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"where little voices can be heard"

29 September 2005

Office of Senior Victorians
Elder Abuse Prevention Project
Box 2392V
MELBOURNE VIC 3001

email: www.enquiries@seniors.vic.gov.au

Response to: Elder Abuse Prevention – Consultation Paper

The ***Aged Care Crisis Team*** welcomes the opportunity to respond to the Consultation Paper on Elder Abuse Prevention from the Office of Senior Victorians. The predominant focus of this response is on elder abuse as it relates to the hospital and the aged-care sector (both residential and community-based).

Our website www.agedcarecrisis.com receives a significant number of responses and we wish to make the Committee aware of the issues raised by our respondents. The tenor of much of our feedback indicates a high level of community concern relating to elder abuse and aged-care issues generally. This Response to the Consultative Paper aims to accurately reflect these concerns.

On behalf of the ***Aged Care Crisis Team***:

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This Response is endorsed by: Wayne Fielding (Elder Abuse Awareness Programs Inc.)

Wayne is from **Elder Abuse Awareness Programs Inc.**, and has completed many years of police service, including qualification as a police prosecutor, has been a law instructor at the Victoria Police Academy and has lectured both nationally and internationally on the topic of elder abuse in his capacity as a Consultant. In 1996, Wayne was awarded a Certificate of Merit, for his training programs, by the Australian Violence Prevention Awards. Also in 1996, Wayne received a further Certificate of Merit from the Victorian Government for his work in prevention of violence against older people.

Wayne is also the Oceania Representative for (**INPEA), International Network for the Prevention of Elder Abuse**: http://www.inpea.net.

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Introduction

Who we are

The ***Aged Care Crisis Team*** **[ACCT]** is an independent group of Australian citizens. We are deeply concerned about issues relating to the provision of aged care in Australia. All members of our group have experienced the current aged-care system first hand - as primary carers for family members. While each of us has encountered individual dedicated and skilled professionals within the aged-care sector, we believe that there are a wide range of care issues that need to be addressed as a matter of urgency.

Why we exist

Our group seeks the urgent reform of many aspects of aged care.

In particular:

- we ask that critical issues relating to the shortage, low morale and inadequate training of aged-care staff be addressed;
- we stress the need for a transparent and rigorous monitoring process which protects the safety and dignity of elderly, frail, and vulnerable people, who mostly cannot speak for themselves;
- we urge that consumers (residents, family members and carers) of the system have ready and complete access to information about the system, and the facility, to which they have entrusted the care of their loved one;
- we stress the need for a transparent and totally independent complaints collection and management process.

In Summary

ACCT draws attention to the vulnerability of people at the end of their life journey. We believe that the abuse of frail older people is a major human rights issue that has never been adequately addressed within our community.

Our response to the Elder Abuse Consultative Paper reflects our particular concerns relating to hospital care for older persons, and aged care within both the residential and community sectors[1]. Our response also reflects the many responses to our web site www.agedcarecrisis.com on the issue of elder abuse.

[1] References to "appropriate care" are liberally used throughout various publications, including the *Aged Care Act*, but unfortunately in many cases, not adhered to.

We challenge anyone to read through the Appendix: Feedback in this paper, and ask themselves the question: "Is this '*appropriate*' care for elderly, frail and vulnerable patients?"

Elder Abuse

ACCT supports the definition of elder abuse as outlined in the Consultation Paper. In particular, we affirm the need to include '**neglect**' within this definition.

> **Elder neglect**[2] is any failure to fulfil duties regarding or obligations to a senior.
>
> Institutionalised abuse and neglect generally includes the failure to pay for necessary care or failure to provide food, water, shelter, medicine, clothing, and other necessities for daily living in a nursing facility.

We support the view articulated within the Consultation Paper that the education and self-empowerment of older people must play a significant part of any campaign to address this issue but draw attention to the fact that it is often the case that vulnerable, frail older people are not in a position to protect themselves – regardless of their level of education, knowledge and understanding.

The fear of retribution is also a significant factor impinging on the effectiveness of any strategies seeking to address this issue.

ACCT notes the general lack of real understanding about this issue within our community and deplores the lack of available data which would inform and generate elder abuse/neglect reform.

Recommendation(s)

1. The introduction of mandatory reporting of suspected elder abuse in an institutionalised setting (eg, nursing facilities)
2. The development of a central database to collect and analyse elder abuse/neglect reports.

[2] Merriam-Webster's Dictionary of Law 1996.: "A disregard of duty resulting from carelessness, indifference, or wilfulness; esp A failure to provide a person under one's care with proper food, clothing, shelter, supervision, medical care, or emotional stability"

Our Response to suggested strategies for future action

1 Community Education and Awareness

1.1 Educating the General Public

ACCT supports the introduction of a strong public education campaign in order to combat ageism and elder abuse – in line with our view that elder abuse is a major social issue with a significant impact on one of the most vulnerable groups within our society. Entrenched ageist attitudes are part of the reason why this issue remains largely unaddressed. We note the strategies outlined within the Consultative Paper and make the following recommendations.

