Edward & Jack

Att: Tony Windsor
Senator Jan McLucas
S/Min. AGED/CARE
P/Hse CANBERRA.

2 pages

"the Root?"
ON Going. 1 Quote.

16-3-05
0265622-604
CARER

As Discussed with your media/MAN.

Dear Senator.

NO Random/spot checks done on N/Homes. Hostels. Respite Centres, that are GOVT FUNDED, yet Billions of Dollars, taxpayers uges OUR moneys are annually not accounted FOR, Here. Why! Every 3yrs. Standards + accreditation funding takes place, the Rest of the time NO Spot-checks are done! We get thousands of Reports, Nationally through A.C.C.R.S. D.H.A + they ARE Buried! ARE these Facilitys bigger than GOVT or is there some sort of Deal to allow them to Be Fully Autonomous at OUR Loved ones expense! I claim D.H.A is poorly RUN, its INFRAstructure is out dated, if it ever had one + the whole National Body needs a Review or Royal Commission Senate Estimate: Furnancial + accountabily INVESTIGATION! they the Facilitys, Have a NO LIFT Policy & Lot Have NO mechanical LIFTERS for Residents in W/Chairs they Leave people IN Rooms Zonked or to stare At the WALLS Because they CANNOT get AIN/NURSES OR Carers. + there are not enough C.N.C.P.s to go Around! As for the Aged Care teams they ARE I feel. over powered + should not Be able to do a 2624 Report without Confirmation of your Local Doctor on His Recomendations! Please. Can you help? Stand up - Help OUR AGEING & Disabled.

Edward

ATT: Fax 02-6277-5809.
M/s Lisa. Finn. - spmgr this Fax
Senate Estimates Committee.
Finance. Co-ordinator
P/Hse. Canberra to All
Committee Members. -
Chairperson.
Brett-Mason

Please acknowledge upon Receipt of 5 pages.

Edward E. Stack.
16-3-05.
PH 02.65-622-604
CARER-

Please Register these Pages
Documents. Regarding Nursing
Homes - Hostels - Aged & Disabled
Care in Australia + Investigate.

To Whom Members

I would Hope that you take
Mr. Windsors Representation on
D.H.A. failures on my Behalf as Serious indeed!
May I Suggest, As our duly elected Representatives
Here I would suggest, that you may or may not
Be aware of the Malfunctions of Dept
of Health & Ageing, its structure - its
Procedures - policys - its time it was Reviewed
Brought to Heel & the funding it Largely
Distributes Be made More accountable
& Constantly those who Receive it, By Means
of Regular Audits on Spot - Random checks
of all facilitys. Not Just the Chosen
few every 3 yrs. 12 months or so, In other
words, the Management / Main Frame / of all Assoc
Sections / Depts need to be Reviewed. Edward Stack

6:30pm Fax'd (2)
The Bulletin magazine
to Hall Green Lmod.
tim Blair
RS.
Referred by C.O.T.R.
Jack

E Saul 0265-622-604 31-3-05

Commonwealth OMBUDSMAN

Ground Floor, 1 Farrell Place ▪ Canberra
GPO Box 442 ▪ Canberra ACT 2601
Fax 02 6249 7829 ▪ Phone 02 6276 0111
Complaints 1300 362 072
ombudsman@ombudsman.gov.au
www.ombudsman.gov.au

13 pages

RECEIVED 18 MAR 2005

Our ref: 2004-2156674

15 March 2005

Mr Tony Windsor MP
Member for New England
PO Box 963
TAMWORTH NSW 2340

Dear Mr Windsor

Thank you for your personal representations of 18 February 2005 on behalf of Mr Edward Saul of PO Box W339, Kempsey NSW 2440 concerning a complaint Mr Saul has made to my office about actions of the Department of Health and Ageing. Mr Saul has asked that his complaint file be forwarded to a particular member of my Canberra office staff, Mr Paul Bluck, for consideration.

Mr Saul's letter of 18 February 2005 to Mr Bluck, which is attached to your personal representations of the same date, was also received directly by my office. I understand that at least two of my staff have spoken with Mr Saul and explained arrangements for handling his complaint.

It may be helpful if I explain briefly how Mr Saul's request has been handled. To date, Mr Saul's complaint has been handled by an investigation officer in the Sydney office. The investigation is not yet complete and in the temporary absence of the IO to whom the case was allocated, is being handled by another officer, under the supervision of a senior officer. My office is always prepared to look at issues raised by a person as to how an investigation is proceeding, but I would not ordinarily think it appropriate to transfer the file to a particular officer because a request along those lines has been made. I would note too that Mr Bluck is not an investigation officer, but is largely responsible for providing legal advice within the office. It may be that the investigation officer responsible for Mr Saul's complaint will decide to seek advice from Mr Bluck before the investigation of the complaint is finalised.

I hope this clarifies the position. If you require more information about my office's complaint handling arrangements, Ms Katherine Campbell in my Canberra office would be happy to assist. She can be contacted on 02 6276 0111 or by email at katherine.campbell@ombudsman.gov.au.

Yours sincerely

Prof. John McMillan
Commonwealth Ombudsman

Only Private Confidential Letter For H.E.L.P. Jack. Co.th. Faxed 13 pages 9.50am Sent E Saul

to Canberra.

to C of A OMB to you through Tony Windsor MP. 3/3/05. 0265622604.

REF/2004-2156674.

