

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Chair and Committee Members,

Re: Submission Aged Care Legislation Amendment (Financial Transparency) Bill 2020

Introduction:

My name is [REDACTED], I live in [REDACTED] [REDACTED]

I have been working in the Aged Care sector for over 25+ years now. I started out caring for my in-laws and my mother and while I was doing this, I decided to take on a course at the local Adult Education in town, It was to do a certificate 111 in Aged Care. This was to enable me to be reassured I was doing the right things regarding the care I was giving my loved ones. At the time it took me 12 months to complete this course once finished I received the certificate.

As time passed my loved ones had passed and my own children had grown, so in 2008 I applied for a job in an aged care facility in [REDACTED] known as [REDACTED]. I was here for 10 years as a Carer and in the last 3 years of that employment I went to night school to obtain a Diploma in nursing as an EEN. Once I had completed the Diploma I stayed as a Carer for the next 6 months as I was due for long service then. [REDACTED] was not interested in employing me as an EEN Due to them stating they had RNs and Carers only.) therefor I was still only employed as a carer for that 6 months. (regardless of my Diploma I also only received a Carers wage).

When I started at [REDACTED] it was a low care facility and it was a great place to work, the interaction I was able to have with the residents was wonderful, There were 60 residents and also self-living units outside. During this time Carers had time to interact and build a real rapport with the residents. Residents and staff were Happy.

Before the policy of Aging in place was implemented the Resident had to meet a criterion that showed they were in-fact showed they were at a low care level before they were accepted. Once the Government policy of "Aging in place" was implemented, I remember seeing a dramatic increase in the type of residents with Palliative care needs, residents with Dementia, Residents with Psychological needs being accepted. As the demographic in the facility changed, the workload increased at least ten-fold, but the staff numbers certainly did not increase.

In fact, a short time later the staff's hours were actually cut back.

Not only did we have heavier workloads with the same number of staff we actually had less time to complete these tasks.

Once Aging in place started, I remember the working dynamic changed. Staff were getting stressed and unhappy. When I started, Staff cared about what they were doing and the residents they were attending to were important to them, but over time, sadly this level of caring and importance of the small details took a back seat to what is now known as a production line. For a Career that was so full of job satisfaction and happiness was soon for many staff to become a job that you turn and do the basics of care; get these residents out of their rooms and into the dining area. It was not long after that the workers would start coming to me and would brag that "all their residents were all in the dining room". Now their glasses might not be on, their shoes might not be tied, they might not be clean or dry, their hair is not even brushed, but they are all in the dining room. Instead of taking pride in ensuring a high quality of care, suddenly it was about ensuring the highest turnover and meeting these incredibly high and unrealistic deadlines set on us by Management.

Looking back on it, it feels like it happened almost overnight. During my employment here I was proactive in taking on the role as a Union representative, OH&S Representative, and was also directed by Management to train new staff.(which we all had to do, with NO reflection of this in our pays.)

This was the start of a very declining Aged Care System! As an OH&S representative I tried to implement safety for all the residents and staff, I repeatedly put in CAR (corrective action request) forms to management and head office for the necessary equipment that was required. Always without a response or the answer was NO! You see the biggest hurdle to work around was the building itself was built as a low care facility, there were no overhead hoists for lifting , there was not access to both sides of the toilet in the bathroom for 2x Carers to attend. There was no lock down part of the facility for Dementia persons to wonder freely. Once the admission of more Dementia Residents came in is when this became an issue, as the residents were getting out on a weekly basis, twice some weeks, so head office's solution to this dangerous problem was to have a keypad put on the front door! This did not work as there was at least 11 other doors that the residents could escape from without being noticed, as the minimum amount of Carers were all doing showers and attending duties with other residents, there were 60 residents with 1x RN on each shift and 2x carers to dispense medication and 4 other carers to attend to residents.(that's on a morning shift, there were even less staff on a PM shift and Less again on night shift.) Working it out during the morning 1x Staff member was responsible for 15 residents for the first 3-4 hours, this meant a mixture of High-care, Palliative, Dementia, and full assist residents to be attended to! And the Staff to resident ratio was even worse on the other shifts. As I mentioned carers giving out medications this was by popping tablets out of a webster pack counted then given to the resident so they could take them. As the care needs grew for these residents it was not a surprise that the residents could not do this for themselves, so in that case Only Nurses can legally give the resident tablets , this is called administering, but instead of employing EENs or more RNs Japara are happy for the Carers to do it. Totally illegal but is still done all in the knowledge that head office is aware and does nothing about it as it would only cost the company more.

Head Office have a policy where the Manager/ RNs put the Carers through a session of competency. This enables Carers to give out Medications from a webster pack.

