

**Submission
No 80**

**INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW
SOUTH WALES**

Name: Mr Des Hartree

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The chair

General Purpose Standing Committee No. 2

Upper House committee conducting the inquiry into ELDER ABUSE

Elder Abuse

Elder abuse is pandemic, physical, verbal, mental and financial. My greatest concern is for the most frail, those that are on the brink of being assessed as high care, and those that have already been assessed as high care, particularly those that are bed ridden and/or can no longer communicate.

During the recent public enquiry into registered nurses in New South Wales nursing homes, I collected over 1800 signatures for the RN's 24/7 petition. During discussions with hundreds of citizens as they signed the petition it became evident that neglect or abuse of residents in aged care facilities was common and that nobody would listen, even when neglect and abuse lies and cover ups were confirmed in coroners reports, operators were not penalised and had the 100% accreditation renewed (however, the staff whistle blower was sacked)

Continual 100% accreditation rating is a true indication that, the system is flawed, either the wrong things are being measured, the levels are too low, or the system is corrupt. The system supposedly promotes continual improvement which is impossible if it almost always shows 100% rating, particularly when some of those with 100% accreditation rating have serious claims of neglect or abuse outstanding.

The types of abuse that I am going to address are Bureaucratic abuse, Care neglect (abuse), Dignity abuse, Resident to resident abuse, Misinformation abuse, Gastronomic abuse, Financial abuse and Whistle blowers.

Bureaucratic abuse – Politicians and bureaucrats have put together a system that few of the aged can understand nor navigate, for reasons such as education, language, memory, stress, experience, and if you don't have a family member or competent financial advisor or accountant, to navigate items such as the 32 page form plus 12 page explanation booklet for the income and assets test. They have also set allowable assets so low that it discriminates against the partner. The inclusion of the family home in the asset test requires the frail elderly to accept the stress, confusion and acceptance that there is no hope of a recovery, they may never return home, because they no longer own the family home. No one should have the right to take away "HOPE", which is one of the few positives left, remembering they have deteriorating health and loss of mobility.

Including the family home in the assets test (not included for pension or assets for taxation) also says that the \$100 millions of money being spent on research into items such as alzheimer's and dementia is not expected or will not lead to cures or reversals.

Years ago, today's high care residents would either be deceased, in a mental institution or clogging up acute hospital beds at public expense.

Treatment of our high care residents and their families can only, and must be treated as mental "ABUSE"

Care neglect (abuse) When residents who are unable to communicate are left in wet or fouled nappies, are not properly hydrated, adequately assisted with feeding, adequate personal hygiene, suffer bed sores, denied mental and physical exercise, adequate front line care, over site and supervision. Each of these short falls must be classified as indicators of "FAILURE", not just incidences or flags. And they must be classified as or indicate "ABUSE".

The current accreditation system does not pick up neglect or abuse as it, relies on back room systems and paper work (inputs) at the expense of front line care and outcomes. The accreditation system appears more about looking good rather than actually being good (I would expect every facility to reach an ever tightening pass or attain a star rating system, 100% accreditation, should be desirable but basically unattainable).

There have been numerous public enquiries, media tv/newspaper exposes and reports including radio talk back which have reported individual and entrenched neglect and abuse in aged care facilities. There has even been undercover investigations by reporters which have confirmed reported claims. Authorities ignore reports and the reporters have had their story and are not prepared to carry out true investigative journalism, follow up or become advocates for those subjected to abuse, so change is relegated to the back burner as some one else's problem .

What is happening here is no different to what happened in the UK, which was uncovered by the Francis QC report which identified that resident neglect and abuse was occurring as front line nursing and care was being sacrificed by the back room records and paper work to satisfy Federal bureaucracy. (The Francis QC report has resulted in thousands of additional RN's and care staff being added to Aged Care staffing in the UK to handle front line nursing and care requirements - they have also added several outcomes to accreditation requirements)

Dignity abuse Previous changes introduced for protocols when using lifting machines to handle disabled or frail residents, have been beneficial particularly with the requirement to have two carers to carry out these toilet or bedding/dressing procedures and requiring the room door to be closed for modesty reasons. A problem appears to have arisen unless there is sufficient additional staffing to ensure adequate supervision in community areas because the two staff are behind closed doors and are unaware of what is happening else where.

