

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

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Partially  
Confidential

Hi,

My name is Hayley and I have worked in the disability Sector for close to 4 years. Throughout my employment I have witnessed things I am horrified have been allowed to go on. This industry is in need of major change. I don't believe companies should be allowed to self-regulate.

I currently work in the highest needs group home on the central coast that my organisation has. There are 5 residents that reside here, 4 of which are non-verbal with serious intellectual and physical disabilities – one resident is verbal but suffers with severe dementia so is unable to remember much, uses minimal communication and is unable to advocate for himself. So I would go as far to say they are some of the country's most vulnerable people.

During my time at this particular house I have witnessed episodes of client neglect, abuse, theft, forgery of signatures, disappearing S8 drugs, cover up of serious incidents, failure to act on serious incidents, altering of client documents, discarding and shredding of client documents, falsifying reports to the ombudsman regarding serious incidents, I have had email correspondence of my complaints disappear from my email account (which our IT sector have access to) the list could probably continue.

Myself and other staff members have put forward multiple complaints regarding our concerns and we are often met with no response from management or told that things are being looked–yet nothing appears to change – we are then scolded for asking for updates. Myself and 2 other staff members in particular (the longest standing staff members at this house) Have been strongly advocating for our residents and making serious reports for the last 6 plus months – we have been told by our management that we are a “clique” and have been painted as bullies for sharing the same views (THE RIGHT ONES) we have been accused of making staff feel unwelcome for reporting their acts against our residents for example: Staff member repeatedly telling non verbal clients “YOU ARE DISGUSTING” for opening their bowels, this same staff member said that she felt like “shoving vegetables down her (client) throat” because she declined the dinner that was cooked, this same staff member who has left residents in the same saturated/dirty incontinence aids for 8 plus hours. We have reported medical neglect of 3 of our residents who went weeks without medical treatment despite our many requests – Resident one (who is asthmatic) was then diagnosed with a chest infection, Resident 2 had bronchitis and resident 3 was diagnosed with early onset pneumonia (resident 3 also suffers with a severe seizure condition – which is made worse by illness).

One example of a recent serious incident: In february this year resident A was discovered in her bedroom throughout the night with a purple toe – The next day our senior support worker at the time supported this resident to our local hospital for the suspected broken toe. Some staff were unaware of this incident even occurring as there was ZERO communication from senior support worker. There was nothing documented in Resident A's progress notes, medical notes, or Staff communication book. I continuously requested to see the hospital discharge summary (which should have been placed into residents file) A week later it was placed on our office whiteboard – I was HORRIFIED to read that the doctor who attended to this resident at the hospital had requested that she have her toe strapped for 3 days and Panadol administered every 4 hours for 4 days. None of this had been communicated to staff and resident went without pain relief. Another staff member incident reported this negligence and was met with a response from the senior worker stating that the doctor had mistakenly prescribed Panadol and that resident couldn't have it as it “interferes with her seizures and allergies”. This residents PRN pain medication is Panadol and she has never had an issue taking paracetamol of any kind in the 5

years of the longest standing staff member working here. The incident report regarding the broken toe made by the staff member who initially found it was also crossed off our incident register and not entered into the online incident reporting system “guardian” (which is a portal to flag serious incidents to the ombudsman) . Fast forward to just last week – I was told by my 2 senior workers that ladies from “Huxley Hill” were going to be coming through our house, going through everything and asking a lot of questions about this particular resident and to be nice and accommodating to them when they do. I immediately googled this company and became aware that they were external investigators. I then watched my 2 senior workers walk around the entire house, go out to our back shed (which is full of red back spiders and filthy) bring in an old raggedy egg shell mattress topper, put a blanket over it and put it under this resident’s bed. They then informed me that it was to be pulled out every night and placed next to resident’s bed. They told me that I am not allowed to write this in our staff communication book as they did not want the ladies from Huxley Hill to see it, as this is something that should have happened ages ago. I became concerned and began to question my senior workers on why it is only happening now then. Neither of them were able to answer my questions.

I then heard them on the phone to the community services manager of the central coast discussing which document to edit. The senior workers began editing support plans to incorporate the use of this mattress and discarding the old support plans instead of archiving them. The next day there was a mountain of this residents paperwork that had visibly gone through the shredder – unfortunately never to be seen again. Due to the fact that the update supported plan was not communicated to staff – nobody was any the wiser as to why this mattress (1cm thick) was suddenly in this residents bedroom therefore no further protection was being offered to this resident (from no fault by support staff).

