

26 January 2018

Mr Trent Zimmerman MP  
Chair  
The Standing Committee on Health, Aged Care and Sport  
PO Box 6021  
Parliament House  
CANBERRA  
Canberra ACT 2600

Dear Mr Zimmerman

I am very pleased that the government is undertaking the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia as I have been trying to express my concerns about our Aged Care facilities since my mother entered care at the [REDACTED] [REDACTED] in April 2015. [REDACTED] run establishment and prior to 2015 had been held up in our community as a gold star Aged Care facility. Unfortunately, due to changes in management at the [REDACTED] decision to grow its empire cost cutting began at this time and the facility no longer provides the level of care and support to the elderly in the [REDACTED] community that it previously did.

The main key issue around aged care today is that there are very few standards around staffing ratios, food budgets etc. As a carer it was very distressing to see how my mother was treated in her twilight years. A system which encourages providers to move residents into high care as quickly as possible, because they receive more government funding, is completely wrong, especially when the shift does not lead to any discernible change in either the quality or quantity of care.

My mother was in Aged Care for over 18 months. She initially entered the [REDACTED] [REDACTED], with full mobility and a positive attitude to moving into aged care from the family home. Her husband had been admitted to [REDACTED] in high care, due to his dementia, 12 months earlier.

Unfortunately, at the time when my mother entered [REDACTED] there was a change of management. After considerable consultation with other carers and staff, after my mother started to complain about a number of issues, it was very apparent that [REDACTED] was on a money saving campaign and the new manager's role was to reduce expenses at the cost of care for the aged. Thus, since April 2014, when the present Facility Manager reduced the level of staffing and their hours of work, frequent major issues have arisen.

*Several examples resulting from the reduced staffing situation include:*

- the need for the Aged Care Complaints Scheme (ACCS) to intervene in order to cease the practice of Personal Care Assistant (PCA) staff taking their lunch break when residents were left with their lunches getting cold (reduced staff availability meant that their morning tea break was delayed due to their morning work taking much longer).*
- When my mother was unable to feed herself, her meal would be delivered and then staff may come back 30 minutes later to feed her a cold meal.*
- On a number of occasions, she was left (stranded – and semi naked) on the toilet for up to 30 mins when she was unable to move because of the lack of staff. This is*

*totally unacceptable as residents in the similar conditions require (mandatory requirement) two PCAs to be present until the resident's morning needs are safely met and the resident placed securely in their chair. Staff are clearly bewildered as to how to address concurrent urgent matters in the absence of adequate staffing – and scared of being blamed if something untoward occurs and our loved ones are left in very uncomfortable situations.*

- staff responses to the residents' alarm buzzers are often delayed for an inordinate period due to the unavailability of staff. The number of times I visited my mother and her buzzer was on the other side the room is extraordinary, despite me asking staff to ensure she had her buzzer nearby once she lost her mobility.*
- the reduced staffing level has frequently been impacted to an even greater extent by staff not arriving for their shifts (various reasons offered). This has been a reasonably common and unsatisfactory situation which was not a major problem pre 2014 when a "floater" staff member was rostered on duty.*

My research revealed that both the elderly and the staff are all very frustrated with the lack of standards for Aged Care facilities. These people deserve better treatment otherwise all those dedicated to providing good quality care for our elderly will leave the industry because of the lack of support by organisations like [REDACTED] and the government. We need more standards set by the government to prevent the current bad situation we have for aged care. I am also a member of a group who are concerned about aged care and they have had very similar experiences with various age care facilities.

As well as staff shortages, the food that was being provided to residents at [REDACTED] was of a very low quality. When I complained to the facility management they suggested I attend one of their food forums, which I did in September 2016. When I asked management for the details of their food budget I was told it was confidential and not available. That was no surprise because on speaking with the chef he was frustrated by the amount he had to spend on trying to provide tasty nourishing meals to residents. Because of the staffing and food situation it is vital that governments must regulate that aged care agencies must provide prospective residents/customers with the details of staffing ratios and what their budgets are spent on.

I am amazed that as a not-for profit organisation, it would be expected that aged care provider [REDACTED] reported net profits, \$2.1M for the FYE 30/6/16 and \$9.2M for FYE 30/6/17, would be primarily directed towards care. It is also noted in the 2017 accounts that 75% of the surplus appears to be generated from fees residents and the government payments. Instead of providing a high level of care, the [REDACTED] Board's declared strategy is growth. It seems their philosophy is growth before quality care of the aged. Effectively taxpayers are funding growth to the detriment of quality care.

