Submission No 67

INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Organisation: Quality Aged Care Action Group Incorporated (QACAG Inc)

Date received: 23/11/2015

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QACAG Inc. is a community group that aims to improve the quality of life for residents in residential and community aged care

Quality Aged Care Action Group Inc. Submission to the Inquiry into Elder Abuse in NSW
November 2015

Introduction

Quality Aged Care Action Group Incorporated (QACAG) is a community group in NSW that aims to improve the quality of life for people in residential and community aged care settings. QACAG is made up of people from many interests and backgrounds brought together by common concerns about the quality of care for people receiving aged care services.

QACAG Inc. was established in 2005 and became incorporated in 2007. Membership includes older people some of whom are receiving aged care in NSW nursing homes or the community, relatives and friends some who are carers, people with aged care experience including current and retired nurses and care staff, and other community members concerned with improving aged care. Membership includes representatives from the Older Women's Network, The Combined Pensioners & Superannuants Association of NSW Inc, and the Retired Teachers' Association.

QACAG submission overview

We welcome this Inquiry as an important step to better understand and address elder abuse. Comments from QACAG focus on experiences from our group related to aged care services, community and residential.

We recognise that older people in NSW are receiving aged care services in a system that is predominantly funded and governed federally, but that this is intertwined with state based systems. Our comments seek to draw attention to experiences of elder abuse, or areas of risk of elder abuse, for people in NSW seeking or receiving aged care services within this integrated system.

Our submission does not list specific recommendations. However, we offer it from the experiences of people directly affected by or involved in the care of older people and hope it will support the overall Inquiry to make changes that are centrally about older people's rights to safe, high quality care, free from abuse, while upholding respect and dignity.

1. Poor care and neglect

While there is a well-documented commonwealth system of care standards, and accreditation and complaints processes for community and residential aged care, QACAG is concerned at the gap between what 'should' happen and what actually does. Similar accounts to these below are raised every time QACAG consults it own members or speaks

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to community groups, and frequently forms the basis for people initiating contact with our group.

The most common concerns that members raise are: dehydration, poor nutrition, poor pain management, hurried care, aggression from other residents, poor continence care, and poor level of social activity or human interaction. These are frequently connected to poor staff number and skill mix of staff, and the focus on task-orientated care, rather holistic care. For example: lining people up for showers due to the pressure to shower many people in a short space of time, or a staff member having to hurriedly feed two residents at once, or people being left in bed due to lack of staff to get them up for the day.

One practice that warrants a particular mention is rationing of continence pads. QACAG believes this not a rare practice in residential aged care: many members have come across this as relatives of residents, and as staff.

One member's relative (currently in care) was not only rationed one pad per shift, but the pad would have their room number scrawled in black texta on the front of the pad. This is an issue of both humiliation and neglect.

Members of QACAG working now or in the recent past as nurses in aged care describe how a staff member would hold the key to the pad cupboard and ration these out, usually as one per shift. Staff (and residents/relatives) were told it was necessary for cost reasons, and there would frequently be conflict amongst staff in trying to overturn the practice, or from relatives (if they knew) trying to address this with management.

A relative told of having to buy extra pads to supplement the one per shift for their loved one, and that these would then often go missing as other residents would not have access to enough pads.

Supply of pads being dictated by cost not the need of the resident is an appalling practice. As well as the discomfort of staying too long in a wet pad, it can also lead to skin excoriation and skin break down, and infections and sores. Clearly this contravenes care standards, and should not be happening, but our experiences tell us it is a current and persistent practice, and is not being properly attended to by accreditation or complaints systems. This is an abusive institutional practice, both in terms of physical care but also in terms of human rights of dignity and respect.

2. Violence / aggression from residents to other residents

Mandatory reporting does not include reporting violence from resident to resident. While some members question whether it should be a police matter or not, all agree there is a failure to protect residents in the current system.

One member witnessed a younger (early 50s) more mobile, more physically fit person with dementia push over their elderly relative, and the same person entered another resident's room and pulled out their naso-gastric tube. While the member understands the younger person with dementia is in care due to their behavioural needs, it is highly distressing to watch this be acted out on their loved one and others. They cite the lack of staff number or possibly staff skill as factors in a failure to manage this effectively.

Lack of staffing leads to high risk situations. If residents are agitated or aggressive, prone to lash out at others or put themself at risk, this cannot be handled well without enough skilled staff. Proper staffing is needed to respond, or to prevent or minimise occurrences, through behaviour management or activities to occupy and divert.

If incidents of aggression or violence go unresolved, there is a risk that a culture of tolerance may develop, and that complacency occurs. It is of grave concern to QACAG that older people be subject to a lower standard of safety due to a failure to recognise and act on every incident and to put in place a rigorous system or accountability.

