

Who does what - a summary

The GP

Your family member's GP may agree to continue providing their medical care, although sometimes a GP closer to the facility is needed. The GP will usually visit monthly or as required for your family member will no longer be expected to attend their clinic.

The GP may provide instruction and guidance to nursing staff, make referrals to specialists and request therapy if it will help. Medicare will pay the GP for completing a comprehensive assessment of your family member when admitted to a facility, as well as for participating in up to five care planning meetings for your family member per year.

"The GP really listened. She had some good ideas - and she encouraged me to talk to the director of nursing."

Management

The management of residential care facilities is often divided between the director of nursing who oversees the care of residents and the manager who oversees the business side of things.

Some facilities have their own finance and administration area, although this may be located elsewhere. This is usually where decisions are made regarding fees and charges, as well as where payments are received and invoices issued.

Director of nursing (DON)

The director of nursing (DON) is in charge of the care of all residents. They manage the team of staff, ensuring that the facility meets the required standards in resident care.

Person-in-charge

At any point in time, there is a person-in-charge. This is usually the best person to contact for information about your family member.

Nurses

Nurses are generally found in high level care facilities only, where they manage wound care, medications, injections and general nursing care needs. In most residential care facilities the majority of the care is provided by personal care staff.

Personal care staff

Personal care staff (sometimes called 'carers') are trained to provide assistance and care to older and/or disabled people. The level of training undertaken will determine the extent to which each personal care worker can assist residents. If you are unsure just ask.

Allied health staff (therapy staff)

Allied health staff include physiotherapists, occupational therapists, speech pathologists, dieticians, social workers and psychologists. While not usually employees, they can be called upon as needed to provide services or assessments. Therapy however is not intensive, as the aim is to maintain independence rather than rehabilitate.

If you feel that your family member requires assessment by an allied health professional, speak to the director of nursing and to the GP. As a last resort, you may consider organising and paying for this yourself and letting the DON know. Perhaps contact Residential Care Rights first though to see whether this is necessary - ph: 1800 700 600.



Activity coordinators (diversional therapists)

Activity coordinators plan and facilitate activities for people who are aged and/or disabled. They get to know each of the residents, learn about their interests and encourage them to join in with the activities.

Other staff

Support staff include kitchen and meals staff, laundry and cleaning staff, services staff (e.g. the hairdresser) and volunteers. You can often learn much about who's who and how things work from these people.

How important information is communicated

Nursing handovers

Nursing handovers (meetings) are held at the beginning and end of each shift to pass on important information about each of the residents. The handover will ensure that your family member's care is continued smoothly and without too many hiccups. Generally this is not the best time to approach staff with questions or requests.

Case conferences

A case conference is a meeting that may involve the GP, senior nursing staff, allied health staff, the resident, carer and family. It may be held for:

- ▣ Planning, such as developing or reviewing the care plan.
- ▣ Discussing care needs when they have changed significantly.
- ▣ Resolving issues that have arisen.
- ▣ Providing information to families.
- ▣ Making decisions about future care needs.

Carers and families can request a case conference to obtain further information, clarify a situation or even raise concerns. To arrange a case conference speak with the person-in-charge or the DON.

Further information:

- ▣ [Queensland Aged and Disability Advocacy](#) - ph: 1800 700 600.
- ▣ [Accreditation and continuous improvement](#) - information sheet.

Contact the [Commonwealth Carer Resource Centre](#) on 1800 242 636* to request the above information sheet be sent to you - or to find out about other information sheets in this series.

*Free call except from mobile phones. Mobile calls at mobile rates.

We do our best to keep these links up to date, but the internet changes all the time. If you can no longer access any of the above resources, please go to our [Internet Troubleshooting Guide](#), or email us at website@carersvic.org.au