Submission No 26

INQUIRY INTO IMPLEMENTATION OF THE NATIONAL DISABILITY INSURANCE SCHEME AND THE PROVISION OF DISABILITY SERVICES IN NEW SOUTH WALES

Name: Miss Kim Mcnamara

Date Received: 7 July 2018

I have worked for approximately 5 years in this industry after previously working over 20 years in management and finance. I have grave concerns with how incidents are being dealt with in the private sector. I would go so far as to say that the private sector are incapable of self regulation.

At present, if an incident occurs, staff complete a report and the Senior Support Worker enters it into a system called Guardian and a plan of action is supposed to be formulated to deal with and prevent further similar incidents and obviously serious incidents are supposed to be investigated by the company and the report, investigation results and action taken are then forwarded to the ombudsman to verify that the action taken is satisfactory. This is not happening.

I have experienced many incidents that I regard as serious and reportable, such as theft, assault and neglect, not being pursued and have met with great aggression and opposition from my employer when I have insisted they follow these up. Their continued harrassment and lack of action and blatant cover ups led me to change employers and forward my concerns to the ombudsman. The ombudsman is still investigating but it has been well over 6 months and assaults and neglect are still occurring.

I will provide a couple of examples. Please bear in mind that many of the people I worked with have severe intellectual disabilities, are non verbal, and have no guardians or guardians that have very little involvement. Basically they are our most vunerable people and have no way of complaining themselves.

Person A is non verbal with severe intellectual disability and epilepsy and many other medical problems. At the time of my complaint she had not attended a GP appointment in over 18 months despite previous GP appointment stating she required at least quarterly blood tests to check medication levels, despite advancing scoliosis that was visibly worsening to the eye, despite having such a strong and foul urine smell that the day program staff that took her out in the community, complained people in the community were staring at her, despite at last bloodtest having slightly low sodium level and many subsequent ambulance attendances suggesting she was dehydrated, despite many severe falls and drops from her epilepsy.

Treatment plan consisted of calling an ambulance if she hit her head when she fell to cover the company that she had received treatment as there are no doctors or nurses on staff, just support workers. To my knowlege the ambulance service has also complained about this solution as it often involved daily 000 calls when most incidences were not emergencies. To check her would involve calling on extra staff to take her to the doctors to be checked and management decided 000 calls were the best course of action. Treatment plan for her low sodium was a consultation with her mother, Senior Support Worker X and Community Services Manager Y who devised the plan to provide at least 4 packets of chips daily as it should keep her salt levels up.

These people have no medical background or qualifications. I objected both in person and in writing voicing my concerns that she should seek medical advice as I feared it could affect her electrolyte balance and cause dehydration as well as being quite unhealthy and causing her to gain more unneeded weight which wouldn't help her scoliosis. I, and the rest of staff were told verbally and in writing this was not negotiable and it would be monitored and action taken against us if we didnt follow their plan and a white board was even placed in the home to record when packets if chips were provided. This caused issues/jealousy with other clients who could not understand why they werent offered chips all the time. There was no plan for scoliosis or the foul smelling urine as we were told on many occassions it was just too difficult to get Person A to give a sample or lay still for a scan. Person A , mainly due to her epilepsy and falls has many bruises and cuts.

Procedure is if it is unseen or unexplained it should be flagged a reportable incident. There have been incidences when this has not occurred. There was an incident of a black eye I reported that the Senior Support Worker X had failed to document, note in notes or seek treatment for as is part of her plan to seek treatment for any head injury. I complained repeatedly about this to Community Services Manager Y as well as Samaritans Investigator with no action or reply.

Person A had a small slip while getting into the bath. The staff involved completed an incident report as was the norm. I complained at a team meeting that we needed non slip mats and a handrail as was the suggestion from the OT report that had been done over a year ago. The Senior Support Worker X had not gotten around to entering this incident report as yet despite me having verbally told her about the incident. She claimed it was the first she'd heard of it.