Aged care homes should mandatorily have to demonstrate that strategies have been put in place to protect residents subjected to or at risk of violence from another resident. Having dementia does not somehow remove the affect and violation of being subjected to violence. Older people in residential care must have the same level of protection and justice as anyone else who is subjected to violence.

3. Prevalence of financial abuse

QACAG is aware that this area will be commented on extensively by other submissions. From our group's experience, examples raised included theft of possessions in people's private homes, or in residential care thought to be by relatives, visitors or staff. In addition, there was grave concern about the pressure that can be exerted by known people or opportunistic contacts coercing older people to make 'gifts' or sign over possessions or assets, or pay for items of services they don't understand or need. The presence of dementia or fear are clearly significant factors and can mask theft or exploitation.

4. The hidden role of relatives/friends in supporting care

Where there is a risk of elder abuse, including neglect, omissions of care or poor care, relatives describe feeling obligated to be at the nursing home to counteract this. They speak of needing to provide basic care (feeding, toileting, walking) due to lack of staffing as well as having to be there to guard against other agitated or restless residents, or sometimes staff who they regard not properly skilled, or disrespectful or rough.

This means that relatives/friends are providing care that is, and should be the responsibility of the home, and often, for many more hours than they wish to, and at significant personal cost. They are continuing their role as a carer but in a setting where they feel little power to direct or change that care, other than to plug the gaps themselves.

Some speak of not being able to take holidays or prioritise other social activities for fear of their person not being fed their meal, or being left too long in a wet bed, or being harassed by another resident. These are hidden pressures, and hidden exploitation. It is unacceptable that relatives/friends are relied upon in this way, to fill the gaps left by poor staffing or inadequate care management.

5. Barriers to raising concerns about care standards.

Relatives/friends with loved ones in care frequently raise the dilemma they have in raising issues about care. If they raise issues that are dismissed, they fear - and experience - push back such as being classified as a 'difficult relative' and sometimes observing that care is

further affected. If they don't seek to address the care issue, they fear letting down their loved one.

Relatives speak of being labelled as 'difficult' or 'threatening' when they raise repeated concerns. This escalates conflict rather than using a resolution approach, and serves to place the relative in an untenable position.

Some relatives have been told by sympathetic staff that they are being portrayed as 'difficult' by management and that staff are instructed to 'be wary' of them, or not engage at all. A sympathetic staff member told one member that there was a strategy in place to try to force them to move their relative elsewhere by making things intolerable.

Members spoke of how difficult it is to gain satisfactory external intervention (such as via the complaints scheme) when they have been labelled as a 'difficult relative' by the home. Some had experienced good outcomes by assistance of the Aged Care Rights Service (TARS).

There is a power imbalance that places more pressure on the relative who fears that speaking up may negatively impact of care, but remaining silent means tolerating care deficits or omissions.

Relatives are often in grief and stress at having made the decision for their loved one to go to a home, and their prime aim to seek care of a similar standard to what they have provided at home. It is not unreasonable or 'difficult' to want their loved one to receive respectful and individualised care.

6. Older people in hospital

When older people enter hospital, either from home or a nursing home, there are some prevalent themes reported by QACAG members. QACAG wishes to raise this as an area that requires education and policy to address, to improve the care standards for older people entering hospital.

Ageism is especially evident in the language widely used such as labelling older people as 'bed blockers'. This speaks of attitudes and practices that judge older people as 'less deserving' of hospital resources, and as getting in the way of 'real' patients.

Poor understanding of, and care for older people with dementia and other cognitive impairment in hospital settings exacerbates distress and confusion. As well as the high stimulation and fast pace of hospital environments, this can be increased by ageist attitudes and behaviour or lack of knowledge about dementia and ageing.

Failure to enact advance care plans, overriding the person's instructions and wishes, is a abuse of people's right to determine their own care, including decisions about when to cease types of care. This may be due to a break down in communication, or may also be due to attitudes that dismiss the rights older people to self-determination.

Lack of attention to basic care needs such as hydration, assistance with meals, pressure area care, reassurance and comfort. QACAG members have given frequent examples of finding food and drinks still sitting untouched in front of an older person long after the mealtime. There must be measures to ensure these basic care needs are met.

Poor communication between nursing homes and hospitals, including a lack of awareness and respect for the different skill set and services each offer, can play out as attributing blame rather than working together. Increased efforts to break down these barriers will increase quality of care for older people.

Thank you for receiving our submission.

Margaret Zanghi
President

Stella Topaz
Secretary

On behalf of the Quality Aged Care Action Group Inc, NSW
22 November 2015