

IN THE FAIR WORK COMMISSION

Matter No: AM2020/99; AM 2021/65; AM2021/63

S 158 – APPLICATION TO VARY OR REVOKE A MODERN AWARD (AGED CARE AWARD 2020);

S 158 – APPLICATION TO VARY OR REVOKE A MODERN AWARD (NURSES AWRD 2010)

S 158 APPLICATION TO VARY OR REVOKE A MODERN AWARD (SOCIAL, COMMUNITY, HOME CARE AND DISABILITY SERVICES INDUSTRY AWARD 2010)

STATEMENT OF JESSICA HOOD

Background

1. My name is Jessica Hood.
2. My date of birth is [REDACTED] and at the time of making this statement, I am [REDACTED] years old.
3. I have certificate II in Horticulture which I obtained in 2002.
4. Prior to working at Resthaven, I worked in a private family business for 9 years providing cleaning services for elderly people living in self-contained units in two large complexes of approximately 50 units each.

Current Employment

5. I am employed by Resthaven Incorporated (**Resthaven**), working at the Craigmore site. I have worked at this site for 19 years.
6. When I first began working for Resthaven, I only worked as a housekeeper. Two years after commencing as a housekeeper, I also took on the role of gardener.
7. I now work part time as a housekeeper and gardener. I am classified as a level 2.2 for housekeeping and as a level 3.2 for gardening under the *Aged Care Award 2010*.

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8. The enterprise agreement that covers my work is the *Residential Aged Care and Community Services Enterprise Agreement 2016*. I am employed on a part time permanent basis.
9. My usual working week is broken up between the two roles in the following way:
 - (a) Monday, Tuesday and Wednesday I work as a gardener for 7.5 hours each day;
 - (b) each Thursday I work as a housekeeper for 5.5 hours; and
 - (c) every second weekend on both Saturday and Sunday, I work as a housekeeper for 5.5 hours per day.
10. I report to the same supervisor for both roles, Narelle Brennan. Narelle Brennan is also responsible for cooks, kitchen hands and maintenance workers. There is always a supervisor when we are on shift.
11. For a period of around 6 months at the end of 2022 and into the beginning of 2023, I worked as a lifestyle coordinator. The shifts were 2.5 hours, and I was paid as gardener. I did this work for the experience and not the money.

Description of work and job task

12. I have broken up the duties of each role in this statement. However, often the lines blur between the two jobs and I find myself doing a bit of both as well as assisting with other work that is not necessarily my job. The facility is often understaffed, or things can get really busy due to resident behaviour, so it is sometimes “all hands on deck” just to get the job done, whatever that job is.

Gardener duties

13. When I am working as a gardener, I am rostered on from 7:30 AM until 3:30 PM Monday, Tuesday and Wednesday. I am paid \$27.00 per hour for ordinary hours of work. A copy of a payslip is attached to this statement and marked “**JH-1**”.
14. The roster is flexible and can be changed. I like to start early at 5:30 AM and finish at 1:30 PM when it is hot. It also helps me get gardening related tasks done quicker because there are less staff and residents around.
15. On a normal day, I usually break up my work as follows:
 - (a) I start by cleaning the staff area and front entrance which are both high traffic areas;

- (b) depending on what work I have done recently, I will then move the larger the courtyards or garden areas; and
 - (c) I finish my day in the small courtyards and patios.
16. This is a summary of how a usual day of work is broken up, however the way I work can change every day. Factors such as weather and people calling in sick can change how and where work. I can also be asked to assist with residents. I adjust my workday according to the needs that arise.
17. The facility is separated into a high-care area, a low-care area and a dementia ward. There is a courtyard, garden and patio in each ward. I look after each of the wards' areas. Contractors come every Tuesday to do the perimeter area of the worksite. The areas that I work on are mostly around the buildings where staff and residents are found. I regularly come into contact with residents and staff when I work as a gardener.
18. In total, I take care of two large court yards, two big garden areas, four patio areas, the front entrance and the outside staff area. On a regular day, the tasks that I do include:
- (a) cleaning and tidying the areas for example by sweeping, wiping down tables and chairs, and blowback;
 - (b) emptying bins and ash trays;
 - (c) in relation to gardening the tasks, there is watering, fertilising, pruning, pest management, replanting, trimming and dead heading, mulching, weeding, poisoning and irrigation;
 - (d) maintaining documents that record details of gardening practices such as fertiliser dates, weather and watering. I record the tasks that are completed and tasks that are outstanding in a diary. The diary helps me to organise my days; and
 - (e) adjusting my work so I can engage and assist with residents.
19. When I am working as a gardener, residents can see me in the garden and will often interact with me. I find that they are interested in what I am doing. I am encouraged to engage with residents and to create a positive environment through interactions by Resthaven.

20. Working in the low care areas is different to working in the high care areas because of the way I interact with residents and their needs. Low care residents sometimes have plants in their room. I will go and fertilise their plants or repot them and have a chat. They also will come out and help me with tasks like digging holes or watering plants. I can do some lifestyle things with them as well. Some residents may have had their own gardens before moving to the facility or have an interest in plants. We can share information about gardening with each other.
21. There is no formal training about how to involve residents in my work. Because I spend time with residents in both roles, I know what kind of activities are appropriate for each resident.
22. In the high care and dementia areas, the residents are not able to help with the gardening work as much. Sometimes I will just be talking to residents rather than giving them specific jobs to do or making them a cup of tea and giving them some food. Sometimes the high care residents can unintentionally make extra work for me, like when they pull plants out of the garden or pots. Sometimes I have to stop gardening completely to try and divert a resident's behaviour. I can do this by getting the resident a cup of tea and taking them back to their room which can take time. I have to lock the courtyard when I do this.
23. When I work inside with the residents on my gardening days because of the weather or people calling in sick, there is plenty of work I can help with. I can spot clean, assist with lunch, wash dishes and assist with residents by settling them down and making them a cup of tea. If the high care staff are running behind, I can also go and help them. The work that I do on these days is the same as the work I do when I am a housekeeper.

Housekeeping duties

24. When I work on my housekeeping days, I only work in the dementia ward which is called Beltana. I am inside for those shifts.
25. Each shift starts at 7:30 AM and finishes at 1:30PM. There are about 15 residents in the dementia ward. I am paid \$26.18 for ordinary hours. There are about 15 residents in the dementia ward.
26. On a normal day, I usually break my work in the following way:
 - (a) breakfast preparation, service and clean up;

- (b) morning tea preparation, service and clean up;
 - (c) a handover, if it has not occurred on Wednesday. The handovers provide housekeepers with an update about residents and what care they need;
 - (d) restock food and cleaning supplies;
 - (e) cleaning residents' rooms and shared spaces; and
 - (f) lunch service and clean up.
27. Often my days will not run in that order or involve additional work because of unforeseen changes in the needs of the residents. I need to adapt the way I work to meet their needs.
28. When I cook breakfast for the residents, there is a small kitchen area where I can work and then there is also a main kitchen where the chefs and FSA's prepare lunch and dinner.
29. When I cook breakfast for the residents, I try to change the menu a bit each time. One Thursday I will make bacon and eggs, then on a different Thursday I will make pancakes. I like to make different meals because the residents don't eat much of the cereal and toast that is provided. When I give them different food, I find the residents are more likely to eat it.
30. I know the dietary requirements for each resident and the meals I prepare are within those requirements. I use my knowledge of the residents, in line with the dietary requirements set out in their documents, to decide what to make them for breakfast. It is my understanding that the documents I use for my work form part of the broader care plan.
31. Some residents' documents state things like, "Joe will have weetbix and orange juice with toast and vegemite" so that is what we make. Sometimes those residents will ask for something different and so I will change it up to make sure they're not eating the same thing every day. When I do this, I always make sure it is compliant with their dietary requirements.
32. Some of the underweight residents are required to have a special milkshake made for them to help them gain or maintain their weight. Lots of the residents hate this milkshake and they won't drink it, or they'll spit it out. I will keep track of the residents

who need this milkshake and will remember to also make a heavier breakfast for them, like scrambled eggs with cream or something like that, in case they haven't finished drinking the milkshake like they are supposed to.