Prof. J. McMillan OMB/ & to the Deputy OMB/ & Legal officer Paul Bluck. c/o Tony Windsor MP

Request for 5/1. SYD OMB. C of A. Jeff Murphy to Retain (upon his Return) the Handling of my File matters Re. D H A. & my Mother M. B. Saul (13-1-19) treatment By TCC Inc. N/Home Tenterfield NSW. & the Lack of Follow up By ACCRS. & Commissioner For Complaints me/B - (on Mr Murphy's Return). Also For Mr Paul Bluck to obtain & Pursue

Dear Sir, & Note your Reply is not entirely Fact! to MP. Mr Windsor!

From this info - Re such - Lack of infastructure in place By D.H.A. to Handle Public matters Like this Disgraceful Lack of Protocol / Procedures / Compassion & the Diatribe including Confabulation received from all CARS to-day! Whilst the Health of individuals in these? Govt/Funded Facilitys. Deteriorate & the time taken now, As one officer Quoted Normally the Relative would drop off or the Resident is dead! is this the proper way to establish Routine checks on these places or on the spot checks & Random visits, without the yes Normal 3 months Notice in advance! Obviously your Comments some what also Fit the Bill, if they are your comments, you are not aware of the Human Carnage going through D.H.A accredited Facilitys Nationally - problems Created By Autonomous Bodys Funded By Govts, with no checks or Balances on Public $$$ yet, you claim to Be the monitor of such! Set your self aside & take the time to check out what the Hell is going on instead of giving us the 5 sec. Brush-off.

[illegible]

TONY WINDSOR B.Ec. MP
INDEPENDENT
FEDERAL MEMBER FOR NEW ENGLAND

PARLIAMENT OF AUSTRALIA
HOUSE OF REPRESENTATIVES

Shop 5
259 Peel Street
TAMWORTH NSW 2340
All Mail: PO Box 963
TAMWORTH NSW 2340
Phone: 02 6761 3080
Toll Free: 1300 301 839
Fax: 02 6761 3380
e-mail: Tony.Windsor.MP@aph.gov.au
Web Page: www.tonywindsor.com.au

Editor Dave/Corin Kempsey Argus Badly needed nationwide state

3 March 2005

PH 0265-622-604

Mr Edward Saul

Dear Mr Saul

Thank you for your fax message of 21 February, 2005 in which you requested that I refer your concerns regarding Haddington Nursing Home, the treatment of your mother and related matters to the Minister for Health and Ageing, the Hon Tony Abbott, MP.

I have written to Mr Abbott enclosing copies of my representations on your behalf to the Minister for Ageing, the Hon Julie Bishop, MP, and various officers within the Department of Health and Ageing.

I have advised the Minister that your primary concerns relate to:

- the treatment of your mother whilst she was a resident at Haddington Nursing Home;
- the Management Committee of Haddington Nursing Home and the difficulties you experienced obtaining details of the Committee's membership;
- Nursing home licensing standards;
- the Aged Care Complaints Resolution Scheme process;
- the need for random inspections of nursing homes;
- your call for a review of Aged Care Assessment Teams; and
- the need for additional nursing staff with improved salaries and conditions at nursing homes.

I have asked the Minister for his consideration of the concerns you have raised and for his comments.

As soon as I have received a reply from Mr Abbott I will be in touch with you again.

Yours sincerely

Tony Windsor

Tony Windsor MP
Member for New England

tw.lt cc Richard Torbay MP

Editor The Bulletin magazine Syd Please investigate with cc of MBs all

TONY WINDSOR B.Ec. MP
INDEPENDENT
FEDERAL MEMBER FOR NEW ENGLAND

PARLIAMENT OF AUSTRALIA
HOUSE OF REPRESENTATIVES

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259 Peel Street
TAMWORTH NSW 2340

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TAMWORTH NSW 2340

Phone: 02 6761 3080
Toll Free: 1300 301 839
Fax: 02 6761 3380
e-mail: Tony.Windsor.MP@aph.gov.au
Web Page: www.tonywindsor.com.au

15 March 2005

Mr Edward Saul

Dear Mr Saul

Thank you for your fax message of 14 March, 2005, further to previous correspondence, in which you raised additional concerns relating to the level of care provided by nursing homes and also reiterated your calls for random checks on nursing homes and for the operations of these facilities to be reviewed.

I have again written to the Minister for Health and Ageing, the Hon Tony Abbott, MP, asking if the additional concerns and points you have raised could be considered in conjunction with my earlier representations and for his advices.

When I have received a reply from the Minister I will be in touch with you again.

Yours sincerely

Tony Windsor

Tony Windsor MP
Member for New England

tw.lt

TONY WINDSOR B.Ec. MP
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FEDERAL MEMBER FOR NEW ENGLAND

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21 March 2005

Mr Edward Saul

Dear Mr Saul Eddie

Thank you for your fax message of 21 March, 2005 in which you requested a copy of the accreditations and standards policy governing nursing homes relating to the lifting of residents, particularly where assistance is required by relatives to help residents in and out of vehicles.

As requested, I have written to Mr Paul Taranto, Manager, Aged Care Branch, NSW State Office, Department of Health and Ageing, asking for his consideration of your request and for his advices.

Thank you also for sending me a copy of your fax message of 16 March, 2005 addressed to the Minister for Health and Ageing, the Hon Tony Abbott, MP, regarding your calls for a complete check on all government funded nursing home facilities to establish that staff have proper lifting machines and for random checks to be made to ensure this equipment is being used. I have also noted the contents of your letter of the same date to the Executive Director of the Council on the Ageing regarding this matter.

I have again written to Mr Abbott asking for his consideration of your requests and for his comments in due course.

Thank you also for your advice that you have referred your concerns relating to nursing homes to the Senate Finance and Public Administration Committee. Your advice regarding your action is appreciated and I have noted your comments.

