independent Aged Care Accreditation Agency, then the Nursing home can be deemed unfit and have their Accreditation revoked.

If that was to happen, then no other aged care person can enter the Nursing Home, nor can funding be provided to the facility until the level of care is reassessed as being met with the minimum level of care once more offered.

So within any Nursing Home, there are many nursing issues that are to be carried out. Lots of paperwork and lots of assessments carried out on each resident on a monthly basis, six monthly basis or yearly basis. Assessments can be changed and requested if the aged person seems to be acting out of character and showing different behavioural needs. Many times I saw paper work being carried out because a certain resident was on a behaviour chart, either due to the time frame of when that person had entered the Nursing Home and the person was due for the yearly assessment or because there was a few days of continued behaviour that was different from a few weeks ago.

It is important for the nursing home to have behaviour charts on each resident, because if their behaviour did change, then watching and assessing why, could provide answers, but at the same time there was a lot of paperwork that had to have all the T’s crossed and the I’s dotted so that if there was ever to be an inspection carried out then the facility was able to prove they provided the minimum level of care. It was a double crossed sword.....either the person had issues and they did
need to be assessed or if there issues were under control but it was still time for their yearly assessment then paperwork needed to back up the person’s care plan, so funding was still available.

Some AIN’s did see issues within particular residents. But most times I found the residents’ difficult behaviour a normal reaction to where they were placed, and to how they were treated. If the resident spoke out loud and objected to their level of care and how it was provided then I looked to see the reason why. I did not label the resident as being “Naughty” or “Bad” because they were not falling into line with all the other meek residents. I just saw them as being an individual who had rights and was being brave enough to speak out.

Some AIN’s labelled those residents, and were soon talking about how difficult they were to care for. Maybe being a Mother for so long had also helped me to be more understanding. Maybe having a child that does not fit the mould for “normal” children had given me more patience and understanding. Or maybe it was because I could see behind the person’s behaviour to the reason of why they acted the way they did.

I never could see how to fill out the paperwork with what information was needed to provide the correct documentation. More than on one occasion, I would ask for assistance on how to fill out the paperwork, not because I did not understand how to write, but more because I did not believe in what I was asked to write. If that breaks the rules of the system then so be it. I was not going to ever fit into the workforce and become a sheep. I was not ever going to fit how the AIN’s all fitted into their job roles. Maybe that was why I was not considered part of the team. Yet I know I was not the only one to feel the same….it soon became obvious that there was many AIN’s who felt the same but did not know how to do the job any other way.
Chapter 4 – Looking At the Residents

It is a shame that the Aged Care Act did not include rules and regularities on how AIN’s, EEN’s and RN’s could look at changing the system. The Nurses cared enough to be in the industry and work within Aged Care homes, and did the best they could for each resident, but if there was a better way to Nurse our aged people, there is no new way to go about changing how the system works.

If the Residents are allowed the rights that are provided for them, and have a voice to be heard, then how come there are still so many Nursing issues within Aged care facilities? How come the system is still letting down our resident’s basic needs - the need to feel human touch?

The residents come from so many different backgrounds and have so much amazing history. Yet they are placed into a room with four walls, a bathroom and sometimes their own privacy. That is, if the Nursing Home provides rooms for one resident. Some nursing homes have four to a room, and a shared bathroom. Then those residents don’t have any privacy.

If you were able to take the time to ask the resident where they wanted to spend the last remaining years of their life, can you imagine what their answer would be?

I am sure they would not expect their life to end with such a lonely existence. I can remember one resident who was nearly blind. “Betty” was woken every morning way before 6.00 am. She would be lying in her own urine because she had wet past her pad onto the bed. Betty would not ask for assistance because she no longer was able to, she was not able to move her arms. Betty could not walk; she could not move her body to co-ordinate movement. She could not roll over, she could not wash herself, and she could not dress herself and was slowly losing her eyesight. If you were to place a picture up close to her, then she could see little bits of the images.

I did not know of her care plan because I was only in training at the time I came across Betty and was not allowed access to her personal files. All I knew was what the other AIN’s were passing onto me for her day to day living care. Betty was a full sling hoist and was two assist to see to her personal needs. To shower Betty took two to move her from the bed into a shower chair. Once the shower chair was placed into the shower, then one AIN would see to her needs while the other AIN would assist another resident. When it was time to move Betty from the shower chair into a full out chair then the other AIN would be called back into the room. She was pushed and rolled and dressed in the quickest way possible. Sometimes Betty would still be damp (wet) from the shower and her clothes would be difficult to be put on. I was shocked at how Betty was treated, and did speak up – but, I was training to be an AIN so what would I know? The glances between the two carers were going back and forward that morning. I can still imagine what they thought of me for having the balls to speak out.

Once Betty was placed into a fall out chair - she stayed there until it was night time, and time to move her to bed. There was a sheet placed under Betty to protect the fabric of the chair. By law, Betty should have been moved every two hours. In my eight hour shift, not once did I see Betty moved! Once her sheet was hanging too low onto the floor so two AIN’s stood on each side of
Betty’s chair and slid her back up the chair, then they tucked the sheet under her feet so it never touched the floor for the rest of their shift.