They then decided to 'investigate'. The investigation was prepared by the Senior Support Worker X and Community Services Manager Y who claimed there was no such OT recommendation, and, despite not being present on the day of the incident, claimed the slip had been a fall and accused the staff member in question of neglect for not seeking medical attention and not following a 'plan' that Person A needed to be bathed with two staff present. The 'plan' was non existant. The staff in question, a long serving wonderful caring woman, had a nervous breakdown over this and resigned. I kept pursuing the matter and became a target myself, accused of not following policies (that were also non existent) I was repeatedly requested to attend meeting with no agenda, my roster was set so that I had very limited penalty rates, high workload, and unsuitable hours.

Luckily I was a union member and had union present for these interviews, who also requested copies of these non existant policies and these meetings as well as every conversation are documented. It got to the stage that I blocked the CSMs phone number as I was receiving calls when I was not at work requesting private discussions but refusing to say what they were in regards to, but they were pressing me for details of my ombudsman complaint so they could prepare for an investigation. I began having regular 'supervision' with my Community Service Manager Y after my ombudsman complaint where I was warned that my negativity was affecting other staff and I should look at the 'glass half full' in relation to issues. I was very clear with her that I would continue to pursue any issues that were wrong as is both my work duty and moral obligation.

Person A now does not even get a bath. She is sponge bathed and stinks and cant even have her hair washed and now has a staf infection all because of this fabricated 'investigation' to cover management not implementing bath mats and handrails. This was Person A s very few pleasures in life..a long warm relaxing bath. Things we take for granted. Now she gets to sit on a bed in the middle of winter and get sponged down.

This is self regulation and reporting in action. As records are not electronic, if something looks adverse it is simply shredded and rewritten or disappears. I have completed incident reports re missing documentation and inappropriate disposal of unshredded and still identifiable documents being thrown in the sulo bin. I have complained about my Senior Support Worker X not submitting incident reports for some months, they are supposed to be logged into Guardian ASAP so action plans can be done. There were many if these reports that were reportable incidents including assaults and unexplained injuries. Community Services Manager Y was also aware they had not been entered. Until I publically complained in the communication book they were not entered. Senior Support Worker X was not too busy to enter them. In fact many of her paid administration days were spent in the office doing personal business such as organising her holidays and applying for rental properties using theceork internet. This was much to all staffs disgust.

Person A also had an electricity account set up in her name by staff pretending to be her. Person A is not verbal and has no legal guardian but no mental capacity to accept an electricity contract Staff were trying to get a pensioner discount on bill so just pretended to be her as they knew all of her identification details. Person A, B and C had Load and Go cards established by staff in clients names to enable staff to make purchases for them online. As stated previously, persons A, B and C have no capacity to consent to this and staff simply provided all the details without clients consent or knowledge. All staff have access to these cards and pin numbers and if any discrepancies occured the clients did not have the verbal ability or mental capacity to confer with the finance provider and under the privacy act the finance providers were not able to speak to any staff, unless of course, staff pretended to be the clients. Persons A, B and C had accounts set up in their parents names which staff had authority to operate on. As no accounts were held legally in clients names no medicare refunds or transport allowance refunds were able to be deposited to these accounts as they did not match the account name.

Management was made aware of this when I first started as I had been in finance for over 20 years and suggested ways to correct this and advised them that filling in centrelink and NDIS documents stating that the accounts were in the name of the client not the parents to enable payments and refunds was fraud. They chose to continue to do this.

As I was keyworker for person B I refused to be a party to knowingly fraudulently completing documents for NDIS for transport refunds. I requested numerous times that the accounts be fixed as a matter of urgency as client had gone over 12 months without Ndis able to process his redunds as he held no accounts in his name. The reaction from management was the the client had plenty of money and continued to bill and take payment out of clients pension money to pay themselves rather than fix the issue with NDIS. I reported this to NDIS but am yet to have a reply. I also emailed management of this advising them that rent plus food plus transport per fortnight was exceeding Persons Bs fortnightly pension and in a few months he would exhaust his savings. Still they chose to do nothing and continue to bill him directly for transport.

Person B regulary assaults Person C. This has gone on for many years. They are incompatible and it has been suggested on many occassions that it is not acceptable and we need to find a solution as it is very distressing to person C to the point that, shortly before I resigned, she was confining herself to the recliner in front of the tv as soon as she returned from day programs and staying there until she went to bed. She even stopped going to the bathroom and started urinating instead on the chair rather than risk crossing paths with her other housemate. Staff were strictly instructed by management not to talk to the parents or face disciplinary action so I do believe the parents have no idea of the extent and frequency of the assaults.

