Dr J.S.H.Tooth

April 15th 2013

Senate Enquiry into the care of people with dementia in Southern Tasmania

I enclose the following documents.

1. Overview of dementia and its management.
2. The management of people with dementia who have difficult behaviour (BPSD) and the establishment of the Adards Nursing Home.
3. The Tasmanian government's financial support of Adards (the Groom letter)
4. The letter to the Mercury by 27 ex-nurses of Adards following the takeover.
5. The Budget Estimates Committee Hearing of June 24th 2009.
6. Notes from a member of the nursing staff of Prescare's Adards with regard to deficiencies in the care of residents there.
7. A letter from Michelle O'Byrne indicating refusal to accept Federal funds to replace Adards.

Dr J.S.H.Tooth

13th April 2013

Senate Inquiry into the care of people with dementia in Southern Tasmania

I am grateful to the Senators for the opportunity to submit the following documentation with regard to this matter. At some stage I would also like to make some remarks in person to the Senators if that is possible.

I will be particularly focussing on the residential care of those who have difficult behaviour – now known as people with dementia and BPSD (Behavioural and Psychological Symptoms of Dementia)

1. Overview of dementia and its impact in Southern Tasmania

Dementia is caused by a disorder of the brain and it commonly occurs in the later period of life although on rare occasions it occurs in a younger age group.

The two common causes are **Alzheimer's Disease** (AD) – perhaps 85% of all sufferers) where a substance called amyloid is deposited in the brain tissue, and **Vascular Dementia** (VD) where there is damage to the small blood vessels of the brain. It is sometimes hard to differentiate these two without post-mortem examination. There are many other causes but all of them are comparatively rare.

In these two, the damage is initially in the outer layers of the brain but, as the disease advances, further damage occurs near the surface and the original damage is 'pushed' further in. Initially the most obvious symptom is a loss of recent memory with, usually, retention of remote memories. Thus residents may have no idea what they had for breakfast but a clear memory of significant events of 50 years ago – we use this retention of remote memory in our management of our residents.

The ageing process is the most significant precipitating factor and thus, with our increasing longevity, the number of cases of dementia is increasing and all Western societies are in danger of being overwhelmed in attempting to cater for this disorder.

The vast majority of people with dementia are managed at home but the stress on family carers can be quite severe and so admission to a residential facility may become mandatory.

There are two main types of residential facility for people with dementia in Australia – general nursing homes which are usually funded by the Commonwealth Government and specialist psychogeriatric facilities which, with one exception (Adards) are funded by the government of each State. Most people with dementia go to the former but if they have problem behaviour (BPSD) they can only be managed in the latter which have staff with special training in managing difficult behaviour.

These are known as Psychogeriatric Units. Adards was such a facility and in all States except Tasmania these are funded by the State Government whereas the Commonwealth funds the general nursing homes.

Just to confuse the Senators (!) I have to tell them that there is a psychogeriatric facility in Hobart which is administered and funded by the State Government's Mental Health Service. This is the Roy Fagan Centre at St John's Park. I managed to obtain funding for this from the Tasmanian Government in the last year of my administration when I was Chairman of the Mental Health Services Commission. Therefore, before the effective destruction of Adards in 2008, there were two 'difficult behaviour' dementia units in Hobart – Adards and Roy Fagan. At one stage I evaluated the effectiveness and the cost/resident of these two and found that Adards (Commonwealth-funded) was considerably less costly in terms of staffing whilst being much more effective in the provision of happiness to the residents.

Adards was unique in that it was entirely Commonwealth-funded. This was because when I was in charge of mental health in Tasmania and urgently needed to demolish the dreadful Royal Derwent Hospital at New Norfolk, the State Treasurer adamantly refused to fund replacement units whereas in the other States there was no problem with this. In the end I had to accept the offer of the **Commonwealth** Minister to fund this new difficult behaviour unit. Thus Adards was the only Commonwealth-funded difficult behaviour unit in Australia – with all the other States funding their own similar units. I have, however, recently heard that in Victoria some new psychogeriatric units are partially funded by the Commonwealth. (This may be an important precedent when we are considering how to finance a new Adards-type unit)

When I could not persuade the Tasmanian Treasurer to fund Adards, I had to turn to the voluntary sector and the group that I had recently formed – the Alzheimer's Disease and Related Disorders Society (Adards) – took up the challenge and raised money from the public which attracted Commonwealth funds to build the original Adards Nursing Home. Thus Adards was a Commonwealth-funded Nursing Home – the only one in Australia for people with dementia who had difficult behaviour.

It worried me at the time that should the Commonwealth ever reduce the funding of its Nursing Homes, Adards would be in trouble. I therefore sought from the Tasmanian Government a guarantee that if this occurred, it would provide 'top-up' funding to the tune of up to $200,000 p.a. (see attached Groom letter). The Tasmanian Treasurer accepted this and then I ensured that Cabinet endorsed the commitment. However when Adards was in financial trouble in 2007/2008 the Tasmanian government reneged on this agreement.

If one examines this situation, it once again demonstrates the difference between Tasmania and the other States – Tasmania seeking to avoid its obligations to this most disadvantaged of its citizens whilst the other States accepted them.

<u>The design and the initiation of the Adards Nursing Home</u>

The design team was led by an inspired architect, David Hoffman, and consisted of myself, Dr Jacob Mathew (the State psychogeriatrician), and two experienced psychogeriatric nurses – it may have been the first time that nurses had ever been on a

design committee. The result was outstanding and over the 17 years of its independent existence we hardly had to alter anything except minor features.

We needed to have residents in small houses with furnishings and décor resembling homes of 50 years ago. There were four houses of nine single bedrooms, each with en-suite facilities. The corridors of the bedroom wing of each house met at the night-nurse station so that we could economise on night staffing. Each house had a kitchen, dining room, living room and tub bathroom. The design was simple but the furnishings of each of the four houses resembled those of a previous era.

Next to the night-nurse station was a large general-purpose room which could be used for meetings, group activities, sing-songs and other entertainments.

Over the years that Adards operated before it was forcibly taken over, experts from all over the developed world came to inspect and were 'blown over' by its features and the apparent contentment of its residents, all of whom had been selected for Adards because they were too difficult for the usual nursing homes. Each house had its own secure garden area with some very special features. The most successful was the chicken run because most men in this age group had had chickens at home when they were young. There was also an old car which men enjoyed washing and polishing and a bus stop erected for one resident who was only content whilst sitting in it.

The reaction to Adards of specialists from all over the developed world

This was amazing. We rapidly became internationally famous. The peak came when Professor Jiska Cohen-Mansfield, the acknowledged world expert in the management of difficult behaviour of people with dementia, came from Washington D.C. and declared that we led the world in both our design and our programs.

Internationally, we have had a major link with Japan. For some 20 years I have been lecturing both here and in Tokyo to groups of Japanese staff about the management of dementia (and especially those people with difficult behaviour). A major geriatric hospital in Tokyo has built a dementia unit which duplicated many of the features of Adards.

