Senate Community Affairs References Committee
Inquiry Into Aged Care
Terms Of Reference

On 23 June 2004 the Senate referred the following matters to the Senate Community Affairs References Committee for inquiry and report by 30 September 2004:

(a) the adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training;

(b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

  (i) assessing and monitoring care, health and safety,

  (ii) identifying best practice and providing information, education and training to aged care facilities, and

  (iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;

(c) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements;

(d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly; and

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

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Dear Madam / Sir

I wish to present my experiences within aged care, information, views and possible solutions to some parts of the Inquiry into Aged Care, specifically:

(c) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and **the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements;**

(d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly; **and**

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

Background

My background comes from having elderly parents and looking after them; specifically being a full-time carer for my mother for 16 months, while she was suffering from multiple problems, including at least two cancers, Alzheimer's', a dead cataract and other minor problems. As well, I contributed to a Carers' Group within Hobsons Bay. Also, I have recently assisted an aunt and uncle to move into Aged Care accommodation in Perth.

I chose not to place my mother into any form of Aged Care because of her need, and right, for quality and intensive care – she required continual urging to consume food (liquid, through a straw, for 14 months) and when not reminded, she would just "forget" to eat.

I did place her into Respite Care for four days while I had a break, but she lost over two kilograms during that time.

Providing the right Medication

One of the solutions I saw for preventing wrong medication going to residents, especially those with dementia, was to include a digital photo of the resident on the medication record to allow positive identification.

This did not occur in 1999/2000 and the staff providing Respite Care for my mother were surprised to see I included it on her documentation. I was very pleased to see it in use a month ago as my relatives moved into a nursing home at Perth.

I sincerely hope it is mandatory now.

Residents with special needs

Residents with special needs are not having those needs met under current funding arrangements.

I have detailed some situations of insufficient resources:

- An example of having to feed someone for eight hours a day (my mother) could not have been met, and still couldn't be met because it required a dedicated carer for an individual for at least one shift.
- My uncle has experienced bowel problems after six months in hospital and requires assistance to toilet (he has no legs, is on anti-clotting drugs and at 86 is not too steady).

  He can "buzz" for assistance, but it can be up to half an hour until assistance arrives. By that time, the task is to clean up, not to help.

  This specific problem unchecked, can unfortunately exacerbate to more serious illnesses, for example, bedsores and the consequent risk of infection (ie, septicemia).

  The solution is to put a "nappy" on him – a demeaning and undignified solution for someone who still has all their mental faculties, but not many physical ones.

  This solution does not overcome the problem of possible infection.

  There are simply insufficient staff to meet these types of needs.

Insufficient Staffing

If a visitor draws attention to that need, my experience, as well as others, are not responded to favourably by the staff, as they then have to leave someone else who may need as much care, but not right at that second.

A possible solution may be to have one carer assigned to short-term but critical needs, and only use the carer for that, unless it is accepted that other duties may have to be left to attend to the higher priority need. So they would not be assigned to showering duties,

which would leave a resident in an uncomfortable or dangerous situation, but could be to feeding, dressing or other non-critical needs.

Gaps Identified in Aged Care

Two other problems have arisen in relation to my relatives entry into care. They were exacerbated by the rapid nature of their entry. They were informed on the Wednesday that the first (uncle with no legs) was to go from hospital to the nursing home the following morning. His wife was to go in the following Tuesday.

> ***Consider this:*** *that they have no close family and no-one who could just stop and help them.*

Fortunately, I arrived in Perth a few hours after they had been told, and was able to assist in organisation, movement, and settling in to their new "homes" respectively.

Otherwise, they were caught at a very vulnerable time – my uncle is unable to move, my auntie's vision is severely impaired --, my uncle is also recovering from the amputation of his remaining leg and they had to move their clothing, furniture, all of their belongings, arrange finance, notify change of address and cope with new “homes” which were unfortunately separate (though in the same building).

Problem 1:

The first practical problem came because of the timing of my uncle and aunt's move.

My uncle was assessed as only paying the minimum and a small daily fee.

However, his wife (my aunty), moving into a facility a few days later, was assessed as being the sole owner of their home and was required to pay the maximum bond (which of course they did not have in ready cash and could only access part of the amount because I could take them to a bank).

So we have a situation where a resident is paying interest on the remainder of monies, which she will not be able to pay until their home is sold, and which her husband is part-owner of.

Accessing the funds when the property is sold will be a problem because of my uncle's limited mobility and my aunt's limited eye-sight.

These traumas all occurred simultaneously.

Problem 2:

Although living under the one roof, they are physically separated by approximately 100 metres and different sleeping rooms.

> **Apart from being separated whilst at war, and hospital, my aunt and uncle have never been separated.**
>
> Now, in a time when they should be able to rely on each other and help and console each other, they are apart because it is "economically expedient".

My uncle is "categorised" as high-care, whilst my aunt is low-care.