33. There is documentation on each of the residents' dietary requirements in the pantries, which states things like their allergies or if they need thicker liquids. The documents I use form part of the overall care plan. I must be across that documentation as it is updated constantly and there can be serious consequences if not followed correctly.
34. At times, the documents that I use contain conflicting information. Inaccurate or conflicting information can create confusion and result in a resident going to hospital because they have eaten incorrect food. This happened recently to a new end of life resident who was given the incorrect food that was listed on their documents. I have worked in the industry for a long time and so I am able to recognise inconsistencies. I will raise these issues with my supervisor who addresses the issue.
35. When I make breakfast for the residents, I work with their routines. We wait until residents are awake to prepare their breakfast. I know each resident's waking time and I often find myself running between residents checking if they are awake. If I find a resident awake, I will open the curtains and talk softly to them. I then prop them up and go and get their breakfast ready. Often the Personal Care Workers (**PCW's**) are showering or doing other work, so I like to check who is awake and prepare meals accordingly.
36. After serving breakfast, I clean up. This involves wiping tables down, sweeping the floor, doing a general tidy up, and replenishing stores from the main kitchen and unpacking them.
37. I then get morning tea ready. Like breakfast, each resident likes different things for morning tea. Some may want a cup of tea or a piece of cake.
38. After that, I start cleaning to keep the common areas tidy. We do this work piece by piece while talking to residents. These conversations are important and can help lift residents' moods.
39. You cannot predict what will happen day-to-day so working is about doing housekeeping tasks as well as addressing residents' needs. Sometimes residents will be naked or their pants will be down in the common areas. You can't leave them like

that, so you have to help them straight away. Residents in these situations are at risk of falling and can be embarrassed. I re-dress the resident by putting a dress gown on them and ensure that they are warm. Ensuring the dignity of residents is important in these kinds of incidents.

40. Lunch is prepared by the main kitchen, but I help to prepare the space where the residents eat and where the food is served. I set up tables in the dining area and I set up trays for those who eat in their room. I will help run the trays of food to each resident's room.
41. After that, I help with cleaning up. This includes cleaning the bain-marie, sweeping the floor, taking out rubbish and collecting the trays from each room. On the weekends I am required to clean the bain-marie. During the week, the kitchen staff do this. We have not been allocated more time to clean the bain-marie on the weekend, but I try to fit it in.
42. I also chat with the residents. Often, I am the only person who can have a chat with residents as other care workers are so busy.
43. I find residents like to talk to me more than other staff members. I think that sometimes the residents don't understand why PCW's are undressing and washing them. I get to be the nice person who cooks and feeds people. These conversations are important so that the residents can relax and feel comfortable.

Infection control

44. Because of COVID-19, housekeeping duties are more involved and require extra work and I am required to do a COVID-19 test prior to each shift. Extra work is around cleaning high touch points such as rails, switch points and door handles. This kind of work is not as frequent now.
45. When there are outbreaks, infection control protocols become more involved. For example, we need to wear personal protective equipment and isolate residents.

Training

46. We have not been formally trained about how to work with residents. We did do a training some time ago about working with residents with dementia. The training focused on how to engage with those residents and how to recognise different behaviours. I have also done some manual handling training, about what we can and can't do, and fire training.

47. Resthaven encourages us to have interactions and conversations with residents. When I first started working at Resthaven, we had an induction that focused on Resthaven values and goals. We were told that creating a good environment for the residents is our goal.
48. I am aware of flyers that state care at Resthaven is about providing dignity and trust. The flyers are created by Resthaven and contain the values of Resthaven. We are told to work in a way that promotes these values. Engaging with residents in meaningful ways is part of promoting the values.

Working with residents

49. No matter what role I am working in, I have interactions with residents. I don't go through a shift without having a resident approach me, needing assistance or wanting to have a chat. Whether I am working in gardening or housekeeping, my job requires good interpersonal skills as well as a good understanding of the specific needs and behaviours of residents in aged care. You need to work on getting to know the residents.
50. Every resident is different, and some residents don't like certain employees. There is nothing we can do in those situations and that employee can't help as much with that resident.
51. I have been asked by the care coordinator to help with a resident in the dementia ward. I was asked to be there to assist a doctor by regulating the resident's mood when she was getting the flu jab as the resident did not like new people. That only happened once but I come across this sort of thing a lot with medication. I can be asked to give medication to residents while a PCW stands at the door if that resident is not cooperating with the PCW. Another example is when a resident needs showering, sometimes I will help a PCW settle the resident down for the shower.
52. I find that because I have more time to spend time with residents than PCW's and nurses, residents trust me and are more comfortable when I am around them. PCW's and other direct care workers do not have time for the small conversations that I get to have residents.
53. There is an emphasis now in aged care on individualised care for each person. We try to work to each resident's needs and preferences. For example, one resident does not like doing activities, but it is still important that they have positive interpersonal interactions during the day. I have found that if I can spend 15 minutes with that resident talking to them, they are happy with that.

54. I always try to take the time and work to get to know what each residents likes. For example, we are right next to the school and a resident who lives with us was a school principal. This resident saw the school kids through a window and showed interest. I took her outside and the kids started waving and this brought the resident joy.
55. Not all interactions with residents are pleasant. The residents at our facility have complex needs. Sometimes the residents fight with each other or become agitated. On one occasion, two male residents got into an altercation. I had to break them up and calm them down. After the incident, the PCW's and nurses spoke to the residents and an Registered Nurse (**RN**) spoke with me. I did not receive any training in how to deal with these situations.
56. Even though I don't have any training to deal with these situations, the PCW's are not always available to deal with the issues, because they have so much else to manage at the facility during their shifts. Also, most of these incidents require an immediate response and it is not always possible to wait for a PCW or nurse to arrive.
57. For example, there was one occasion where two PCWs were showering a resident when another resident came into the area where I was cooking breakfast. The resident was naked. I can't tell the resident to "go to your room, someone will be with you in a minute", because the resident was naked and confused. So, I stopped what I was doing in the kitchen and guided the resident to their room, tried to calm them down and reassure them, made them a cup of tea, put a dressing gown on them and sat them down in a chair.
58. Working in the dementia areas can be very demanding. Residents are complex and unpredictable. Sometimes I think people are frightened to work in dementia. This is a job that requires significant care and training. People do not understand residents' behaviours. Different individuals have a different relationship with the work that is required in the dementia ward, and this affects how they interact with residents.
59. Approximately 5 years ago, I ran a gardening group at the facility for the residents. I wasn't paid extra or given extra time to run this gardening group, I just incorporated it as part of my gardening duties.
60. The gardening group was for about 2 hours per week. It involved doing lots of different activities with the residents in the group, like taking them out to Bunnings to buy all the plants.

61. Under my supervision and guidance, the gardening group prepared the soil in the garden, dug the holes for the seeds (sometimes I would step in and do this for some of them) and watered the plants.
62. The gardening group was a nice opportunity for residents to get outside and do something interesting. I would talk to the residents while we gardened. We chatted about the plants and I would make them a cup of tea while we sat outside and worked.
63. Because I know the residents well due to doing the two different roles at the facility, I knew the residents who might be interested or suitable for the gardening group. I asked for some particular residents to be part of the group because I knew they would be interested and capable. There were a lot of residents with dementia in the gardening group. They often find themselves left out of the more interesting lifestyle activities.
64. When I worked in lifestyle at the beginning of the year, I noticed that dementia residents can sometimes be treated a bit like babies. Lifestyle activities might include throwing a balloon, for example. It didn't really seem right to me because at the end of the day, these are adults with lives and interests.
65. I felt like the gardening group offered a really nice opportunity to do something meaningful, but it was also difficult managing it with the rest of my job.
66. I know that Resthaven would like me to start the gardening group up again. I would really love to run another gardening group, but I am feeling time poor at the moment.

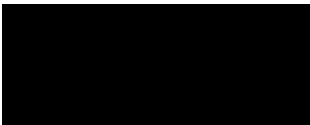
Change in work over time

67. The facility has undergone renovations that means there is now a new courtyard, new seating area out the front, new seating areas in two different parts of the facility and a new pergola. It has created a lot of extra work in my gardening role, but I haven't been given any extra time to do it.
68. Generally speaking, I find that we are quite short staffed at the moment. I am flexible in my work and assist where needed however I feel more time poor now than I have in the past. I work across both roles to provide help where is needed. I see other workers do the same.
69. PCW's are also more busy than before. We all try and help one another to get the work done but PCW's and other direct care workers do not get to spend time with residents like they used to. Because they are so busy, there is little time to build

relationships with residents. Workers like myself, the maintenance person and cleaners try to build relationships with residents.

70. Further, residents are not like they used to be. The residents come in with more complex needs and do not live for as long and there is a lot more work related to the mental and social health of residents. The residents are more demanding and unable to occupy time with tasks such as knitting or reading a book. A lot more men are coming in as well and I have found it is more difficult to find them something to do. There are not enough activities for the residents for their stimulation and you feel like you are constantly searching and thinking of the activities. This can be very draining.
71. Teamwork is really important. I need to communicate with care workers and other housekeeping staff to ensure that the residents receive the care that they need. Changes to residents' care requirements occur frequently. Being proactive and speaking to the other workers ensures that the necessary changes are made.
72. This statement is true to the best of my knowledge and belief.

