

**SUBMISSION TO FEDERAL MINISTER FOR AGED CARE
RE CARINYA AGED CARE RESIDENTIAL FACILITY INHUMANE TREATMENT**

I was placed in [REDACTED] Aged Care Facility at [REDACTED] W.A. following a two week stay in [REDACTED] Hospital, [REDACTED]. I had had an accident and severely fractured two bones in my knee. I was in [REDACTED] for six and a half weeks before being discharged and transferred back to [REDACTED] Hospital.

I need to inform persons with authority of what happened to me and what I observed happening to other people during my stay, as this may also be happening in other facilities. I do not have the power and knowledge to make changes however, some knowledge of my dreadful experience in this Transitional Care Facility may help you to make decisions that will help IMPROVE the lives of the poor souls stuck in these places.

It appears that immediately a person is placed in one of these aged care facilities, they are treated as though they are also demented. If you have an accent or speak broken English, then you are treated as though you are retarded as well as demented. THIS IS A DISGRACE for a developed country - NOBODY SHOULD BE TREATED THIS WAY.

Can you imagine what is happening to people who are stuck in these places for many months, sometimes years, and they cannot get out. Nobody listens to them because they are assumed to be demented. For those of us who are not suffering dementia, there appears to be no information readily available for residents and/or families to lodge complaints.

IT IS A LIVING NIGHTMARE for those who are incarcerated..... NOBODY DESERVES TO LIVE LIKE THIS, ESPECIALLY OUR ELDERLY, who have fought for our country, built our country, or donated their time and efforts to participate in voluntary organisations, which have actually built our great country into what it is today. If it wasn't for our elderly, none of us would be enjoying the facilities that we have grown accustomed to in today's world. These days, it seems that only the almighty dollar counts.

The attributes of honesty, integrity, responsibility, respect, humility, dignity, kindness and accountability appear not to be essential. Our elderly have had to give up their independence, homes and everything they own to be placed in these hellholes.

My submission addresses the Inquiry Terms of Reference as follows:

1. The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers;

1.2 Despite all the rhetoric about workplace health and safety these days, most of the furniture is second hand and dangerous, as I found out to my horror when I slipped off a commode chair because the brakes did not function. I also cut my arm on a damaged table that fits over the bed. The damaged items include beds, bedside tables, commodes, and bedroom chairs for the inmates.

1.3 Call bells are only available if you are in bed, or in the bathroom, and most of the time residents cannot reach them.

- 1.4 If you are anywhere else in the building or surrounds and call for help for any reason, (e.g. want to use the toilet, or are stuck in the shower) and the call button does not work, the staff do not even check up on you. Or, if you are stuck in the garden for hours (as I was) and nobody misses you, and you have no call button, you are not in a position to seek help. The reason given to me for non-response by staff when I called for assistance was that only people with dementia call out, and therefore they do not answer to people with dementia! In other words, you are completely ignored, as I found out to my sorrow. Remember I did not, nor do I have, dementia.
- 1.5 These people are completely isolated from the internet, there is no radio or TV, no Wifi and no call buttons when they are left in the garden.
- 1.6 Negligence is an extremely serious issue. The staff ceased administering the clexane shots after four weeks. This is given to stop your blood clotting if you are bed or wheelchair bound. When I asked why, the answer was that the hospital had said to give them to me for four weeks. However I was bed bound for longer. The upshot was that I ended up with two blood clots in two different veins in the fractured leg.
- 1.7 When my leg blew up to the size of a basketball, they said they would call a doctor. It was 24 hours before the doctor came, then all of a sudden everything became urgent. This also delayed me doing physio because of the danger, and thus has resulted in me taking much longer to learn to walk again.
- 1.8 Further evidence of negligence and resulting ill health was when I was having a shower. It was a very, very cold day. I was wet and could not reach the towels. I called and called, but nobody came. The call button did not work. I was frantic, as well as cold. I was left in the bathroom for three-quarters of an hour. They did not even check up to see if I was okay. When I asked why nobody had answered my calls, I was told that they never check or reply when people call out, because only people with dementia call out.
- 1.9 Negligence and lack of concern by those in charge was evident the next day when I was having trouble breathing. I could not sit myself up and told the carer, who replied that she would have to tell the nurse. The nurse never came. So between about 4.00 am and midday, I had told a couple of people of my difficulty. Eventually one of the carers took pity on me, and with the help of a co-worker, they put me into a wheelchair. What a relief - I could breathe! As they wheeled me out of the room, the nurse was at the door to the adjoining room. The carer said to her, 'having trouble breathing'. The nurse turned to me and said, 'Are you having trouble breathing now?' I replied, 'No'. So she said, 'Well why aren't you having trouble now?' I replied, 'Maybe because I am sitting up'. She replied, 'Well you know what to do then don't you? Just sit up'. Then she continued 'Anyway, you did not stop breathing, because you are still alive!' Additionally, she knew that I could not sit up unless assisted by someone. I took great offence at the nurse's attitude and the way that I was spoken to.
- 1.10 Resulting serious illness from negligence was the outcome of being left in the bathroom for three quarters of an hour as I developed severe bronchitis, coupled with asthma. I was so

