

## Personnel, not Personal

By Carla Baron

A common problem in aged care facilities is the confusion over personnel issues. Too often people seem to think we are talking about personal issues.

Not much difference in the words, only a few letters, but a gigantic difference in meaning.

The Collins Concise Dictionary defines personnel as: *the people employed in an organization or service*. It further defines personal as: *of or relating to the private aspects of a person's life*. And that's the rub.

We employ staff to perform tasks. We should use applicable criteria including educational qualifications, industry knowledge, experience and skills specific to do the job successfully.

While personality, and how we determine this is often a cause of debate, may be an issue it is not always asked for. (Often it would appear, the first criteria that some DOCs look for is that the person will do as they are told.)

What is more sought after is appropriate 'attitude'. Many experienced managers are of the belief that knowledge and skills can be taught (or learned) but that the attitude is wrong, there is little that can be salvaged.

While some initiative is applauded, many staff members fail to appreciate that they actually have a job to do and that being asked to do that job is not a personal attack on them.

Not that we believe this to be the wrong focus but we would hope that the attitude aged care providers are really after is the one that sees the residents as the primary focus. If this attitude is prevalent, the staff members will not only do as they are told, they will

perform the duties that are stated in their job descriptions explicit is also important.

Duty statements are an adjunct to job descriptions that detail specific duties related to individuals on certain shifts.

These documents are supported by the organisation's policies and procedures that indicate the manner



**ITS NOT PERSONAL;  
ITS ABOUT THE JOB;  
ITS ABOUT THE RESIDENT!**

understand when and when not to take initiative.

The greatest excuse for someone caught not doing their job is to blame the person by claiming that they are "picking on me" "they don't like me" or "they are too hard or confrontational with me."

The starting point is a relevant job description that accurately reflects the duties and responsibilities that are required. It also needs to include who they are responsible to and, in the case of RN and other supervisory staff, who they are responsible for. Making reporting expecta-

in which you expect duties to be carried out.

These are the framework and if well developed and articulated will enable you to both assess staff performance and address deficiencies in a clear and objective manner.

Is the job being done? Is it being done correctly? Is it being done to your expectations? There are many ways performance can be assessed; through personal observations, through documentation, through the reliable reports of others including your supervisory staff, residents, relatives and others.

Each individual staff should be a valued team member on whom you and other team members can rely. If one member's performance is not appropriate, the rest of the team and ultimately the residents suffer.

This needs to be the key issue in any discussion with staff about disappointing performance. It is not about them; it is about the resident! Go back through the job description, duty statements and procedures and clearly tell them where they are not meeting expectations. Give examples.

Allow them to respond but do not accept excuses. The job needs to be done for the resident. If they don't see the link, provide it for them. For example 'because you consistently do not refill the medication trolley, your colleagues need to interrupt their rounds to do so increasing the length of time taken to complete this duty and the risk of medication errors – the resident suffers.'

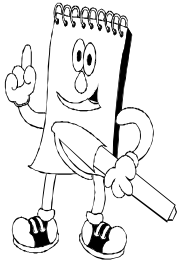
We sincerely believe that happy staff are productive staff. We appreciate the move towards 'family friendly' workplaces and fully support staff upgrading their skills through study.

If, however, a staff member's lifestyle, study or family impacts negatively on their job performance or that of other team members, this must be addressed and in this context.

# Duty of Care - what does it mean?

by Michael Hegarty

Would you like to have something you have written or said published? Simply mail, fax or e-mail us a copy with your details and we will try to make it happen.



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A Duty of Care is an obligation owed by a person to anyone who it is reasonably foreseeable may be injured due to a lack of care by the person. It is a duty to act reasonably where an obligation exists to be careful.

For a duty of care to arise there must be a relationship between the person possessing the duty and the person to whom the duty is owed. There must be a relationship of proximity between one person and another.

The duty may be owed to persons in specific categories such as doctors to patients or carers to residents in aged care facilities.

The duty is breached if the person owing the duty fails to act to the required standard expected in the circumstances.

An aged care facility owes a duty of care to its residents and to its staff. Staff and employees owe a duty of care to each other, to the residents and, along with other obligations, a duty to their employer.

*All personnel are accountable for identifying risks to timely, quality service delivery, client and personnel safety and risks to the organisation of which they become aware, for*



Expressions of Interest are now being accepted and if in any way possible, you want to be involved in this event.