Person C has been sent to day programs physically and visibly ill rather than remain at home or see a doctor as it would mean Senior Support Worker X would have to look after her. This was despite being written in notes, communications book and verbally told to her at handover that person C needed to visit doctor. Day programs returned Person C immediately as she was too ill. Senior Support Worker X was also on shift with another staff member when Person B apparently unseen by both of them apparently accessed a padlocked fridge and choked almost to death on a whole mandarine. All food was to be locked as Person B is a severe choke hazard. He required CPR to revive him and was hospitalized. 2 staff to supervise one client and no one saw this happen and explained he must of worked the padlock open.

Many hours were spent by both staff concerned working on the same version of events to place in a incident report and plans including food and drinking plans were quickly updated to make sure all paperwork appeared in order should there be an investigation. As they are paper it is quite simple, print up a new document that complys and shred the old one. I was present to witness this.

Senior Support Worker X did not have a first aid certificate at this time and well over 12months later still refused to get one laughing and bragging that there was no way she would pay for it out of her own pocket and would be waiting until she was approved as a foster carer for her nephew as the foster service would pay her to do it. I was disgusted as she had nearly had a client die on her and saw no need for a first aid certificate. I reported her and have heard that she has now updated it.

Person B has also assaulted Person A on more than one occassion. One occassion was particularly vicious where he grabbed her by both ears shaking her head up and down and screaming in her face. I reported this and was witness to the Community Support Manager Y and Senior Workers X phone conference/meeting with Person As sister. Her sister was very upset and wanted immediate action and said "this is the first time this has happened and she didnt want it to happen again". Neither Community Serives Manager Y or Senior Worker X corrected/ advised her that it had happened many times and Community Service Managers Y only response was "I will have to check what the staff on duty that day did to cause it". Community Services Manager Y had cancelled this important meeting twice at the last minute and it was only the sisters threat to escalate things when she turned up at meeting and Community Services Manager Y hadnt showed that the Community Services Manager consented to partake in the meeting by being on loudspeaker on the phone.

Person B had many receipts missing from his banking when a Senior Support Worker Z would just take cash sums of sometimes $500 out and spent many paid work days in Sydney shopping for items she'd seen on ebay for the clients bedroom as SHE felt that new furniture would help the clients mental health. The client had no participation or consultation in this. She even billed the client fuel money. The items she bought back were 2nd hand poor quality and inconsistent with the amounts she had withdrawn. I requested verbally on numerous times that she provide me with receipts for these purchases. She ignored me. After she said at a meeting that keyworkers will be held responsible for any banking discrepancies, I again asked her and was fobbed off.

I then wrote in large print and highlighted it with highlighter in the communication book that I required Person B's receipts to complete his bank reconciliation. I was warned by her that the communication book was a legal document and it was inappropriate that I had written it, let alone highlight it. I again confirmed I required the receipts and that I was only recording the request to ensure she was reminded of it and to cover me that id asked as Id gad no response from her previously, and was doing my job. She was livid, saying that the ombudsman could see it in the communication book. I didnt see the concern as I am happy for the ombudsman to see any notes I write. She rang me later and requested a 1:1 meeting with her prior to me starting my next shift. She started the meeting with "you're casual arent you. Wouldnt it be hard for you if you didnt get any more hours". I assured her Id be fine as I had a second job and confirmed I still wanted the receipts, to which she promptly burst into tears so I assumed the meeting was over and started my shift for the day.

In the next few weeks management attended and assisted her in reconciling Person Bs bank account and it involved printing Ebay receipts off similar items to file with the banking so it appeared it was all accounted for.

I have been ordered by a Community Services Manager W to assist a client in administering Insulin, with the comment "its not rocket science" and "Samaritans cant be expected to pay a nurse to do this ".I am definately not a nurse, have no training in administration of insulin and had just the week prior attended Samaritans own diabetes training where the trainer/nurse specifically said that untrained staff were not to assist with unsulin administration in any way including dialing up or checking dialled up amounts. I had never seen an insulin applicator, had no idea how it went together, no idea if client had administed incorrectly and no sharps container when it was finally done.

