



5 February 2018

Tim Brennan: Inquiry Secretary
Standing Committee on Health, Aged Care and Sport
Department of the House of Representatives
PO Box 6021
R2.118 Parliament House
Canberra 2600

Re: Inquiry into the Quality of Care in Residential Aged Care

Dear Sir,

I am writing of my experiences when my mother, was a Resident at a Nursing Home in [REDACTED] Victoria. I have comments to make on elements of aged care oversights which do not provide Quality Care for these people who have been assessed by a Medical Tool that indicates they need Quality Care in a Residential Facility.

The "Aged Care Quality Care Principles 2014" and the "Accreditation Standards" are a list of aims and objectives, with no units of measurement. The "Accreditation Standards" likewise are a list of desirable objectives but there is nothing to measure the number of staff needed to deliver the listed care needs for each Resident to ensure the Resident feels safe & does not have an increase in anxiety due to waiting for their needs to be met. Any person can tick a box to say someone has been toileted, but where can it be measured that it requires two staff members to assist the Resident to the commode/toilet. How often does the Resident need assistance with toileting, etc in 24 hours. With two members of staff assisting one Resident what happens to the other Residents? Measurement is very important to keep the Resident's safe and also protect the PCA's from burn out due to not being resourced correctly.

My mother resided in a 68 bed facility, for 7.5 years & passed away in August 2016. Registered nurses were minimum on all shifts. Overnight 3 staff were located across two buildings to care for residents. Approximately 58 of these residents were infirm enough to have motion sensors on their beds, several have dementia with challenging behaviour,

such as wandering in & out of other Resident's rooms. Staff members cannot provide quality care, but the facility was meeting service standards and has passed its accreditation processes.

Regular reporting of under staffing to the facility manager resulted in responses that the Residential Aged Care facility was staffed according to number of Residents **not** the Residents care needs. This highlights the needs of the Residents are not acknowledged or measured and that often the skill set of the staff is inadequate to manage the challenging behaviours, falls prevention, reducing anxiety, especially when 2 staff members are required to use machines to lift people in and out of bed or 2 staff members to assist with mobility or dressing/undressing, etc.

My mother sustained bruising on both forearms & her forehead and no staff member could explain the bruising. My mother did not speak due to dementia but her behaviour had become more withdrawn. I believe this demonstrates my concerns that the staffing level is not sufficient for a safe care environment, for both staff and Residents. Another incident was where she was dropped onto her bed which resulted broken ribs & resulted in pneumonia. Her care required two staff too assist with a mechanical aid to get her to bed but because another Resident required care one staff member decided to operate the mechanical device alone to "save time". It was very distressing to see mum in pain due to an "incident", which resulted in having a pain management program for 3 weeks.

I have had several phone calls over the years with the Aged Care Complaints Hotline & basically it is "lip service" & no comfort is received re the process as nothing is actioned. The Facility Manager was very responsive to my reports, however, the staffing numbers & skill set was never addressed

My mother was one of the lucky one's in that she had a family member visit her every day which the staff were most grateful as it would take an hour to hour & half to feed her evening meal. This was an hour the staff had to attend other Residents. Not all families can provide this support especially when you are in the paid workforce and have a family.

Yours sincerely,

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