*example inability to meet client needs, work errors or hazards.*



*All employees have a duty of care to perform their obligations in accordance with legal requirements and ethical expectations, to carry out all reasonable requests of their employer and minimise risks to the organisation, its clients or personnel.*

In summary the duty of person's working in Nursing Homes can be divided as follows:

- Duty to know and consider clients' needs
- Duty to inform clients of their rights and obligations
- Duty to protect clients from harm
- Duty to responsibly protect confidentiality and privacy (more later)
- Duty to co-workers and others
- Duty to protect the

health, safety and welfare of self and others (more later)

- Duty to protect assets and records
- Duty to use care in the use of resources and protect the financial wellbeing of the facility
- Duty to protect the facility's reputation and interests
- Duty to perform all duties diligently and responsibly

*All employees of an organisation have a duty of care to perform their work diligently and comply with the lawful instructions of their employer. This includes compliance with documented or verbal policies and procedures; disclosure of relevant information necessary to enable others to perform their duties, adherence to professionally and socially acceptable standards of conduct and generally supporting the objectives of the organisation.*

Michael Hegarty is a solicitor with a depth of knowledge of aged care and was presenter at the Legal Issues Day held late last year.

## Canadian Study Tour 2006

In response to numerous requests N & C Baron & Associates will be hosting a tour of aged care, educational and support facilities in Western Canada in May

2006.

See the accompanying brochure for an initial overview.

Participants will be involved in finalising this exciting project.

# Crystal Ball Gazing

By Heather Evans DON

Some time ago I wrote an article for the Baron Report about how difficult it is to change jobs; watching the papers I find that with great regularity people are still making the choice to change positions within our industry.

This presents challenges not only for the person but also for the facilities. Change can be good for aged care if it brings new ideas to the forefront as it will if the move is made for all the right reasons.

A colleague of mine who has just taken the plunge and changed positions, found my article in the Baron Report and was tickled by the comment about finding your way around someone else's filing cabinet. She could understand what that meant; after cultivating her own filing cabinet for many years someone else's was a real challenge. She suggested I write a follow-up so three years later here it is.

I don't think the prospect of finding my way around my predecessor's filing cabinet was anywhere near as daunting as unearthing the culture that existed, being confronted with an Agency support visit that grew into a review and discovering the huge gaps or should I say gaping holes that existed (most I might add were not new).

One RN recently commented on how when someone new takes over everything seems to stop, so it's like wait and see what happens. So staff drop the ball and wait for the new person to run frantically around trying to find it (a bit like chasing a greasy pig). It suddenly becomes your chase for some elusive solution to

things that you did not know even existed.

So somewhere in these last three years I have discovered it wasn't the filing cabinet that was the real issue; it was that the last DON who took the bloody crystal ball with her!!

However I also made lot's of my own mistakes, put faith in the wrong people, didn't trust my own judgment and got lost in the mire of what was expected of the DON of a small stand-alone facility. The job description didn't exactly tell me I had to be the expert on everything from dishwashers to peg feeds, of which of course I knew nothing about. Nor about juggling staff and negotiating my way through a minefield of personalities - and that was only the staff not the residents- and sometimes battle for my own existence and that of the homes.

In fact I took great offence when one staff member left and everyone defended her departure fiercely by telling me she left to regain her lifestyle; needless to say I was left gob smacked what had happened to my life let alone my lifestyle!!!

So just some tips: *(from the book I plan to write – bound to be a best seller – the DON's handbook to the universe, life and your own facility, in which rule one is make very sure that the departing DON leaves THE crystal ball behind!! preferably spit polished before it is passed onto you)*

Advice # 1) Be very wary of staff who want to be helpful and offer their assistance too eagerly or constantly have a dose of the "I waf'...'can we have", "we need". They are on a mission from hell... (remember there is always someone eager to say the last DON did it this way, or so and so said...)

#2 Be very very wary of the staff who want more shifts...they too could be the wrong choice (if they were that good the previous DON would have recognised their efforts and rewarded them for their commitment).

#3 Follow your instincts that if things aren't quite right, discreetly follow your nose or at least your way to the person who pays the wages and the bills! They usually know the facts if not the figures on everything you ever needed to know

#4 Move your office around several times just to confuse any opposition you have, it shows you are not ready to just accept things as they are.

#5 Be conscious of the quiet ones, they are either waiting to attack or just letting you settle in before they offer any worldly advice if and when they do...listen!

#6 Have faith and bide your time, real good comes to those who are patient. Just keep smiling as the saying goes, it scares the you know what out of your adversaries.

#7 Above all celebrate both inwardly with pride and outwardly loudly about your successes; they may be short-lived, like a candle flame shining brightly in the dark

until it gets snuffed out!!!

So three years later where am I? Probably facing another agency review, about to write that best seller,... some titles I am contemplating "my life, all of my life, in aged care" or "how to grow older quickly while trying to keep sane in aged care", or "death of the DON", which could be subtitled "cause of death... multiple stabs wounds to the back".