This competency consisted of the Manager giving out a questionnaire then watching the Carer do the medication round. It was then implemented for the Carers to do a 6x Hour course then they received a test once that was completed, they could distribute the medications from the Webster packs. I had a Carer come to me and stated that she had failed the test and went on to show me her results, she had got 10 out of 15 questions wrong and it stated she was not competent. She was relieved as she hated the responsibility of doing the medications. We entered the office where she was told by the RN to do the Medications, She responded with I can't and showed her the test results, The RN went on to say oh we only do that to cover our arses you can and will do the medication round.

I used to do the medication rounds too, until I started my Diploma and learnt what the difference was between dispensing and Administering was, I then exercised my right to not do something that I was instructed to that was outside of my scope of practice.(Again this made me more of a target).Staff are not paid extra to do the medications.

It was very well known that Japara only cared about making a profit. A colleague of mine Known as [REDACTED] had started there around 6 years after me well [REDACTED] and myself are very passionate carers and we were always adamant to provide the proper care that our residents required and in order to provide this we were soon branded as trouble makers as it always took us longer to assist a resident, the staff would back bite us complain about us being slow and were always ganging up on us. Management was informed of what was happening and she encouraged the bullying and would just say well work faster!

The bottom line is that [REDACTED] and myself realised something had to be done for Aged Care. I started to believe that maybe I was a trouble maker ,so I went home and wrote Down what I did at work and how I felt about it throughout the shift, reading it back made me realise even more how broken the system is. I encouraged [REDACTED] to do the same. We both wrote a journal about what we felt and did on one of our shifts. We sent copies of it to members of Parliament being Sarah Henderson and then Derryn Hinch while he was in the senate. Derryn met with us and asked us what it was that we wanted? We stated that we need the Aged care ACT 1997 updated and a legislation of Ratios to be added, we realised at the time there was so much more to be done but if we could get the ratios in that was a start.

Derryn then presented a Bill into Parliament (not once but twice) to have ratios implemented as a legislation, not one person in Parliament backed him. [REDACTED] and myself have continued to campaign for ratios to be implemented and also for transparency to be put forward as well. We have travelled to SA, Melbourne and even Canberra, to get our message out there.

We saw so many cutbacks made by Japara in order for their stock markets to go up. The funding that they received from the Government was never seen to assist the resident. Below is a list of the cutbacks we witnessed while working there.

1. First aide Cert 2 requirements for staff was a criterion to be employed by them, this was done at the staffs own expense. The union issued a rule in the EBA that Japara had to pay for Carers to obtain it. It was then dropped as a requirement. I approached head office CEO from our region and pointed out this is not a good Idea as residents rely on staff knowing what they are doing in an emergency. I was soon informed that is only a requirement under the ACT that they need to provide a RN on each shift, and they have the expertise. So, to understand this I stated, "what happens If I come across a Resident having a stroke on the floor"? The answer was "Do nothing but get the RN to come", I then stated, "what If they are busy with someone that has had a fall"? (There are 59 other Residents) The answer was "So what! That is how it is"! I stated, "that could be a matter of Life or Death in wasting time", She went on to say, "We cover ourselves Legally that's all that is required".
2. Refusal of new equipment. (we needed a proper shower commode that lies down for a bed ridden resident, [REDACTED] from head office answered my request with "What justifies us spending that sort of money on one resident when we have 59 other residents".
3. No training for staff for residents with psychological problems eg, Dementia.
4. Gloves were locked up away from staff's access. (Managers were to get bonuses from head office if they saved a dollar.)
5. Pads were and still are restricted to a daily quota. (if staff took extra, they were pulled into the office to explain and be sternly told NO!) We were always told that Pull-ups (Continence pants) were not covered in the funding that the residents get! (This is also Not true.) Some of the Residents preferred these pull-ups so they were also forking out more dollars to buy them for themselves while Japara kept the funding they received for those resident's continence needs.
6. There was not one new wheelchair bought for the facility in the whole 10 years I was there. (the only newish one we got was one donated from a deceased resident's family).
7. Bed mattresses were not replaced until I as OH&S delegate reported it to the commission, and now it's only 1x mattress replace every 6 months or so, the mattresses were worn through and any soiling that occurred went through to the middle of it and the manager told me to put it in the sun to dry it, I went one better and threw it out, they had to buy a new one before they could replace the resident. I was soon in the office and threatened again, so I rang the commission. Then it was a poor solution of replacement every 6 months.
8. Contract steam cleaning used to happen every 6 months that was soon stopped as they bought their own steam cleaner, the thing is it's supposed to be used with chemicals and Japara never bought the chemicals instead they used it with water only. This was not a safe practice as it was only spreading the germs around. (Infection control)
9. Japara cut out supplying pear juice for the residents if they wanted it, they had to pay extra. As OH&S rep I pointed out it is a dietary requirement for residents to assist with their bowels, this soon took place, but it was a nightmare trying to get the RNs to make it dietary requirement.
10. Bathmats were cut from the Laundry stock ordering sheet, when questioned the answer was the residents do not need them.