The problems that led to the destruction of Adards

It will be remembered that we were a Commonwealth-funded Nursing Home whereas those facilities for people with dementia and difficult behaviour in all other States were funded by that State Government. We were consequently very dependent on the funding arrangements of the Commonwealth and all was well until, in the late 2000s, that bureaucracy decided to save money on its nursing homes. It reduced the per diem allowance per patient but in return allowed Nursing Home proprietors to charge bonds for prospective future residents and then use the interest on this capital. This was admirable for general nursing homes and also for their prospective wealthy applicants but it was disastrous for Adards as we only took in those whose behaviour was too difficult for other nursing homes to manage – and this could not be anticipated some years in advance. The acronym for the new funding arrangements was ACFI and it was introduced in 2007.

The result was that the Commonwealth funding for Adards was significantly reduced without any financial compensation and then the Tasmanian government reneged on the commitment it had made to 'top-up' the Commonwealth funding in such circumstances (see the Groom letter, which is attached).

In 2007 we had become very concerned about the effect that ACFI was having on our financial viability and sought a meeting with Lara Giddings, the Minister for Health at the time. We met her on 22/4/07 and asked for Tasmanian Government funding to negate the effect of ACFI. She told us that a request for funding in any year had to be submitted to the State Treasurer before Xmas of the previous year and so financial assistance from the State was denied us at that time. The implication was clear – if we submitted a request for this funding before Xmas 2007 it should become available to us in 2008. We therefore did put in this request in December 2007 but after major prevarication it was finally refused in March 2008. It became quite clear to us that the Tasmanian Government could not be relied on to keep its word.

Our problems were compounded by two important people in the relevant bureaucracies. In the Tasmanian Department of Health and Human Services there was a senior officer who was jealous of the success of Adards and made sure that the Secretary (Head) of the Department would not assist us; in the Commonwealth Department there was a key officer of a similar ilk. By using Freedom of Information legislation I have now a clear idea how these officers ensured that neither the State nor the Commonwealth would come to our aid when the per diem allowance of the latter was reduced. Without our knowledge at the time, meetings were being held between officers of the State Department of Health and Human Services (DHHS) and the Tasmanian officer of the Commonwealth Department of Health and Ageing (DoHA) – with the apparent aim of ensuring that an independent Adards could not survive.

Why were the officers of these two Departments so against us and, by extension, against allowing people with dementia and BPSD some happiness in their lives? I have thought long and hard about this and the only conclusion I could reach was that we were too successful in giving this disadvantaged group such happiness. Could our success have incurred professional jealousy?

There is much that I could say to a Senate Committee about the destruction of Adards and I would welcome an invitation to be questioned on this matter. It is not a pleasant story but if necessary (and after obtaining legal advice) I will inform the public of these matters.

In 2008, and with no resolution of the above debacle, Adards was nearing insolvency and we were within a few weeks of being unable to pay the wages of our staff. I have to admit my naivety in thinking that Adards had such international fame and was so well acclaimed in the other States of Australia that the Tasmanian government could not possibly let us be taken over and would eventually restore the funding that had been originally promised by that government. I was very wrong in this judgement.

The takeover of Adards by Presbyterian Nursing Homes of Launceston (known now as Prescare)

This occurred on September 1st 2008. Over the previous year we had been negotiating with the Tasmanian Health Department with a view for it to financially support us to keep 'afloat'. I now consider that I was naïve in thinking that, because we were doing such excellent and dedicated work in managing people with BPSD with the minimum amount of sedative drugs and that we were the admiration of the developed world's psychogeriatric services, we would obtain the support of the Tasmanian Government. The reverse was actually true and now that I know the details of the 'plot' to destroy us, I realise how much we had been misled.

In the end we had no option but to sell our establishment including buildings, furnishings and land for the sum of $1! Since we were within a week or two of not being able to pay our staff, the two governments gave us a package of $200,000 to tide us over until the sale was finalised.

The 'forced' sale agreement

I am no businessman and prior to 2008 had no knowledge of the Heads of Agreement contract which occurs when a business operation is sold to another company. I soon learnt that the Heads of Agreement consists of clauses with regard to the sale that cannot be legally abrogated by one of the parties without the consent of the other.

We were in no position to bargain with Prescare as we were within a few weeks of being unable to pay the wages of our staff and then we would have had to discharge our residents (to where?). However I did manage to insert some clauses in the Heads of Agreement which should have protected our vulnerable residents from losing all their enjoyment of life.

One clause which we considered was vital was that Prescare would continue with home cooking in each of the four 9-bed houses. I know now that Prescare never had any intention of honouring this clause because it was cheaper for them to send meals over to Adards in bains-marie with mass-cooked food from a large kitchen in a nearby Nursing Home which they had built. Thus one of our major planks in ensuring the happiness of our residents was removed.

I objected that a clause of the Heads of Agreement had been unilaterally abrogated but they ignored my objection. We had no money with which to take them to Court over this breach. (This situation was exacerbated by the Commonwealth's new regulations with regard to kitchens in Nursing Homes – if Prescare had complied with these it would have been costly for them if they kept to the legal agreement they signed. However, Prescare had made considerable money from the deal and complying with this clause of the Heads of Agreement would have been a minor expense.)

This situation was made worse by the support given them by the Minister for Health who was also Minister for Justice and Attorney General. She said at a Budget

Estimates Committee Hearing that Prescare could alter the clause in the Heads of Agreement about continuing with home cooking 'just a little bit'! How one can alter a clause (which cannot be unilaterally abrogated) 'just a little bit' is still a mystery to me.

The result of the acquisition of Adards by Presbyterian Homes of Launceston (Prescare) on September 1st 2008 was disastrous for our residents, our dedicated nursing staff and any future resident who needed such special care.

The results of the takeover

Prescare had a very different approach to both their care staff and also the residents. First, they seemed to think that the relaxed approach of our nursing staff was incompatible with the traditions of discipline which were probably handed down from Calvin. The cheerful relaxed approach from our staff appeared to be an anathema to them. It did not take long for our staff to realise that the new approach was wrong for our residents but the management did not appear to able to shift from this posture and one by one our wonderful staff resigned.

disciplinarian (?) towards
The disciplinary approach to the residents was worse. It is not hard to imagine the effects of this on people with dementia with BPSD (difficult behaviour). I will give an example of this stupidity – before we were taken over, the policy in Adards was that the residents could get up in the morning when they felt ready for it. This policy was very useful to us as on the morning shift in each of the four houses, there were only two staff. They were nurse aides (now known as Extended Care Assistants – ECAs). Our policy was that the residents could get up in the morning when they felt like it. This was frowned upon by the new management. They thought that there should be more discipline in the Houses and issued an edict that in future all residents must get out of bed, be washed and showered, and present at the breakfast table at a regulation time. This edict resulted in some great difficulties.

Previously we had encouraged our residents to get up in the morning when they felt ready for it. Such a policy was not only appropriate for the resident (what is the purpose of getting up at a time that is unsuitable to your life pattern when you have dementia and have no timetable for your day?) but it also suited our staff. If there was a stagger in the time that each of the nine residents of a House wanted to get up, it ensured that the two assistant nurses (ECAs) could manage to wash and dress each resident and then take them along to the Breakfast Room and serve them with a light breakfast whilst they had a cup of tea or coffee themselves. Whilst this was happening the other ECA might be getting up the next resident and helping them wash and dress.