This same resident had also been illegally transported to and from day program 5 days a week with no brakes on her wheelchair and an unsafe chest harness (which she needs for safety in transportation due to severe seizures) – staff were advised that it was cheaper to send her to day program then to pay our staff to stay home with her to look after her. This activity only ceased when staff threatened to call the RTA and police and report what was happening.

Example 2 – Also occurred in January this year. At my house we have a resident (same resident in example 1) who is on S8 morphine patches. Due to this being a drug of addiction it requires us to sign a register every shift to say we have sighted and counted all S8 drugs and that they are all still there.

Upon signing the S8 drug register one shift I noticed that the pages of the register jumped from page 34-37 indicating that a page of the register was missing. This did not make sense due to the fact that page 37’s dates followed on from page 34. So it appeared that a page has been removed and re written on the following pages. I contacted another staff member to ask if she had the explanation for this as she was the second signature on the page underneath the senior support worker (who was not available on weekends), she informed me that she noticed this the other day and that she was not the one who signed it, in other words her signature had been forged onto the register (a legal document).

These dates also matched up with the time that 2 of this residents S8 Norspan patches went missing.

I checked the incident report folder to see if anything had been written about this and found that only one incident report that mentioned the Norspan Patches (as well as resident having an unexplained broken toe – was present although torn and placed behind older incidents – it had been completely crossed off the incident report register, I became confused. I will often log incident reports into Guardian myself, so I jumped on to see if it had been logged and maybe that being why it was crossed off but it was not logged onto guardian.

In general conversation with Senior worker on 8/2/18 she informed me that she had found the missing patches destroyed by water on residents bathroom trolley (residents CD player sits on that trolley and it is not something that gets wet unless it is purposely hosed in which case the CD player would be destroyed, also the S8 Patches are in foil cases, and are unable to be destroyed by water) and that she had disposed of them.

I thought I would double check the medication disposal tin, which was empty due to being emptied earlier that week. I checked the Medication Disposal Register, where nothing was recorded about Norspan Patches being disposed of. The Pharmacy will not accept medication that has not been signed on the register by two staff either, so it is apparent that it was not returned to the pharmacy.

Another thing to note is that 2 of the Norspan patches went missing – They come in boxes of two, and one was applied that day so that indicates that a box of brand new patches was removed from the inactive drawer as well as the box of patches with one remaining (which was applied to resident) which is completely unnecessary.

The hard copy incident report about the missing S8 patches went completely missing – was not logged into guardian (thankfully I had access to guardian due to picking up extra duties and I had an electronic copy of the incident report so I was able to log it)

This was reported by multiple staff and this senior worker was at the house for a further 2 weeks until our support staff who all reported this senior worker for neglect/theft/multiple other concerns started to call in sick and refuse to come into work whilst she remained in her position. She was then promoted to “roster clerk” in our organisation. She has since been promoted to a Coordinator of Supports position within our organisation.

I have contacted HR numerous times regarding this matter as there is illegality involved and I wish to go further if appropriate action is not taken – I am continuously met with responses about it still being under investigation and that I will never know any outcome due to confidentiality. I have not asked for an outcome on the particular person – I have requested to know what safeguards have been put in place by the organisation to prevent this from occurring again (as these drugs were purchased by a non verbal resident who cannot advocate for herself) I am yet to get proper answers and the incident report as well as the drugs remains unaccounted for.

These are just two examples of a string of incidents. This is what's considered “the norm” in our industry and unfortunately I hear of stories like this across other houses and organisations daily. The support workers have little to no voice and management self-regulate and cover their tracks. They protect those higher up and cull the support workers at any given opportunity. If you speak up about incidents you basically have a target on your back and can pretty much wait for the

moment that you are either bullied out of your job, or dragged in for interview constantly about minute things to the point you want to resign, or framed for neglect or serious incidents.

I love caring for people, but its things like this that make me wish I never step foot into this industry as it has created nothing but stress, sadness, and feelings of hopelessness. It effects my personal life daily.

Thankyou

Hayley Nicholls