Betty would ask to be reassured that she was not alone. If you were passing by the dining room – where she spent most of her mornings – Betty would call out. She could not see you, but she could hear your footsteps. I spent over half a day with Betty, as I was so very new and the staff agreed that I was getting in the way of their speedy care. It broke my heart to hear the way Betty talked. She was lonely, and wanted human contact. She wanted to be back on her farm with her family. For Betty, time was at a standstill from when she was a little girl. Being married and a mum was not something Betty thought of because as far as Betty was concerned she was still a little girl living with her brothers and sisters and her parents. She talked so much that morning – about how big the land was (they had so much acreage but I can’t remember how much) and how many cows they had to milk every morning and night. Over and over again Betty asked me to take her home because she would get into trouble from her Dad for being late and would get the belt. I asked her what she meant. She clearly stated that she would receive the leather belt from her Dad if she did not get home in time for dinner. There would not be anything that she could say to get out of trouble. If she was late, then she would be punished.

I was stunned. I did not know what to say. How could I tell Betty that she was a full grown woman who was married for over 40 years and had her own children? How could I say that she was not going to be in trouble from her Dad because there was no longer a farm, nor were her parents alive anymore? This lady was in her late 80’s but as far as she was concerned she was only a little one. What was I to do to ease her pain?

Betty would then ask to be taken to the toilet. I wanted to help her, so I started to move her fall out chair towards her room, wondering which AIN I could ask to assist with toileting Betty. Another male AIN was walking past and asked me what I thought I was doing. I explained how Betty wanted to go to the toilet and I was assisting with her personal needs. He laughed at me. Laughed straight at me and then proceeded to tell me that Betty had a pad on (a liner in her undies) and that she was to be left in the chair for her toileting needs. The sheet was there to protect the chair, and her clothes would be going into the wash later on. The pad should hold enough until after lunch and then she would be given a fresh pad.

Holy Moly was my thought! (actually it was a bit more colour full than that!). Here was a lady who wanted to go to the toilet and was not allowed? I was not to take her, and I was asked not to answer her questions about using the toilet but was asked to distract her.

I had to walk away from Betty at that stage. As I walked I could hear Betty calling out to me “Where have you gone? Please stay – I do not want to be left all alone as I am frightened”……I walked faster towards the toilets with tears streaming down my face.

It took me a while to clean my face of all my tears. I looked a mess, and was told by the other AIN who were working in the same section that I was placed in for the day, to take a break. To head to the staff tea room and have a coffee and have something to eat - to take as long as I wanted or needed.
After composing myself, I asked the Case Manager of the facility why I wasn’t able to toilet Betty. Her response was that it took two staff members to carry out the task and that the two staff members were busy with other residents at the time. I tried to put forward Betty’s case, but because this was my first week in the industry and the two carers had been AIN’s for over 7 years, I could not possibly know what I was talking about.

Those two AIN’s were in fact having a coffee break – their third break for the day and had the time, but was not prepared to assist Betty.

I went home and cried myself to sleep that night.

The next week I requested to be placed into another section of the Nursing Home – one which was low care compared to the high care section where I had been.

My thoughts were really being questioned now. How could I be an AIN? Would I be strong enough to carry out my duties?

The following week was better. I was in the hostel section where most of the residents were able to take care of their basic needs, and only needed assistance for part of their care. This was a happy week for me – I got to connect with many different types of residents and see their personal needs being met.

One lady still plays in my mind. She was from London and had the most gorgeous accent. “Lady Elizabeth” was the most eccentric duck you would ever meet. She had so much furniture in her room from when she lived in a house that it was hard to move around. Luckily Lady Elizabeth did not need to be assisted with a standing hoist or full hoist because there would be no room to bring them in. Her manner was incredible. If you were to believe her stories you would think she was the Queen of England. Her memory of the history of the royal family was remarkable. How could she remember so much finite details of the history from England and when she lived there, but could not remember what she had for breakfast yesterday?

Most of the staff asked not to work in Lady Elizabeth section whenever they were on a shift. They did not want to see to her daily needs, nor her requests. I thought she was delightful, but then I had not been subjected to her viper tongue as yet. I guess those that had been there for over 10 years caring for her needs day in day out had a reason to gripe. But gee, she so reminded me of my crazy Great Grandmother who had lived in England until her late 80’s and then was brought to Australia and died within a few years of being here.

My Great Grandmother and Lady Elizabeth (Beth) could have been twins. Lady Beth talked with a plum in her mouth and gee could she give you a death stare to surpass any death stare. I so admired how Lady Beth thought so highly of herself – so high that everyone around her should and would meet her needs. Be it more sugar in her tea (even if she already had four sugars) or her pillow moved up higher on her bed. She even liked to sit on the toilet for as long as possible, until she wanted to move!!

The most outrageous demand I received from Lady Beth was to go outside to the ship’s deck and see if there was a nurse that was waiting to take her down the decks to the hairdressers to have her hair
cut before she landed in England because she was meeting the Queen dockside and wanted to look good.

See, I told you my Great Grandma and Lady Beth could have been twins. When I was younger and used to visit my late Great Grandma she always thought I was someone else, and that she had just flown in from London that very morning, flying in her own plane through the window after visiting the queen!! How beautiful that story was to me. Every time I was to visit my Great Grandma, she would tell me the wildest stories and then would believe every word she ever spoke. She also had to have her hair perfect in case the queen requested her presence in the palace.

Lady Elizabeth was the most eccentric lady that I have yet to meet beside my Great Grandma and she sure made the day at the Nursing Home one week of delightful belly laughs.....
Chapter 5 – Why this System is Outdated

Why is it that in 2010, we are still nursing the aged in such an outdated system? How is possible that as Nurses we are getting away with treating our elderly as if they are a number and not a human being?