How simple it was and how dangerous it became after the radical change, as often thereafter an ECA had to drag a resident along the corridor and risk getting kicked. But I suppose that the new management felt that a little Calvinistic discipline was good for the souls of all concerned.

If one now takes a step back and considers the absurdity of trying to discipline a disgruntled old person with dementia it must make for many questions about this forced takeover.

I wonder if the Senate Committee would like to ask some of the questions that have arisen in the minds of the previous Adards Board of Management. But first, why was such a successful operation undermined and the residents made to suffer?

I can only think that both the Commonwealth Department and the officers of the Tasmanian Department of Health and Human services were unhappy about the enormous success of Adards with its amazing world reputation. The records of the meetings of these two bureaucracies (obtained using Freedom of Information legislation) show that they were meeting in secret. We had no idea that they were aiming to destroy us but the minutes of their meetings are very clear – but disgraceful.

Why were we not invited to attend these meetings? Or consulted about what was best for our residents and their relatives? Were they frightened of my knowledge and experience? Were they unhappy that here was an extremely effective unit by which the State-run unit (Roy Fagan) paled in comparison?

<u>The current situation at the nursing home which Prescare still calls Adards</u>

This Commonwealth-funded Aged Care facility is still called Adards but it has no comparison with our previous organisation. It appears that the management there will not (? cannot) admit people with dementia who have difficult behaviour. This group now apparently go to general nursing homes which have a locked Day Room, and there they are heavily sedated so that they spend their last months (or maybe years) in miserable stupor. The effect on their spouses can only be imagined.

I hope that the Senators are able to investigate and report on this appalling situation.

For the reputation of Tasmania this is simply awful. Tasmania has gone from having a difficult behaviour dementia unit which was the admiration of the developed world to providing locked wards where people with dementia are over-medicated.

I know that some ex-nurses of Adards wish to give information to the Senate Committee with regard to the nutritional needs of residents in general nursing homes. I consider that they are correct in that some nursing homes do lack appropriate policies/methods in this regard. On the other hand I know of some wonderful general nursing homes which do it all exactly right. One of our best Registered Nurses, Kate Wallbank, now runs a general nursing home in the Huon area and I am quite sure that all procedures there would not be able to be faulted. Kate would be able to give the Senators valuable evidence to assist them in the Enquiry into the provision of dementia care.

The other ex-nurse of Adards is Anne Dickens who has I think already submitted a document to the Enquiry and I suspect that the Senators would find it valuable to question her. I am attaching a copy of the letter that Anne and 26 other staff sent to the Mercury in 2010 soon after we were taken over.
I am also attaching the letter which Roger Groom, the Minister for Health in 1989 sent to Mr P. Whelan, the first President of Adards, which guaranteed the Government's contribution to the capital works of building Adards as well as 'top-up'

funding of up to $200,000 p.a. (1989 money) if the Commonwealth funding was ever reduced

Finally I must thank the members of the Senate Committee who are investigating this appalling situation and assure them that I am very ready to assist them in any way that they wish. In other words I would be happy to be questioned about the above if they do so wish.

Dr John Tooth

Attachments which should be studied

a. The Groom letter which he sent to Mr P. Whelan, the President of Adards on the 3rd March 1989.
b. Anne Dickens letter to the Mercury of 2010
c. A list of concerns by a member of our previous nursing staff who was still employed at Adards under the new regime, about infringements of acceptable practice by Prescare.

2

The management of people with dementia and difficult behaviour (BPSD)

Adards was a very special facility for people with dementia and BPSD – those that general nursing homes could not manage. It was designed with these in mind. They need to be in small groups and so Adards had four houses, each of nine single bedrooms with en-suites, plus kitchen, dining-room, lounge room and tub bathroom. The corridors of the four bedroom wings met at the night nurse station so that two night nurses could look after the 36 residents. Next to the night nurse station was a large general purpose room for lectures, meetings and recreational activities for the residents. In this central area were also offices for the Director of Nursing and other key staff. After 17 years, and before we were taken over, we could not find fault in the design.

Each house had its own garden area in which residents could wander securely. One had a chicken run, another an aviary, a third an old car for men who enjoyed washing and polishing it and then there was also a bus-stop, built especially for one lady who was only happy when she was sitting in it. Many of our residents enjoyed tending the gardens. A dog and a cat were valuable additions.

Our staff were specially chosen and trained to give a warm and soft approach and we had group training sessions for them. The use of tranquilising medication was minimal.

We found that two aspects of the environment were especially successful. The chickens for old men and wandering in the gardens for old women.

Turning now to the problem of BPSD we became sure that the two best tranquilisers were the smell of food being cooked in each house and the use of **memory** books. The last needs some explanation. Bearing in mind that recent memory is virtually non-existent in people with dementia but memories of many years ago are still prominent, we made 'scrap-books' for each resident of significant happy events of their past life. Then when the resident was upset about a recent occurrence we could let the 'memory book' fall open and trigger a happy memory from the past. However nothing would have been effective if we had not carefully trained our staff in a gentle and warm approach.

I must emphasise that Adards was a happy and relaxed place with staff who loved their work and enjoyed giving their residents a warm environment in which to spend their last days. All this changed with the more rigid and disciplinarian approach of Prescare. Although we tried hard to insist, via the Heads of Agreement document with regard to the sale, that the key principles of the above were safe-guarded, Prescare ignored the clauses of this legal document and we had no money with which to take them to Court.

The taken-over Adards became a unit which was tightly disciplined, and difficult behaviour was managed with the use of (sometimes heavy) doses of tranquilisers. The more troublesome residents were transferred to nursing homes which had locked day-rooms and then heavily tranquilised. One can only imagine the effect of this on their spouses who, in their marriage vows, had pledged to honour and care for them.

3

THE GROOM LETTER

TASMANIA

Office of the Minister for Health
Hobart, Tasmania

Mr. P. Whelan,
President,
Alzheimer's Disease and
Related Disorders Society.

3 MAR 1989

Dear Mr. Whelan,

Dr. Tooth, the Chairman of the Mental Health Services Commission, has told me of the difficulties that your organisation has encountered in raising sufficient funds to establish a 32-bed nursing home for demented elderly people.

The Tasmanian Government has been following your plans with considerable interest as it is very keen to see such a nursing home established. It has recently decided, therefore, that should your organisation be unable to raise sufficient capital to complete the building, it will be prepared to contribute up to $396,000 for the capital works. This sum of money must, by Commonwealth regulations, not be part of the initial $368,000 which your organisation must raise to qualify for the Commonwealth subsidy of $736,000 (this being $23,000 per bed and 32 beds).

This offer is conditional, of course, on your organisation being able to raise the necessary total of $368,000 and the Commonwealth providing its share of $736,000.