	Recommendation(s)
3.	The introduction of a television campaign clearly articulating the unacceptability of exploiting older people – similar to domestic violence, child abuse, traffic safety and anti-smoking campaigns.
4.	The use of prominent and influential public figures in any such campaign.
5.	An accompanying campaign in the print media.
6.	The distribution of brochures, along with posters, explaining the issues, in public places such as libraries, doctors' surgeries, community centres and shopping centres.
7.	An online (website) repository of information (as per Recommendation 6).
8.	That such a campaign ensures that all legislative penalties relating to elder abuse are clearly articulated. We note, for example, that Victorian drink–driving education campaigns would never have been as effective without the accompanying compliance campaign involving 'booze' buses and the implementation of penalties.
9.	The promotion of a hotline number which enables people to report elder abuse concerns and to obtain accurate information about this issue.

1.2 Educating Professionals

Responses to our website www.agedcarecrisis.com indicate an alarming lack of awareness of elder abuse issues by many health professionals – particularly within the aged-care and hospital sectors.

It is in these settings, the very places where vulnerable older people should be most protected and safe, that the issue of elder abuse/neglect is of great concern.

Recommendation(s)

10. The development of '***preventing elder abuse***' kits (complete with definitions, information, protocols and checklists) for use throughout the residential, hospital and community care sector.
11. Circulation of the above kit widely throughout the health, welfare and legal communities, as well as electronic publication online (website).
12. **'Preventing Elder Abuse'** kits to be accompanied by a training/professional development program for health providers and their staff.
13. The inclusion of training in ethics, and matters relating to elder abuse, within the curriculum of all health care professionals, including carers who work within the community sector.

2 Strengthening Service Reponses

ACCT totally supports the need to strengthen the service sector response in order to protect vulnerable older people. We note that the Consultation Paper calls for the allocation of "**appropriate resources**" as well as the enhanced "**integration of relevant services**". We draw attention to the fact that neither of these actions is adequately defined within the Paper.

2.1 Mediation

ACCT notes the support expressed for mediation processes within the Consultation Paper. We, however, have grave concerns relating to mediation as a means of resolving issues between frail older people and other parties. The inequities in the power balance between the two negotiating parties are generally substantial. It is difficult to see how such inequities could be overcome in order for meaningful mediation to occur. For example, the resources and power of an aged-care provider would normally be far greater than that of a frail, aged-care facility resident.

2.2 Complaints

ACCT draws attention to the need for a totally independent, transparent complaints process within all hospitals and residential aged-care facilities – including both Commonwealth aged-care facilities and state monitored supported residential services. Responses to our web site www.agedcarecrisis.com clearly indicate the failure of the current complaint systems.

There is reluctance by residents and their families to use complaint processes, mainly because:

- The processes are often too complex
- The processes often take too long (in some cases, years, in fact on occasions complainants have passed away before the completion of the process)
- The processes often appear to the complainant to be ineffective – even when a supposed resolution occurs
- Residents and their families often fear retribution.

2.3 Fear of Retribution

Sadly, ACCT notes that the fear of retribution is widespread throughout the residential aged-care sector. It appears that there is good cause for this. For example, during the Commonwealth Government Senate Committee Inquiry in 2004, the Disability, Aged & Carer Advocacy Service (ADACAS) reported 55 instances of actual retribution in aged-care facilities from 2001 – 2004. Of the 23 facilities in the ACT, retribution was reported in 13 of them. In nine facilities, retribution reportedly came from management; in six it came from staff and in two it came from both management and staff. In five facilities, the number of reported cases of actual retribution was high, ranging from 4 to 10 cases. In the other nine homes, the number of cases ranged from one to three instances.[3] (reported cases only)

We also note that Victorian Community Visitors (visiting under the Health Services Act) state in several of their Annual Reports to Parliament that fear of retribution is a major factor inhibiting their advocacy for individuals who live in supported residential services.[4]

Recommendation(s)

14. That a review of the complaint mechanisms in hospitals, aged care facilities and supported residential services should occur as a matter of urgency.

15. That an aged-care ombudsman be appointed to protect the rights of vulnerable older people in residential care.

[3] Senate Community Affairs Reference Committee, 'Quality and equity in aged care' 2005. 3.158

[4] Office of the Public Advocate 'Annual Report of Community Visitors 2002' p. 39

3 Elder Abuse within the Aged Care Sector

ACCT recognises that the majority of residential aged-care facilities are funded, accredited and monitored by the Commonwealth. However, we are of the view that the States also have a responsibility to ensure that all facilities within their boundaries provide high quality care. The Victorian State Government should make deficiencies known to the relevant Commonwealth Government authorities in order to expedite change when it is needed.