If we had a dog or cat that was in pain, and had no quality of life left to live, then we would be putting that animal out of its miserable existence. It would be quick, painless and human to let the animal go to heaven (or wherever you believe people and animals go in their afterlife). Yet we let our aged people exist for many years stuck in their own body limits – be it in a bed or fall out chair with no dignity and no privacy.

Their everyday living care is discussed, explored and shared around within the nursing staff. They have most of their decisions made for them, especially the elderly that have lost the use of their ability to speak for themselves.

Even if they ask to end their life, there is no legal way for that to be carried out here in Australia. Now I am not for or against the right to end one’s life, but I am saying how come as human beings we do not have the final say in how or when our life is at an end?

The way our system is run presently is very outdated for our elderly. Yet what happens as the next generation is ready for the next stage of their life to enter a Nursing Home?

The younger generation are brought up with technology. Fast cars, Internet connections, DVD players, ipods, play stations, DS games and so much more are at their finger tips; more than I ever had as a child. What happens then? They are not going to want to enter a Nursing Home and be placed in a room with four walls and wait to die....wait to die slowly and painfully.

The next generation is going to be asking for a lot more in the way of entertainment and living and experiencing life. They will not accept the standards of care presently on offer to our elderly. They will have the money to be able to have a better option, but, is there going to be one available?

Will there be a resort-style nursing home where there is 24 hour room service and a cook/cleaner at their beck and call? Will there be a butler to service their every need? What about a personal one on one nurse to attend to their day to day living? Will there be a 5 star accommodation facility that they can all tour and chose from?

No one is questioning the system and why the nursing home runs to a time schedule. No one is looking within and asking “What can be done differently”. These are our loved ones. They are our Grandparents, Uncles ,Aunts, Cousins, Nephews, Parents and Children of family members. They have made a difference in the world and are important humans to someone still in this world or passed over.

Yet no one has thought to ask “What are we doing?”
What about “Can we do this differently?”. Is there a service that will provide the level of care that the aged are in need of, yet at the same time treat them with dignity and respect?

How can a person work for over 50 years of their life, earn good money, pay taxes and then be thrown aside to die? A person goes to work from 9am to 5.00pm (sometimes the hours differ) at least five days a week for at least 50 years of their life. Then what happens when that person can no longer walk, no longer talk, no longer understand what is going on around them? What about if that person is going through memory loss or has dementia?

How can you explain that to a person who has no understanding of who they are or where they are living?

Working in the Special Care Unit was hard core. It is not a place for the faint hearted and will make you look within to see if you are strong enough to be an aged care nurse. You are dealing with residents who have little or no understanding of who they are. Some do not even remember their name. Yet they are able to ask to be taken home.....to the home they grew up in as a little child.

So how can they not remember eating breakfast or going to the toilet, but they can remember their address of where they grew up with their parents?

How can you explain to the resident why they are behind locked doors? Doors that need a code to enter and exit with. There was one resident who was gorgeous, yet every single day he asked to be taken home. “Steve” could not understand where he was or why he was there. He did not know his age, or the fact that he was married. He did not realise that he was a Dad, Grandad and great Grandad. He was a walking person with no soul.

In his previous life outside the Nursing Home, Steve was a successful business man, who was in his industry classed as being rich and successful within his own company. Yet to the system he was another man who was going through the early stages of dementia. He could not remember eating breakfast, even if it was only five minutes ago. He could not remember that he had a shower that morning, even though he was dressed and had shaved.

Steve had to fall within the guidelines of the nursing industry or he would be placed onto assessments and his medication would be adjusted accordingly to what the Doctor thought was right. It did not matter that Steve was a tall proud man who very rarely had any medication in his body before entering the nursing home. It did not matter that Steve never had raised his hand to his family nor had he ever raised his voice to anyone before entering the facility.

When did Steve change? When did he become violent and uncontrollable? When did Steve start to lash out because of his frustrations? Because he longer had choices he could make on his own behalf. His dinner was given to him at a certain hour even if he was not hungry. He was expected to shower every morning at a certain time, and have his lunch at a certain time.

How could we even ask Steve if that’s what he wanted? How could a care plan be written up for Steve when there was no way he could answer any question? That is when the wife or a family member steps in and has power of attorney, and eventually Enduring Power of attorney (E.P.O.A).
The Power of Attorney gets to make the decisions and the choices and sign legal paperwork if a person is no longer able to act for themselves. If the POA abuses their position in any way and the nursing home realises, then there are steps to have POA taken from that person and the Adult Guardian Steps in. The Adult Guardian was created by the Power of Attorney Act 1998 with an independent officer to protect and promote the rights of people that are impaired by not being able to speak or make their own decisions. The EPOA has the same authority as a POA but continues in force if the person (or aged person) loses their ability to manage their own affairs; the law covers financial matters as well as personal and health care matters.

So Steve is looked after by the aged care system. There are many Steve’s all across Australia – in every state and every nursing home. They just have a different name. He is cared for by nurses that are doing the best they can in a system that is overworked, unpaid, an under-staffed. His day to day nurses love him – there is no question of them not doing the best job that can do – but what about his needs that are not being met? There are only so many hours in an 8 hours shift and two carers per 14 Special Care residents means that care is stretched and time is limited.

So who can step in and give Steve a sense of well being? What about a feeling of being important and having a role to play in his daily living? That is where the Divisional Therapist (DT) steps in and implements strategies to keep Steve occupied and feeling like he is still worthwhile...that’s IF the DT has the time. Again it comes back to the Aged Care System that is in place. The DT has at least 28 residents and their individual needs to take care of that is expected to be carried out every single day. Activities to stimulate their mind, encourage the residents to stay active and to participate with each other be it in Bingo, Crosswords, Find a Words, Art, Craft, Gardening, Walking or even finding an activity that all the residents can enjoy and do together.