If your organisation did decide to take up the Government's offer there will be other conditions, the details of which can be discussed later. As the Government is anxious that your facility should cater for all those demented elderly people with the most disturbed behaviour and difficult management prospects, it will require that admission to the nursing home will be subject to the approval of the Mental Health Services Commission's Psychogeriatrician. The programmes and clinical management procedures of the home should also be subject to this consultant's judgement.

I am also cognizant that under the Commonwealth Government's present instrument of assessment, inadequate funding is provided by that Government to allow for sufficient staffing for the most behaviourally disturbed demented people. Therefore the Tasmanian Government has also decided to offer your organisation (or to any Board of the proposed nursing home to whom you may hand over authority) further recurrent funding in order that adequate staff can be employed to look after this most difficult group of patients. The Tasmanian Government will set aside a sum of up to $200,000 a year for this purpose,

ecutive Buildings, Franklin Square, Hobart 7000

Telephone: (002) 30 8011 – Telex: Tasma 58155

which would be allocated at the discretion of the Mental Health Services Commission in order to provide adequate and safe staffing. However it is expected that, as the Commonwealth is likely to raise its level of recurrent funding to the demented elderly in residence and also that there will be many occasions when the level of disturbed behaviour is at a lesser level, the full $200,000 will often not be needed. This provision will, however, act as a "safety net" so that your nursing home's Board can operate with the security of knowing that adequate staffing is available.

The Tasmanian Government can also offer the services of Mental Health Services Commission medical staff to the nursing home, in particular those of the Commission's Psychogeriatrician.

At this moment I would prefer not to make a public announcement of the Tasmanian Government's offer and would appreciate it if you did not either. On the other hand, it would be entirely appropriate for you to disclose this information to businesses or organisations which are considering contributing to the project.

In conclusion, might I offer you and your organisation my congratulations on all the hard work that your organisation has so far delivered and my hopes for a successful conclusion of the project.

Yours sincerely,

(F. Roger Groom)
MINISTER FOR HEALTH

4

This letter was signed by 27 ex-Care staff of Adards and sent to the Mercury and politicians

Nursing Home Run Competently (letter to The Editor, Sunday Tasmanian Feb 21. 2010), would like facts to support the opinion of ex staff members.

We the undersigned are all former staff members who have worked a number of years at ADARDS, a purpose built home that once housed mobile residents with dementia who not only suffered memory loss, but had behavioural problems because of the disease. i.e. wandering, aggression, inappropriate actions or reactions in given situations.
The home consists of four houses each with 9 or 10 residents *(3 of 9 and one of 10*) and there were always 2 staff at all times throughout the day. Staff worked a rotating roster, 3 days on, 3 days off, and holidays had to be taken 6 monthly. This ensured staff were always fresh and not suffering "burnout" in this most demanding job.

The key to success of this once world renowned home, was referred to as 'The ADARDS Way', a specialized way of caring for the above mentioned residents in a calm, home-like environment with specially trained staff. It recognized that while their residents progressively would loose all their previous skills, the one thing they would never loose were their feelings.

The home-like environment was a crucial factor of 'The ADARDS Way'.
There was no distinction between staff. Everyone including residents worked together as a family. Residents were encouraged to help do whatever they were able or wanted to do – sweeping, dusting, folding laundry, making beds etc. It did not matter if they took wet washing off the clothes line, or they made a bed a very strange way, staff would discreetly put things right when the resident had forgotten all about it.

Of a morning when the resident awoke, staff trained with appropriate interaction skills would ensure that the resident felt at ease in this strange place with a strange person in their bedroom. (Because of memory loss, staff are usually strangers to these residents, no matter how many times they have met them, it will always be the first meeting.)
When the resident felt comfortable, all personal hygiene, dressing and grooming would take place with the resident helping where ever able. The fact that this could be time consuming did not matter. It was important that the resident started the day feeling good.

The kitchen was a great source of 'feel good' emotions and comfort for the residents.
They would gravitate to the hub of the home with its lovely smells of cooking and maybe enjoy a 'cuppa' with the cook. If capable they would help peel a vegetable or two, dry up some dishes or sneak an extra biscuit. Men would be seen helping the gardener or handyman, or happily just having a chat. The small moment of feeling helpful, productive or needed would carry them through for a long while after.
The same outcome came with interactions while dusting with the cleaner, picking flowers with the nurse, walking in the garden with the Director of Nursing, looking through a memory book with a carer, or feeding the chooks, patting the dog, sitting at the bus stop or in the car etc.

Meal times would see staff and residents together around the table, all enjoying a meal. Staff would gently prompt those residents who had problems initiating eating, and if residents wandered off during the meal, that was OK, they would be encouraged to sit or be offered it again a bit later.

Of an evening residents went to bed in their own time. It did not matter that they were sitting watching TV or chatting with staff still in their day clothes.

Staff were taught many skills and could mostly read and prevent a developing situation of an aggressive or just confused resident.
Diversional tactics were used at all times to help defuse any given situation. Medication if needed was always kept to the lowest possible dose.

So what changed (after the takeover)?

Most things have to be done within a certain time frame, resulting in the loss of any independence a resident may still have.
Frail, immobile residents are housed with confused, sometimes aggressive mobile residents.
Residents are woken, got out of bed, showered, dressed etc. by staff's time-table.
All are undressed, and most in bed before the night shift handover – this is not 'The ADARDS Way'.
Residents are frequently scolded for inappropriate behavior.
The kitchen is no longer operating every day. Meals are delivered in a Bain-Marie – the important home-like environment has gone.
Meal times see staff hovering over residents. If a resident does not initiate eating or gets up from the table, it is assumed they do not want it, and the meal is tipped out, potentially leading to poor nutrition, weight loss and bowel problems.
If a staff member is seen apparently just sitting with a resident, they are referred to as lazy and will be told to clean a wardrobe or similar. Appearances seem to be more important than residents.
Staff work 5 days or more straight, 'burning out' many.
Staff are now often by themselves in a house making it impossible to implement appropriate diversions without leaving other residents alone.

We were once very proud to say we worked at ADARDS, and if a job became vacant, it never had to be advertised as there was a waiting list of staff, hoping for the opportunity to work at that wonderful place.
The fact that not so long ago it was felt there was a need for staff to be given a "customer service" training day, on how to 'sell' the home, the fact that so many staff have left, and the fact that the home now has problems attracting new staff must surely be an indicator that something is wrong.

We are disappointed that 'The ADARDS Way' has been allowed to dissolve, and are also disappointed that the current service provider and some families feel a need to go on the defensive and accept second best.

If only the residents could tell their stories.

How can relatives believe 'The ADARDS Way' continues when they have never experienced it.