3.1 Staffing

ACCT draws attention to the significant staffing stressors within both the residential aged-care sector and the community sector. We believe that the prevalence of elder abuse would be significantly lessened if key issues relating to aged-care staffing were addressed.

> 'I felt that I had to go every day to supervise her care. So many things happened, little things and big things in the end I became so exhausted just trying to keep on top of all the problems that would arise. Most of the staff are wonderful, but understaffing is a real problem **and there is often only one trained sister in the evening to up to 100 or more residents'.**[5]

As already stated, aged-care facilities are generally accountable to the Commonwealth Department of Health and Ageing. However, there is a clear role for the State in ensuring adequate levels, and training, of staff. We note that the regulation of staffing within supported residential services is monitored by state authorities.

3.1.1 Staff Training

A well-trained and valued workforce is the best protection against elder abuse within the residential aged-care sector. No one would dispute the fact that if you were to find yourself in a Coronary Care or Intensive Care Unit, the availability of staff specially trained in that area would ensure the highest standards of care. The same principle should apply in aged care. There is an urgent need for more specialty trained staff within the aged-care sector, and this commitment to training must encompass continuing education and ongoing professional development.

3.1.2 Staff/Resident Ratios

Aged-care staff often work in highly stressful environments. Adequate staffing levels are one of the best protections against elder abuse. Currently there is a greater shortage of trained nursing staff in the residential aged-care sector than in other areas of the health system.[6] It is expected that the number of aged-care nurses needed to care for the ageing demographic will further increase.

3.1.3 Availability of Regular Staff

One important benefit of addressing the existing shortages in aged care would be to reduce the reliance on 'agency' or 'bank' staff. Building up a larger core of committed trained staff who understand and relate to their residents would significantly increase the care and well-being of all. Sadly, expert advice provided to the recent Senate Committee Inquiry into Aged Care suggests that the 2004/2005

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5 Feedback provided to www.agedcarecrisis.com

6 Hogan, W.P., 'Review of Pricing Arrangements in Residential Aged Care'.

Commonwealth Budget initiatives will have virtually no impact on aged care workforce shortages.[7] Only with comprehensive workforce planning will the sector be able to develop recruitment, retention, and training strategies that will deliver quality outcomes over the long-term.

Recommendation(s)

16. That the Victorian Government urges the Commonwealth, as a matter of priority, to expand the national Aged Care Workforce Strategy to encompass the full aged-care workforce, including medical and allied professionals, and all areas of the aged-care sector, including community care.

17. That the patient/staff ratio in residential aged-care settings (including SRSs) be increased and that, such a ratio include the minimum number of specialist trained staff per shift based upon both number of residents, and their assessed level of care.[8]

18. That strategies should be put in place to ensure adequate retention, recruitment and re-entry into the aged-care workforce.

19. That the disparity in the rates of pay between aged-care and acute sector nurses be addressed.

20. That there is a commitment to ongoing training and professional development for aged-care staff

21. That there should be an expansion of the number of aged-care training places in the Vocational Education and Training sector.

22. That a police check be mandatory for all staff who work in residential aged-care settings.

3.2 Accreditation

ACCT believes the current accreditation process totally fails residents. Respondents to www.agecarecrisis.com indicate that accreditation teams often miss critical health and care issues. A rigorous, consumer focussed accreditation and monitoring system is essential to prevent elder abuse and neglect. We urge the Commonwealth, States and Territories to work together to develop a workable, transparent and effective system of accrediting and monitoring facilities which provide care for vulnerable older people.

[7] The Senate Community Affairs Reference Committee, 'Quality and equity in aged care, 2005. 2.47

[8] See, for example, reports from the Australian Nursing Federation, the Australian Institute of Health and Ageing, as well as comment from the Committee itself, on the impending shortages of aged care health professionals in the Senate Community Affairs Reference Committee, 'Quality and equity in aged care, 2005. 2.101, 2.102,

Recommendation(s)	
23.	That there is a strong consumer focus and consumer involvement in the accreditation processes for all residential aged care.
24.	That there is transparency of information regarding the accreditation process whereby consumers can readily acquire information about accreditation results, including the disclosure of all reports and surveys, and that this should occur in a timely manner.
25.	That many more spot checks and unannounced visits occur.[9]
26.	That a totally independent auditing system be developed.
27.	That any monitoring process should not take staff away from caring responsibilities in order to complete bureaucratic paperwork.
28.	That inspections be held over 24 hour periods (include meal times in the evening, right through to overnight).
29.	That new benchmark accreditation standards be defined as a matter of urgency – with full consultation with all stakeholders, including consumer groups.
30.	That the training of aged care assessors be reviewed.[10]

3.3 Home and Community Care Programs

ACCT supports current programs (provided through Home and Community Care (HACC) and Commonwealth Aged Care Packages (CACPs)) which aim to keep individuals supported in their own home[11]. However, we also believe that many of the staffing issues raised in this response to the Consultation Paper also apply to aged-care workers who support frail older people at home.