There is usually only one DT on at any given time during the day and they are pushed to the limit with paperwork let alone spending quality time with the residents. They try the best they can within the guidelines provided.

Is it enough for the individual person? It never is – and in today’s system will never be enough.

What if a person was travelling around the world in 5 star accommodations but was given 2 star treatment? Would that person be satisfied to hand over money – money that was in the thousands? NO and neither would you. Yet we arrange for residents to be placed into homes that are income tested – so they have to sell a home to enter, or prove with Social Security that they can qualify for assistance. Then they pay either a weekly fee or Social Security pays for most of the fee and the difference is taken from the aged care pension or the family makes up the difference.

Are the facilities five star service? Are the kitchen five star foods? What about how the food is cooked. Is it freshly made on the premises or just merely re-heated? Is it even fresh food? Again the kitchen staff do all they can to make the food look appealing and tasteful, but they are working within the system. Their hands are tied and they could not ask for change because who would listen?

Can you see your children or even yourself living a full life with all that you have at your finger tips to be told that you now have to enter a nursing home, and be happy? What would you be feeling right this minute if your car was taken away, your flat screen TV was gone, your mobile phone was no longer in your bag or your hand, you had no access to a computer or internet, no facebook/no
twitter, no play station, no DS computer games. What about the fact that you could no longer go shopping whenever you wanted to? Take away your big house with two bathrooms and a modern kitchen. Take away your wallet, your eftpos card, your credit card. Take away your family, your friends, your familiar area and now tell me how you would feel? Think about it – you are taking a loved one away from all they are familiar with and asking them to be happy.

You are placing them into a facility with the hope that you can walk away and know they are going to be safe. There is no longer a chance that the person can be abused physically because there are now laws put into place so that all Elder Abuse must be reported to the police within 24 hours.

So physical abuse is no longer occurring on a day to day basis – not to say that it is not possible for the aged to be hurt by a carer, but I am saying that it is very rare compared to 5 or 10 years ago. There are new steps in place so that the abuse is hard to inflict and get away with. If there is no physical abuse allowed, what about emotional abuse?

Emotional abuse does not have to mean name calling – which believe me does still happen. I am talking more about emotional needs not being met. That is abuse and is a form of abuse that goes on day after day after day….there is no end to how many aged care people are being ignored; ignored because the aged person is not able to speak out or because the elderly are not being heard – that is a huge form of abuse. That is our system and it is letting our aged people down.
Chapter 6 – Is there a Better Option?

Is there a better option? If our system is outdated and is letting our loved ones down – is there anywhere for them to go and is there a better option?

There are many retirement villages all over Australia, but they only offer the units or smaller houses for the aged person to move into. What happens when that person can no longer live alone, or is left alone because the other half dies? What then? Most of the retirement villages are not set up for 24 hour care access from AIN’s, EEN or RN’s. They are set up for active retirees who want to be closer to one another for day to day living and entertainment, but are not able to cater for the aged person who loses the ability to care for themselves.

So then that person needs to sell their unit or small house and look for a different alternative. If there are only Nursing Homes available or the family thinks that it is the safer option, then how does ones family go about searching for the best facility or home that will suit their loved ones needs?

When you need to look into a nursing home, you need to be very careful with what goes on behind closed doors. There are many different ways that the nursing home displays themselves to the public and has an image to uphold. Yet when a potential family member has finished touring the facility, then the white glove treatment is no longer on display. At first I was stunned to see the different way the Nursing Director behaved towards the general public.

It was almost like a different personality was on display. The Nursing Director (or manager/Don) of the facility was all smiles and spent as much time as possible with the family and sometimes with the aged care person. Yet, as soon as that particular family was no longer around then the smiles were gone and they were keen to disappear behind closed doors and complete the paperwork. I compared the Don as a spider – spinning its web around the unsuspected bug and then closing in tight when the sale was almost complete. Once the transaction is finalised and the aged care person is settled into their new room (new home), then it was like the spider, one strike and the elderly person is trapped for now until there death.

Does that sound hard or harsh? Yes maybe the description was beyond what you were expecting, but imagine standing there and seeing this scene played out in front of your eyes? What would you think?

I remember during my three week work experience seeing a new resident admitted to the facility I was at. He was really independent, but his family decided that he was no longer safe at home alone, and did not want to look into home based care so into the facility he was placed.

Mind you, as soon as he was settled into his room, that very same day they went on holidays. So “Bruce” was taken out of his family home that he and his late wife had lived in for their entire married life. They had all three children in that home, and had raised them all to be successful happy business people. Yet only one of the children drove him into the facility, dropped off his three bags and his small belongings and left with the assurance that all would be well.
Did Bruce enjoy his new home? Maybe eventually he would get used to his new existence, but was he given the choice to find out if there was any other option? His family (who I did not know on a personal level, so there could be more than one side to this story,) did what they thought was the best for Bruce. They did not believe that having Bruce at home with in-home nursing care was an option because of his ongoing medical condition. Did they look for any other nursing homes? Maybe, maybe not – but if they did have the chance to explore other options, is there another system that is going to provide the best care for Bruce?