Signature of Jessica Hood



Date

28.11.23

Company RESTH Resthaven Inc
 ABN No. 79 976 580 833

Payslip for Mrs Jessica M Hood , ID Number [REDACTED]

Your Payroll Details

ID Number [REDACTED]
 Name J M Hood
 Base Rate \$26.1844
 Pay Frequency Fortnightly
 Period of Payment 16/08/23 - 29/08/23
 Paid on Date 31/08/23
 Weeks in Pay 2.000
 Payslip Type Payslip
 Position Title Housekeeping Svcs Assistant
 Salary Code Desc. HSK SVCS ASST HSA L2 P2

Your Leave Balances

Annual 203.62 Hours Ent & Pro Rata

YTD Details

Taxable Gross \$6,362.70
Tax \$636.00
Net \$5,726.70

Description	Date	Hours/Units	Rate	Amount	YTD Amount
BEFORE TAX EARNINGS					
1A NORMAL		11.00	\$26.18	\$288.03	
1A NORMAL		45.00	\$27.00	\$1,215.11	
45 SATURDAY		5.50	\$39.27	\$216.02	
76 SUNDAY		5.50	\$45.82	\$252.02	
Sub Total		67.00		\$1,971.18	
BEFORE TAX DEDUCTIONS					
C4 CBB Salary Package \$				\$607.50-	
C5 CBB Meal & Accom \$				\$101.92-	
Sub Total				\$709.42-	
TAXABLE GROSS EARNINGS				\$1,261.76	
TAX DEDUCTIONS					
TAX				\$128.00-	
TOTAL TAX DEDUCTED				\$128.00-	
TOTAL NET PAY - Bank Credit				\$1,133.76	
Net Pay Distribution					
BENDIGO-PAYROLL SERVICES				\$1,133.76	
BENEFITS					
SG SGC EMPLOYER %				\$216.83	
Sub Total				\$216.83	

NOTES

SG - [REDACTED]
 SG - [REDACTED] Reference: [REDACTED]

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S 158 APPLICATION TO VARY OR REVOKE A MODERN AWARD (SOCIAL, COMMUNITY, HOME CARE AND DISABILITY SERVICES INDUSTRY AWARD 2010)

STATEMENT OF MITCHELL WOOD

Background

1. My name is Mitchell Wood.
2. I am employed as a laundry employee at Infinite Care Cornubia in Queensland. I have worked in this role for 3 years.
3. My employment is covered by the *Aged Care Award 2010*. I am paid \$24.92 per hour and classified as a level 2 employee. A copy of my payslip is attached to this statement and marked “**MW-1**”.
4. Before my current employment, I worked a hospitality role in a burger bar.
5. I have a Certificate 3 qualification in Hospitality which I completed through a training provider. I have also completed a Certificate 2 in Kitchen Operations through TAFE.

My role

6. The facility has 133 beds. It is usually at or close to capacity.
7. I am a part-time employee and work 6:30AM to 1:30PM Monday, Tuesday and Friday. On Saturday and Sunday, I work 10:30AM to 4:30PM.
8. When I first start my shift at 6:30AM I go straight to the laundry, load the washing machines and turn them on.

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The Respondent, the United Workers Union		
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833 Bourke Street	Email:	Larissa.harrison@unitedworkers.org.au
DOCKLANDS VIC 3008		

9. I then do the linen trolley round. This trolley is filled with linen by the staff on the shift the day before. I take that trolley around to the wings and re-stock their linen cupboards. This usually takes 30 to 45 minutes.
10. I then return to the laundry, start folding linen and towels and put on more loads of washing and drying.
11. At around 9:30AM I start to sort and fold residents' personal clothing. My colleague on the 10:30AM shift usually will arrive while I am still completing this task and assist me.
12. Once the clothes are sorted and folded, I will deliver those clothes to the residents' rooms to put them away in their cupboards. While I do this work, I will chat with residents.
13. The conversations slow me down but I have the conversations with residents because it would be rude to ignore them. We are told by our employer that residents come first. Talking to them while I work is how I put this into practice. I find that most workers have conversations with residents while they work.
14. I will then return to the laundry and spend time putting on more loads into the washing machines and dryers.
15. Most days there are clothes that need to be labelled. These will either be for a resident that is new to the facility or a resident who has purchased new clothes. The clothes are left at reception and the admin staff leave a post-it note with the resident's information. I collect the clothes from the reception and take it to the laundry to label and then return it to the resident and put it away in their room.
16. I am also responsible for washing items for both the cleaning and kitchen staff. This includes washing things like mops, microfibre towels and tea towels.
17. The laundry area is always really busy and I am constantly on the go throughout my shifts. I make sure that the washing and drying machines are constantly running.
18. At the end of my shift, I load the linen trolley for the rounds the next morning. This involves putting clean linen onto the trolley and making sure there is enough for each wing.

Relationship with residents

19. Residents will often approach me and chat to me when I am doing laundry rounds. There is one resident in particular who always strikes up a conversation about the National Rugby League. We are both interested in the sport and will often have a chat about how our teams are going.
20. Sometimes residents will ask for updates on when their clothes will be cleaned. I let them know that we will do that as soon as possible for them. Many residents are interested in how the laundry work is going.
21. Occasionally, residents will let me know that a clothing item has been lost. If this happens, I ask them to describe the clothes to me. I let them know I will look for it and go to check the lost and found area. If there is a clothing item in that area that fits the description I will bring it to the resident to show them to see if it is theirs. If it is, I let them know I will label it for them and then return it to their room to put away.
22. Some residents get impatient waiting for their washing to be completed. If I receive a complaint, I let them know we will wash their clothing as soon as possible. I will also report it to the nurse on shift so they are aware.
23. If I see a resident fall or is upset, I will go over to them and reassure them. I would estimate that I see a resident fall probably around once per week at least. I then call for a nurse or care worker to come assist. I can't touch a resident or help them to get up in my role, but I make sure they aren't alone and are feeling safe.
24. To call a nurse or care worker I press the emergency buzzer in the resident's room. If the incident has happened in the hallway, I go into the nearest room and press the buzzer. I don't carry a phone in my role so this is the quickest way to get assistance.
25. While I wait with the resident for a caring staff member to come, I make sure to reassure them. I do this by talking to them and letting them know that someone is coming to help. I stay with them until help arrives. A lot of the time a resident will be really shaken up and shocked when they fall so it's important to calm them. I have learnt these skills overtime and from watching care staff do their work.
26. If a resident is displaying behaviours such as aggression, I will speak to them calmly and try to de-escalate their behaviour. Residents displaying aggressive behaviour is most common in the dementia wing. I find I deal with residents displaying challenging behaviours every shift. The residents' individual behaviours vary a lot, sometimes they have good days, other days they have bad days.

27. There is one resident who will hang around laundry workers when we are doing our work. This resident believes that she is a laundry worker. Sometimes she will get angry at other residents in the dementia ward if she thinks they are interrupting our work. The diversional therapist asks us to let this resident help us in ways that are safe. We are told to keep her busy. The resident is happy doing this work but is often sad when it is over.
28. I know to never argue with a resident because this can escalate their behaviour. I will call the nurse using the buzzer and report this to them. I learned this through my experience as cleaner in the dementia ward. I worked in this role for around 12 months. I watched other staff members interact with residents.
29. From experience, I know that it is best to keep talking and engaging with residents who are displaying behaviours that are challenging so I know what is happening and where they are. Ignoring residents can escalate their behaviour and result in them acting aggressively.
30. I also noticed that work in the dementia wing was demanding and unpredictable. Incidents such as a resident throwing food or having an accident could change how you worked in an instant. I found that the work in this area was dependent on residents' behaviour, and you needed to adjust to that behaviour to get your work done.

Relationship with families

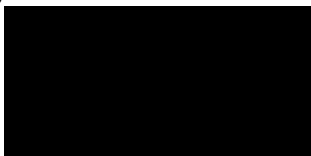
31. Families often see me out working on the floor and say "hello" to me. I know some of the families that come in to visit often.
32. It is rare for us to get complaints from family members because they seem to know it's a big job for us to get done. If they do complain it will usually be to the RN or management and not directly to me.

Training

33. I am required to complete online yearly training. These involve basic modules like hygiene and reporting incidents. There are some modules that are for all employees and some modules are for specific roles. It varies depending on what your job is. For example, fire safety is for everyone, but there is chemical training for laundry staff.
34. I understand that caring staff complete the same training as me plus some extra clinical modules. I don't complete the clinical modules in my role.