Resident to resident abuse resident to resident abuse is not uncommon and for that reason supervision particularly in common areas is paramount. Reports that resident to resident abuse does not have to be reported, particularly if there is diminished mental capacity, and that there are apparently some 2,000 violent residents being moved around the system, because there is no real system to handle them nor any accurate records of incidences to justify remedial actions

Misinformation abuse From the moment you become involved with aged care, you are fed sanitised, marketing promotional information or miss-information, being supplied to stressed, confused and often gullable elderly citizens, many with language, educational or memory impairment and no understanding of the aged care industry. A special commission needs to be established to review marketing and promotional information and its presentation combined with on sight and

consumer reality checks, possible it should be a standard format. Miss-information is an "ABUSE" of market power, particularly with this target market.

Gastronomic abuse Food is often the subject of negative comment and probable always will be. Aged Care facilities often seem to spend very low amounts on food, I understand that a daily food budget of less than \$8 per resident is not uncommon, this must make a nutritious palatable diet extremely difficult. It would be interesting to compare this daily budget with those that apply at other public facilities, like jails.

Financial abuse Living Longer Living Better Act. 2013 effective 1st July 2014 is the most distressing form of "ABUSE", requiring the majority of retiree home owners to have to sell or reverse mortgage the family home. It costs approximately \$200,000 to establish a bed in a new Aged Care Facility. In Sydney with a median house price of \$1million the average RAD (refundable accommodation deposit) of \$500,000 plus extra's or a DAP (daily accommodation payment) of approximately \$34500 per year.

Statistics indicate that a person entering an Aged Care Facility will on average occupy a bed for approximately 18 months, and one out of three elderly will spend their last days in an Aged Care Facility.

Aged Care Facility operators who have all the market power and with the Federal Governments blessing operators in Sydney receive the equivalent of \$500,000 interest free loan which is guaranteed by the tax payer. The operator in Sydney receives \$300,000 more per bed than it costs to establish the facility. If the resident options for DAP then the operator receives a return against his investment of some thing like 17%.

Inclusion of the family home in the assets and income test gives two winners and one loser obviously the operator as he claims his DAP is a winner, but the Federal Government is an even bigger winner, The Federal Government carries out a residents assessment which determines a residents "additional MTF (Means Tested Fee) which ranges from \$52 to \$209 per resident per day, The Federal Government would normally pay the \$52 TO \$209 High Care fee but as the family home is now part of the assets and income test, the resident now generally pays this charge as well

Residents, both self funded retirees and pensioner retired home owners and their families who would normally be the beneficiaries of the residents assets and savings are the big losers, This could be as much as \$350 per resident per day, for the first 2 years, plus the loss of the growth asset. Several years ago, these High Care (sub acute) residents would have been patients in hospitals in an acute care bed at approximately \$1000 per day, paid for by Federal and or state Governments.

Whistle blowers Elderly abuse is pandemic, the staff and sometimes residents and family members often know what is happening, staff will not blow the whistle as they know they will lose their jobs, and their will be no reference and difficulty obtaining a new position, Residents and family members are in a similar position, complaints even to government departments are a waste of time, as the provider has all the market power, and they can easy fill any vacancies.

Head offices are increasingly overseas with operational decisions made in London, Paris New York and probable the middle east, everywhere but local as the Productivity commissions

recommendation of corporatisation of Aged Care gathers momentum with massive potential profits for share holders.

Ultimate Mental Abuse A highly educated experienced doctor, a surgeon and a university lecturer for more than 20 years is so concerned that he publicly contemplates suicide rather than be vulnerable to the staffing problems in "residential aged care"

His actual published words are quote

"As a potential octogenarian, I am depressed by this draft report. There seems less and less prospect of an easy exit, and more likelihood that I will linger on to 85 and go into a "residential care facility".

Here I will be confronted by choices others will make and be vulnerable to the staffing problems this report fails to adequately address.

I will have to carefully consider my options while I still have the option of determining my own exit. Once in a facility, options like that will not be readily available. I will look at the financial and other costs to my family and the prospects that life in such a facility will have sufficient meaning to justify it." Unquote

Please we must stop all forms of abuse to these our most vulnerable citizens

Des Hartree