In particular, we raise the issue of the need for quality control and monitoring of care- workers who support vulnerable people within the relative isolation of the suburban home. We draw attention to recent incidents where vulnerable older people have suffered abuse at the hands of people charged with their care.[12]

Recommendation(s)	
31.	That a state-wide system of quality control for home-care workers be developed.
32.	That all home-care workers be required to undergo a police check.

[9] Only approximately 15% of all Agency site visits in 2003-2004 were conducted as spot checks. See Community Affairs Reference Committee, Quality and equity in aged care, 2005. 3.14

[10] Note that assessor training occurs over only 5 days, see Community Affairs Reference Committee, Quality and equity in aged care, 2005. 3.31

[11] 'Helping the aged for 51 minutes a day', (Source: The Australian, 6 May 2004)

[12] See 'News' at www.agedcarecrisis.com

3.4 Legislative Change

ACCT is of the view that reforms to aged care must be backed by legislative change. Specifically, in the following areas:

Freedom of Information Act

Responses to our web site www.agedcarecrisis.com indicate that government complaints investigation bodies such as The Commonwealth Complaints Resolution Scheme and the Aged Care Standards and Accreditation Agency give minimal feedback to complainants. Such feedback is a basic right. Denial of information to consumers has the effect of removing accountability from these government bodies as well as from the aged-care providers. The purpose of freedom of information legislation is to redress imbalances of power; this does not always occur.

Aged Care Act

Standards of care are enunciated in this Act but failure to comply carries no penalty other than accumulation of "penalty points" and, on rare occasions, sanctions. Infringement of these standards of care should carry similar penalties to infringing civil laws. In addition, the Sections on Freedom of Information should be amended to allow information about complaints investigations to be released to the complainant.

Occupational Health and Safety Standards

Currently these standards are often misinterpreted. For example, some providers feel it is impossible to lift a patient without causing injury to staff. The result is often an injured resident. Providers fear litigation by injured workers while residents are too old and frail to take up this option. Either the standards need review or better education is required in the interpretation so that both staff and residents are protected.

Whistleblower Legislation

Caring staff who report elder abuse are often rewarded by losing their job. **ACCT are adamant that staff who report the abuse/neglect of frail older people should never face discrimination, or loss of employment, for protecting the well-being of one of our most vulnerable groups[13].**

Recommendation(s)

33. That the Victorian Government urges the comprehensive review of the following - in order to ensure the best possible protection for frail older people, as well as transparency and accountability for all consumers.

- the Commonwealth Freedom of Information Act,
- the Aged Care Act
- and the Occupational Health and Safety Standards

[13] Senate Community Affairs Reference Committee, 'Quality and equity in aged care' 2005. 3.155

4 Elder Abuse/Neglect within the Hospital Sector

> "I have heard from numerous people now that bedsores often occur in hospitals and in the case of my mother-in-law, **she was not moved from bed much in her three month stay,** therefore wasting her leg muscles and creating a clot behind her knee. After her knee being operated on to bypass the blocked vein, **she has not walked again because her muscles have worn away and will no longer support her**. [14]

Currently, older people take up a considerable proportion of acute care beds in our hospitals. Feedback to www.agedcarecrisis.com indicates that the quality of care delivered to frail and older patients in hospitals often does not meet acceptable community standards. It is our view that, in some instances, the neglect of frail patients within the hospital sector constitutes elder abuse.

ACCT wonder why it often occurs that, when individuals become old and frail, they do not receive the same standard of care that the rest of us take for granted. This Response therefore highlights the need for quality care for frail older patients in an acute hospital setting.

Concerns held by **ACCT** about the inadequate level of care provided in some hospitals include:

- Staff too busy to feed elderly and frail patients
- The provision of food unsuited to the needs of older people
- Rotating staff and agency staff unaware of patient's specific care-plan and needs
- Frail older people acquiring bedsores due to being immobile for long periods of time[15]
- Lack of suitable equipment for frail older people
- Frail older patients left unattended for long periods of time with any staff attention
- Older patients not receiving adequate rehabilitation
- Ageist attitudes of some staff towards elderly and frail patients.

ACCT notes that frail older people are frequently transferred between aged care and acute hospital setting – often with detrimental results. Commonly, this is because aged-care facilities are not staffed with sufficiently trained nursing personnel. Yet, too often acute-care hospital staff are not trained on how to keep frail older people comfortable and pain free. Older patients therefore find themselves in a 'no-win' situation.

Care arrangements for the transition of vulnerable older people from acute hospital settings to aged-care settings or back to the community should ideally provide for a seamless continuum of care between the health and aged-care sectors.

