

From:
To: [Community Affairs Committee \(SEN\)](#)
Cc:
Subject: Senate Aged Care Inquiry - Public Submission Future of Australia's aged care sector workforce
Date: Tuesday, 1 March 2016 11:22:51 AM

Thank you for accepting my Public Submission - the story of my mother's experience over 10 years in a Melbourne Nursing Home. For this submission I don't have all the dates at hand because I don't have access to her nursing notes. However, I think it is important to inform you of the more major experiences that my brother and I were confronted with during her institutionalisation. Firstly I need to acknowledge that I am a Registered Nurse of 54 years a midwife of 40 years and hold other qualifications. In my nursing career I provided services in hospitals and in Nursing Homes for the elderly. My expectations of care for the elderly (and any nursing care) is high.

My Mother had progressive Alzheimers and passed away on August 25th 2015 at the age of 94 years. She had in my opinion overall poor care. She paid for her services in the Nursing Home and we are still waiting to settle her will and be refunded the \$350,000 deposit she was required to pay.

Starting with the care of her personal items. For example: we had to replace an entire wardrobe three times during her 10 year stay. This was due to theft, lack of care, poor laundering and just general disappearance of her belongings including her podiatry recommended shoes.

Next event occurred when the staff decided she should go outside to play outside games with the other residents. My mother never played outside games. She was sat on a stool by someone behind a small raised gutter at the side of a bitumen driveway inside the then main gate entrance. She stood up to walk away and as she did her toes hit the gutter and she fell face down onto the bitumen road. I was in Darwin at the time and received a phone call from one of the staff to say my mother had had an accident and had been taken to hospital by ambulance. On my further enquiry, no one had gone with her and the person did not know which hospital she was taken too. No one at the institution could assist me. I called the Victorian Ambulance service and it took them an hour to get back to me because they could not locate the hospital she was taken too. I was to find out later after many, many phone calls to trace her that she was in a back room, on a trolley in a public hospital and was not recorded on the computer, which meant no one had assessed her. I demanded to speak to a Doctor who sounded very surprised and was apologetic, she asked me to wait while she assessed her and said she would get back to me. Some time later the Dr called to say that my mother had multiple fractures of her face and both wrists were fractured and most of her upper teeth were broken. From that day it was all down hill for my mother and I was incessantly on the alert.

I was told that there is only one registered nurse on a shift the remainder of the staff are carers. I was also told to become a carer these people did a 16 week on-line course and most, with respect did not speak adequate English which added to the confusion for my mother.

I walked in one day to visit and could see my Mother sitting at the end of the long room in a chair amidst a group of the residents watching television. As I got closer I saw her attempt to stand up and then I also saw the person overseeing the group place her hand on my Mother's shoulder and push her down back onto the seat. This absolutely distressed me. I was told by that person that she had to sit quietly and watch television. I did not hold back on what I thought of the care that person was providing and took my Mother away and made her a cup of tea then went to speak to the person and warned her that if I ever saw this again she would hear from my Mother's Lawyer. From my observation this was another form of abuse and removing the rights of my Mother's freedom.

Another major event was observed by my brother when he walked in to her room to visit. He found five people attempting to force her into the shower, there was a student nurse in the room observing. According to my brother my mother was screaming, resisting the force of these people who had her restrained by the forearms simply because she did not want to shower. The skin on her forearms was removed, she had bleeding wounds for months following that event, in fact they never really healed. The student nurse thankfully completed an Incident Report and this became a Police matter. Furthermore, I was accused by the then person in charge of the Institution for calling the Police. Again I was in Darwin and nothing to do with involving the Police. I am unsure of what became of this matter.

My mother ended up with severe foot drop because a cradle was not placed over her legs and feet until I requested it. Her toe nails were so badly purulent my brother arranged for regular private podiatry. I found her sitting up not supported appropriately with her head hanging forward and no neck support. She was left to try and feed herself. At almost the end of her life she was being force fed with food and I had once more to request this to stop. The elder person nearing death does not have an appetite and should never be force fed.

I felt that we were constantly on the alert to protect our mother and every time the telephone rang I expected to hear another story. Not all are accounted for here but most of the major events are covered.

I was called so many times to say my mother had fallen, she had no consequential damage from these reports. Another time someone had given her the wrong medication. The only really good thing about her institutionalisation was that I could eventually select the Medical Practitioner to provide her what I regarded appropriate, expert medical care. However, the doctor has no control over what happens in the day to day incidences that are also reported to him/her.

All of these matters are signs and symptoms of poor care and most of all NO NURSING CARE.

I hope this explanation of our experience as family of an elderly in supposedly expert care assists the Senate Inquiry into Aged Care. My most strong recommendation is that Registered Nurses need to be employed to provide these services with a limited number of carers. I also strongly recommend that the on-line course for carers ceases forthwith and the education of people wanting this type of career is expanded in a more professional way and that each of the carers must speak clear English when caring for the elderly. I hope that these incidences never repeat with other residents.

Thank you for the opportunity.

Yours sincerely, Dr Robyn Thompson

(Please note I have cc'd this Submission in email format to my brother [REDACTED] for his information and records and my children for their records, in the hope that these things are never allowed to occur in the future).