

# Lyndoch in 'dangerous' territory as staff departures continue



The exodus of experienced staff from Lyndoch Living continues. More than 200 staff have left the community owned aged care home in the past five years. Image: stock

## **Carol Altmann – The Terrier**

And so it continues...another experienced Nurse Unit Manager has taken sick leave from Lyndoch Living and is unlikely to return.

This means three out of the four unit managers across our largest aged care home have either taken extended sick leave or resigned in the past two months.

As of last week, the Clinical Leader in part of the hostel area (Swinton Level 1 and Swinton Ground) also took stress leave.

This means part of the brand new \$13 million Swinton Wing has

lost BOTH its Nurse Unit Manager and its Clinical Leader.

These are significant, expert positions in the daily care of our elderly.

As I have already reported, another experienced Registered Nurse working in the executive area is on sick leave, in addition to the Director of Nursing, the top of the tree, who has been gone since early August.

None of these people are expected to return.

In the past two months, an entire layer of senior, very experienced staff across Lyndoch Living and May Noonan has gone.

The board needs to ask why and then tell us what is going on, and what is being done about it.

These experienced staff are not leaving because they want to.

They are not leaving because they are disgruntled, vexatious, disgusting, disloyal or disliked, which is among the assortment of put-downs that are designed to discredit those who dare to push back.

No, these staff are leaving because they are no longer able to cope with being asked to do the impossible, with less staff, less resources and less support.

More than 200 staff have left Lyndoch in the past five years and the impact of that exodus of experience is starting to bite.

According to well-placed sources, Lyndoch is now shuffling the deckchairs, spreading its staff thin, and relying heavily on Personal Care Workers (PCW) – who are hard-working, but they are not qualified nurses – to fill the gaps.

In the case of the Swinton area that has lost both its NUM and

Clinical Manager, the PCWs are trying to cope with 43 residents, including 28 dementia residents and 15 others, of which at least 10 are high care.

Those close to the situation are now fearful of the impact on residents.

“Things are getting dangerous and with COVID in the community, it’s bound to get worse,” one source said.

Another source said Lyndoch was “forcing out skilled nurses without thinking of the consequences”.

“Why are they not working with these skilled nurses to keep these skills retained?”

I am happy to be proven wrong and all the Lyndoch board has to do is tell you that I am wrong.

The board could pull out whatever evidence it has to show all is well.

But the board can’t do that, because these are the facts and all is not well.

Yet in the face of these facts, both the Lyndoch board and the Lyndoch executive remain silent.

So it’s up to the community – and brave sources – to put what we know on the public record so that neither the board or executive can claim they didn’t know, or didn’t believe, what is now unfolding.

We need to keep speaking up and poking and probing and questioning on behalf of the staff and, most importantly, the 240 frail and elderly residents who are among the most vulnerable members of our community. They are counting on us.