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[14] Feedback from www.agedcarecrisis.com

[15] Despite nursing/patient ratios in hospitals being 1 nurse to 5 patients – this is worlds apart and a far cry from nursing homes, where **no ratio's are set** – it is not uncommon to see 1 nurse managing anywhere between 10 and 120 patients… (or worse, no registered nurses at all).

Recommendation(s)

34. That the Victorian Department of Human Services ensures that all hospitals make adequate provision for the special care needs of frail older people, in order to ensure their protection against neglect and abuse.

35. That systems be put in place that will ensure that frail older people in aged-care facilities can be more adequately treated within their own setting and not be transferred to acute hospital settings without due cause.

Appendix 1: Feedback

Please note that the following extracts of emails and letters are a small collection only, sent to the Aged Care Crisis Team (names and addresses supplied) from:

- Daughters, sons and relatives, who have personal experiences with residential aged-care facilities and hospitals within Australia
- Staff training, working, or who have been disillusioned with aged care within Australia and have since left;
- Staff working in nursing facilities across Australia, concerned with the Accreditation process of nursing facilities in Australia;

Feedback 1.

"Domestic staff doing much of the care-giving, resulting in Mother's frequent hip dislocation after replacement operation. Mother also sexually abused by fellow dementia patient after he was repeatedly allowed to take her for 'walks'. No action after nurse reported the abuse. Nurse resigned. Response when abuse was reported: 'Well, she can't get pregnant, can she?'"

Feedback 2.

"My grandmother, a dementia sufferer was often put in the humiliating position of being left on a commode chair in full view of other patients and their families.

She was harnessed into the chair by a piece of cloth tied around her waist to the arms of the chair. One day she wriggled down and was trapped by the cloth around her neck.

Had it not been for one of the other residents, she would have choked. She was admitted to hospital, bruised and very ill. She was left too long without supervision…"

Feedback 3.

"… My mother in law had lots of falls and was often there for some time as the nurses rounds are only every few house through the evening and she seemed to manage to fall between checks. One morning I found her on the floor at 8am. Never knew how long she had been there. She had a dislocated shoulder. The ambulance took hours to come as she was not (deemed to be) an 'urgent case'…"

Feedback 4.

"…Nurses in a hospital setting have little or no understanding of aged care and how to manage any person over 70 years of age...

We hate sending our folk to hospital, they return with pressure sores (very little are known in a nursing home setting) their behaviours have usually exacerbated and are out of control, they are malnourished and to put it bluntly - are worse than when they were transferred for a said 'acute illness'... It just makes me sad, angry and quite disgusted that elderly people nearing the end of a good life are enforced to go through this debilitating treatment…"

Feedback 5.

"… Due to staff shortages my mother (totally blind and with dementia) had several bad falls, one when she fell out of bed suffering bruising, cuts, and a broken collar bone and resulting in extensive hospital treatment. The relieving staff member was unaware my mother was blind and forgot to put the restraining sides up on her bed"."

Feedback 6.

"… it is difficult to "care" for residents with the present staffing levels. I burnt out within twelve months of commencing work in a Nursing Home, because of what I saw and as a result of not having the time to spend with people who so desperately needed me to just be there for them…"

Feedback 7.

"… Lack of surprise inspections: I worked in a Nursing Home, which was privately owned for nearly two years. In this time the proprietor sacked over 18 DON's (Directors of Nursing).

Feedback 8.

Food for residents was locked with a padlock in a fridge because the owner felt we might steal her milk or margarine or jam. So, hungry residents couldn't get a snack after 7.30pm when kitchen staff went off duty.

We once had two chickens to feed to 30 residents because she wouldn't purchase more food. If we ran out of stuff, we had to buy milk or bread for the people. Sure, we complained, and complained about so many things you could never believe. Nothing ever was done. All in a very affluent Melbourne suburb too!"

Feedback 9.

"…there seems to be an influx of untrained and unsuitable staff who, because of the unemployment rules, take on any job because Centrelink tell them they have to.

Companies want to take on Division 2 Trainee[16] to make money, then ask them to leave when their traineeship is over, causing loss of trained staff.

Many of the Personal Care Attendant trainees have come into aged care because they are not able to find employment elsewhere and companies are desperate for staff and take them on with very limited skills putting the residents and other staff at risk…"

Feedback 10.

"…During my initial years as a nurse, I worked as an untrained nursing assistant in the area of aged care, and I must say I found it difficult and depressing to say the least.

I witnessed many acts of brutality and cruelty from more senior registered nursing staff and doctors alike, but due to my low rank at that time (felt) I wasn't able to do anything about it…"

[16] Division (Div) 2 Trainee is a student nurse not yet completed training and not yet registered with the Nurses Board. The facility is given special funding to employ under contract the student nurse until they have completed their training. Students take a lower rate of pay and a set number of working hours and they have their fees paid for them. They come under the Traineeship Board.

Feedback 11.

"… I work in an aged care facility as a nurse/carer. I get very frustrated working along side people who call themselves carers who do not have experience, and some have no formal training/skills.