- 35. There is a staff meeting at the site every few months. This is run by the Facility Manager and I would estimate 95% of the meeting is spent discussing clinical needs of residents. This includes discussion around updating care plans, call bell response times, any new laws or policies affecting care and training that needs to be completed. I am required to attend that meeting so I am aware of what's going on in the facility and in case anything comes up that will affect my role. It's very rare that anything that affects laundry staff is discussed.
- 36. The laundry team doesn't have official meetings. However, most shifts I take my lunch break at the same time as the other laundry staff rostered and our manager. We will often use that time to de-brief on how the shift is going and I will let them know if any issues have happened. We don't keep minutes of these meetings, but they are useful to give each other support and feedback as well as raise any issues or concerns.
- 37. I also help to train new staff. This involves me working buddy shifts with them and demonstrating the way I do the work.
- 38. This statement is true to the best of my knowledge and belief.

Signature of Mitchell Wood



Date

27/11/2023

2:30

◀ Search



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Affiliate Aged Care Pty Ltd

Staff: [REDACTED]
ABN 81615304026

Fac/Off : Cornubia

Mitchell WOOD
[REDACTED]

Page 1

PAY NO: 546 PAY DATE: 31 Aug 2023 BANK
PAY PERIOD 14 Aug 2023 TO 27 Aug 2023

Title: Hotel Services Assista
Emp Status: Part Time

COMPONENT	THIS PAY	YTD	DATE	HOURS	RATE
Ordinary	0.00	7517.99			
Ordinary	1358.14		27 Aug 2023	54.50	24.92
Public Hol	0.00	137.06			
Public Hol	137.06		27 Aug 2023	5.50	24.92
Man Train	0.00	49.84			
Man Train	49.84		27 Aug 2023	2.00	24.92
Laundry W	0.00	14.90			
Laundry W	2.98		27 Aug 2023	2.00	1.49
PH Penalty	0.00	205.59			
PH Penalty	205.59		27 Aug 2023	5.50	37.38
Uniform D	0.00	49.20			
Uniform D	6.15		27 Aug 2023	5.00	1.23
Uniform W	0.00	12.48			
Uniform W	6.24		27 Aug 2023	1.00	6.24
Saturday	0.00	677.85			
Saturday	137.06		27 Aug 2023	11.00	12.46
Sunday Pen	0.00	1016.78			
Sunday Pen	205.59		27 Aug 2023	11.00	18.69
GROSS	2108.65	9681.69			
TAX	362.00	1510.00			
Uniform	0.00	138.60			
NETT	1746.65	8033.09			
[REDACTED]	230.26	1056.55			

LEAVE ENTITLEMENTS:-
Annual Lve Total: 160.54 H



IN THE FAIR WORK COMMISSION

Matter No: AM2020/99; AM 2021/65; AM2021/63

S 158 – APPLICATION TO VARY OR REVOKE A MODERN AWARD (AGED CARE AWARD 2020);**S 158 – APPLICATION TO VARY OR REVOKE A MODERN AWARD (NURSES AWRD 2010)****S 158 APPLICATION TO VARY OR REVOKE A MODERN AWARD (SOCIAL, COMMUNITY, HOME CARE AND DISABILITY SERVICES INDUSTRY AWARD 2010)****STATEMENT OF DELIA LORD**

1. My name is Delia Lord.
2. I make this statement from my own knowledge, unless I state otherwise. Where I rely on information provided to me, I believe that information to be true.
3. I have been working as an "environment services assistant" at Churches of Christ Aged Care (**Churches of Christ**) for the past 10 years. I work at the site on Bribie Island in Queensland.
4. I am a member of the United Workers Union and the union delegate at my worksite. I am also the Health and Safety Representative (**HSR**).
5. Churches of Christ has approximately 115 residents. It has a separate, secured dementia area, which is where I am usually rostered to work, but I can be required to work anywhere in the facility.
6. I work six days per fortnight and on the same days each fortnight.
7. One week I will work Friday, Saturday, Sunday Monday and Tuesday. The second week I only work on Mondays.
8. Up until recently I would work from 2:00PM-8:30PM for each shift, but recently our rosters have changed and I have lost an hour from each shift, so I work from 2:00PM-7:30PM. This is a reduction of 6 hours across my roster. I wasn't consulted about this change.

Lodged by

Telephone: 08 8352 9300

The Respondent, the United Workers Union

Address for service:833 Bourke Street
DOCKLANDS VIC 3008

Fax:

N/A

Email:

Larissa.harrison@unitedworkers.org.au

9. There are 5 different areas: Frangipani, Acacia, Jacaranda (the dementia area), Banksia and Mimosa. Each area has their own kitchenette and then there is also a main central kitchen where the food for each area is prepared.
10. My manager at work is the manager of the entire facility, I am not sure of her exact title. She also manages the care workers and lifestyle assistants. She works Monday to Fridays and is based in the office. I will only see my manager if I am called into a meeting in the office area. Sometimes she will walk around the facility and pop her head into the kitchenette or the dining room.
11. I work largely autonomously and self-manage my own time and duties. I have a general outlay of what I need to do – I know the end result that I need to achieve each shift but it is up to me to manage my time and tasks to get there.
12. I coordinate with the personal care workers (**PCWs**) throughout my shift – for example, around meals times, preferences residents have expressed around their meals for that day and who will run food trays to residents' rooms.
13. I also regularly communicate with the PCWs about residents' needs – for example, if I have come across a resident who needs assistance with something I cannot address, like a toileting issue or an injury.
14. The PCWs also come and speak to me at the beginning of my shifts to tell me if there's been a new resident who has arrived since my last shift. When this happens I will check the paperwork in the kitchenette (described further below) to see their dietary requirements, and if the paperwork about the new resident is not there yet I will follow up with the office to see if they have the paperwork or when I can expect to receive it.

2:00PM-7:30PM Shift

15. When I start my shift at 2:00PM, the first thing I do is a general walk around of the kitchenette in my assigned wing to check our food supply levels for afternoon tea. I make sure that the afternoon tea trolley is stocked with supplies. I will fill the trolley up with things like milk, sugar, tea and biscuits, cordial, etc.
16. I then take the afternoon tea trolley to the common lounge area, which is where most of the residents will be sitting in the afternoon and serve the afternoon tea.
17. On Mondays and Fridays the residents are taken out on a bus trip for about an hour and they are usually just arriving back from that bus trip when I start my shift, so they are usually bustling in the common area.
18. After I have served the residents in the common areas, I take the afternoon tea trolley around to each room to make sure the residents who stay in their rooms get afternoon tea.
19. When I go around to the residents' rooms, I check for any old water jugs that might be in there. I collect them all to replace with fresh jugs then wash the old jugs in the kitchen. It's part of my role to make sure that the residents don't have dirty or used

food or drink stuff in their rooms. It's not nice for anyone to be in a room where there's old empty jugs and glasses.

20. After everyone has had afternoon tea, I take the trolley back to the main kitchen.
21. I then help the chef load all of the food for dinner onto each of the trolleys for each area of the facility. I then take the trolley for my area back to the relevant wing and get the kitchen and dining area set up for dinner.
22. The food for the residents is put in large trays by the chefs – so there might be a tray of potatoes, or carrots and peas, and a tray of casserole or stir fry, for example. I make up plates or smaller trays for the residents by scooping the food onto their plates from these larger trays. If there is a resident who requires a pureed diet, for example, then that meal comes to me separately on a plate with molds made of peas, meat, etc. The molds are made to look like the food that is inside them. I then put the food on the plate for the resident with the pureed diet and will add anything else they can eat – like mashed potato, for example, from the larger food trays. Residents with allergies get their meals delivered to me on a plate already which is labelled for them.
23. The kitchen servery is a bit like a café – there's a hot tray with heating lamps over the top of it, where I set up all the meals for the residents.
24. The first thing I do is set about preparing the trays of food for those residents who want to have dinner in their rooms and not in the common dining area. There are new standards now that say the residents should be able to choose what they eat and when they eat it. It is important that if a resident wants to have dinner in their room that we enable that to happen.
25. I can't start serving up until I know which residents are taking dinner in their rooms. The PCWs will usually tell me who is having dinner in their room and who is in the dining room, but I will also sometimes go around and identify which residents are in their rooms and which are in the common dining area. It's a team effort.
26. Once we know who will be taking their meals in their rooms, I dish up the trays for those residents and tell the PCWs which tray is for which resident. The PCWs then take the trays on a trolley to the residents who are choosing to eat in their room that night.
27. In the dementia area at the moment, we have about 9 residents who are on a special diet. The diets are number coded, so a number 4 diet is pureed, a number 5 diet is soft bites, a number 6 is chopped and a number 7 is a normal diet.
28. We have paperwork in a folder in the kitchenette that tells us what diet each resident has to have. I always check this at the start of every shift. At the start of every shift I check that paperwork and write my own list up in the kitchen so that I can quickly check what diet each resident has. It takes me about 10 minutes to do this but is really helpful when it comes to service time. I then use that information to

prepare the trays and then mark it for the relevant resident before giving it to the PCW.