All jokes aside, I admire DON's of small facilities and country facilities who often have to do it alone and I don't just mean doing things alone sometimes they have to do **everything alone!** Just remember that you are *unique* and have *unsurpassed qualities* even if you don't recognise them yourself.

So for my friend who is just discovering this world of going it alone, find that person who left you without the crystal ball and if they did take it make sure it has their blood on it when they return it to you, or better still do what I have done. Go out and get your own...what could be better than you own hand chosen crystal ball full of all your own ideas, wishes and aspirations far better than a continuous improvement plan and any old filing cabinet.

P.S Just to up-date you on the filing cabinet I did once see it long enough to sort it out and re classify and refile everything, but I don't seem to be able to see it just at the moment under a never ending accumulation of paperwork that keeps appearing, but I'll find it soon...now ....just where did I put that crystal ball?



# Congratulations

## BARUNGA VILLAGE

While we try not to play favourites, sometimes we see achievements that we believe deserve comment. This is not to suggest that there are not others, just that these particular examples have come to our attention.

Barunga Village in beautiful Port Broughton has recently opened a new wing, kitchen and laundry. So what? Aren't lots of places?

Well yes BUT the Barunga story we find to be somewhat inspirational – a fight against the odds and a win for the little guy (gal)!

Like many stand alone, small country facilities since 1997 Barunga has been

increasingly challenged to make a go of it. Facing the same challenges as many - Certification, viable size, staff recruitment and retention, aging in place - Barunga had an additional burden.

Having broken away from hospital to community management some year's earlier, Barunga Village Hostel was built on Crown Land and although no longer managed by the hospital, care and control of the land still remained with the hospital and Barunga had neither control nor importantly equity from the land on which they were located.

Through sheer

optimism, force of will, and a great deal of hard work and commitment, Barunga Business Manager, Maureen Coffey and DON, Merrilyn Hewett supported by a knowledgeable and active Board notched up the achievements.

Today Barunga Village is a 52 bed Ageing in Place facility that has specialised dementia care, palliative care and respite services as well as 14 Independent Living Units all located on freehold land.

They now have their own kitchen and laundry increasing resident choices and autonomy (seems the

hospital kitchen just couldn't provide lamb's fry, no matter how much the residents wanted it).

They have a stable compliment of staff, (like many country facilities being the major employer in the town) and additionally run a traineeship program.

And they have Council Approval and land for a 36 unit Retirement Village – the next big step.

Truly remarkable achievements; congratulations to the Board, management and all of the staff of this focused and innovative aged care service.

## Thorny Issues 6

*Putting the issues on the Table*

Have you ever noticed that if you have a flat tyre it is always at a bad time. Either you are running late, all dressed up or it is pouring. A lot of issues in life are like that. Or put more politely than the popular phrase, stuff happens!

In aged care stuff happens, often on a daily basis. Staffing issues, boards and proprietors making demands, support visits, accreditation - it is never ending. But you can handle it because you are a professional, you are made of stern stuff.

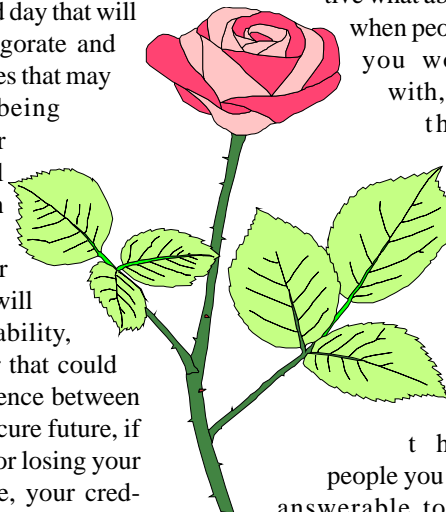
But what happens when the wheels fall off? When things go wrong, who is responsible, who is accountable?

Those questions will be the basis for this year's N & C Baron & Associates Sixth Annual Thorny Issues Conference.

Once again we are pleased to be able to present an action packed day that will challenge, invogorate and provide strategies that may assist in you being able to do your job better. Well that's not much of an ask, is it?

This year the main focus will be on accountability, that little factor that could mean the difference between you having a secure future, if done correctly, or losing your right to practice, your credibility and effectively your ability to make a decent liv-

ing. Or from another perspective what about when people you work with, be they



the people you are answerable to or those answerable to you?

What happens when these people let you down. Is this an over reaction, well perhaps but it does happen and it will continue to be a thorny issue.

Issues around this topic will be presented and debated.

Additional topics for discussion on the day will be Management of dementia (from the top), Staffing issues and future directions.

**You don't  
want to  
miss  
out!**

**Thursday 18<sup>th</sup> August 2005**  
**Education Development Centre**  
**Milner Street**  
**Hindmarsh**