Unfortunately, the government let aged care facilities employ such people. I believe the elderly deserve to be looked after respectfully and with dignity, but the delivery of care falls short by most facilities when employing staff who basically 'do not know what they are doing' and do not have the passion and dedication to perform and deliver quality care…"

Feedback 12.

"As a nurse in an aged care facility, it is very frustrating to have a resident returned from a hospital visit of only a few days, return to us with pressure sores that did not exist before the hospital admission.

…The hospital nurse/patient ratios are FAR less than what we nurses in aged care deal with. I was in hospital myself recently and the ratio was 1 nurse to 4 or 5 patients…..

…Morning shift is worse because the workload is even heavier, and the night shift is 2 carers for 45 high care residents, with one RN Div 1 for almost 100 residents - this is a lot of responsibility for the RN Div 1. Not only is the RN responsible for the residents, but the care staff as well, and including the building itself.

Based on the hospital nurse ratio's one has to wonder how they cannot give adequate pressure area care required to avoid pressure sores?…"

Feedback 13.

"… I have in the past had expressed concerns about the level of aged care but have not been heard. I worked in a large aged care facility for the best part of a decade many years ago and not a great deal has changed. In the industries where accreditation is implemented I see fundamental flaws.

I see agencies given accreditation status in aged care and child care facilities and I often wonder how they achieved this standard? The only way accreditation will work is if spot accreditation is applied. A set schedule for the process only provides the organisation the opportunity to dress up the "facade" for the occasion. It is a farce and always has been. I could tell you many a story about accreditation!..."

Feedback 14.

"…I'm more concerned about their "sneakiness" in not providing information when requested and lying about what is going on in the facility (missing medication) and only supplying information and admitting the truth when the Department became involved upon our complaint. This leads me to wonder what will happen after their sanctions are lifted and the department is no longer watching…"

Feedback 15.

"…Speaking with other relatives today, there are still ongoing issues. One resident asked to go to the toilet and was told to wait until after she had finished her breakfast. Staff did not return and she soiled the bed. It seems they are still not adequately staffed, either quantity or quality…"

Feedback 16.

"… Self regulation is a joke. Why would a proprietor, who most often is an absentee landlord with no emotional bonds with the patients, expend extra money if he does not have to? Philosophically how many people invest in aged care homes to provide good quality care as the first objective? Surely the main objective is to make a profit. The two are contradictory.

How many inspections take place at "dinner time" at 4pm when the bread and butter and cup of tea are handed out with nothing else until 7am the following morning?"

Feedback 17.

"… This home has had sanctions placed since and one of the biggest flaws was that they have one qualified RN on each shift and sometimes none at night time. The report on the accreditation stated that often care assistants were in charge of residents and did not report illnesses back to the Registered Nurse. (The doctor had not been called for her)… When we bought it to the RN's attention, a Dr was arranged for the next day. Unfortunately, the infection had already hit the brain causing hallucinations and 4 days later, despite antibiotics, she had deteriorated enough to be admitted to hospital with pneumonia.

The poor RN's have way too much responsibility - medication records, changes in resident's health/appetite, etc and often don't get to actually spend time with the residents. If they had, they might have picked up her illness and acted upon it earlier."

Feedback 18.

"… My mother was in a nightmare of a nursing home....a broken walker that no-one knows how that came about; items that go missing never to be returned; a lady that empties her bowels in my mother's room - faeces all over her things.

I complained to staff and management. I was told they don't have enough staff or money to look after them properly. If it was the RSPCA, they would have closed them up!"

Feedback 19.

"… My mother in law had lots of falls and was often there for some time as the nurses rounds are only every few house through the evening and she seemed to manage to fall between checks. One morning I found her on the floor at 8am. Never knew how long she had been there. She had a dislocated shoulder. The ambulance took hours to come as she was not (deemed to be) an 'urgent case'.

I do really feel for the staff though the good ones are just run off their feet. and most do care it is just the insufficient funds for good care and supervision…"

Feedback 20.

"… A nurse wheeled Mum into the disabled toilet and went away. The nurse then went off duty. Unable to see any buttons (blind) Mum called out until her voice was gone. She was found 3 hours later at meal time by a staff member searching for her.."

Feedback 21.

"… have just left employment with a categorised Low Care Hostel employed as a PCA. Over the 6 months I was there, I was a silent partner in out and out deception regarding accreditation:

- I was told to complete 18 months worth of bowel assessments before (accreditation);
- the staff were hand-picked for the day the on spot review happened (the roster was changed to accommodate this);
- the residents who may of spoke of concerns where sent on a bus trip to local RSL for the day (a first I might add) - unbeknown to them the accreditation team were coming in;
- the ratio of staff was upped for the day; and
- the menu changed to something very palatable the residents did not normally receive.

Of course, the home passed with flying colours.