5

Budget Estimates Committee
Wednesday 24 June 2009 - Estimates Committee A (Giddings) - Part 2

Much will be revealed by reading this Hansard report of the Budget Estimates Committee of 24th June 2009. Terry Martin is questioning Lara Gidddings who was at the time Minister for Health as well as being Minister for Justice and Attorney General. My comments on this report are in italics and bold type

Mr MARTIN - Minister, Adards has been recognised as a world leader in psychogeriatric care. Due to financial difficulties it was forced into a position where it had to be sold, I think about a year ago. Can you explain what the department's role was in that process?
Ms GIDDINGS - The Adards dementia care home provides dementia care to aged-care people and was funded by the Commonwealth Government as an aged-care facility. ***(This was because Tasmania refused to do what every other State did – fund their psychogeriatric facilities for people with dementia and BPSD (difficult behaviour). Tasmania was as usual the exception.)***
Mr MARTIN - Which is a bit unusual.
Ms GIDDINGS - No, there is a history - obviously you have had some discussions with Dr John Tooth who has been through the history of it with me on a couple of occasions. For quite some time it was funded as an aged-care facility. With its 32 beds originally, and they increased it to 37 beds, they were hoping that they would be able to keep it as a sustainable enterprise at that level. As I understand it, there was a feeling that to make it any bigger you start to institutionalise the care, so there was some concern around increasing it to a larger size. Unfortunately the realities are that with any aged-care facility funded now by the Commonwealth you need in excess of 100 beds to be a viable proposition. (***Why in that case did Tasmania refuse to fund it?***) Adards management were doing their absolute best to maintain the care they were providing but got to a point where it just was not sustainable for them anymore. They approached both levels of government to get some assistance and we agreed that the State Government was not funding Adards.
Mr MARTIN - Can I ask why that was?

Ms GIDDINGS - Because it was an aged-care facility that was funded by the Federal Government. ***It was only funded by the Federal government because the State refused to fund it when all the other States funded their difficult behavior facilities. The Tasmanian government refused to do what all the other States did.*** As I said, there was a history that Dr Tooth will tell you, that in 1986 or something there was a decision made to go only to Commonwealth funding. ***(This is inaccurate – the decision was forced on us by Tasmania refusing to fund such a facility.)***
Mr MARTIN - But the State normally funds psychogeriatric facilities, do they not?
Ms GIDDINGS - I will get Wendy to go into more detail about how it all sits and where Adards sits in the whole framework. This is just the overview in terms of what then happened. We provided some funding with the Commonwealth to have a review. I will hand over to Wendy to go into the detail of exactly what did then eventuate through that process.
Mrs KING - Adards was an aged-care residential facility and funded directly through the Australian Government to provide aged-care residential. (***No, both State and Commonwealth acknowledged that Adards was designed and operated in order to admit people with dementia and the most difficult behaviours)***. We have a psychogeriatric facility in the State which is the Roy Fagan Centre, and that is the one that has State Government funding. ***(I actually designed and then established Roy Fagan as, when I was demolishing the dreadful old Royal Derwent Hospital, we needed in excess of 60 beds for this group. The State should have funded Adards also but the State refused to do this.)***
Mr MARTIN - Just to get that straight, are you saying that the State did not recognise Adards as being a psychogeriatric centre?
Mrs KING - Not as a State Government-funded centre. ***(It always should have been but Tasmania has had a reputation for neglecting the needs of such disadvantaged people.)***

The one that is funded and linked to our Mental Health Services is the Roy Fagan Centre. We have a tiered level of service. Psychogeriatric care provided by the State Government, which is really a hospital-level care, is the Roy Fagan Centre, and that is the right level for the State Government to fund. Then we move to the next level of care which is a specialist aged-care facility which is where Adards fitted into the mix. So it is still an aged-care residential centre, but with a specialist focus on people with dementia. (***who have difficult behavior, equal or more severe than those admitted to Roy Fagan***).

Ms GIDDINGS - What I might do for you is also ask Dr John Crawshaw to come to the table because Roy Fagan comes under his responsibility. He can describe to you in a bit more detail the difference between the services that would be provided at Roy Fagan against Adards and the clients that we are working with.

Mr MARTIN - Just before that, can we just finish the story of the history of it as to what the department's role was in, I think, facilitating the sale?

Mrs KING - The transfer across to licences and the use of the name Adards occurred through the course of last year. The State Government, together with the Australian Government, worked in partnership with the Adards board and explored what the possible options were to achieve a viable service on the Adards site, and to maintain the name of Adards and also maintain a facility that has a dementia specialist focus. The State Government role in that was to take part in those negotiations and also to include some components of short-term funding and a couple of components of ongoing service provision linked to the new operators. ***The short-term funding was given by the State to ensure the viability of Adards until an appropriate exit strategy could be engineered***

Mr MARTIN - Was it part of the agreement that they referred to it as the Adards way treatment model? Was that to be maintained?

Mrs KING - Yes, that was part of it, and you are quite correct that there is an international reputation that goes with the use of the name Adards and the model that goes with it. There was a desire to stay true to the model and to maintain the name.

Mr MARTIN - And 12 months on, has that been done?

Mrs KING - Yes, we believe that it has. ***(This a blatant lie – the only excuse that I can think of for her is that the true situation might have been hidden from her.)***

Mr MARTIN - Is there a fear amongst some of the families of patients that to maintain the Adards way might not be sustainable in the long term?.

Mrs KING - I think that was part of the concern. I cannot really speak on behalf of the families, but I do know that we have had two senior clinicians, one from the aged care area of Royal Hobart Hospital and one from the Mental Health area, who have had association with the Adards service as part of the role that the State Government provides to support Adards. Their role pre-existed before the transfer and they have maintained involvement since then. Both of those clinicians are reporting that they believe that the level of care has increased and they remain assured that the model of care is an appropriate one and is staying true to the original model. (***This is breath-taking! I know both of these 'two senior clinicians'. The opposite is true and the only way that I think the realities of the matter could be told is to commission an independent expert from inter-state to establish the truth.)***

Mr MARTIN - So they believe it is staying true to the original model?

Ms GIDDINGS - One issue that I am aware of that you might also refer to is the issue around the kitchens and cooking, which has been raised in letters to the editor and which has also been raised with me. There have been some slight ***(no – enormous!)*** changes around that because of food regulations that mean that the kitchens that were built some years ago now no longer comply with modern standards. There has been recognition that as part of the atmosphere you are trying to build – and it is not treatment so much as just providing a home-like environment for people with dementia – they get the smells of cooking and they feel like they are at home and that mum is in the kitchen cooking tea. While it is not appropriate to provide the meal cooked for eating in all of those kitchens any longer, in fact it would be breaking the law to do that, what they are doing is having diversional therapy sessions in the afternoon –for instance where they will cook scones in the kitchen of the facility the people

are living in but they will not necessarily eat those scones. They will have the smell of the scones cooking, they will be able to have some of the hands-on kneading the dough so that there is a hands-on diversional therapy aspect to the cooking there. ***This statement by Giddings must be called 'spin'. I think that this drama only occurred once or twice and was then abandoned. It does though make a nice story! The truth is that having home-cooked food in all the four 9-bed houses of the previous Adards was probably a major factor in the rapid relaxation of our most disturbed residents***
The food itself I understand is now prepared in one kitchen some distance from Adards Where do they eat it?

Mrs King – in each unit ***(but our major 'settling factor' had now been demolished – against a clause in the Heads of Agreement which theoretically could not be unilateraly abrogated)***

Ms Giddings – It is now taken to the individual units for consumption.

