

Submission
No 96

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

Name: Name suppressed

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Partially Confidential

Date: Thursday, February 4, 2016 11:58 PM

From:

To:

Subject: Conditions in aged facilities

My parents journey in aged care .

Over 11 years I had the opportunity to see how both my parents were 'cared' for in aged care facilities .

My father was in care for about 10 years after a fall and a subdural hasmatoma with (surgical intervention - burr holes to relieve pressure) that left a debility along with impact from a pre- existing condition ie : peripheral neuropathy that effected his mobility with a decline that eventually had him requiring an electric wheelchair.

Over time in his hostel he was cared for with great dedication by the staff.

Their care was restricted only by their experience and qualifications.

His continence became a daily issue eventually requiring an SPC indwelling urinary catheter .

His determination to survive was tenacious and admirable.

He maintained his cognition to the very last months. He was 92 when he passed away.

He was very aware of his surroundings and attention given by the staff as needed.

He relayed a number of instances which we addressed with staff when it came to our attention . For example :-

1) As a DVA entitled Veteran he often stated staff 'relocated ' his incontinence pads for emergency use for other residents because they had no access to incontinence pads .

2) Lengthy delays in having his buzzer answered when he called for assistance .

Staff always stated they were ' busy' or not enough available . At times with incontinence he soiled himself . It seemed by some staff acceptable because he had an incontinence pad on it didn't matter. Not acceptable to my Dad who told them so....

Most staff were diligent and conscientious in their care.

He was actively involved in hostel activities :- delivering papers to residents (even when wheelchair bound) , involved in Anzac & Remembrance Day ceremonies , computer activities with the diversional therapist (when available) , visiting his wife , at another facility regularly on his electric scooter ..then electric wheelchair.

He had a very good relationship with his regular care staff. He loved his music , TV and watching the horse racing on Foxtel .

His demise was caused by a simple oversight of staff omitting to put up a bed rail on his bed. He fell out , sustained a C2 neck fracture and over the subsequent months declined in health and died 5 months later .

To highlight the need for experienced RNs in aged care , initially the care staff were only concerned about the bruising on his wrist from the fall, not his complaints of a headache and neck pain , which had not been notified to the RN . When he advised me of these symptoms a day later, I immediately spoke with the RN and he was sent to hospital for investigations and treatment .

Qualifications and experience are required everyday in aged care facilities deciphering the myriad of symptoms from residents.

Some outcomes are insignificant but in many instances , they can be serious or life threatening. Expertise from RNs is required at all times in Aged Care facilities to determine the difference.

Acute episodes , assessing cardiac or stroke events, Specialised wound care , Diabetes , Asthma management , Stoma, catheter care ,pain management , to name just a few , are some of the areas .

The day to day mundane routine personal care needs were attended to by dedicated care staff.

It is essential they have the resources to provide adequate care and the oversight of RNs at all times.

Dad was palliated in his Nursing home with dignity and respect by they staff caring for him.

My mother's journey

Mum entered a hostel due to her cognitive decline . It was a different facility to Dads. Active and physically independent initially , she required daily oversight and attention due to her Dementia.

Her decline over 3 years was initially unremarkable. Her daily care needs were met and she loved her surroundings and was loved by the staff caring for her.

After her terminal diagnosis ,unrelated to her Dementia and discharge from hospital, Mum returned to her hostel for Palliation and end of life care.

Initially all seemed adequate .

However , it became clear that the staff understanding and their ability to deliver appropriate Palliative care was lacking and centred around facility directed needs not individual resident care needs.

1 RN on with 3 care assistants on night duty for over 96 residents ,including high care

, Dementia and other residents , is not adequate for resident care or staff needs (ie :- covering staff meal breaks and required duties.)

Some duties of care assistants are not just for resident care needs , toileting ,etc, but also include cleaning ie: mopping floors , wiping handrails , changing bins, and doing the residents laundry . They cannot be expected to support the RNs and residents and do all this work as well.

Also the requirement to have 5 to 7 patients up , showered , dressed before the 6am staff arrived to alleviate the burden on Morning shift staff. Unbelievable !

The expectation from management that staff are required to do this , just to save costs and improve profit for shareholders ahead of providing adequate care to residents is outrageous.

Palliative Pain management cannot be delivered just at specific times ie: 1 or 2 rounds per shift. RNs must be on site at all times to facilitate appropriate, timely administration of pain relief.

It must be delivered as required in each individual case . As in my Mothers case, once left screaming in pain til the next round was just NOT acceptable.

Our presence at all times thereafter, in Mums final days ensured her peace and regular pain relief administration.

The Staff admirably provided their best care to Mum , even under the restrictive demands of their employer.

I admire and respect the staff that daily , diligently cared for Mum and the other frail aged residents,

Residents pay bonds and daily fees to be adequately and appropriately cared for by qualified , trained and caring staff.

They deserve our respect and dignity in their final years .

I respectfully ask for my submission to be Partially confidential .

Thankyou for the opportunity to submit my letter.

Sent from my iPad

