

3rd February, 2018.

SUBMISSION TO THE INQUIRY INTO THE QUALITY OF CARE IN RESIDENTIAL AGED CARE FACILITIES IN AUSTRALIA

INTRODUCTION: This submission is prepared by the Fleurieu Peninsula Branch of the Association of Independent Retirees Ltd. working for Australians in retirement, and we welcome the opportunity to present it to the current Inquiry.

The Association of Independent Retirees (A.I.R.) Ltd. is a member-driven national, not for profit, non-political organisation which works to advance and protect the interests and independent lifestyle of Australians in retirement. A.I.R. seeks to secure recognition and equity for Australians who, through their diligence and careful management, fully or partly self-fund their own retirement needs.

PREAMBLE:

Aged care residents are by definition elderly and frail and/or unwell. They are isolated from their family and other social contacts. They also find themselves living in a very different institutional environment. This is more greatly evident and exacerbated if they happen to have mental problems such as dementia.

With advancing years and changes to medical requirements through declining health, many older Australians require assistance in the form of "aged care" either in their own home or residential facilities. The majority prefer the former for as long as practical and derive considerable help through "My Aged Care" Packages. For those who find it necessary to opt for the Residential Care option it is a tremendous life-style change as well as an emotional crisis. For this group it means not only loss or diminution of independence but dispossession of their family home and possessions which have lengthy and sentimental value to them. In many cases, sale of these is a necessity due to the hundreds of thousands of dollars needed to secure a place in a residential facility and encompass the ongoing maintenance rate for day to day living in their new "home".

The standard and quality of care available in these facilities is understandably consistent with their policies and staffing levels. Some anecdotal evidence which has been drawn to our attention appears to be directly related to both the quality of staff training and under-staffing.

The Fleurieu Peninsula or South Coast area of South Australia is a recognised retirement area where there is a number of residential aged care facilities offering varying degrees and standards of care.

This results in differing quality of care and satisfaction. Whilst there are positive reports, particularly from one facility, there are other experiences by residents which reflect poorly on staff and the treatment they provide. It is this aspect on which this submission is based.

INQUIRY TERMS OF REFERENCE:

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; and

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.

The operative word in "Aged Care" should essentially be on the word "**Care**". Combined with compassion and consultation (both with the resident and family members) this can make the difference between a happy and comfortable existence for the person in care and a feeling of isolation and neglect..

Vulnerability:

It follows that Aged Care residents feel very vulnerable and are worried about reprisals if they comment upon or complain about service, particularly service by staff.

What can they say or do if their room or bathroom is poorly cleaned, with the toilet splattered with faeces - often due to the over use of laxatives due to a "pill-popping" mentality existent in the Aged Care facility?

What can they say or do if they (being perhaps conservative elderly women) are showered by a succession of young men from developing countries?

They could ask family members or other visitors to comment or complain on their behalf, but when these advocates leave, the Aged Care Residents will be alone with staff central to the complaint.

The outcome is that Aged Care Residents live in a stressful environment often in a state of fear through reprisals for those comments or complaints made. This outcome is elevated when dementia or other mental health factors are involved.

Aged Care residents are not necessarily mentally feeble and may have lived challenging professional lives in academia or public life or been self-employed with comprehensive business responsibilities.

Activities that are monotonous and seemingly without purpose lack mental stimulation and lead to less than optimal mental health outcomes.

RECOMMENDATIONS

Residential Care should offer:-

- 1. Emphasis on respect, dignity and individual need and personal involvement in an effort to provide a homely and comfortable as well as a safe environment.**
- 2. Requisite training in the specialised area of mental health care to ensure that each staff member is suitably equipped to care for all residents including those with dementia.**
- 3. Appointment of a residential care mediator to respond to enquiries from residents or their relatives/friends preferably within the facility or somewhere close offering immediate response to those involved. Ideally this should be independent from the Aged Care Residence,**

but even someone nominated within the Aged Care Residence would be an improvement on the present stressful situation.

- 4. The same consultative process with residents and their relatives in carrying out daily routine affecting the lives and well being of residents as afforded to students in some schools/boarding schools which aims to ensure that each student advances through education in accordance with his/her individual abilities and aspirations. This should apply equally to those in advancing years.**
- 5. Greater adherence to medical advice from the resident's personal medical adviser when administering both prescribed and incidental medication; this to include guidance from relatives who are familiar with the resident's needs and habits.**
- 6. Administration of medication or procedures involving medical testing should be in private not in a crowded dining or relaxation area of the facility.**
- 7. It is essential to recognise that those with dementia or some level of mental problem need additional care and patience to ensure that the resident is personally engaged in decisions affecting them and their activities, e.g. suggesting going for a walk or participating in activities rather than asking, which requires a 'yes or no' answer. Family members need to be involved in decisions affecting this group's lifestyle to an even greater extent.**
- 8. Aged Care Residents should be offered activities that keep their minds active and provide an exciting, stimulating environment for learning, socialising, making friends and having fun. Perhaps the activities and speakers offered by the U3A could be used as a guide in this regard.**

CONCLUSION: Our Branch of the Association of Independent Retirees Ltd. knows little about the effectiveness of the Agencies mentioned in the Inquiry Reference 2 and we doubt that Aged Care Residents in this area do either. We are aware of the Aged Care Advocacy (ARAS) group, which appears to offer helpful assistance, but believe a local mediator is imperative and would result in more immediate effect.

Our comments and recommendation on Reference 1 apply equally to Reference 3 regarding residents without support of family and friends. For the latter group these recommendations have even greater relevance.

We look forward to your response and welcome any questions requiring clarification.

Sincerely,

Helen Withers AM,
President A.I.R. Fleurieu Peninsula Branch,