Is there a facility that provides no interference in the day to day living of the residents unless the aged person asks for assistance? Is there a facility where you can be asked to be woken later, and left to have a shower later on in the day instead of being herded out of bed like cattle? What about a facility that offers alternative treatments instead of Doctor based treatments? Can there be a nursing system where the resident is important first, and their needs are put above all else?

How would this system work and who could run such a system? How would the place be run without government funding or having to stick to guidelines that are so outdated?

Aged care has come a long way since the early 60’s, 70’s and 80’s. But with our next generation there needs to be massive amounts of improvements and a new way of nursing homes. One that is not run by the old matron with her crisp uniform and strict stares (the one who measured the corners of the bed to see that it was made evenly and tucked in tight). You know the old RN’s who thought that all nursing homes had to be run like a tight ship with all the surfaces in order no matter how time short the staff was.

I can still remember my late Grandma sharing stories of how tight her uniform was, and how if the beds were not made with the corners measured and tucked in perfectly, then the bed was stripped and you had to start all over again. And those beds – there were no different heights on the beds nor was there any standing hoist or full hoist to assist the resident or patient out of bed – it was expected that you would lift the person between you and carry the elderly person into a chair. There was no understanding back then of the correct weight that any person could easily lift. There was no concept of protecting yourself from the hazards of the job. Nowadays there is Personal Protective Gear – be it with gloves, aprons, glasses and even masks. There are safer ways of carrying out our job, and safer ways of assisting the resident. So yes, Nursing has come a long way, but yet has many more improvements to make.

There was another resident whom I remember because she wanted more from the facility she was in. “Michelle” knew that she needed help and had no option to live alone because she required 24 hour around the clock care and could not afford to employ a nurse to move in with her. Michelle was so very active when she was younger. She was actually a great runner in her time and was asked to represent Australia one year in the Olympics. I am not sure why she never ended up going overseas to complete in the race ‘; I think it was because back when she was in her early 20’s, being married and a young mother, it was not considered the “norm” to leave your family and enter a world unknown. Whatever her personal reasons were, Michelle was slowly dying of a broken heart.

Her heart was bleeding inside because Michelle was no longer able to walk and was in a wheelchair full time. She could no longer use her legs, nor one side of her body after having numerous strokes. She was trapped and would ask constantly “Why” – why was she still alive if she could no longer run,
no longer walk. Michelle had her mind intact – she knew what day it was, she knew what year it was, she knew who the Prime Minister of Australia was and she knew what she was capable of doing or not doing. Not once was she treated as being intelligent. She was never given a newspaper to read, or asked what she thought of the latest news. She was never taken out unless her family turned up and kidnapped her for the weekend. Michelle was another number in the system and was a paying customer, so her care was given to her in the best way possible.

Is there a better option? Not sure if there is yet, but there will come a time where a better option will have to be created, offered and catered for. Our younger generation will not suffer in silence like our generation does today.
Chapter 7 – The Nursing Care Provided

Today there are certain standards that all AIN’s are expected to know and to use. The nursing industry demands that you are qualified with a Certificate III in Aged Care. Some courses are 12 weeks full time or 20 weeks part time. Some I have noticed are even shorter periods of time – or if you are still in high school then you are able to complete a Cert III while still going to school.

The nursing care that is provided varies from carer to carer based on personality and an in built personal way of caring. To be in the industry you have to have at least a small amount of caring, otherwise you will soon become burnt out and no use to anyone. It’s surely not about the money, because some carers are paid as low as $16.00 per hour to carry out their duties. No one should be paid so low when looking after an elderly person.

I have seen many different ways of nursing care provided. The most gorgeous nurse that I came across so loved her residents that she would wake them up with the biggest smile, and the biggest hug and then a huge “Good Morning” followed by a kiss. That was one special moment – watching those residents slowly wake up to another day with a hug and a kiss.

On the other end of the scale I have seen some Nurses provide care that showed why they should never have started in the industry, let alone continue in the industry. Those nurses should either attend another Cert III course, have one on one coaching or be asked to move on. Is it a lack of knowledge on their part or a lack of caring?

One particular AIN that I can remember scared the daylights out of me. She was so sloppy in her work that I refused to ever work with her again. I was too scared to report her because I was so new to the industry and she was close to the top of the management team and was in the popular crowd and believed she was the best of the best.

This AIN was not new to the industry, and, had been practicing as a nurse for over 8 years. She was qualified with paperwork and hours, and she knew who to butter up. But she was dangerous to the residents. Especially to the residents who were in the Nursing Home section, which is where the residents are placed when they are fully bed ridden, fall out chair ridden and have not got long to go. The smell in that section is like no other smell in life. It’s a combination of death, urine, faeces, fear and rotten flesh. You have to have a really hard stomach for that part of the nursing home. Maybe that is why I did not last long in that department.

The AIN that I am talking about was more than rushed in her work. She was in a class of her own. She would be very vocal when providing care to a resident and was close to being damn right rude with her choice of words. She did not swear too much, but she would let the resident know that she did not appreciate having to “clean up shit off her arse, because she was not paid enough to clean up this shit” (her words, not mine). Actually they probably were a bit harder words then that. She would assist one resident’s personal hygiene needs and then move onto another resident – without washing her hands!

Then she would grab a lolly out of the lolly jar and place that into another resident’s mouth! That is not all folks. She would wash a resident who was covered in open skin tears without gloves, wipe up
faeces off the floor with a towel and use the same towel to dry the resident. She never spent enough time drying the resident fully, so they would be dressed while wet and placed into chairs with damp clothes. There that resident would sit for over 8 hours, usually ending up with a sweat rash.