29. The dietary requirements for the residents is part of their care plans, which get updated almost every day. If a resident has a change in their dietary requirements, it is updated in the book that is located in the kitchen. A person from the office, like the head nurse, will then update the folder in each kitchenette.
30. Sometimes a new resident will arrive and the paperwork isn't updated straight away, so we are just given verbal instructions from the office about what to feed them. We are often chasing up paperwork for the residents so we know what to feed them. I generally only access the part of the resident's care plan that relates to food, cleaning, laundry and maintenance.
31. I always complete the trays for the residents with special diets first before moving onto the normal diets, so I can make sure we have enough of the special diet food for the residents who need it.
32. Once I have completed the trays for the PCWs to take to the residents' rooms, I then serve the rest of the meals for those residents who want to eat in the dining room. I do this from the servery in the kitchen. I usually have about two PCWs who stay in the dining room who come to me to collect the food for the residents in the dining room.
33. When I am serving up the meals for the residents in the dining room, I refer back to the list of dietary requirements I have put up on the wall that I prepared earlier in my shift.
34. In the dementia area (Jacaranda), there is also a large open fridge in the dining room, like those ones in cafes, with a see-through window that the residents can reach into and choose what they want to eat. It has things like fruit, juice and sandwiches in it, that the residents can choose for themselves. There's new safety food guidelines out that says it's better for residents to feel like they are at home, which means there should be a fridge that residents can choose sandwiches and drinks from themselves. This can create issues because there are some residents who will just keep eating if they can see the food, so we cover the fridge with a piece of material that slightly obscures the fridge's contents.
35. We are given these food safety guidelines to read in the folder in each kitchenette. We have a "environment services workers" staff meeting about once per month where we are told about anything new that has come out in the food guidelines and asked to read the updated documentation in the folder in each kitchenette. The food guidelines contain information like the importance of residents to be able to choose their own food as well as other things like food safe temperatures, kitchen safety guidelines and the codes for different kinds of diets and thickened drinks (for example, thickened drinks are coded either "normal", "150" (slightly thickened), "450" (more thickened) or "900" (very thick)).

36. There is a bar fridge in each kitchenette that contains all the drinks for anyone who requires a thickened drink. Each resident who requires thickened drinks has their drinks kept in there, and they are all on a tray labelled with the resident's name, like thickened pear juice, coffee, tea, etc. Sometimes this bar fridge isn't properly stocked and so I will need to go to the main area to get the residents' drinks to take back to the kitchenette.
37. Over dinner service, I generally stay in the kitchen and hand out the plates to the PCWs to take to the residents in the dining rooms.
38. Once all the trays have been completed, I do all the washing up. The PCWs bring the trollies back to me from the residents. I will also go and have a scout around all of the residents' rooms to make sure no trays or other food items have been left behind, just in case some of the trays were left behind by the PCWs. I see it as part of my responsibility to make sure the residents don't have dirty trays or cutlery in their rooms.
39. After dinner service, I need to make sure all the paperwork is filled in. The paperwork that needs to be filled relates to what time the residents have their meals, the temperature of the food when it arrives in the wing from the central kitchen, the temperatures of the refrigerators and the temperatures of the washing machines.
40. I check the fridge to make sure everything has the correct date on it – anything that I opened that day needs to be marked and dated before being put in the fridge.
41. There is also a checklist that I need to sign off on to confirm I have done certain things, like wiping down the tables and chairs in the dining room, cleaning the fridge, dating opened items in the fridge, etc.
42. My philosophy is to always leave the kitchen the way I found it – I don't want to leave the next person with a dirty or disorganized kitchen.
43. The kitchen isn't always left in a good state and sometimes I do have to spend the first 30 minutes of my shift tidying it up. I have found that we have lost a lot of really good workers lately because they are overworked and fed up.
44. When I started, environment services assistants would have 4 days on a buddy shift to shadow someone and learn the ropes. At the moment, new staff are lucky to get a half-day buddy shift with someone – we are so busy and short staffed. This means that sometimes the fundamental things aren't always taught straight away.

Interaction with residents

45. The PCWs at the residential facility are run off their feet. They are all so busy everyday doing the standard every day care that every resident requires. I have gone into the staff room before and seen PCWs sobbing and telling me that they don't know if they can do the work anymore, because they are so busy, tired or stressed.

46. Everyone is overworked and overwhelmed. This means that there is certainly a sense at the residential facility of "all hands on deck" – meaning that it is part of my job to pitch in where I can to help the residents and other staff, not only in relation to residents' mealtimes.
47. I have found that because the PCWs are so overworked, the environmental services assistants have become to default conversationalists for the residents, because the PCWs usually don't have time in their day to have those interactions with the residents. It is my job to make sure the residents are happy, safe and well cared for. This includes making sure they are fed properly, but it also includes making sure that the residential facility feels like home as much as possible.
48. I find that the residents in the dementia area know me in a way that is different to someone "knowing" you from work or the community. It's like they a memory of me as someone they know, but they're not quite sure where from.
49. For example, in one of the wings, there's a woman who comes into the kitchen every multiple times during my shift wanting to know where she is, why she's here, what she's doing. It can be really distressing for her because she's not quite sure what is going on around her.
50. I always stop the task I am doing and take her back to her room, sit her on her bed and get her a glass of water or a cup of tea.
51. Often I will spend 10-15 minutes talking with her to try to calm her down. I recently learned that she is a painter, and the paintings hung up in her room are her own work. Now if she is upset I will speak to her about her paintings, where she painted them, what they are of. I find that this helps calm her down.
52. Doing this is part of my job, and it's part of my job that I enjoy. If I can make someone feel a little bit better, or feel listened to, then I will.
53. Doing this sort of thing also helps the PCWs as it can curb escalating behaviour that they might otherwise have to deal with later when giving medication or showers, for example.
54. I find that in my role as an environmental services assistant, and I have noticed the same thing for other environmental services assistants, I am one of the main staff members who has conversations with the residents.
55. We have one resident who will often come to the common areas looking for a chat. I will pull up a chair for her and sit her down while I'm getting everything ready in the dining room. When we talk she often talks about the same things – often about when her daughter is coming in to see her or how long she's been living on Bribie Island and her life on the Island. These are more than just casual chats, they are important interactions to help the residents feel comfortable where they are living.

56. My job title of "environment services assistant" to me implies a responsibility to the environment that the residents are living in – the way they feel in the space, their comfort and happiness.
57. Unfortunately, a common occurrence in my job is coming across residents in distress.
58. When I find a resident in distress, I help them out as much as I can. If the incident requires physical lifting or first aid, then I will call out for a PCW or nurse to attend while I sit with the resident and calm them down.
59. However, most situations where I find residents in distress are where the residents are emotionally upset. Those sorts of things are situations that the PCWs or nurses don't have time to deal with. I would never call a PCW or nurse if a resident is emotionally upset, that's something that I can deal with as part of my job.
60. If I come across a resident who is upset or distressed, I will usually make the resident a cup of tea, give them a biscuit and talk to them until they have calmed down. If I know that resident likes a certain kind of food, I will go and get it and make a joke, like, "I fought off everyone else to grab this ham and cheese sandwich just for you".
61. I think that doing this is part of my job. At the end of the day our responsibility is to the residents and I will do what I can to help them. Having calm and happy residents also helps in the other aspects of their care, so that the resident isn't distressed when a PCW is trying to give them their medication or a shower, for example.

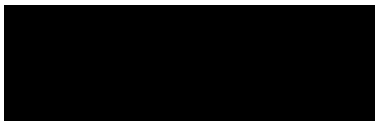
Changes over time

62. I have spent almost my entire working life in some kind of caring role, whether it be in aged care or disability care.
63. Before coming to Churches of Christ, I worked for 5 years doing homecare work with people with cerebral palsy, I worked for 10 years at a centre for people with intellectual disabilities and I worked for about 4 years at a respite centre.
64. I have now worked for 10 years at Churches of Christ and one of the biggest changes I have noticed is in morale – both residents and staff.
65. When I first started working at Churches of Christ, the community was heavily involved in the activities at the facility. School children would come in to visit and school bands would regularly play music and sing for the residents.
66. We used to have a big Spring Fair every year and many residents got a lot of joy out of making things for the fair. They would be knitting, doing crochet or other craft for months leading up to the fair.
67. This doesn't happen anymore. Since the Covid-19 pandemic, it's like a whole different world inside aged care residential facilities. There is less outside support

and this creates extra work for us as the residents have less to do, and less people that they interact with.