At [REDACTED] I believe that there is a really safety issue for the residents. They have 2 lifts, one large enough to take an ambulance stretcher and the other small one will only take a person in a wheel chair. During my mother's time at [REDACTED] the large lift must have been out of order at least 6 -7 times. At one point it was out for over a week. This is a huge health and safety issue. How could the staff possibly get the 100 residents on the 1<sup>st</sup> floor safely out of the building in the case of fire, or some other incident, let alone the 40-45 high care residents on the ground floor? According to [REDACTED] the authorities don't see this situation as an issue. My mother was taken to hospital and the only way the ambulance could transport her was via walking her out through the garden on a cold wet winters day. When she returned a week later again she had to be taken in via the garden because the main lift was still inaccessible.

The absence of effective Government supervision of Aged Care Centres (with the various quangos/agencies controlled on behalf of the Aged Care providers) .....and.....the lamentable levels of staffing and care/supervision in Aged Care Homes are the main issues facing aged care.

There seems to be a total lack of transparency on access to meaningful KPI's on the performance of Aged care providers. Following are some suggestions as to what KPI's need to be set and met:

- Providers claim confidentiality on key indicators such as meal standards and budgets? This will not facilitate a consumer centric approach.
- Providers seem to be able to manage costs to generate excessive profits from aged care fees and government subsidies - what is a reasonable profit and how should it be deployed. This is particularly the case in relation to the Not for Profit sector, where it seems profits are generated and used for expansion of the agency through acquisition and development of new facilities.
- What is the level of staffing of each facility?  
Staff morale was seriously depressed at [REDACTED] with a high proportion of staff actively looking for jobs elsewhere;  
Absences are invariably un-relieved due to inadequate rostering practices; there are regular instances of staff who live over 1-hours' drive from [REDACTED] being called at short notice to attend for a 4-hour relief shift; hardly a fair proposition for a person on low income with family commitments;  
The [REDACTED] management was also very proud of the non-use of agency staff to relieve absences while permanent staff were expected to pick up the work of those who are absent;
- What is the qualification profile of staff employed in each facility? A 5-week online Personal Care Assistant (PCA) qualification is not sufficient for someone looking after our aged and the complexities they present.  
Staff are distressed that in key areas they have insufficient time to address the needs of the residents they are assigned to care for. An example when my mother was in [REDACTED] there was of a patient suspected of having a stroke and not having her symptoms properly assessed within the critical 4-hour timeframe. Because of the delay permanent damage occurred that could have been avoided;
- What is the ratio of carers to residents (for low care and high care) in each facility?
- What are the minimum performance standards in relation to responding to resident requests for assistance (e.g. toilet stops, severe discomfort etc.)? My mother complained of a sore bottom to the nurse and PCAs for 6 weeks and eventually her doctor attended and checked her bottom and she had a bed sore the size of a cricket ball, which staff had not detected. They don't listen to resident's requests, complaints, nor those of their carers for that matter.
- What are the levels of staff satisfaction in each Care facility? Staff are discouraged from striving to improve their qualifications to perform their roles – in one instance a staff member who achieved Registered Nurse status while employed at [REDACTED] was told by management she would never be employed at this level by [REDACTED] and subsequently left to work at another facility. Another nurse only stayed 2 months because of the standard of care at [REDACTED]. She found it far too stressful to see how residents were treated;
- What is the level of resident / families of resident's satisfaction with care provided in each facility?

- What is the level of resident safety and protection? Screening seems to be inadequate when new residents with severe psychiatric disorders are admitted and violent incidents occur, involving staff members being injured, as a result. One male resident frequently walked into my mother's room uninvited. Staff seemed unable to prevent this.
- what is the level of staff turnover in each facility?
- What is the average life span of residents after admission to high care / low care in each facility?
- Fees change regularly - the access to information about why is obscure and difficult to obtain - financial reporting standards need to be simplified and accessible.
- I believe that you can judge the level of care at an Aged Care facility by the smell of the facility. Every time I entered [REDACTED] while my mother was a resident, the smell of urine permeated the air. This was a clear sign to me that they were not taking the residents to the toilet enough and left them in wet clothes. I was advised by the facility Manager, when my mother moved into high care, it would be better for her because the number of staff on duty was much higher. This was totally false. Frequently when I visited her in high care she had been sitting in wet pants for hours. Not only was this degrading to my mother, who by the way had spent her whole life volunteering in the local community, but also meant that she continually got urine infections and had to take antibiotics.

Data on these types of service metrics need to be collected at least annually, rigorously analysed and reported swiftly on a public web-site. Governments do it for schools through initiatives like My School – why not for Age-Care providers

The culture of buck passing between the Dept. of Health and Providers needs to change ... current arrangements lack transparency and protect the interests of suppliers at the expense of open information sharing about relative performance of care facilities, who should be providing the best possible care to the elderly.

I trust that the Committee will listen to humble people like myself, and not the major Aged Care providers, and come up with ways in which to protect the elderly and frail in our community. As I am only 21 years younger than my mother I certainly don't want to go into Aged Care as it is currently run. I would be more than happy to discuss my mother's experience with the Committee.

Your sincerely

[REDACTED]

[REDACTED]

[REDACTED]