I was lucky in the respect I was not stopped and asked any questions, saving me an ethical dilemma, due to the fact 3 weeks earlier, had been rushed through my medication competency - to the extent I arrived for a shift at 6am and found I was giving medication out, and at 9.00am the R.N arrived and then signed me off for 3 previous supervised medication rounds that had not happened…"

Feedback 22.

"…When I queried the fact I was not conversant with the medication I was giving to the cognitively impaired (as per regulations), and (asked) 'when would education happen for that', I was told 'you have a MIMS[17] in the clinic, read that'.

My next shift as the Carer giving out medication was over the long weekend, no R.N is rostered on for 4 days, and unfortunately for me she also was not answering her phone or mobile so I had to make my own judgement calls re PRN medication[18]. When I brought my concerns up, I found they were not addressed - leaving me no choice but to leave before they fabricated a reason to get rid of me as happened to previous staff members…"

[17] **MIMS** – A handbook containing medicine information from Australian pharmaceutical companies

[18] **PRN Medication** - the name given to'when required' medications. PRN medications are defined by the Australian Pharmaceutical Advisory Council (APAC) as being those which are ordered by a medical practitioner for a specific person on that person's medicine records and when the registered nurse, using clinical judgment, initiates, or delegates to an authorised enrolled nurse, when necessary. The administration of PRN medicines must be recorded on the person's medicine record (APAC 2002). *Staff should record the times and dosage for which that medication is administered on the resident's medication chart and record why the medication is given and the outcome (for example, pain relieved, resident settled) in the progress notes*.

Feedback 23.

"… The domestic staff were doing most of the caring with only one qualified nurse for 65 patients. My mother was often left to sit for hours, on a vinyl chair, not properly clothed or covered. One day she fell off this chair and broke her hip. She was sent home from hospital 48 hours after her hip replacement and untrained domestic staff were used to bathe and move her. Within two days her hip had dislocated.

This happened again. Twice.

Once it was dislocated for nearly a week, but the doctor had not been called.

A physiotherapist was supposed to train staff, but the one nurse there told me 'she didn't have the time'…"

Feedback 24.

"…We actually verbally discussed our concerns regarding the medication with both the Director of Nursing in January (2005) and the Managers/Owners on several occasions…they were meant to "look into it" and get back to us and we heard nothing. After several discussions with the pharmacy, we informed the Compliance part of the Department who after investigating our comments strongly advised us to place a formal complaint. It was only after this that something was done by the nursing home.

The fact that we had not put our concerns in writing, gave the owners a chance to claim that we went straight to the department. The home does have a written communication book to write concerns but part of the assessment found that none of these were being followed up…

We are concerned that there is no proof that they have received the complaint…"

Feedback 25.

"…I have been instructed through communications (at my work) that if we cannot fulfil our tasks in the allotted time, then maybe we should not be working here (place of employment). On average, each employee would stay on the shift (unpaid) for up to half an hour just to complete tasks and make sure that the residents are comfortable. All my work colleagues are compassionate and caring individuals. It is the management and owners of the nursing homes that need to be accountable for the funding they receive.

My understanding is that as long as a nursing home meets the accreditation standard, they continue to get funding to be spent in whatever way they choose…

Would someone please help us, to help our elderly live out their remaining years with dignity and comfort?..."

Appendix 2: References

Man jailed for rape of dementia patient

Abstract: A male nurse who pleaded guilty to raping a dementia patient at a nursing home has been sentenced to three and a half years in jail.

ABC News, 23 September 2005

Police probe nursing home assault

"Police are investigating the suspected assault of a 74-year-old woman at a **Melbourne** nursing home overnight."

The Age, by Jane Holroyd, 8 September 2005

Coroner urges overhaul of death reports

"Deaths are under-reported to the coroner, particularly in the hospital and nursing home areas," Mr Johnstone says in his submission, obtained by The Age.

The Age, by Jo Chandler, 20 August 2005

Governments accused of neglecting the elderly

"Australia's treatment of the elderly has been described as a shocking human rights violation."

ABC News: 18 July 2005

Late Justice: 13 July 2005

"A Senate inquiry into the aged care industry has recommended higher levels of scrutiny" http://bulletin.ninemsn.com.au/bulletin/site/articleIDs/2FE871DF89288346CA257037000A7AD3

"Broken Trust" - The Bulletin: Special Investigation" - Jill O'Gorman and Bill Hunt are devastated by the loss of an elderly parent in a Melbourne nursing home, a death they say could have been avoided. They are not alone, as Julie-Anne Davies finds in a special investigation into the scandals tearing apart our aged-care industry." [Julie-Anne Davies - The Bulletin - 11 August 2004]
http://bulletin.ninemsn.com.au/bulletin/site/homepages/122%3E33

Aged care workers tell of fear, neglect

"Residents at an aged care facility in Yarraville are being neglected, with staff unable to attend to residents' needs or feed them adequately, according to a submission to a federal inquiry."