Finally, thank you for you fax message of 21 March, 2005 regarding comments by Commonwealth Carelink Centre representatives who have expressed support for my representations in relation to the issues you have raised. Once again, your comments and advices regarding this matter are appreciated.

As soon as I receive responses from Mr Taranto and Mr Abbott I will be in touch with you again.

Yours sincerely

Tony Windsor

Tony Windsor MP
Member for New England

tw.lt

PARLIAMENT OF NEW SOUTH WALES
LEGISLATIVE ASSEMBLY

RICHARD TORBAY, M.P.
INDEPENDENT
MEMBER FOR NORTHERN TABLELANDS

Please quote:
js:sau

21 March 2005

Mr Edward Saul

Dear Mr Saul

I write in acknowledgement of your letter dated 16 March 2005, in regards to Disabled Aged Care Facilities.

As requested I have made representations to the Minister for Community Services, the Hon Reba Meagher, seeking a response to your questions.

I will write again as soon as I have received a response from the Minister's office.

Yours sincerely

RICHARD TORBAY, MP
Member for Northern Tablelands

Lynd. Canedink.

Jack.

COTA

3 page

30/3/05 Bulletin Editor

Electorate Office: Suite 1, 175 Rusden Street (PO Box 77), Armidale NSW 2350 Phone: (02) 6772 5552 Fax: (02) 6772 5026
E-mail: richard.torbay@parliament.nsw.gov.au

Parliament House: Sydney NSW 2000 Phone: (02) 9230 2417

Australian Government
Department of Health and Ageing

Mr E Saul

Dear Mr Saul

I write in response to your letter of 21 March 2005, received by facsimile on the same date.

In your letter, you have sought advice as to whether the aged care provider of Port Macquarie Gardens Nursing Centre is required to provide assistance for your mother to get in and out of a vehicle to enable her to enjoy outings away from the home, an activity I note you advise she looks forward to.

As you are aware, the legislative framework for the aged care reforms, legislated in 1997, is the *Aged Care Act 1997*. This Act sets out the responsibilities of an approved provider, in respect to their responsibilities to ensure that the care needs for residents residing at the home are maintained.

Accreditation standards have been developed under the Act that cover the full range of care outcomes for residents. These standards, a copy of which I have included for your information, include that residents are assisted to maintain optimum levels of mobility and dexterity, and assisted to achieve maximum independence, maintain friendships and to participate in the life of the community within and outside the home should they so choose to do so. This would include suitable and appropriate transport arrangements for those residents with such assessed care needs who require transportation.

As you are aware, the Aged Care Standards and Accreditation Agency (the Agency) the independent body established by the Australian Government specifically to work with the industry to manage the accreditation process and to monitor their efforts to provide better standards of care for all recipients

Within the accreditation standards, approved providers are also required to be mindful of regulatory requirements, other than the *Aged Care Act 1997*, that are applicable to aged care homes at the Australian, State and Local Government levels. As you indicate in your letter, occupational health and safety responsibilities are one example of such regulatory requirements, and the approved provider also has a responsibility to ensure the safety and well-being of residents and staff.

Whilst the accreditation standards set out the standards which the approved provider must comply with, they do not do prescribe the specific action that the provider must take in all situations. The critical issue is that a resident's needs are effectively met and delivered in a way that enhances a resident's dignity and rights in a safe and comfortable living environment. Accreditation involves the management and staff of each service analysing the

way the service operates, to ensure that its organisation systems respond to its changing needs in a way that results in continuous quality improvements. The Australian Government's expectation is that each residential care service will do what is necessary to meet the needs of its residents.

In addition to the accreditation standards, aged care homes must also meet the requirements of the Aged Care Act 1997 (the Act) and the Principles made under the Act in respect to the Specified Care and Services, made under the Quality of Care Principles 1997 (the Principles). Please find attached a copy of these Specified Care and Services.

I encourage you to discuss this matter with the Director of Nursing at Port Macquarie Gardens Nursing Centre in the first instance, to ensure that an appropriate and agreed approach may be identified to assist your mother to successfully continue to maintain and enjoy her outings, in a manner that ensures safety for your mother and staff. I would suggest that all parties will need to consider your mother's assessed care needs in order to identify the most suitable and appropriate transport arrangements to meet her needs.

If this approach is unsuccessful, you may contact the Aged Care Complaints Resolution Scheme, who can be contacted on 1800 550 552 (free call), to ensure that your concerns are appropriately addressed.

In addition to the information regarding the accreditation standards and specified care and services that I have attached to this letter, further information regarding the accreditation standards is available on the Agency's website, at:

http://www.accreditation.qust.com/index.html

Further information concerning the specified care and services can be found at:

http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-manuals-rcm-contents-12specif.htm

I trust this is of assistance.

Yours sincerely

Sue Kerr
State Manager
23 March 2005

to S.J. Jeff-Murphy C of A OMB/Syd. From E Saul Please Read W339 PO Box Raupby Richard Torbay MP Armidale. 2440 to Tony Windsor per Lee FMP. from E Saul -65-622-604 23-3-05. 4 pages

Post on File

3 pages

...e of Alice

...stice. They are devastated by the loss of an elderly mother, Alice Woolcock, in a ...and now others are coming forward with new claims. A special investigation ...ocking the aged-care industry. By Julie-Anne Davies.

...a photograph of his wife Alice, taken just after he returned from the war. Sixty years ...more than ever. More, he would say, than his own depleted life, which in the eight ...fe's death has come to seem pointless. Herb is waiting to die. But in the meantime ...ustains him. He carries it with him from room to room as he moves around his ...hen he goes to bed at night, the photograph is tucked in next to him on the side ...be. For a time he was embarrassed about it. But not anymore. When 89-year-old ...t with one of his three children, Alice comes too. His daughters find their mother ...when they pull back the blankets to make the bed.