11. Mattress protectors were cut from the laundry stock ordering sheet, when questioned the answer was, we need to save money.
12. On the WEB site of Japara's [REDACTED] It advertises a Hydro-bath (the hydro-bath has not been maintained for many years therefor it does not work as anything other than a bath, and even that is limited as the manager does not want people to use it as if it sits for 12 months without being used they can then get rid of it and turn the bathroom into an office. To my knowledge I have been gone over 2 years now and it's still not being used.
13. On Japaras WEB site again it advertises that it a facility that recycles, this is not true as the local shire would charge extra for the recycle bins and pick up so Japara just do not do it.
14. On Japaras WEB site they also advertise Chef cooked meals, This was also another lie and in all the time I worked there for at least 8 years of that time it was only kitchen hands doing the cooking and half the time when they were short staffed the carers were redeployed in there to work, mentioning also no Food handling certificates were obtained.
15. Pressure mattresses were needed, and it was like pulling teeth to get one! Then there was No training for staff on how they were to be used, because of the misuse of one a resident ended up with stage 2 pressure sores on the heels.
16. Cutbacks on the food were made all the time and god help anyone of the residents wanted seconds, they were often rudely told NO.
17. Staff shortfalls were and are very common, a directive from Japara was Cleaning staff are not to be replaced if someone rang in sick, Which also happened when carers rang in sick as well, If there were students at the time they were given a directive to work in an area on their own. I was also working there when a Carer rang in sick for a night shift and that person was not replaced therefor there was only one carer for the 60 residents for the whole night. I pointed out to the manager and stated there were at least 4x staff members that were not phoned, and that there was also a fall on site that evening. She stated she had been too tired to come in and she was happy there was a contingency plan in place?? As OH&S again I bought this to head offices attention as a safety breach and got told its ok!
18. Fruit was once supplied in bowls for residents to help themselves, but this was soon taken away. So, then they get one piece of fruit once every 2 days on their breakfast trays, even got what they did not like or eat.
19. Japara also advertises bus trips and daily activities. The bus has not been used for trips for years NOT because of the virus COVID 19 now, but because there is only one activities person at a time and they cannot manage the residents with the care needs that are required to do this. They advertise a Church, Not true they hold the services in the passageways, they also advertise a theatre, not true they have a TV in the dining area.

As you can see from this list This is not a nice place to live in or work at, [REDACTED] and myself ended up very depressed and were struggling everyday we were there, even to the point that when we had left this place it took us months of being sad and angry before we could move on. We have both made a promise to all our elderly loved ones that we will never give up trying to get what they deserve. Basic Human rights include dignity, respect,

understanding and most of all holistic care. Transparency of Funding is desperately needed so these Money hungry companies to provide proof of what they spend the funding on.

FINAL COMMENTS

When I saw that Senator Griff was putting forward a proposed Bill to parliament for Transparency I wanted to take this opportunity to put a submission on both mine and [REDACTED] behalf in to support his bill, This is a long time coming and needs to be implemented Now. I have all the documentation to support all our claims and We are prepared to stand up in court for the truth to be told. We also put in witness statements to the Aged Care Royal Commission to support the Staff to Resident Ratio and Transparency of Funding.

It is our belief, that we have seen so many horrors in the Aged care sector that our elderly have been terribly let down by us and our Government, with this sector being in this state at this time it's only inevitable that it was going to get worse with the COVID 19 virus, as it was already in a crisis before now, and has been for far too long .It is also Known that Japara Facilities are the same all over this country and all the studies we did along with HWU [REDACTED] that 99% of private and not for profit organisations operate in the same manner.

When ever these Companies are questioned, they state “We need more funding”. I believe the Government funds these places in the good faith that they serve their Residents Care and needs first! Well clearly, they do not and it is only fair that they have to provide the proof of where the funding is going!!! Working in Aged Care and being told that they never have enough funding and then looking up their Stock markets to see their profits makes a person incredibly Angry. Knowing full well of all the cut backs and lack of care that our elderly so deservedly need and don't get.

Its Time That these companies are all bought to Justice with the Horrific examples they have shown all in the Aged Care Sector,

Written by [REDACTED] and [REDACTED] in support of a transparency legislation being added to the Aged Care Act 1997.