So how did she get away with so much neglectful care? Easily – it was all carried out behind closed doors. What was I to say? What was I to do? How was I to protect those residents when I was the one that was in training and she was meant to be my mentor? I only ever worked with her twice, and after that I made sure my shifts were in a different section to where she was being placed.

The thing that really got me going was she used to complain about another staff member because she was considered too slow and flaky with her work!!! Maybe that was because that particular carer took the time to wash her hands, and to care about the resident’s personal hygiene and needs?

The last straw for me was when she was using a standing hoist. The carer placed the belt around the person who had neither upper body strength nor any lower body strength but was expected to hold herself upright, long enough to be able to dress her lower half. I was standing there with my jaw nearly hitting the ground when I noticed that her waist belt was slapped on with a Kris cross effect instead of the Velcro placed right around and meeting in the middle. The belt is holding the person up when it's connected to the standing hoist, so if it is placed on so sloppy then the resident has a chance of falling out or sliding out under the waist belt and falling onto the fall. I reported that particular incident. Not that it did any good ; who was I to report an incident when I had only been there for a few days and was still training, when that carer had been there for years?

Not all two people are alike and not all two people can provide the same level of care because we are all individuals with our own personalities that make us who we are. Yet, at the same time, there needs to be a certain level of care that must be met. Basic hygiene is a given – without washing hands, there is a huge chance of spreading not only germs but life threatening diseases that can potentially lead to death.

There are many other day to day care needs that must be carried out with safety in mind. Lifting with a standing hoist or full hoist, using a walk belt with one assisted or two assisted, using the correct equipment according to the aged person’s care plan and assessing the resident each and every time to see if any conditions have changed how the person can be safely moved. There may be a UTI infection which is affecting the resident, so that the person is no longer safe with the care plan that has been provided by the RN. Or the person may have had a medical condition change and now needs to be reassessed for transferring needs or day to day living needs. It is a case of being alert to the resident and to notice any changes from the last time you were there to assist.

Sometimes there are better options when assisting a resident; it just is a matter of looking for that better option. What about looking for another option when you need to decide on a nursing home? Surely there is a better option?
Chapter 8 – The Nursing Care Provided and the Order of Nurses

The nursing care that is provided for an aged person depends on the management team. If the RN is running the facility and has an “I don’t care attitude” then usually this flows on down to the staff members and the whole place has low morale.

With the RN or the Don who is in charge, the scene is set. I have came across a few RN’s who really took pride in their work and so loved the residents. That was there main reason for working in the industry – to make a difference in the elderly person’s life. Watching an RN who does care, interact with a person who is not able to move, or make choices for them is so touching. It’s actually a beautiful scene to watch.

But flip that situation around to watch an RN rushing into the room without evening introducing themselves, or even taking the time to look the resident in the eyes and then to provide that person’s medication – not even stopping to see if the resident has swallowed their pills, that is sad and that is happening. I am not going to sugar-coat this situation. There are many RN’s out there that have either been in the industry far too long or are so over-worked that they are burnt out, or maybe they have become too de-sensitised with the way the system is run, so to protect themselves they shut off. Whatever their reasons, the nursing care that is provided by some RN’s and also some AIN’s sometimes falls way below the bar and would not even be accepted if it was ever brought to life.

What about the order of Nurses? Many times I have been looked down upon because I am only an AIN and not an EEN or RN. It’s almost like I would never know what I am talking about when I have a concern with a resident. Sometimes I was so concerned with a resident’s well-being, but because I knew which RN was on for that shift, I would wait to voice my concern to a change of staff. Or I would voice my concern to another AIN who has been there longer than me and is able to be heard. It’s funny how because I am new at the job I must not know what I am talking about, but if there was another AIN who has been there for years, then her story would be heard.

Was it wrong of me not to speak up on behalf of the resident that needed assistance? Of course it was, but what is the point of speaking out loud when no one is willing to listen? Many times at the end of my nursing shift I would go home wondering if the resident was going to be ok or if another AIN could speak up and be heard. Ok. I don’t have any letters after my name and I have only completed a Certificate III in aged care, but, I am not stupid. I can see changes in residents and have to wonder if there is any medical condition that has led to the change. What about the RN? Sometimes they are so blinded by their paperwork that they are not able to see what is under their noses.

As an AIN, when you do come across a RN that cares, that pitches in and helps out and takes the time to do their job, then you are in for a great shift. I connected with a few RN’s and was so comfortable to voice my opinions without feeling like I was being looked down upon. They were the shifts that I would often go home with a smile on my face.

There also seems to be an order of the Nurses. An order is even amongst the AIN’s and even amongst the kitchen staff. It’s funny to watch the ordering and the little games that go on. You would think that being a service provider for the elderly, that all staff members could put their
differences aside and pull together as a team. What’s that saying – there is no “I” in TEAM. Well then why do the Nurses think that some nurses should not sit with other nurses? Why do the Nurses try to make sure their work load looks like they have more than any other nurse?

I came across one particular AIN, who was a male AIN, and believed he was god’s gift to women. I am not sure what he was doing in the industry because he sure thought that he was better than anyone else. He looked down his nose at me and so many times I ended up covering for his work load as well as mine.