...en you think about it, it's just grief," says his eldest daughter, Marion Hunt.

...f is drenched in bitterness. Although Alice Woolcock was nearly 90 when she died, ...uld still be here.

...th certificate issued by the Victorian Coroner's office, Alice Woolcock died from ...ilure precipitated by trauma". The "trauma" occurred in the Chelsea Private Nursing ...ourne where Alice had been living up until her death last November. According to ...eport obtained by The Bulletin, Alice was pulled out of her bed by another female ...and hit while she lay on the floor. She was taken to Frankston Hospital where ...broken hip and arm. Over the next fortnight Alice underwent surgery but her ...d and she died.

...g Mum lying in a hospital bed after 'the incident', moaning 'pushed, pushed, so ...daughter Jill O'Gorman.

...vestigating Alice's death. Her family is still bewildered at how badly Alice was let ...s health and aged-care system. And, they wonder, if this can happen to them, then ...ted inside the nation's nursing homes?

....

...ci Moylan was minister and it was her job to oversee a massive overhaul of ...system. That was the year the government tried in vain to convince Australians ...commodation bond (raised by selling the family home) to secure a bed in a ...dea, it was political suicide and it was eventually dumped.

...antly, came the notorious kerosene baths episode at Riverside nursing home in ...frail and elderly residents were given baths laced with kerosene as a crude ...cted skin rash.

...have been done to the elderly in the name of "care", a thimbleful of kerosene ...worst fears about surrendering to life in a "home".

...s, the Howard government and the nursing home industry have worked to ...broken trust. They argue, with some conviction, that the aged-care industry has ...s are now subject to regular monitoring, many of the dilapidated firetraps of the ...en replaced with "purpose-built" facilities, and more money has been spent ...g was announced in the last budget). A Senate inquiry is under way to test these ...riven by Labor in an effort to try to reignite public concern in an area not deemed

...s know that in an election year, aged care can suddenly rear as a red-button ...nother thimbleful of kerosene. Or worse.

...e Bulletin has uncovered widespread allegations that the monitoring and ...Australian nursing homes is a sham, open to abuse by proprietors who receive ...ice before an inspection.

...are facilities have described instances of the management at homes falsifying ...records, and temporarily "tarting up" facilities and hiring extra staff for days when ...determine whether a home will qualify for funding.

...n a home in outer Melbourne, and who spoke on the condition of anonymity, told ...up the documentation in the weeks leading up to accreditation. "We had to ...eate an activities program [because there wasn't one] on paper at least, so we ...d crafts and hobbies that had never happened. They were especially worried ...t and palliative care because there is virtually none. We had to search through ...who had had a 'good death' to illustrate that we practised good palliative care."

Please Read this. How's the form here sound ever so familiar? Regarding all the material you have about TCC. Inc & their Haddington N Home Tenterfield NSW & my mothers 15 month Residency there. Serious stuff & yet nothing to-date has been done by the D.H.A. ACCRS OMB/C of A. HCCC of NSW NSW Health Ministers Area Health Services Complaints Commission for Complaints or Doctors & Nurses Registration Board of NSW why? Tony & Richard.

E Saul

For the love of Alice

11/08/2004

Her family want justice. They are devastated by the loss of an elderly mother, Alice Woolcock, in a nursing home â€¦ and now others are coming forward with new claims. A special investigation into the scandals rocking the aged-care industry. By Julie-Anne Davies.

Herb Woolcock has a photograph of his wife Alice, taken just after he returned from the war. Sixty years on, he treasures it more than ever. More, he would say, than his own depleted life, which in the eight months since his wife's death has come to seem pointless. Herb is waiting to die. But in the meantime the image of Alice sustains him. He carries it with him from room to room as he moves around his Melbourne home. When he goes to bed at night, the photograph is tucked in next to him on the side where Alice used to be. For a time he was embarrassed about it. But not anymore. When 89-year-old Herb stays overnight with one of his three children, Alice comes too. His daughters find their mother smiling up at them when they pull back the blankets to make the bed.

"It's not peculiar when you think about it, it's just grief," says his eldest daughter, Marion Hunt.

But this family's grief is drenched in bitterness. Although Alice Woolcock was nearly 90 when she died, they believe she should still be here.

According to the death certificate issued by the Victorian Coroner's office, Alice Woolcock died from "cardiac and renal failure precipitated by trauma". The "trauma" occurred in the Chelsea Private Nursing Home in outer Melbourne where Alice had been living up until her death last November. According to the home's incident report obtained by The Bulletin, Alice was pulled out of her bed by another female resident, then kicked and hit while she lay on the floor. She was taken to Frankston Hospital where doctors diagnosed a broken hip and arm. Over the next fortnight Alice underwent surgery but her condition deteriorated and she died.

"I'll never forget seeing Mum lying in a hospital bed after 'the incident', moaning 'pushed, pushed, so cruel, so cruel'," says daughter Jill O'Gorman.

The coroner is now investigating Alice's death. Her family is still bewildered at how badly Alice was let down by her country's health and aged-care system. And, they wonder, if this can happen to them, then what else goes unreported inside the nation's nursing homes?

.....

Remember 1997? Judi Moylan was minister and it was her job to oversee a massive overhaul of Australia's aged-care system. That was the year the government tried in vain to convince Australians they should pay an accommodation bond (raised by selling the family home) to secure a bed in a nursing home. As an idea, it was political suicide and it was eventually dumped.

In 2000, more significantly, came the notorious kerosene baths episode at Riverside nursing home in Melbourne, where 57 frail and elderly residents were given baths laced with kerosene as a crude treatment for a suspected skin rash.