Mr Martin – So it is not your belief that there is any intention by the new owners to turn it into a general nursing home.)

Ms Giddings – No not at all. It was very clear in the heads of agreement, I understand and in the negotiations that that did not happen. That was a key part of what I also wanted to ensure when we were part of the discussion, that whatever we did as a State government was really to support and protect the Adards way ***(which will be aborted in the next year or two)*** but did not lose that. Having said that, there are, like all areas of Health, new ways of doing things. We learn through research and the way we practice it. There are things that we can incorporate into models to improve them. I cannot guarantee that the Adards Way that was initially put in place by Dr Tooth will continue 100% because it may well be through different experiences and new models of care that come out that we need to shift that. ***(this is just blatant 'spin'– there was no new model of care that emerged and all Prescare did was to abolish home cooking (to increase its profit) which we had found to be the best of all tranquillising methods)***

Mrs King – There was definitely a desire to not only maintain the Adards model but to build on that in terms of creating a dementia facility and complex that was operating at the specialist end in the aged care area. In doing that what we have been able to achieve collectively in the expansion is the number of dementia-specific beds by 48 places, by adding-in 10 dementia-specific packages and transferring a dementia-specific day centre that was on a separate site onto that same site, so we end up with a much larger viable complex that is all focused on dementia care. ***This is just lies – the 48 beds they are referring to are in the Riverview Nursing Home recently constructed by Prescare. These beds are for general nursing home residents – not for people with dementia and BPSD***

Mr Martin – How many beds are there at Adards now?

Mrs King – It will have the 37 original beds plus a new 48. ***(This is incredible. The 48 are licences that have been allocated to the new operators from the Australian Government and they are going through the operation of building on the site to expand to provide those. They are general nursing home beds and in no way dementia-specific and in no way focused on dementia care.)***

Ms Giddings– Using the Australian Government's zero interest, although that program is not quite zero interest from what I understand.

Mr Martin – I suppose the worry about that would be creating a larger facility, which you have to do to be sustainable under this unfortunate funding that we have in the country at the moment. With all due respect I hope it does not become another Roy Fagan Centre.

Mrs King It will not become another Roy Fagan Centre and perhaps John will speak about the difference.

Dr Crawshaw ***(it must be noted that Dr Crawshaw is not a psychogeriatrician)***– I think that Roy Fagan is at a different level. What we are talking about to date with Adards and the other services is more dementia-appropriate services, whereas what we are providing at Roy Fagan is the high-end services really for people have significant behavioural problems or other psychological issues with their dementia. There has always been this differentiation in any services that I have had association with between those which fall within the spectrum of dementia services and those which end up in psychiatry of old-age type services and we are dealing with the more extreme end, if you like in terms of dementia, the people who, as a result of their dementia are posing extreme behavioural challenges or other psychological disturbances.

This is a distortion of the facts. Adards had always catered for people with dementia with significant behavioural problems and, because of its homelike features and special staff, at about half the cost per resident as those at Roy Fagan. In the last year or two, when our call for funding/resident to be resumed to half the level of that of Roy Fagan has been ignored, the service has diminished. It is hard to understand how any government can believe that a business can be run without money.

12.15 p.m.

Mr Martin – Minister, there is a clause in the contract that would maintain the Adards Way and I just wonder how elastic that is?

Ms Giddings – It is monitored principally by the Federal Government through its Department of Health and Ageing (DOHA) but I understand that a committee has been established – Wendy, you sit on that from the State Government's perspective and the Federal Government is at the table. Perhaps you could describe that committee and the process there that is overseeing this because one of the issues they did have to talk about was exactly that food preparation issue for instance.

Mrs King – There is a transitional committee that has been in operation since about 12 months ago prior to the transfer in September last year and it comprises the two levels of government as well as senior clinicians in both the aged-care and mental health systems and also the new operators. The role of the transition committee is to regularly review how the new arrangements are progressing and also to check back into the agreements that were reached in the Heads of Agreement, which is the document that defines what was meant to occur in the transfer between the two operators, to check that it is occurring in the way that it was intended. It provides an opportunity for people to question if there is a belief that something is not happening in quite the right way.

Mr Martin – How long will the committee be in existence for?

Mrs King – It will stay in place until all parties agree that the transfer process has been enacted to everybody's satisfaction

Mr Martin – I do not think I heard you say there was a representative from the old Adards Board?

Mrs King – No. ***(Why not? – the old Adards Board is the only group that would be in a position to query what was happening).*** It comprises the new operator and all the parties that are involved in providing the services. ***The Heads of Agreement is a confidential document***

between the old board and the new board. There were breaches by Prescare of some of the clauses but we had no avenue in which we could complain. The Heads of Agreement is a confidential document between Vendor (Adards) and Purchaser (PCT). It is difficult to understand how the Department had a copy without the consent of the previous Adards Board. I only signed for the sale when it appeared that the Adards Way was guaranteed to continue. The Heads of Agreement ensured that home preparation of food must continue and the serving of it in the Dining Rooms but this was unilaterally abrogated by Prescare and we had no redress for their breach of the H of A.

Mr Martin – Was any thought given to having a representative of the old board on the committee?

Mrs King – It would not be appropriate because they are not part of the operation of the new service. ***Why would it not be appropriate to ensure that the H of A clauses were fulfilled?***

Ms Giddings – The Heads of Agreement is there to protect the Adards Way, so to speak.

Mr Martin – And the State are committed to maintaining that?

Ms Giddings – Absolutely. ***(This is totally untrue)***

Mr Martin – The State representative is providing for that.

Ms Giddings – Absolutely, and the agreement for them to take over the control of the land, buildings and services was that they did maintain that way. That is where I say, for example, there was a shift in the cooking in each individual kitchen and I understand that was an issue that was discussed by the transitional committee that was it appropriate, was it okay to shift that little bit from the Heads of Agreement in that sense and approval was provided because of the fact, as I understand it, legally they had no choice. If they were to abide by the food preparation laws they would have to look at how they prepared the food and where.

This is almost unbelieveable. A State committee that was not party to the confidential Heads of Agreement has approved the breaking of one of its clauses! The euphemism that the total breaking of a clause was 'a shift that little bit from the H of A' seems simply incredible from the Minister for Justice. And then to go on with 'they really had no choice' is absurd. Of course they had a choice but that would have meant that they spent money on modernizing the kitchens which might well be an anathema to a business-orientated organization even though it had made a good profit from the takeover.

I personally have been very supportive of Adards. ***(This is very hard to believe. She could not have missed the point that much of the Adards Way had been demolished.)***

Mr Martin – I think the previous Minister was, too.

Ms Giddings – I think we all do. We are very proud of what John Tooth has achieved at Adards and very proud of the fact that it was unique and it came out of the end of a dreadful era of institutionalising people with all different illnesses but particularly in this case what John saw was the dementia end of it and bringing some humanity to the care of people with dementia. What is also interesting is the fact that with our ageing population, more dementia is occurring in the community at different levels. That is why we have to ensure that different levels of care are available. A lot of aged care facilities have adopted elements of the Adards Way into their facilities. The Lillian Martin Home is one that I am aware of, not far from where the Adards facility is. Many aged care facilities nowadays do have to deal with people with dementia . There is a wider range of dementia services available, there is the Adards way and the psychogeriatric acute care above that at the Roy Fagan. ***(this is another scandalous***

inaccuracy. I once did a survey whilst both Adards and Roy Fagan were operating – the Adards acute care was way ahead of that of Roy Fagan and quite considerably cheaper also.)