What worried me the most was how he would assure me that he was fine to work alone without anyone else needing to be in the room with a female resident, and was happy to shut the door. I tried so many times to try to assist him, to see what was going on behind the closed door, but to this day I was never successful. Was it my paranoid mind going into over drive? I sure hope so – but you know when you get bad vibes from a person; ones that make the hairs on the back of your neck stand up on end? Every single time I saw him at work that was my feeling – something was not right. I did voice my opinion to one good friend at work but she reassured me that he had been working there for years, and that he was so good at his job that he believed he just did not want anyone slowing him down. Even the RN’s all quoted how good he was with the residents. So be it right or be it wrong, there was nothing I could say. It was a case of I never knew anything, never ever saw anything, so how could I say anything? Gosh I hope that my gut instinct was wrong in that situation.

Another afternoon shift, I came across a dragon of an EEN. She was so not the nicest ever to come across. I am not sure how I had been working there for that long and had not bumped into her before that shift? Gee, I sure was in for a treat that afternoon. Within eight hours she had yelled at me, laughed at me, talked about me with another carer and even to a resident, and had me feeling the smallest I have ever felt in my entire life. I have never ever felt that low. I rang home and spoke to my family, I so wanted to hand in my keys and never return there again.

After putting on a brave face and shaking off her bad vibes and having a good strong coffee, I stayed to finish my shift. It was not the easiest shift and sure dragged on for ages. I was so keen to go home. After being exposed that way, and spoken to in such a degrading manner, I was lucky enough to not work with her again. There was no way I could ever work with her again. In all of my life as a Mum, and working in jobs where I was at the top of management teams for many years before starting my family, I have never ever been spoken to before in that manner. She went beyond the rules of work place bullying and was in a territory where she really could have been charged.

It is so against the regulations in work place health and safety to behave in such a manner. I am still not sure why she behaved that way towards me. I am not lazy in my work, and I loved the residents so I was always careful to put their needs before anything else. I even completed all of my paperwork after my shift ended, so that I could spend more time with each resident, but that was even against what she considered to be a good AIN. Was it because she had studied longer than I had or was she going through the change of life, or was she always like that? I don’t know, but I am so glad she never crossed my path again. If I was to ever see her again, even walking down the street I would love to ask “Why”……why did you treat me like I was no better than a speck of dirt and belittle me like that in front of everyone? Why talk about me to another carer and then make sure that I could hear what she was saying?
All I can think of is that her life must be so very small, and so very sad for her to be that angry. She was angry at the world, and I got in her way of the firing line. Now I can look back on it and brush it off as a silly incident. At the time it nearly broke my spirit for nursing. I know that I was still learning the ropes when that EEN met me on afternoon shift, but there is no excuse for the way she yelled at me, rolled her eyes, huffed her breath or even had the guts to speak about me. I think looking back now, that I should have stood up for myself but I am not very good at conflict, nor do I like to speak with people who are so rude.

That was one afternoon shift that thank god I never had to experience again. On the other side of the coin was the most gorgeous AIN who took me under her wing. I will never forget “Sandy”. Sandy was an AIN who had been in the industry for over 40 years and then decided to slowly study her way up to be a PPC and then was studying to be an EEN. Yet not once did she make fun of my attention to detail, and always helped out when she could. Many times she would take off her role as EEN and help with making beds, assisting residents, helping with the laundry and the rubbish. No job was too small or too dirty for Sandy to lend a hand. Being in the industry for so many years and because she had been at the same nursing home for over 20 years she sure had lots of knowledge, hints and tips to share - many that she was glad to share, and many that I took on board.

Whenever Sandy was on, I knew I was in for a good shift. It made my day, and she sure brightened up the resident’s day. Funny how all it takes is for the right attitude and then others can feel the attitude, love and care and the place then runs smoothly. I never knew that I could ever get as efficient as the staff that had been in the industry for more years than I ever would be there – but with the right role model and the right attitude I was able to work out how to work more effectively so each resident on my list needing one on one assistance was able to receive it.

I knew that I was not fast, but I have a heart and I know how to treat a person with respect and show a person that I do care. That is the most important ingredient for the making of a good AIN.

Another AIN who was amazing had the touch. He was so gentle, so kind and so caring but he was slowly being burnt out. He was working as many hours as possible to cover his living expenses and then he was going through some personal issues which seemed to drain him. He was so caring and loved the residents, but he was stressed. He came into work so many times so ill. Too ill to even be around residents that could easily pick up his bugs. But there was no one to replace him so on he worked. Without having any more sick days left, and taking some of his holidays as sick days – he was ordered by the head RN to take a week off. This was a much needed break for him to get back on track and feel rested, but his personal life stepped in and he returned after a week just as sick. I sure wished that he was able to take a year off and get his life back on track, but life happens and he was still there when I left. Still run down, still going through life with many issues on a personal level. Would he be any good to the residents after a while? Not unless he got healthy again and moved his life forwarded. These were the symptoms of the aged care industry – over worked, underpaid and over stressed. 
Chapter 9 – Saying Sorry to my Grandma and to All Aged People

For all aged people and elderly people that are placed in our Aged Care System, I am saying sorry.

Sorry that you are ending your last years in places that have a system that is so outdated that no animal should be treated the way you are treated. Sorry that I placed trust in the system and had my Grandma placed into a Nursing home – dying in a bed with three others in her room, living and dying without her dignity, her independence, her privacy or even any of her own possessions. I should have asked more questions, found another way and taken better care of you. I never knew the inside story of the nursing home and how the system was run. If I had known what I know now, then there was no way you would have died the way you did. You had asked for many years never to be placed into a nursing home. To have your own independence and to have your privacy, plus to have your full “marbles”– as you used to say!! You must have known more than what I knew – and you were right.