This "economic climate" ignores the fundamental fact that together as a couple, they will be able to cope better and assist each other, for that is not a “criterion”.

How many times could the argument be advanced that a little more quality yields a better final result (let all our politicians and others travel economy, because it saves money – ignore the fact that more comfortable travel means they can “hit the ground running” and be more efficient)?
Quality of life is a basic right that all our frail and elderly approaching their twilight years should have.

I would like to add more, but I will become too emotional.

Although I am recording my experiences, I am deeply concerned for those who are unable to mount their own case, cannot present a submission, because they don’t know of the enquiry or are physically, educationally, or emotionally unable to prepare a submission.

I am upset and concerned for our elderly and frail, the voices which cannot and will not be heard, and for those who will spend their twilight years in uncomfortable surroundings, experiencing distress, or simply be bewildered when they should be enjoying happiness and contentment as they slip away from us.

Thank you.

Doug Mullett

References:

The following items published in the news are, unfortunately, not a comprehensive listing or reflection on what is occurring in aged care:

Title:	**Resident killed by medicine mistake**
Source:	Herald Sun [reporter: Nikki Protyniak]
Date:	24 April 2004
Brief:	**"**AN elderly woman died in a nursing home after mistakenly being given another patient's medication, a coroner found yesterday. Coroner Heather Spooner found 86-year-old great-grandmother **Freda Cameron died after being mistakenly given the other patient's diabetic medication** at the Villa Maria Society aged care centre in Berwick."
Title:	**Hostel loses licence as death investigated**
Source:	Herald Sun [reporter: Luke McIlveen]
Date:	8 January 2004
Brief:	**"** A NURSING assistant who barely speaks English was allowed to look after 53 elderly people on her own while police investigated her over a death at a Melbourne hostel. The foreign-born nurse worked the night shift at the Vincenpaul Hostel, Mont Albert North, for six weeks before she was placed under supervision. After the death of an 89-year-old resident and during her time running the hostel at night she was barred from dispensing pills. Some residents were left to endure an agonising wait for morning nurses to give them pain killers. The federal aged care home watchdog has detailed a litany of problems at the Vincenpaul hostel, which could be closed over its performance. Problems listed include: • ALLOWING a woman to rinse out her mother's blocked catheter with Coca Cola; • REPEATEDLY giving residents the wrong medication; • SERVING Catholic residents meat on the first day of Lent. **Joyce Barnes died in early November after she was allegedly given the wrong heart pills at the Vincenpaul Hostel in Mont Albert North."**

Title:	**Elderly at mercy of untrained workers**
Source:	The Courier Mail [reporters: Luke McIlveen and Brendan O'Malley]
Date:	6 January 2004
Brief:	THE elderly are being put at risk by inexperienced nursing-home carers whose pay and qualifications are the same as fast-food workers. Trained nurses are leaving in droves, while untrained and low-paid staff are filling posts, an investigation by The Courier-Mail has found. And Commonwealth nursing-home inspectors have found residents and staff in appalling conditions. In some of the worst cases, nursing-home staff: • Gave residents the wrong medication or none at all. • Allowed a dementia patient to wander into another resident's room and swallow their medication. • Contracted staph virus because of poor hygiene. The Aged Care Standards and Accreditation Agency found the Canossa Hostel for Ethnic Aged at Oxley in Brisbane's south-west was not fit to operate, failing basic standards in medication management, training and clinical care. "The agency identified serious risk, the department determined that there was an immediate and severe risk to the health, safety or wellbeing of residents," the agency's report said. The Verona Villa Hostel, part of the Canossa Complex, could lose its licence if it does not train staff to correctly administer medication. "

Title:	**Outrage at squalor in hostel**
Source:	Herald Sun [reporter: Luke McIlveen]
Date:	14 October 2003
Brief:	"A MELBOURNE aged-care hostel where residents hand-washed their own soiled underwear and were not given regular medication has been allowed to stay open. Armitage Manor in Windsor has been labelled the worst aged care centre since the notorious Riverside nursing home, where residents were given kerosene-laced baths to prevent the spread of infection. A report by the Aged Care Standards and Accreditation Agency, obtained by the Herald Sun, found Armitage Manor failed to meet 25 of the 44 accreditation standards set by the Federal Government. But the agency found the hostel did not present a "serious risk". A new director of nursing has been appointed and the hostel will not be reviewed again until next July. The catalogue of neglect included: • A BLIND resident whose medication was left on their bedside table. • RESIDENTS with mouth ulcers from poor dental hygiene. • NURSING staff unable to hear residents' buzzers because they were working in the laundry. • TERMINALLY ill patients whose dying requests were ignored. • A LACK of extra nutrition for residents who had chronic weight loss, including one resident who had lost 4kg since December 2002 and weighed just 46kg. • A RESIDENT who was not given crucial eye drops after cataract surgery. "