Mr Martin – Does the contract clause that maintains the Adards Way have a fixed date or is it open ended?

Mrs King – Its open-ended

Mr Martin – So there is no way that it could be turned into a general nursing home?

Ms Giddings – They would be going against what they signed off on. ***(All the evidence I have now in 2013 is that the erstwhile Adards is used as a general nursing home and not a special dementia unit.)*** What are the reversion rights there?

Mrs King The other legal requirement pertains to the aged-care places that have been provided through the Australian Government. They specify dementia-specific beds.

Mr Martin –So all the 85 will be dementia beds?

Mrs King– Yes.

This is puzzling. The deal done between PCT and the State was that the former were expected to incur extra costs to bring Adards up to a satisfactory standard of physical maintenance and then supplement the budget there by some $300,000 to $400,000 p.a. to compensate that psychogeriatric unit from its loss of income resulting from the change in Commonwealth funding. PCT was expected to make a loss on this deal but in compensation they would receive (for only $1 payment!) Adards' land on which could built a 45-bed nursing home fast-tracked by the DHOA. I had not been aware that they would be dementia beds and it turned out that the 45 beds were for their new Riverview Nursing Home which is a general Commonwealth-funded Nursing Home with no specialist beds for dementia. I do not think that there is a category of Commonwealth-funded nursing home dementia-specific beds. The original Adards was, but this was the exception in Australia because of the special deal I did with the Commonwealth Minister for Health when the Tasmanian government refused me funding for dementia units at the time of my demolition of the Royal Derwent Hospital at New Norfolk.

In summary PCT had a remarkably profitable deal and it was even more so when it declined to fulfill the H of A clauses. It must be quite hurtful for all those people from the Hobart community who raised funds for the initiation of Adards to hear of the demolition of the Adards Way since the forced takeover.

Ms Giddings – The other element is that DOHA as the accrediting agency or the monitoring agency will be responsible for all this too and they have ongoing accreditation of these facilities. The company themselves, the NGO themselves, cannot just suddenly change, as I would understand it, the models of care without approval from their accrediting body.

6

Notes from a member of the nursing staff of Prescare's Adards nursing home. I do not know the name of this person or the gender. He/she had blanked out the names of the residents and then sent me a photocopy so that there was no possibility of my identifying the resident concerned – or indeed the staff member.

I cannot vouch for the accuracy of these statements but from the verbal remarks of other staff members I have to suspect that there a likelihood of them being accurate. Dr John Tooth

1. re death experience, complaint made by carer and investigated by PCT *(Presbyterian Care Tasmania)* but nothing to be done as others too scared to back up carer.
2. impacted bowel
3. impacted bowel
4. broken leg and subsequent death after fall from broken toilet seat. was ambulant prior to fall.
5. unlawfully restrained
6. Resident rights ignored re out of bed time being forced.i.e. eating breakfast by 8.30 Residents being forced to consume breakfast in bed despite preference. E.g. one resident on South House being brought out to breakfast in as chock full night pad to eat breakfast swimming in her own excrement CEO and MOCS were aware of carer not having offsider that morning and complaining about it but chose to ignore it apart from helper from another house being sent to get above resident u, that carer had only been employed casually for a few shifts prior.
7. Resident choice of religionrights being ignored and forced to go to church of Presbyterian religion without family consultation
8. death after drining milo for supper (R.N.called several times to have a look at
9. Designated fire exit being blocked by locking gates near rubbish skips
10 Lack of staff during meal times for supervision
11. Lack of staff on floors of houses between 10 am and 2 pm
12. Infection contro breaches re: West House not having a laundry anymore and soiled items being carried to South House to put in soak bucket or washing machine.
13. Lack of day pads to allow carers to adequately perform their duty of care re toileting without leaving Houses unmanned to fetch pads from another house (pad cupboards are in East House) despite request for extra day pads to be put in hangers to MOCS and being vetoed.
14Rosters not put out 4 weeks in advance re Award requirement thus shifts are always left to fill at the last minute causing problems with continuity of care as per following point.
15 Continuity of Care e.g. Agency R.N's and Carers on a daily basis leaving information walking out door
16 No verbal handover most mornings as we are to check on computers ourselves before start of shift when entering our designated Houses at beginning of our shift.
17 Deb fake potato served with every meal (where is the the nutritional value of this and residents don't eat it. Boiling water , dried parsley for greenery and potato powder is all that is in it as no seasonings used (nutritional value???). Only real potato served is when having a roast and that is from pre-peeled potatoes that don't brown in the oven and don't look appetising.

18 in hospital. Impacted faeces. Also reported by prior to her resignation of 25 August. Also said that she would be willing to talk to you re issues and has given permission for me to give you her phone number if needed.
19. Staff intimidation, management don't follow their own Policies and procedures.
20. Staff told of financial problems and presented with petitions to Local Government Office Bearers to object to the funding shortfall in Aged Care.

*** No 8 had swallowing problems and had them for some time prior to death.

It is hard to assess the validity of some of these remarks but some of them are serious and indicate serious shortcomings in management. J.S.H.T

The rejection of Federal Money which was available to establish a replacement for the destroyed Adards Nursing Home

Attached is an undated letter to me from the Tasmanian Minister for Health, Michelle O'Byrne. It must have arrived in mid-January 2013. It does seem incredible that her office could not have date-stamped it but perhaps they were too busy.

Paragraph 1 of page 1 refers to a letter I had sent to the Premier requesting that the Tasmanian Government approve the possible allocation of funds for a new Adards-type Nursing Home that the Federal Minister for Health, Senator Plibersek, had allocated to assist Tasmania in its budget for funding of health projects. A proportion of this was for mental health and another proportion for the elderly – a new Adards should have been eligible under both categories. Andrew Wilkie had been the driving force behind this initiative and he had felt optimistic that the Senator would approve funds for this purpose. But it was not to be. The Federal funds could only be used if the Tasmanian government approved of their allocation for this purpose and therefore I wrote to the Premier seeking her support, but this was not forthcoming and the Tasmanian government rejected this proposal

Michelle O'Byrne answered me for her and I have to answer the comments she made in rejecting the proposal.

I do not have any objection to paragraph 1 or paragraph 2 of page 1 of this letter.

Turning to paragraph 3 there are major inaccuracies of fact. The first sentence is totally wrong. It never became clear to the ADARDS Board " that maintaining financial stability in a relatively small specialised aged care facility was not possible without substantial change and growth" These words are totally irrelevant to the Adards situation. Adards was established in 1991 when the Tasmanian Government refused to do what all the other States of Australia did – funding specialist units for people with dementia who had difficult behaviour (now known as dementia with Behavioural and Psychological Symptoms of Dementia – BPSD).