In the last few years you lost your gorgeous mind, and you forgot who I was. Your life was changed and you were no longer the Grandma I knew. I remember the times we had so much fun together and wondered if you ever remembered. Did you have good memories of the good old days when you were younger and enjoying yourself? Or were you locked inside your body, but had no memories at all?

Dementia is like a slow death. Bit by bit your true self was gone. It started off with little memory lapses then days of not knowing who I was, till eventually there were not even questions of “Who are you again”. I rang but there was no way I could speak with you – my grandma was not there. The most gorgeous fun loving, hug giving lady was gone. You were a shell with no soul and it broke my heart. It was a blessing in disguise when you did past away. At least then, you were in a better place where you could be with your family. You could be with your Mum, your sister and your little baby boy who had passed over after being born. You could be with the family that could see you as the person with the big heart. Did you get your “marbles” back after passing over into the most beautiful place? I sure hope so – it gives me peace to think you did.

I sleep easily at night knowing you are looking out for me, and I can feel you looking after my family. There is a presence around when I need it and I am sure it is your love surrounding us and carrying us through life. I am the person I am today because of how you influenced my life. For that I will always thank you.

My family did not want me to write this book, and have questioned why I would want to. Even friends are asking if I am prepared for what feelings this book could provoke. I feel like if I did not write this book, I would be letting not only my late Grandma down, but all the grandparents in the world.

I met so many good residents, and some that were not so good!! But they need a system that does not treat them as a money getting number. They need a system that takes care of their personal needs – emotionally and physically and intelligently. The aged people need time, care that cares and to live their last few years knowing that they are loved. They do not need a system that is so outdated that it should not be legally allowed to carry on. I am not saying that I know of a better system that is in place, but how about at least finding a solution. At least look at improving the
quality of carers that are available, as well as quantity. Instead of one carer to 14 residents, improve the ratio to 6 high care residents per carer.

Our aged people have so many stories to share, they have experienced so much history in their life, but who is there to hear them? How about introducing a program where school children spend quality time each week with the residents of a nursing home? The students would sure receive their history lessons in an easy to understand manner and help the residents to feel worthwhile. It’s not much that the residents want in their last years before dying. And yes, many die within at least 12 months of entering a Nursing Home. Some die in such a short time. Is it from a broken spirit, or is it from a broken spirit? Many continue for years and years. There was one resident who had been in a facility for close to 20 years. They had never expected him to live when he was first brought in because he was in a bad way, yet he had surprised everyone by living for close to 20 years in the nursing home. He was made of tough stuff – and had a good recipe for life – laughing!!
Chapter 10 – The System Needs to Change.

Our system is outdated. There is no doubt about that. You will never convince me that we are giving our aged people all they need to live a happy last few years. If you were to see what goes on behind closed doors then you would agree with our system being outdated. If you had a loved one who was able to speak out about what goes on, then you need to ask them. Ask questions about their care, their needs and if they are feeling happy. Take the time to hear them speak. If they are not able to speak anymore due to their personal medical reasons, then you need to search for the best options for your loved one. Take the time to look behind the shiny surfaces, behind the shiny faces of the staff who run the system. I am not sure how the higher management team get to sleep at night – knowing what they do within the aged care system. Why has this system been hushed for so very long? Because no one has been game enough to come forward.

I know that once this book is out there, there is going to be recourse for my nursing career. There will even be issues for our family to deal with. Yet I know that this book has to be written. It needs to be read, and it needs to be shared. If you read this book, and it assists with your loved one or helps you to question the system, then it will be all worthwhile. If my late grandma was able to share this story, I know she would be edging me on – she was such a huge book lover and would read book after book. This is dedicated to her. May she rest in peace forever more.

Don’t believe in what I am saying? Then take on board that residents are being ignored. Many in the Special Care Units are forgotten about around birthday times, election times, anniversaries and special occasions. Why? Because the aged care person can no longer remember what goes on around them, nor remember their name, yet it is no excuse for not celebrating their birthday. Many times I witnessed how residents were treated as if it was just another day, with the same routine of getting them out of bed, showered and dressed super fast, only to find out at the end of the day that it was a residents birthday, sometimes finding out because the family had flowers delivered, or turned up later in the afternoon with a gift and cake. Imagine not having “Happy Birthday “said to you? What about not celebrating a day with a special lunch all because the staff member was not informed of special occasions? These lacks of acknowledgments occurred regularly and was not a one off, time after time residents were forgotten. What about the residents that could remember? Where they made a special fuss over if it was a special day? Sure; when the date was brought to management’s attention by a family member or if the family were there to take them out for the day.

If you think this system is safe for your family member, loved one or your friend, then think again. You need to be behind the scenes to know what really goes on – you will soon see the truth and the lies of the aged care system and then you will really see without coloured lenses what is happening behind closed doors. Until there is a better system then, there needs to be a way to shake up the old system.

This book is for all the aged people that are relying on living the last few years happily. This book is for those that can no longer speak but should be heard. If you have a loved one that needs a nursing home, then I hope you read this book before deciding where to send your most treasured family member or friend. No one should ever have to live their last days in our out dated aged care system.
If you have any stories that you need to share about your loved one or from a nurses point of view then speak out. Contact me through nursingissueswithlove@gmail.com and share your experiences.

There are many nursing homes that have the same outdated system and there are many different AIN’s, EEN’s and RN’s who are living everyday knowing that our aged care residents are not being heard. You need to speak up on their behalf.

Grandma I love you and I am sorry.