Although worse things have been done to the elderly in the name of "care", a thimbleful of kerosene came to represent our worst fears about surrendering to life in a "home".

In the intervening years, the Howard government and the nursing home industry have worked to recapture the public's broken trust. They argue, with some conviction, that the aged-care industry has finally reformed. Homes are now subject to regular monitoring, many of the dilapidated firetraps of the past 30 years have been replaced with "purpose-built" facilities, and more money has been spent ($2.2bn in extra funding was announced in the last budget). A Senate inquiry is under way to test these assertions, politically driven by Labor in an effort to try to reignite public concern in an area not deemed "sexy".

Yet both sides of politics know that in an election year, aged care can suddenly rear as a red-button issue. All you need is another thimbleful of kerosene. Or worse.

An investigation by The Bulletin has uncovered widespread allegations that the monitoring and accreditation system of Australian nursing homes is a sham, open to abuse by proprietors who receive up to three months' notice before an inspection.

Staff working in aged-care facilities have described instances of the management at homes falsifying medication and patient records, and temporarily "tarting up" facilities and hiring extra staff for days when inspectors visit sites to determine whether a home will qualify for funding.

One nurse who works in a home in outer Melbourne, and who spoke on the condition of anonymity, told of being directed to "fix" up the documentation in the weeks leading up to accreditation. "We had to backdate care plans, create an activities program [because there wasn't one] on paper at least, so we drew up false rosters and crafts and hobbies that had never happened. They were especially worried about pain management and palliative care because there is virtually none. We had to search through the files to find a patient who had had a 'good death' to illustrate that we practised good palliative care."

A personal care attendant who works in another home, says "There is extra linen brought in and the kitchen is brought up to scratch [before an inspection]. They pay for staff to stay back and do overtime and it's all a mad panic. When the inspectors are on the floor there are extra staff working."

Even so, as a confidential report by the Department of Health and Ageing obtained by The Bulletin shows, almost 10% of homes inspected between 2001 and the end of last year failed to meet all of the required standards, and 113 around the country failed to reach adequate standards for medication management.

What happened to Alice Woolcock may just be symptomatic of a system which has, at its centre, a dispassionate, bureaucratic heart.

From the moment another female resident walked into Alice's room just before 6.30pm on October 25 last year – something that should never have happened – right up to the signing by a hospital doctor of a death certificate that stated Alice had died from pneumonia that was later changed by the coroner, nothing went the Woolcock family's way.

In her statement to police a week after her mother's "incident", Alice's youngest child Jill O'Gorman said she was first told by the nursing home that her mother had fallen out of bed. "I accepted that," she says.

But when she went to the home the day after the alleged fall, she was told another story. "The duty nurse came to speak to us and again stated that mum had simply fallen out of bed. Half way through the conversation ... another nurse entered the room and interrupted our conversation and stated that ... we should be told the truth." Another resident, they were told, had attacked their mother.

"I was shocked and upset at being lied to by the first nurse and not having been told the truth from the start," O'Gorman told police in her statement.

Rob Smith, general manager of Enhanced Aged Care, which runs Chelsea Private, told The Bulletin he could not comment on the case: "I don't know much about it other than to say that falls occur every day in nursing homes."

Not good enough, says Bill Hunt, Alice Woolcock's son-in-law. "We expected the very best for mum but we kept being let down at every turn." Hunt is from that generation of Australian men who still call their mothers-in-law "mum" and mean it. He admits that he's notorious within the family for speaking his mind, but the day he found Alice lying helpless and naked on her nursing home bed, her colostomy bag wrenched from its tube and its contents spilt over her body and bed, he ran out of words. It was Melbourne Cup day, and Alice was back at the home after being discharged from hospital against her family's wishes.

Bill Hunt was on his way home from work and had dropped in to see her. "I spotted her well before I got to her room because the curtains around her bed were open and there she was in a mess."

He says he immediately alerted the nursing staff, who claimed to have checked Alice just a few minutes earlier. He left them to clean her and waited in the visitors' lounge, watching numbly as Makybe Diva romped home in the cup. By the time he arrived home he was weeping. The family were distraught and spent the rest of the evening attempting to speak to someone at Chelsea Private but they say the phone rang out. "When we went down there the next day we were told that Bill had basically exaggerated, that mum's nightie had simply been pulled up a bit," says Bob Hunt's wife Marion.

For the first time, Alice's family began to wonder about the care she had been receiving for the past 18 months. "Dad used to grumble a bit, complaining that there were never enough nurses around, that mum was left to fend for herself too much but we always defended the home. But this changed everything," says Hunt.

The Woolcock family had every reason to have faith in Chelsea Private because the Aged Care Standards and Accreditation Agency had just approved its accreditation for the next two years.

A routine accreditation inspection in September – a month before Alice's "incident" found the home complied with 43 out of the 44 standards by which homes are assessed. But the home had failed to comply with the all-important behavioural management standard. The audit team said in its report that it had observed residents wandering into other residents' rooms and that some had complained this also occurred at night. One resident told the team that another resident had threatened him physically. Management had failed to address requests for extra staff and segregation of residents with challenging behaviour, the report said. A recommendation was made by the agency to the Department of Health and Ageing that there should be two "contacts" with the home, including one visit, over the next two years.

But three weeks after Alice's "incident", the Department of Health said there was a serious risk to the health and safety of residents and sanctions were imposed on the home. As a result, another inspection was carried out and assessors came up with very different conclusions. This time the home failed 19 of the 44 standards.

How could so much have changed and so dramatically, in just two months?