sick I coughed up gunk nonstop for two weeks - I really thought I was going to die. I checked my diary to be sure that it was (12) twelve days before an in-house doctor came.

- 1.11 When the doctor eventually showed up, I was in the bathroom having a shower. The doctor knocked on the door, opened it and said, 'I'm the doctor'. I did not see her again but, because she could hear me coughing nonstop, she prescribed me antibiotics, which I received that night.
- 1.12 I eventually had to ask the staff to ring an outside doctor who gave me a puffer to help me breathe, and another course of antibiotics. I kept everyone awake all night for at least two weeks because I was so ill. Still the staff did not check or ask if I was okay. They just left me to cough my heart out.
- 1.13 The manager [REDACTED] not a nurse, felt sorry for me and brought me little sachets of honey and a spoon, which was the only help I had for the cough. I really appreciated his help.
- 1.14 The food is not fit for dogs, let alone humans. The food on the plates is minimal because many people do not eat it. This is mainly because the food is inedible. One lady asked for more salad, keeping in mind that you only get a tablespoonful anyway. She was given another spoonful and then was refused sweets because she had been given two lots of salad. The lady cried and cried.
- 1.15 I was told by an unnamed staff member that much of the fresh food is taken by staff to their homes but I have no proof of this.
- 1.16 There is no fresh fruit and the excuse was that some people were not allowed to eat fruit. If you are aged between 80 and 100 years old, wouldn't you think that you would be entitled to at least one piece of fruit. The manager told me that if anyone wanted fruit, they only had to ask for it. I asked for a banana, and was given one, so I told the others to ask. However, I was the only one to receive a piece of fruit.
- 1.17 There are no TV's in the rooms, despite a storeroom full of them. Even prisoners in jails have TV's - not so the elderly. They get lumped in front of a TV set with the sound turned down and any dumb program that they are not interested in, projecting from the screen.
- 1.18 The carers are not allowed to stop and talk, as they are flat out all the time. Some elderly get no visitors and need the stimulation and caring of someone wishing them a good day, or asking how they are feeling. This should be part of the caring procedure.
- 1.19 Residents are often left in their own faeces for over an hour or more. One wheelchair-bound old man was sitting in the TV alcove on his own one night and needed to go to the toilet - there are no call buttons anywhere except in the bedrooms and bathrooms. He was desperate and called for over half an hour saying, 'Nurse I need to go to the toilet'. Eventually he roared, 'Nurse now I have shat myself, you will have to come and clean me up' STILL THEY DID NOT COME.
- 1.20 The poor man was extremely upset. This is indecent and I think it is a form of bullying, especially when residents have asked for help.

- 1.21 Panadol is not issued easily, despite genuine pain. An elderly lady [REDACTED] had suffered a couple of whiplash injuries in her youth. One morning I called her in as she passed my door. She said she was looking for the nurse who was going to give her some Panadol for her headache. She looked dreadful. At lunch time I asked her how her headache was and she said the nurse had not given her anything yet. She still had not been given a Panadol by tea time. It was the least they could have done for this lady.....It is disgraceful.
- 1.22 The very elderly are yo-yo'd between aged care facilities and hospitals, even if they have top Medical Insurance Cover. It is ASSUMED that they will be cared for by the facility. This is NOT SO. Neither the hospitals nor the Aged Care Facilities APPEAR TO CARE, one way or another. THIS IS INHUMANE. You would not do this to your dog. Yet this is how our elderly are treated. I only found out about this because the dear 91 year-old in the bed next to me was very ill. She was hallucinating and she got out of bed and fell and cracked her head open.
- 1.23 I rang the call button, because I could not physically help her. The staff eventually came and she was taken to [REDACTED] Hospital. The next day she was still hallucinating, but she was returned to the [REDACTED] facility. This is unacceptable behaviour by the hospitals as well as the facility for implying they would actually care for her. I was disgusted by the heartlessness.
- 1.24 My friend [REDACTED] spoke in broken English and was treated very badly. She was sitting at the dining table when the nurse said to her, 'You have not had your insulin yet, so go back to your room,' which she did. [REDACTED] had a broken shoulder and could not pull up her undies or her trousers. She had nothing wrong with her brain. While she was in her room, she needed to use the bathroom. The nurse helped her in and then left her with the door wide open and the passage door open so anyone passing by could see [REDACTED] on the toilet. When she had finished, she pressed the call button....as usual nobody came.... Even when she called out, still nobody came.
- 1.25 Eventually somebody passing by helped her. [REDACTED] was very, very upset. A few days later [REDACTED] was not feeling well. Although she was eventually diagnosed with pneumonia, she was placed in the TV alcove where a draught blew directly onto her from the front door. [REDACTED] ended up in hospital for weeks, all due to negligence. Nobody listened because she spoke broken English.