68. A little while ago I had a conversation with my manager that really disturbed me. I told my manager that I feeling really sad about how things had changed and that I hoped things would return to normal – my manager told me that we have to accept that since Covid-19 this is the new normal and it will never be the same again.
69. The residents are so lonely now. It affects the way I do my work, because I realise that I may be that resident's only source of conversation that day.
70. We still have lifestyle activities for the residents and they can go to the hall to do craft activities, for example – but the residents who used to do those things are now less likely to go out.
71. We used to take the residents to the local shopping centre and the residents would get coffees at the café near Woolworths. This doesn't happen anymore.
72. The residents are taken out on a bus twice a week, but they don't get off the bus – they just ride around and look out the window.
73. I have noticed a really big increase in violence from dementia residents at the facility in the past few years. I have had a resident follow me around and try to intimidate me. We have mainly female staff and if something happens, we don't have any security service to step in.
74. The job is not always easy, but I stay because of the connections I have formed with residents and the sense of responsibility I feel towards their welfare. It has been difficult since some of our team members have received a pay increase and some have not, when we are all facing similar work pressures.

Signature of Delia Lord



Date

27/11/23

IN THE FAIR WORK COMMISSION

Matter No: AM2020/99; AM 2021/65; AM2021/63

S 158 – APPLICATION TO VARY OR REVOKE A MODERN AWARD (AGED CARE AWARD 2020);

S 158 – APPLICATION TO VARY OR REVOKE A MODERN AWARD (NURSES AWRD 2010)

S 158 APPLICATION TO VARY OR REVOKE A MODERN AWARD (SOCIAL, COMMUNITY, HOME CARE AND DISABILITY SERVICES INDUSTRY AWARD 2010)

STATEMENT OF JULIE HOLMES

Background

1. My name is Julie Holmes.
2. I make this statement from my own knowledge, unless I state otherwise. Where I rely on information provided to me, I believe that information to be true.

Employment

3. I am employed as a personal carer domestic employee at Blue Care Labrador Gardens in Queensland. I have been employed by The Uniting Church in Australia Property Trust, known as Blue Care, for 6 years.
4. My employment is covered by the *Aged Care Award 2010*. I am paid \$30.09 per hour and my payslips says I am classified as a ACFDC 2.2 employee. A copy of my payslip is attached to this statement and marked “**JH-1**”.
5. Before my current employment I worked as a chef in a restaurant. I obtained trade qualifications as a chef in 1994.

Lodged by	Telephone:	08 8352 9300
The Respondent, the United Workers Union		
Address for service:	Fax:	N/A
833 Bourke Street	Email:	Larissa.harrison@unitedworkers.org.au
DOCKLANDS VIC 3008		

My role

6. I first started off working in the community for Blue Care. Around 4 years ago I moved across to working in the Labrador Gardens facility. The Labrador Gardens facility has 160 residents.
7. I am employed on a permanent part-time basis and my agreed to hours are 36.5 per week.
8. When I first started at the facility, I worked morning and afternoon shifts. I now work only morning shifts. Morning shifts are from 6:30AM to 2:30PM. I work these shift Friday to Tuesday.
9. I don't cook in my current role which means my work is quite different to my previous work as a chef. In this role, I serve food to residents. As I am not confined to the kitchen, I engage with residents a lot.
10. At the facility residents have the same food over a rotating 4-week menu. This is subject to change if ingredients aren't available. I know a resident who has the menu memorised by heart. For example, he knows that if he is given a certain meal one day that the next day, he will be served salmon. That resident brought to my attention that he has the menu memorised. This type of thing would never happen in my previous work. It's a very different industry working in aged care compared to the general hospitality industry.
11. The work I do now is similar to my chef role in that it is repetitive as I do the same type of work each day.
12. When I get to work, I go straight to the main kitchen area and spend time making up the trays that I take to the unit I work in. This involves organising toast, cereals, fruit, yoghurts, eggs, thickened fluids, teas and coffees onto to the trolley that I use for food service. The chef also prepares bacon and eggs once a week. I will also put this on the trolley if it has been prepared.
13. Once I have prepared the trolley, I take it to the court I am working in.
14. The facility has 4 large courts that each have approximately 32 residents and 2 smaller courts with approximately 16 residents. The courts are like wings and each one caters for different kinds of residents. There is a high security court for residents with dementia, a court for low care residents and courts for residents with mid-range needs.

The smaller 2 courts are connected. A domestic employee will be allocated to work in each of those courts.

15. One of the smaller courts is a memory support unit (**MSU**) and the other small court is for low care residents. There are locked doors for the MSU. The low care area is quiet and has less foot traffic than the rest of the facility.
16. I usually work in the court called Casserina. There are 32 residents in this court. The court does have residents with dementia however a lot of the residents in this court have mobility issues. Some residents are bedridden. In the Casserina court, there is a heavy workload in terms of moving residents. Only care staff can do this work. I cannot assist with this work as I am not qualified.
17. In Casserina Court, I set up for breakfast service by setting up the toast station, putting out the fruit, cereals and drinks on trays according to what the residents like to eat. At 7:30 AM, the Personal Care Workers (**PCW's**) then come collect those trays to be taken to the residents who prefer to eat in their rooms.
18. At 8:00AM I go to the court's dining room to serve breakfast to the residents who prefer to eat in the dining rooms. I serve up their breakfast and take it to them at the table.
19. The residents' diet requirements are recorded on tray cards. These cards are colour coded in accordance with the modification of their diet. The exterior colour indicates which type of thickened drinks they need. It's really important that I remember what those colours mean to make sure the residents get the right food and drink for their dietary requirements.
20. After breakfast has been served and the residents have had their meals, I spend time cleaning up the dining area and re-setting the tables for lunch service. A copy of the servery cleaning schedule is attached to this statement and marked "**JH-2**".
21. I then go back to the kitchen area to finish washing up.
22. I serve morning tea in the court at around 10:00AM. This involves me preparing a trolley with tea, coffee, cakes, biscuits and crackers and dips to offer residents. I work my way from one end of the court checking if residents in their rooms would like something to eat or drink and then offering anyone in the lounge or dining area food or drink.

23. The morning tea trolley has a list of residents' dietary requirements attached to it that I use as a reference while serving morning tea. It is important to check this because residents can be at risk of choking if given the wrong meal or drink type.
24. The Clinical Nurse (**CN**) is in charge of keeping that dietary requirement list and the tray cards list up to date dietary requirements. There is also a more detailed book of resident's dietary requirements and likes and dislikes kept in each court's dining area for me to check as well. This information comes from the resident's care plan and is updated by the CN.
25. I take notice of what comes back on trays and what people eat so that I don't run into issues. Care staff will ask me what residents eat and drink. I keep a mental note of what residents have been eating. This information assists PCW's provide care to residents.
26. The CN updates resident's dietary profiles regularly, based on resident feedback and medical requirements. If I notice that a tray card hasn't been updated to reflect the change, I ask the CN to update it. The dietary profiles are kept separately to care plans which are kept in the Nurse's Station.
27. I am notified about changes to resident's diets verbally through word of mouth from residents, clinical staff and servery staff. That information is also put in the communications book in the court servery area. The communication book will be updated by whoever is notified about the change.
28. After morning tea service, I go back to the main kitchen and spend time cleaning up the trolley.
29. At around 11:00AM I prepare the trolley for lunch service. I place the food prepared by the chef on the trolley in a heated box as well as sandwiches and salads which I provide these if they are requested by residents.
30. In the dining room of the court, I place the food in bain-maries for service.
31. I plate up modified diet meals for residents and any meals for residents who don't eat in the dining room. The PCW's will take meal trays to residents who like to eat in their room.
32. I then serve meals for the residents in the dining room and take the food to them.

33. It's important that I am aware of the residents' likes and dislikes when preparing their food. I find that getting this right impacts whether the resident will eat or not. For example, there are some residents who will be put off eating if I serve too much food for them on their plate. I use the tray cards again to determine the residents' meal requirements.
34. Sometimes the tray cards are inaccurate or not right at all. I will notice a resident not eating their meal and when I ask them why not, they will tell me they don't like something that has been served to them. If these conversations occur, I will notify the kitchen or relevant care staff so that the resident's profile can be changed.
35. The chef prepares a rotating 4 weekly menu. The residents don't have a choice about the hot meal, so I make sure to offer them sandwiches or salads if they don't like that food. It is important to give residents choice about the food they eat.
36. After lunch service, I spend time cleaning up the dining room and re-setting it for dinner service. I also clean the bain-marie.
37. At the end of my shift, I complete paperwork. This includes recording the food temperature checks I do throughout the day, and fridge and dishwasher temperatures. These checks are important to ensure food safety. I record all of this in a book kept in the court's servery area.
38. When I first started my employment, a colleague demonstrated to me how to do the temperature checks and where to write it down. I did this training in smaller court which was much different to the court I worked in by myself the next day. This was overwhelming, but I was lucky to have prior formal training in this area. I have seen people experience high stress from being thrown into the job too quickly. I already had a lot of knowledge about food safety from my previous work as a chef.
39. I make sure that I give new staff thorough training on food safety and temperature checks. I have noticed that new staff aren't consistently trained about food temperature danger zones. This really concerns me because I don't want residents to be at risk due to consuming unsafe food. I think this part of our job is really important.
40. I also am required to sign off a document to say that I have completed the cleaning duties outlined on the task list. The document is in the servery area.