"It doesn't bear rational analysis," says manager Rob Smith. "Maybe they wanted to make an example out of us but it's a little like hitting a pimple with a sledgehammer. I have to say I have never

encountered a system that is so persecutory and inconsistent."

Chelsea Private was reassessed in June and passed every one of the 44 standards. But theirs is not an isolated example of such inconsistency. Consider the Vincenpaul Hostel in Melbourne, granted three years' accreditation in November 2002 after passing all 44 standards of care. A year later, following the death of a patient who was given the wrong medication, another inspection team audited the hostel and found it to be in breach of 13 standards, finding that:

- A resident's family member repeatedly flushed her catheter with Coca-Cola.
- None of the personal care staff had been assessed for competency in relation to safe drug management. There had been a number of instances, the auditors noted, where either wrong medications or incorrect dosages had been given.

Another home, Albury Private Nursing Home, in southern NSW, was accredited in January 2003 after passing all 44 standards only to be found six months later to be in breach of nine standards of care.

None of this surprises Val Wilkinson, whose mother died after suffering head injuries following an assault by a male resident at the Bethlehem Home for the Aged in rural Victoria. A coronial inquest in June found no fault with the Bethlehem home.

Wilkinson, who is unhappy with that finding, was the person who managed momentarily in the 2001 election campaign to shift the nation's gaze away from Tampa. She took out a full-page advertisement in The Age newspaper and in an open letter to Prime Minister John Howard wrote: "My frail 91-year-old mother's death from brain injuries sustained in one of Australia's federally accredited aged-care institutions is a national disgrace." The graphic photographs of her mother Mary's battered body caused a storm of protest.

In the months leading up to her mother's death, Val had written to the home warning about her mother's safety, about nurses exposed to violent behaviour and about the mixing of frail residents with others who were aggressive.

In October 2000, in a letter to the chief executive of Mercy Health and Aged Care, which runs the Bethlehem home, Val Wilkinson detailed her concerns. Arriving at the home one day, she saw a man leaning on her mother with his pants down and his hands on her upper body.

"She was terrified. I immediately intervened and managed to get his hands off my mother by letting him put them on me," she wrote in a letter later read as evidence in the coronial inquest. "I have often wondered if the accreditation teams who inspected the home after my mother died were ever shown copies of any of my letters?"

The letter closed with a request for an investigation "to ensure no tragic preventable incidents occur". A year later, Mary Wilkinson was dead. What Val Wilkinson cannot fathom is how at the same time she was raising serious questions about the safety of residents at Bethlehem, the accreditation agency inspected the home and found it to be compliant.

"In October 2000 and after my mother died in October 2001, the agency determined the care provided to my mother was reasonable and in some areas better than reasonable," she says. "This despite documented evidence in the home's own records for my mother that showed she had been assaulted twice, the last one causing the fatal injury and further, that she'd had 25 falls – the majority of these when she was 'found on the ground' so they occurred when she was not supervised."

Three years on Val Wilkinson wonders whether she wasted her money – it cost her more than $30,000 for the advertisement – because she says nothing has changed.

Coroner Phil Byrne said: "Whilst I find some aspects of management were not optimal, I am not convinced, taking a realistic view, those identified deficiencies caused Mrs Wilkinson's death." He found it "beyond contention" that Mary's death was directly related to the injuries received on October 18, 2001, when she was pushed over.

It is now up to another coroner to decide what happened the night Alice Woolcock was injured but, according to the family, police have been told by the nursing home that the information contained in the incident report is wrong. Instead, they have been told that Alice was not dragged from her bed but got out herself and fell after another resident came into her room.

"Mum was not allowed a dignified death, not by the nursing home or by the hospital where she died," says daughter Jill O'Gorman. "Right at the end she developed a chest infection and we had to battle with doctors to prevent them giving her antibiotics. They ignored us initially and there was poor mum, hooked up to a drip being fed these drugs and she was dying and they just wouldn't let her go.

"My last image of my mum was being zipped into a body bag to be transported to the coroner's office for a post-mortem. I didn't even understand that post mortem meant autopsy. I just can't believe that my mum's life ended like that and I'll never get over that last sight of her. It was something I should never have had to have seen."

The overwhelming message from those who work in the aged-care industry is that the monitoring system is being exploited. Witness statements collected by the Health Services Union of Australia, which have been included in its submission to the Senate inquiry, bear a common theme. One of the

starkest examples is provided by a personal care attendant who has worked at a Tasmanian nursing home for 14 years.

"I find that when it is time for accreditation, one is falling over each other as the staffing levels tend to go up ... and management are going around instructing staff not to do this and not to do that while the inspectors are here," he says. "After the accreditation is over, it is back to what was being done before."

But speak to anyone – whether they are a nursing home owner, a nurse, a doctor, a personal care attendant, or resident's family member – and they will also tell you about a system that post-Riverside and its kerosene baths, has become obsessed with process. They all complain about an inspection system that is drowning in paperwork and, according to staff, comes at the expense of elderly people's care. The nursing home operators won't concede that point, but they do say the need for documentation is costly and often repetitive.

"Riverside created a sea change in how the Aged Care Standards and Accreditation Agency behaved," says Richard Gray from Catholic Health Care Australia, the nation's largest aged-care provider. "It became more policeman-like and needed to be seen to be finding fault."

Or as a veteran aged-care industry insider who is contracted to conduct audits for the agency puts it: "They are very keen on you supplying reports of homes that are done in the correct font and typeface and where all the boxes have been ticked. Whether they are as concerned about the care on the ground is another thing. As long as it looks good on paper, no one can accuse them of not doing their job."

See also, "How aged care is falling apart"

Care to comment?