I reported it as an incident and complained to Human Resources about my Commynity Services Manager W and was met with a laugh and comment along the lines of "Community Services Manager W again". No action was taken and untrained staff continued to assist with administration of insulin potentially putting clients at risk and exposing staff to liability if an error occured. If an error occured I have no doubt Samaritans line would have been staff took it upon themselfs to assist as there was no policy and we had been trained not to assist so they were covered and staff would have been the scapegoat.

Person B has often violent behaviours to himself and others. He has behaviour support plans in place that have been relatively unchanged for many years as he has been stable and current plan appears to be effective. Under NDIS he is allocated funding for behaviour support. I was concerned when I received a new updated plan that had no changes from previous year, including the electronic signature, apart from the date where the previous date had been crossed out and the new date had been written in. I requested a copy of the invoice for cost of this plan from Samaritan's as I was concerned Person B had been billed for a document with no changes. Also, I wished to confirm that the people who had prepared it and billed it were suitability qualified to bill at specialist rates as as far as I was aware our Clinical Services Unit was run by a former nurse and a former school teacher and I had not seen any specialist visit Person B.

I was refused an invoice and when I requested that I be able to source other more qualified providers for his behaviour support was told that all his funding had been used. I complained and no receipt was forthcoming as I was told they didn't have to and that Person B would have no use for it, referring to his intellectual disability. They basically used his many thousands of dollars and were not willing to account for it. I reported this as NDIS fraud and am yet to have a reply.

Samaritans was also funded as his Coordinator of Support for many thousands of dollars and all supports were simply allocated to Samaritans not to the best provider for him. It is a clear conflict of interest. In relation to Criminal Checks, Samaritans had all staff sign a stat dec declaring any criminal history held in other countries if they had lived in other countries to cover them that they had made checks. This is hardly a thorough check. This industry due to its low pay and unnatractive conditions tends to attrack many new immigrants or visa holders to work in it. If we are not able to do a better criminal history check than a stat dec we are indeed in serious trouble and placing vunerable people at risk including children.

I have many other examples and many other staff that wish to come forward if you require.

My recommendations for improvement would be:

1. A government run section that investigates all incidents that are serious or reportable. They would be independent from providers and acting in best interests of the clients. They would be qualified investigators that can interview staff and request records and have the power to make immediate recommendations for clients wellbeing prior to investigation being finalized. An example of this would be "client A to attend a doctors appointment within 1 week for the conditions outlined in the complaint". Providers would then not have the opportunity to rework and replace notes and plans and provided a false and sanitized version of the incident that took place. The investigators would also have the power to conduct random audits.
2. A government run section that records all employee records relating to training, criminal checks, working with children checks, and serious and reportable incidences against staff. Staff could then in effect be easily banned from the industry if needed or kept track of and easily made aware if certificates had expired.
3. Training should be accredited and therefore transferrable from job to job instead of the current provider training. CPD points training system such as in Lending or Real Estate to ensure staffs skills remain current and relevent. Accredited cumpulsory training could then be tax deductible making it affordable for staff, transferable from job to job and also an opportunity for business to offer more training. Make more short course availability for continuing education as most disability staff on 24/7 rotating rosters and it is very hard to commit to long term studies.
4. All providers to use a computerised system for record keeping, notes and reports enabling any changes or alterations to be easily tracked with a date and user Id. This would prevent current loss or rework of documents to produce the desired outcome for investigations, or could be easily traced if this was happenning. This would also help guard safety and privacy of client as well as enabling a more streamline transfer of information should a client wish to change providers.
5. A HELP LINE for parents or guardians. Many parents or guardians have little knowlege of legal, financial or issues or simply if anyone can help or where to get help. A centralized call line would be able to correctly direct them to the appropriate people. At present they are relying on providers, staff or friends and often the information provided is not correct.
6. Keeping centres similar to Morisset and Stockton where experts in this field can offer care or consultations in a central area. Something as simple as a blood test can be very confronting for a pathologist without experience with people in mental health. Haircuts, and other things like this that sound very simple can be almost impossible without experienced specialized staff. There is a real need for these facilities to remain especially for high needs clients.