The Age, by Liz Gooch, Social Affairs Reporter, 27 April 2005

Old people tied up and neglected

"AN elderly resident was tied to chair with a crocheted rug to prevent them wandering away from a Sydney nursing home where residents lived in filth."

The Courier Mail, by Luke McIlveen, 27 April 2005

Nursing home failed patients

"A NURSING home owned by an Adelaide doctor put patients at "serious risk" and repeatedly failed quality inspections, an audit has found…"

The Advertiser, Jill Pengelly, 10 February 2005

The most mortal sin of all - growing old

"Many of our older relatives are left lonely and isolated, living in tiny units or in once bustling family homes that were noisy with the sounds of children; much worse is being buried alive in nursing homes that often make it into the headlines, because they also neglect the frail and vulnerable entrusted to their care."

The Age, by Trish Bolton, 10 January 2005

Stanhope orders nursing home abuse claims probe

"The Government will investigate claims that a growing number of residents in nursing homes are complaining of poor treatment but are afraid to speak out…"

ABC News, 5 February 2005

Victoria's aged care rated the worst

"VICTORIA'S nursing homes and aged care hostels are far and away the worst in Australia, official figures reveal…"

Herald Sun, Jen Kelly [Medical Reporter], 10 December 2004

Home inquest adjourned

"EILEEN Walker, who died after dramatic weight loss, lived in a home owned and run by 21-year-old William Zhang, who has no formal qualification or training in aged care…"

The Australian, Kate Legge [Aged Care Writer] 12 November, 2004

Aged-care residents 'begged for food'

"A coroner's investigation into Mrs Walker's death begins today with former staff, residents and family members expected to give evidence of a Dickensian regime in which weight loss due to lack of food was common and "cleanliness and hygiene non-existent".
The Australian, by Kate Legge, Aged care writer, 11 November 2004

Ita urges 'humanity' in aged hospitals

"Media personality Ita Buttrose has given an emotional account of how, after a lifetime of paying private health insurance, her father was told a Sydney hospital was too short-staffed to feed him."

The Australian, by Kate Legge, Aged Care writer, 7 October 2004

Nurses allege aged neglected

"I think people will be shocked and horrified. I'm hoping the government will take a look and do something. There is minimal accountability in aged care for the money the proprietors receive."

Sunshine Coast Daily, by Tenille Bonoguore and Damian Bathersby, 25 October 2004

Sedatives smother one woman's fight for dignity

"A taped interview of Mrs Franklin-Browne's alleged abuse was posted to the Department of Health and Ageing, which returned it, saying they couldn't listen to it without violating the Privacy Act." The Courier Mail, by Tuck Thompson, 10 September 2004

Aged live on '$2.50 daily food'

"MORE than 1000 complaints have been made about aged-care homes in South Australia over the past year amid disturbing new allegations of neglect in some facilities."

The Adelaide Advertiser, 8 August 2004

Neglect claims to be probed

"Health authorities will be asked to investigate allegations that nursing home residents were being left to urinate in their beds and not fed."

AAP, by Kylie Walker, National Medical Correspondent, 5 July 2004

Aged care wet, cold and drugged

"ELDERLY patients are being over-medicated, served cold food and left to urinate in their beds and wheelchairs at aged-care homes because of serious staffing shortages, a national phone-in has found…"

The Australian, Samantha Maiden, 5 July 2004

Hostel loses licence as death investigated

"Some residents were left to endure an agonising wait for morning nurses to give them pain killers"

The Herald Sun, by Luke McIlveen, 8 January 2004

A family's perception of a public hospital [Contemporary Nurse]
http://www.contemporarynurse.com/11-2p243.htm

Abstract: This article tells of one family's recent perceptions of a major public hospital. Their story is a personal one that revolves around the illness of a family member. Visiting their loved one every day meant they gained a heightened awareness of the day-to-day running of the hospital. As the patient had to stay in hospital longer than originally anticipated the family members begin to observe details of contemporary hospital life not noticed on occasional visits. What they perceive leads them to question those often heard, and taken-for-granted, values of efficiency, accountability and competitiveness.

Healthcare for older people in residential care – who cares?
Professor Leon Flicker – Medical Journal of Australia
http://www.mja.com.au/public/issues/173_02_170700/flicker/flicker.html

"Increasing needs should be met with improved organisation of services"

Quality care or human rights abuse?
Physical restraint of people with dementia in residential aged care

http://www.aasw.asn.au/adobe/papers/paper_human_rights_abuse.pdf

Robin Turnham (Paper presented at Australian Association of Social Workers 2003 Annual Conference Canberra)

Abstract: The widespread abuse of the human rights of elderly people with dementia in residential aged care, via the use of physical restraint, is barely recognized by the Australian community. This contrasts significantly with our concern about the abuse of children and our zero tolerance approach to the use of physical restraint in their care.

Appendix 3: Recommendations