*Letters should be no longer than 200 words and sent to: bulletinletters@acp.com.au. Do not use attachments. Include a **daytime phone number, suburb and state** if you want your letter to be considered for publication. Letters may be edited for length and clarity.*

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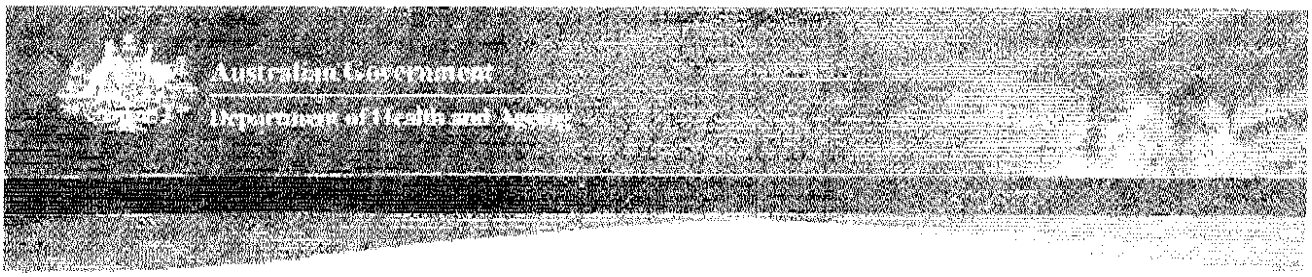

12. Specified Care and Services

Residential Care Manual

Ageing and Aged Care Division
Australian Department of Health and Ageing.

Revised December 2001

Note: This publication is continually updated. See Amendment status sheet for details
Section: Chapter 12 - Specified Care amd Services. Last updated December 2001.

12.1 Introduction

12.1.1 Specified Care and Services (previously known as Prescribed Services)

The Commonwealth funds all aged care homes to provide the specified care and services set out in *Schedule 1* of the *Quality of Care Principles 1997*. This care and these services must be provided at no additional cost to residents. They are set out in the tables below along with a **legislative/policy** interpretation which has been developed in response to a wide range of enquiries from providers, residents and their relatives.

It is important to recognise the list of services set out in *Schedule 1* of the *Quality of Care Principles 1997* is not exhaustive, as it would be difficult to cover the range of care/services that could be available under each item. Due to the unique requirements of residents and the range of care options available for their care needs, professional judgements are essential, as are policies for support and guidance.

A high standard of care and services must be provided to all residents in accordance with the Accreditation Standards that are currently set out in *Schedule 2* of the *Quality of Care Principles*. The rights and dignity of older people must be respected and the care provided must be commensurate with the care needs of older people.

It is expected that the care plan for residents will be worked out in consultation with health care professionals and that there will be a range of ways in which residents' care needs can be met. While the Commonwealth funds service providers to provide specified care and services, providers are free to choose the way and the means by which residents' care needs are met. The inclusion of a resident and/or his/her relatives or guardian (s) in the consultation process will ensure they are informed, and it may assist them to understand the range of ways in which this care can be provided.

Important issues to note:

It is important to note that the Schedule of specified care and services has three components:

- Schedule 1, Parts 1 and 2, relates to all residents in an aged care home;
- Schedule 1, Part 2, while relating to all residents, more specifically relates to residents requiring low care; and

- Schedule 1, Part 3 relates to residents requiring high care. This is irrespective of whether residents are being cared for in homes that mainly care for low care need residents or mainly for high care residents.

Schedule 1, Parts 1 and 2, state that the specified care and services must **"be provided to all residents who need them"**. This means that **these items/services must be supplied by all service providers unless a resident specifically wishes to bring into the service their own choice of such items and has decided, with no direct or implied pressure, to do so**. Facilities are expected to supply equipment that is of a suitable standard and quality to meet the individual resident's care needs.

12.1.2 Administration Charges

As administration is one of the specified care and services, residents may not be charged an additional fee for the administration of accommodation payments or for any other administrative task associated with the management of the aged care home. This includes, for example, placement on waiting lists and storage fees.

12.2 Legislation

The Specified Care and Services are set out in *Schedule 1* of the *Quality of Care Principles 1997*. Section 54-1 of the *Aged Care Act 1997* requires that the care and services specified in the Schedule must be provided to residents. Not to provide any of these services constitutes a breach of *Section 65-1 (a)* of the Act.

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12.3 List of Specific Care and Services

12.3.1 Schedule of Specified Care and Services for Residential Care Services (includes additional clarification and advice)

Note: Legislation is in italics. 'Facilities', 'aged care homes', 'homes' and 'services' are used interchangeably throughout this chapter.

Part 1: Hotel Services - to be provided for all residents who need them

Item	Includes, Unless Otherwise Stated:
1.1 Administration	*General operation of the residential care service, including resident documentation.* This item precludes the charging of administration and/or booking fees for all residents except where a resident enters respite care, see Chapter 16-4.2 of this manual for further information about these fees. Charges for registration for placement on waiting lists and management of accounts for residents are also precluded.
1.2 Maintenance of all buildings and grounds	*Adequately maintained buildings*

	and grounds.
1.3 Accommodation	*Utilities such as electricity and water.*
1.4 Furnishings	*Bed-side lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, drawscreens (for shared rooms), resident wardrobe space, towel rails. Excludes furnishings a resident chooses to provide.* The words "to be provided for all residents who need them" does **not** mean **if the resident cannot provide them**. Aged care homes are required to supply these items, unless a resident specifically wishes to bring their own items with them. Not to provide these items constitutes a breach of the Act.
1.5 Bedding	*Beds and mattresses, bed linen, blankets and absorbent or waterproof sheeting.* Aged care homes are required to supply these items, unless a resident specifically wishes to bring their own items with them. Not to provide these items constitutes a breach of the Act.
1.6. Cleaning services, goods and facilities	*Cleanliness and tidiness of the entire residential care service. Excludes: a resident's personal area if the resident chooses and is able to maintain it himself or herself.*
1.7. Waste disposal	*Safe disposal of organic and inorganic waste material.*
1.8 General laundry	*Heavy laundry facilities and services, and*