The obduracy of the Tasmanian government had become apparent at the time of my original establishment of ADARDS in 1991. There were people with dementia and BPSD in the appalling Royal Derwent Hospital at New Norfolk who were accommodated in wards there which would be unfit for animals. It was urgent that new accommodation should be provided for them but the Tasmanian Government denied this to them. Eventually the Federal Minister for Health came to my aid and allocated funds from his department for the establishment and then ongoing funding of the Adards Nursing Home. Thus Adards was the only 'difficult behaviour' unit in Australia that was funded by the Australian government and not the State government. (It is worth noting that the Roy Fagan Centre was also designed and established by me, when I at last persuaded the Tasmanian Government that dementia with BPSD was its responsibility and not that of the Commonwealth).

Thus Southern Tasmania had two units for 'difficult' dementia' – Adards funded by the Australian Government and Roy Fagan funded by the Tasmanian State Government. I here have to say that I was concerned that there might be a problem for

Adards if at any time the Commonwealth Government reduced the funding of its nursing homes and so I requested that in such a circumstance the Tasmanian Government would 'top-up' the Commonwealth funding by up to $200,000 p.a. (in 1991 money). I insisted that this guarantee was endorsed by the Tasmanian Cabinet and this was done (see attached Groom letter)

Back now to paragraph 3 of Michelle O'Byrne's letter to me. The 2nd sentence reads 'It was agreed by the Board at the time to continue and strengthen its successful model through a merger of resources and services with another, complementary, aged care provider, in this instance, Presbyterian Care, Tasmania Inc.' This is an appalling statement. It is like saying that a person **agreed** to hand over his money to an assailant who was pointing a gun at his head. We reluctantly signed the take-over document because we had no choice. We had no money to continue to pay our staff and, if they left, the residents would have to be discharged (to where ?)

We attempted to protect both our residents and our wonderful, dedicated staff by insisting on the Heads of Agreement for the sale of Adards to Presbyterian (now known as Prescare) for the sum of $1. A vital clause of this Agreement was almost immediately unilaterally abrogated by Prescare and we had no money for which to take them to Court.

Turning now to the 4th paragraph of Page 1 of O'Byrne's letter this is very difficult to deal with because I do not know what the 'senior visiting medical practitioners' actually said. I think I know who they are and if I am correct their advice must be considered suspect – for reasons which I cannot give without receiving legal advice. I can, however, say the following. One of them is likely to be a geriatrician (not a psychogeriatician) who I suspect is unhappy because I know more about dementia than that person does. The other is probably the psychogeriatrician who took over from me the role of advising Adards staff about dementia and its management. However, whereas I spent much time in group discussion with the staff about these matters, I think that these meetings no longer occur as he has other family commitments. If I am correct in this I doubt that one would be able to confirm "that the Presbyterian Care facility is continuing to provide a high standard of contemporary care in the best traditions of the 'ADARDS Way' developed by you.'

In fact, if members of the Senate Enquiry study the evidence of staff who have worked at Adards since it was taken over I think it will be found that the opposite is true – all the current evidence appears to be that the current Adards is a disaster for the management of these terrified old people.

I am also unhappy with para 5 of page 1 of the letter to me. In the first sentence it is stated that "many positive developments at the site have been completed since 2008, including the construction of a new day centre and additional residential accommodation. The new facilities are acclaimed as modern and contemporary additions, with care and service practice continuing to be based on the best and proven features from the Adards model."

These new facilities are a general aged-care nursing home and a new dementia Day Centre but neither cater to the needs of people with dementia and BPSD. I actually think that both are well designed but they have nothing to do with the needs of people

with dementia and BPSD so that the last sentence of para 5 of page 1 which ends 'with care and service practice continuing to be based on the best and proven features of the ADARDS model' is irrelevant.

Turning now to page 2 of the Minister's letter the first sentence is negated by the attached 'Groom letter'. I have also previously noted the matter of the Roy Fagan Centre, for the establishment of which I had been responsible.

The penultimate paragraph of page 2 is, I am afraid, just 'spin'. The valuable service of the previous Adards has been ruthlessly destroyed and will have to be replaced – it is unlikely that the public will continue to accept that there is now no facility of the previous Adards type in Southern Tasmania. It is even worse that money which could have been available from Senator Plibersek has been rejected. I do not believe that this will be well-accepted when the public knows about it.

Minister for Health
Minister for Children
Minister for Sport and Recreation
Leader of Government Business

Ground Floor, Public Buildings, 53 St John Street, LAUNCESTON TAS
Ph: +61 3 6336 2685 Fax: +61 3 6336 2640

Level 8, 10 Murray Street, HOBART TAS
GPO Box 1470, HOBART TAS 7001 Australia
Ph: +61 3 6233 0804 Fax: +61 3 6223 4980
Email: Michelle.O'Byrne@parliament.tas.gov.au
Web: www.dhhs.tas.gov.au www.development.tas.gov.au/sportrec

Tasmania Governme

WITS No.: 74102- THO - South

Dr J S H Tooth

Dear Dr Tooth

1 Thank you for your correspondence of 19 December 2012 regarding your aim of rebuilding the ADARDS Nursing Home on a new site. The Premier, Lara Giddings MP, has requested that I respond to you on her behalf.

2 The Tasmanian Government acknowledges that the model and service, established by you in 1991, was ground-breaking and deserving of its international reputation. Over the years, the ADARDS Board of Management together with volunteers and staff, achieved strong success and the facility served the community well.

3 As you know, during 2007-2008 it became clear to the ADARDS Board, and subsequently to the Australian and Tasmanian governments, that maintaining financial stability in a relatively small, specialised aged care facility was not possible without substantial change and growth. It was agreed by the Board at that time to continue and strengthen its successful model through a merger of resources and services with another, complementary, aged care services provider, in this instance, Presbyterian Care Tasmania Inc.

4 Advice from senior visiting medical practitioners confirms that the Presbyterian Care facility is continuing to provide a high standard of contemporary care in the best traditions of the 'ADARDS Way' developed by you.

5 I understand that a substantial investment has been made by staff, families and friends in securing the future of the current service and that many positive developments at the site have been completed since 2008, including the construction of a new day centre and additional residential accommodation. The new facilities are acclaimed as modern and contemporary additions, with care and service practice continuing to be based on the best and proven features from the ADARDS model.

As with most other states and territories, it is not Tasmanian Government policy to provide additional or supplementary funding to non-government residential aged care providers for care already fully funded by the Commonwealth. It is also noted that the Tasmanian Department of Health and Human Services currently operates a residential psychogeriatric unit in Hobart - the Roy Fagan Centre, as a statewide mental health service providing care to older people with dementia and problem behaviours.

The structural changes initiated by ADARDS and Presbyterian Care in 2007-2008, together with the assistance jointly provided by the Tasmanian and Australian Governments, have ensured a strong and optimistic future for a valuable service with much to offer the Tasmanian community.

Thank you once again for raising this matter.

Yours sincerely

Michelle O'Byrne MP
Minister for Health