41. Recently management have brought in a new roster and schedule that staff are required to follow. It is a tight schedule with limited time to complete tasks. Staff need to sign off on the tasks that they do. Some tasks, like cleaning the fridge, do not have time allocated in the new schedule. I still need to find time to get this done.

Interactions with residents

42. I constantly interact with residents when working. This is because I work out on the floor and am visible to them. Personal care workers (**PCW's**) aren't always visible because they are usually in residents' rooms helping.
43. Because the PCW's are usually working in residents' rooms providing the necessary direct care, residents will approach me with questions, to ask for assistance or to chat if they are lonely.
44. Because I am more visible, it also means that I am more likely to see incidents that occur in the common areas and the hallways than the PCW's. When an incident occurs, I notify a PCW who can assist the resident and wait with resident until the help comes.
45. Residents falling is a common experience. I do not walk away from a resident who has had a fall. Instead, I will ring a bell and wait for a PCW or nurse to attend. While I wait, I just sit with the resident and offer verbal support and re-assurance. These situations are distressing for residents as they cannot get up and sometimes they don't know where they are.
46. I am generally aware of the residents' care needs through observation and talking to care staff. For example, I know which residents are considered falls risks. If I see one of those residents trying to get up out of a chair when they shouldn't be and there isn't care staff around, I will approach them and ask them to sit down. I would never not do anything and just let them fall.
47. I am not meant to do any clinical work in my role, however residents often ask me for help. For example, there is a resident who is capable of pulling their chair out themselves but prefers to ask staff to pull it out for them. The resident asked a PCW to pull the chair out for them and they explained to them they could do it themselves. The resident then asked me for help. The PCW said to the resident words to the effect of, *Julie can't do that, her job is to give you food, not pull your chair out for you.*

48. My mindset is to help residents however I can. My manager has told me to let PCW's help the residents, but they aren't always there to help. A lot of the time PCW's are busy helping residents in their rooms. For example, I have seen a resident who is at risk of falls attempt to get up out of a chair. A cleaner and I were the only staff on the floor nearby. I explained to the resident not to get up and to wait for a PCW. The resident then again attempted to get up and the cleaner asked them not to do so. The resident then fell. There weren't any PCW's around, so I pressed the call bell buzzer and waited for help. As I'm not allowed to move residents in my role, I sat with the resident and spoke to them in a supportive way to make sure they didn't panic.
49. In these situations, I am required to notify the appropriate staff member about the incident. I could never just walk away and leave a resident. I have seen my colleagues in the servery wait with residents who have fallen over too.
50. If I see an incident occur, I will go over to the resident and then call for help. For example, recently a resident slipped out of a recliner chair. I pressed the call button and went and sat with him and comforted him until a nurse was able to assist. I tried to make sure he wasn't scared and knew help was on the way.
51. It is common for residents to approach me and ask for assistance going to the toilet. I explain to them I will get a PCW to assist and then call for help for them.
52. I also deal with residents displaying difficult behaviours in my role. For example, there was an incident where a resident acted aggressively towards me. I was wheeling a trolley and he grabbed it and pushed it into me. I spoke to him calmly to de-escalate the situation. Eventually, a PCW walked past and removed him. I try to use strategies like talking calmly to deescalate any situations.
53. I work in a way to make life more enjoyable for the residents. For example, I always put on music for them when I work. I get a Bluetooth speaker and connect my phone to play them music. I ask the residents to take it in turns requesting music to play and I sing along with the residents.
54. Sometimes residents will approach me with feedback about their meal likes and dislikes. When this happens, I tell them I will take note of it. I then write to down and take it to the CN to update in their notes.
55. A lot of the time residents seem lonely or bored. They will often ask me words to the effect of, *what do I do now?* When that happens, I will walk with them to the loungeroom

and put on the TV for them. Otherwise, I might sit and chat with them if I have time. A lot of residents have really interesting stories to tell. There is a resident in the facility who wrote a book about his life so I will often chat to him about that.

56. PCWs don't have time to spend with residents because most of the time they are attending to care needs in residents' rooms. This means I spend time talking to and interacting with residents. I enjoy this part of my work and I find the residents interesting. They are also lonely and often have little independence. I find if I can offer them small choices in what that eat and have conversations with them, I can give the residents some autonomy back. All the options I give to the residents about food are within their dietary requirements.

Relationship with families

57. I have not received any formal training about how to speak to residents' families.
58. Resident's families often approach me with questions because I am visible on the floor working. PCWs are often in residents' rooms showering or providing other assistance to residents, so families don't see them. I often hear families comment no one is there. That's not true, PCWs are around but they are just less visible.
59. Families will often ask me if their family member has been eating or if they had a good morning. I am able to answer those questions because I spend so much time with the residents and get to observe them. I will let the family know what the resident ate that day and whether they seemed happy or not.
60. If a family member complains about food, I will always tell them I will report it to either the team lead or chef. It is important to make sure they know we take on their feedback. I then escalate it and my team lead, or the chef will look to remedy the issue. I try to offer solutions like salads or sandwiches to keep the resident happy on the day and make sure they eat.

Staffing

61. Unfortunately, the facility is understaffed in the food services team a lot of the time. When this happens, PCW's will often be directed to help serve food. I try to make sure I tell care staff about changes to diets when they happen, so they are aware.
62. I see errors happen when care staff do this work. This is because dietary requirements aren't usually something they need to focus on and so they might not be aware of

changes to diets. It is important to try to avoid any mistakes from happening because the wrong meal or drink could put a resident at risk of choking.

63. Labour hire agency nurses often come in to help. They do not have resident knowledge that comes from spending time with residents. They are given a handover and often do not have enough information.
64. Previously, I saw a labour hire nurse give a resident a glass water who could not drink water. I had to take it out of the resident's hand before she could drink it. The resident was not impressed but this had to be done because there was a serious risk of choking.
65. The facility has recently had a large number of staff leave. I have heard while at work, there are around 300 unfilled shifts each fortnight.

Training

66. On my first day at the facility, I worked a buddy shift with a colleague who was experienced. They demonstrated the duties to me and showed me the temperature paperwork to complete. This was the extent of the training I received.
67. On my second shift I worked alone and distributed the food myself. It was a bacon and egg day too, so it was really busy.
68. I train new staff and demonstrate the work we complete to them. I make sure to train them about food safety because I have a lot of knowledge about this from when I worked as a chef previously.
69. I have seen unexperienced staff in my role make mistakes which I find concerning. For example, I saw a servery staff member serve low-fat milk to a resident who requires lactose free. I explained to them that the resident required lactose free milk. That colleague told me words to the effect of *'a carer told me that if there is no lactose free milk to use low fat because it's the same.'* I explained to that colleague that the milk is not the same and low-fat milk wasn't meeting the resident's dietary requirements.
70. I am constantly reminding my colleagues of residents' dietary requirements on a daily basis. For example, I recently saw a PCW pour a resident coffee. I had to approach the PCW and explain the resident was now on thickened fluids. PCWs aren't always aware of diet changes because it isn't always relevant to their role. I think more training about this for PCWs would be useful.

71. I am also required to complete online training every year for my role. This includes hand hygiene, fire safety, NDIS and consumer protection modules.
72. Since 8 August 2023 my shift times changed from 6:00AM to 6:30AM. When I used to start at 6:00AM I would get to work 5 minutes early and use that time to talk to the Registered Nurse (**RN**) and ask them if any residents had been admitted to hospital, confined to their room or had their diets changed.
73. Now that I start at 6:30AM I don't have time to chat to the RN. When I get into work the RN and PCWs are having handover about clinical matters and I don't have time to attend that meeting. Also, most of what is discussed in that meeting isn't relevant to my role. There isn't any formal handover or meetings for my job at the facility.

Change in residents

74. The ethos in community care is to keep residents at home for as long as possible. This means when they come into a facility, they are usually at the stage of being high care.
75. I have noticed that mental health issues amongst residents seems to be increasing. For example, a lot of residents are anxious and can't communicate properly. This makes it hard to help them.
76. There is a resident that I work with who cries and wants to hold hands. She can't talk so I don't know what is upsetting her and it's really heartbreaking. I try to spend time with her and hold her hand to comfort her when I can.
77. There have also been changes to the rostering and way we work. Recently a new roster and timeline for completing work has been implemented. Before this roster, I was able to come in earlier and speak to RNs and PCWs about what was happening in the ward. For example, they could tell me a resident had gone to hospital overnight.
78. The new roster means that I do not have the chance to see these workers and have conversations that help me to work more effectively. For example, I could accidentally provide food to a resident who cannot eat that day as they have a blood test scheduled.