	personal laundry services, including laundering of clothing that can be machine washed. *Excludes: cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a resident chooses and is able to do this himself or herself.* General laundry facilities and services includes washing and ironing where required.
1.9 Toiletry goods	*Bath towels, face washers, soap and toilet paper.* Not to provide these items constitutes a breach of the Act.
1.10 Meals and refreshments	1. *Meals of adequate variety, quality and quantity for each resident, served each day at times generally acceptable to both residents and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper;* 2. *Special dietary requirements, having regard to either medical need or religious or cultural observance;* 3. *Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice.* Aged care homes are

	expected to provide vegetarian, kosher, halal, ethnic food etc. if required by the individual.
1.11 Resident social activities	*Programs to encourage residents to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service.* This care and service item is considered essential for the general health and wellbeing of residents. Aged care homes are expected to liaise with residents and relatives so they can provide activities that residents enjoy. While residents may choose not to be involved in social activities, homes should discuss the reasons for non-participation with a resident and their family.
1.12 Emergency assistance	*At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance.* It is reasonable that this person has current first aid training of a standard suited to the type of resident in their care.

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Page currency, Latest update: 22 September, 2004

Our vision: individuals enjoy quality care and services provided by an aged care industry that is setting world benchmarks.

The Aged Care Standards and Accreditation Agency Ltd

Accreditation Standards

Standard 1 : Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

	Matter Indicator	Expected Outcome
1.1	Continuous improvement	The organisation actively pursues continuous improvement
1.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines
1.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
1.4	Comments and complaints	Each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms
1.5	Planning and leadership	The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service
1.6	Human resource management	There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives
1.7	Inventory and equipment	Stocks of appropriate goods and equipment for quality service delivery are available
1.8	Information systems	Effective information management systems are in place

1.9	External services	All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals

Standard 2: Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

	Matter Indicator	**Expected Outcome**
2.1	Continuous improvement	The organisation actively pursues continuous improvement
2.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care
2.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
2.4	Clinical care	Residents receive appropriate clinical care
2.5	Specialised nursing care needs	Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff
2.6	Other health and related services	Residents are referred to appropriate health specialists in accordance with the resident's needs and preferences
2.7	Medication management	Residents' medication is managed safely and correctly
2.8	Pain management	All residents are as free as possible from pain
2.9	Palliative care	The comfort and dignity of terminally ill residents is maintained
2.10	Nutrition and hydration	Residents receive adequate nourishment and hydration
2.11	Skin care	Residents' skin integrity is consistent with their general health
2.12	Continence management	Residents' continence is managed effectively
2.13	Behavioural management	The needs of residents with challenging behaviours are managed effectively
2.14	Mobility, dexterity and rehabilitation	Optimum levels of mobility and dexterity are achieved for all residents
2.15	Oral and dental care	Residents' oral and dental health is maintained

2.16	Sensory loss	Residents' sensory losses are identified and managed effectively
2.17	Sleep	Residents are able to achieve natural sleep patterns

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Standard 3: Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

	Matter Indicator	Expected Outcome
3.1	Continuous improvement	The organisation actively pursues continuous improvement
3.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about resident lifestyle
3.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
3.4	Emotional support	Each resident receives support in adjusting to life in the new environment and on an ongoing basis
3.5	Independence	Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service
3.6	Privacy and dignity	Each resident's right to privacy, dignity and confidentiality is recognised and respected
3.7	Leisure interests and activities	Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them
3.8	Cultural and spiritual life	Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered
3.9	Choice and decision-making	Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people
3.10	Resident security of tenure and responsibilities	Residents have secure tenure within the residential care service, and understand their rights and responsibilities

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Standard 4: Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

	Matter Indicator	Expected Outcome
4.1	Continuous improvement	The organisation actively pursues continuous improvement
4.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems
4.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
4.4	Living environment	Management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs
4.5	Occupational health and safety	Management is actively working to provide a safe working environment that meets regulatory requirements
4.6	Fire, security and other emergencies	Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks
4.7	Infection control	An effective infection control program
4.8	Catering, cleaning and laundry services	Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment

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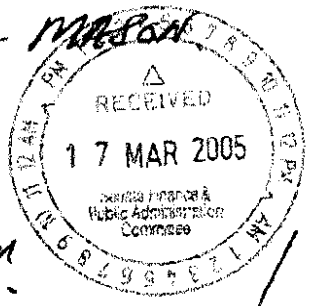

Please Register these Pages Documents. Regarding Nursing Homes - Hostels - Aged Care in Australia & Investigate.

To Whom Members

I would Hope that you take Mr. Windsors Representation on D.H.A. failures on my Behalf as Serious indeed! May I Suggest, As our Duly elected Representatives Here I would suggest, that you may or may not Be aware of the Malfunctions of Dept of Health & Ageing, its structure - its Procedures - policys - its time it was Revised Brought to Heel & the Funding it Largely Distributes Be made More accountable & Contrarily those who Receive it, By Means of Regular Audits on Spot - Random checks of all facilitys. Nationally not Just the Chosen Few every 3 yrs. 12 months or so. IN other WORDS. the Management / MAIN FRAME / of all ASSOC Sections / Depts need to Be Reviewed. Edward Saul