2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the *Charter of Care Recipients' Rights and Responsibilities* in ensuring adequate consumer protection in residential aged care

2.1 I did attempt to find the appropriate authority to speak with to no avail. Many of the matters I am reporting to you would not come to light unless a person without dementia is 'incarcerated' in one of these facilities and actually experiences what is happening on a daily basis. I did ring Advo Care. They said they could help any individual who requests their help, BUT I want help for the Voiceless Collective, which they are unable to offer.

I call the residents 'inmates' because people in prisons seem to be treated much better than our elderly. Because I was bedbound most of the time, I was not able to see what might be happening in the lockdown area. I shudder to think..... one of the ladies was put there

because she has an accent. She has experienced and observed many more horrors than I did. She is trying to get something done through Advo Care.

2.2 Communication between the staff is very sparing, which creates problems between residents and staff on different shifts.

The least that should apply is dignity be acknowledged in the most respectful manner. We should not be degrading the elderly in any way, shape or form. The attitude or hidden agenda appears to be *Nobody listens and they are going to die anyway..... So who cares!*

2.3 Staff numbers are minimal. There are about two carers between ten or twelve, and most of the people they care for are in the same position as I was – either in bed or wheelchair bound. During changeover time there appears to be many people around, but they will not help you because it is changeover time – neither lot (the outgoing or incoming staff) appear to be responsible at this time!

Most of the carers do the best they can for the people they care for, and there are a few who never refuse to help you. However, the help mostly does not eventuate. This means that you have to continually keep asking, especially if you need the toilet, and your needs can get desperate at times.

Most people are aware that you only get what you pay for – carers are only paid a minimal wage are without adequate staff numbers to support them.

There is only one nurse and six carers to one hundred residents during the night shift

From what I have seen and heard, duty of care is NONEXISTANT in these places. It appears to be only a phrase that is used because it sounds good and is politically correct.

2.4 Staff should be adequately screened and undergo psychological assessment as they do with police, corrective services, teachers and similar essential services applicants before employment is granted. In my profession as a primary school teacher, if any staff had treated any child as elderly in care are treated, they would have been charged and facing court.

2.5 Training appears to be inadequate for the work being performed, regardless of the competency certificate that is produced as evidence of training and competency. This leads to other problems inherent in the privatised workplace training industry.

2.6 These facilities should NOT be forewarned of impending inspections and audits so they are unable to prepare cover-ups or misleading routines. Documentation can easily be altered and files that are complete in compliance can be selected for inspection so that it appears all cases are compliant.

3. The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.

3.1 I was not aware of all the agencies, private or public, apart from Advo Care, that are available for residents and community members for the purpose of complaining or having questions answered concerning specific problems encountered. You will note above, that I and other residents have tried without success to contact Advo Care although only in writing by an individual, not a group. Because of this, I approached the federal Minister responsible for Aged Care but it was a long process waiting for information which was received electronically as I was

unable to make an appointment to discuss my concerns in persons. I was asked by email to put my concerns in writing and to use electronic email. Ken Wyatt advised that any personal discussions are usually only for those constituents in his electorate of Hasluck only.

Should you need further information to substantiate my claims, I can provide names and contact of people who have experienced much more trauma and negligence than I.

THIS IS ONLY THE TIP OF THE ICEBERG..... I CAN PUT YOU IN TOUCH WITH PEOPLE WHOSE EXPERIENCES AND OBSERVATIONS LEAVE ME FOR DEAD.

I hope that you can actually do something constructive for our helpless and voiceless elderly folk. YOU ARE THEIR LAST HOPE.

[REDACTED]

4 February 2018