79. The new roster also has a very tight timeline for completing tasks. Some things, like collecting food for residents and bringing it back to the court, cannot be done in the allocated 10 minutes.
80. I have found that when I work with and communicate with PCWs, I am able to provide better care to residents. The segregation of workers does not help us to provide care.
81. This statement is true to the best of my knowledge and belief.

Signature of Julie Holmes



Date

30.11.2023

Pay Advice					
Blue Care ABN 96010643909					
Name: HOLMES, Julie-Anne T					
Employee No: [REDACTED]					
Entity: Southern Region					
Branch: Non-Timekeeper					
Pay Point: Do Not Print					
Job Title: Personal Carer Domestic		ACFDC2.2	Pos: 52364		
Pay Period: 22-AUG-2023 to 04-SEP-2023			Banked: 06-SEP-2023		
Summary					
	Hours	Amount	Totals	Amount	
Work	67.30	2329.24	Gross	3482.11	
Leave	7.30	132.77	Tax	528.00	
Overtime		18.59	Net	2954.11	
Allowances		22.63	Disbursements	718.28	
Other Time	37.30	978.88	Bank	2235.83	
Leave Payout		0.00			
Leave Loading		0.00	Non Employee	378.50	
Gross		3482.11	Taxable Payments	2763.83	
This Pay					
		Multiplier	Rate	Hours/Units	Amount
Ordinary Hrs	ACFDC2.2	1.0000	30.09000	60.00	1805.39
Public Hol	ACFDC2.2	1.0000	30.09000	7.30	225.68
Sick Leave	ACFDC2.2	1.0000	30.09000	3.42	111.33
Sick LWOP	ACFDC2.2	0.0000	30.09000	3.48	0.00
Laundry		1.0000	0.65000	9.00000	5.85
Uniform		1.0000	1.52000	10.00000	15.20
Sat 50%	ACFDC2.2	0.5000	30.09000	15.00	225.68
Sun 75%	ACFDC2.2	0.7500	30.09000	15.00	338.52
Pub Hol 150%	ACFDC2.2	1.5000	30.09000	7.30	338.51
Salary Sec	EPAC Salary Solutions				718.28
Tax					528.00
Net	Banked Amount				2235.83
MSSF SGC	[REDACTED]				378.50
Adjustments to Past Pays					
		Multiplier	Rate	Hours/Units	Amount
Trno Paid	ACFDC2.2	1.0000	28.66000	-2.30	-71.65

Adjustments to Past Pays		Multiplier	Rate	Hours/Units	Amount
Trng Paid	ACFDC2.2	1.0000	28.66000	-2.30	-71.65
Trng Paid	ACFDC2.2	1.0000	30.09000	2.30	75.23
Ordinary Hrs	ACFDC2.2	1.0000	28.66000	-206.00	-5903.96
Ordinary Hrs	ACFDC2.2	1.0000	30.09000	206.00	6198.55
Sick Leave	ACFDC2.2	1.0000	28.66000	-15.00	-429.90
Sick Leave	ACFDC2.2	1.0000	30.09000	15.00	451.34
Overtime 2.0	ACFDC2.2	2.0000	28.66000	-6.30	-372.58
Overtime 2.0	ACFDC2.2	2.0000	30.09000	6.30	391.17
Laundry		1.0000	0.65000	38.00000	24.70
Laundry		1.0000	0.64000	-38.00000	-24.32
Uniform		1.0000	1.52000	40.00000	60.80
Uniform		1.0000	1.49000	-40.00000	-59.60
Sat 50%	ACFDC2.2	0.5000	28.66000	-45.00	-644.88
Sat 50%	ACFDC2.2	0.5000	30.09000	45.00	677.04
Sun 75%	ACFDC2.2	0.7500	28.66000	-41.00	-881.28
Sun 75%	ACFDC2.2	0.7500	30.09000	41.00	925.29

Leave Balances	Hours
Annual Leave	62.51
Additional Annual Leave	0.00
Sick Leave	2.45
Long Service Leave	208.26
Time Off in Lieu of Overtime	0.00

Year to Date Totals					
Taxable Payments	10515.73	Loading	0.00	Union	0.00
Taxed Allow	106.55	Lump Sums	0.00	Medical	0.00
Untaxed	0.00	EmpEE Super	0.00	Other Dedns	3648.60
Tax	1752.00	EmpER Super	1503.34	Net Pay	8763.73

Messages

Due to ATO requirements, from late Sept 2023 UnitingCare will provide more detail to the ATO about your income, including info on child support and allowances. Search 'STP2' online

Please be advised your my.gov.au ATO employee identifier is [REDACTED]

Your pay of \$2235.83 has been banked

FORM 8 **Blue Care Labrador Gardens** **Servery**

Servery Cleaning Schedule P.M. Shift Week Commencing / /

ITEM / AREA	FREQUENCY & RESPONSIBILITY	CLEANING METHOD	MATERIALS / PPE	STAFF SIGN OFF ON COMPLETION OF TASK						
				MON	TUE	WED	THU	FRI	SAT	SUN
Benches and splashbacks	Daily Between tasks And at end of shift	Scrub with detergent and sanitise, include underside and shelving.	Neutral Detergent Quat Sanitiser							
Dishwasher	Daily After Dinner	Empty, scrub filters, wash inside and out with detergent and sanitise. Include all external surfaces.	Neutral Detergent Quat Sanitiser							
Sink and bench	Daily After use	Clean with detergent and sanitise.	Neutral Detergent Quat Sanitiser							
Microwave Oven	Daily	After use clean with detergent and sanitise.	Neutral Detergent Quat Sanitiser							
Toaster	Daily	Turn unit off to cool. Clean as per manufacturers instruction	Neutral Detergent Quat Sanitiser							
Chopping Boards	Daily	After each use clean with detergent and sanitise.	Neutral Detergent Quat Sanitiser							
Fridge Scullery	Daily	Clean with detergent and sanitise. Check "Use by" dates and discard out of date products. Tidy shelves.	Neutral Detergent Quat Sanitiser							
Fridge Servery	Daily	Clean with detergent and sanitise. Check "Use by" dates and discard out of date products. Tidy shelves.	Neutral Detergent Quat Sanitiser							
Walls Scullery	Daily	Wash down after dinner service	Neutral Cleaner Quat Sanitiser							
Rubbish Bins	Daily	Remove rubbish. Wash with detergent / dry surface and scrub. Replace bin liner.	Neutral Detergent Quat Sanitiser							

Food Safety Plan documentation - 2022

FORM 8 **Blue Care Labrador Gardens** **Servery**

Servery Cleaning Schedule P.M. Shift Week Commencing / /

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Dishwasher	Daily After Dinner	Empty, scrub filters, wash inside and out with detergent and sanitise. Include all external surfaces.	Neutral Detergent Quat Sanitiser							
Sink and bench	Daily After use	Clean with detergent and sanitise.	Neutral Detergent Quat Sanitiser							
Microwave Oven	Daily	After use clean with detergent and sanitise.	Neutral Detergent Quat Sanitiser							
Toaster	Daily	Turn unit off to cool. Clean as per manufacturers instruction	Neutral Detergent Quat Sanitiser							
Chopping Boards	Daily	After each use clean with detergent and sanitise.	Neutral Detergent Quat Sanitiser							
Fridge Scullery	Daily	Clean with detergent and sanitise. Check "Use by" dates and discard out of date products. Tidy shelves.	Neutral Detergent Quat Sanitiser							
Fridge Servery	Daily	Clean with detergent and sanitise. Check "Use by" dates and discard out of date products. Tidy shelves.	Neutral Detergent Quat Sanitiser							
Walls Scullery	Daily	Wash down after dinner service	Neutral Cleaner Quat Sanitiser							
Rubbish Bins	Daily	Remove rubbish. Wash with detergent / dry surface and sanitise. Replace bin liner.	Neutral Detergent Quat Sanitiser							

Food Safety Plan documentation - 2022

Basin	Daily	Clean basin / dry surface and sanitise .	Neutral Detergent Quat Sanitiser							
Trolleys	Daily	Clean with detergent and sanitise – include underside, sneiving and legs.	Neutral Detergent							
Tables and Chairs	Daily	Wash and sanitise. Reset for breakfast.	Neutral Detergent Quat Sanitiser							
Floor washing Dining, Service and Scullery	Daily	Sweep and mop all floors, after dinner.	"Wash & Walk"							
WEEKLY										
Salt, pepper and sugar containers	Weekly Wednesday	Dry and refill.					x			

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