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[REDACTED] 2015

Hon Sussan Ley MP
Federal Member for Farrer
517 Kiewa St
ALBURY NSW 2640

Dear Ms Ley

Re: Aged Care Facilities / Nursing Homes

I am writing about my concern for residents in Aged Care Facilities / Nursing Homes and the lack of care that they receive which ultimately leads to them having to be seen by general practitioners, out of hour's clinics or ultimately having to be admitted to hospital adding further pressure on our overstretched medical health system.

I elected to retire from work to look after my mother (aged [REDACTED] who was diagnosed with pre-cancerous cells of the bladder together with a deterioration in her cognitive behaviour which has ultimately led to her suffering from Alzheimer's disease or dementia. She had an Aged Care Assessment done some years ago, and was deemed to be High Care, but I was able to manage her at home without having to put her into a Nursing Home up until about [REDACTED] months ago.

At the end of [REDACTED] this year, I was advised by her GP to place her in Respite Care to give me a break. I did not really require this, as I felt I could still manage looking after my mother, but reluctantly I agreed. She was admitted to the newly built [REDACTED] for 2 weeks, and over that period, I noticed the poor basic care that my mother received mainly from AINs (Assistants in Nursing). While at the Nursing Home I noticed my mother was dressed poorly at times without a singlet, sat in a chair with an open window and cold air blowing onto her, not having a blanket placed over her while sitting in a chair, not given fluids regularly, and having wet tracki pants due to a catheter bag not sealed properly.

When discharged, she was only home for 1 ½ days when I had to call the ambulance in the middle of the night due to her shaking uncontrollably, with her urine being a very dark colour. She was dehydrated and had a severe UTI which caused her to be treated with really strong antibiotics and hospitalised for 5 days.

My mother returned home and I cared for her, but while walking to the car (I was holding onto her), she twisted her ankle and damaged the ligaments in her ankle. She was subsequently taken to [REDACTED] but had to be transferred to [REDACTED] as [REDACTED] had deemed her to be a difficult case due to rehabilitation in trying to get her to walk. She was cared for by her physician, and at one stage, I received a phone call at night by him to tell me mum had had a TIA (Trans Ischaemic Attack) and was not probably going to survive. She did rally, and spent another 3 weeks in hospital while I waited for a Nursing Home bed to become available in [REDACTED]

My mother owns a home, but has had to live with me for 5 years as she was unable to cope by herself. Due to the house, my mother was means tested when she went into the Nursing Home, and consequently she had to put down \$300,000 which was the value of the home or pay the interest off on \$300,000. As I had not planned on my mother

having to go into a Nursing Home, I elected to pay the interest on the money, as we had tenants in the home, and I was unsure of whether I wanted to sell the home or not.

I have no objection to paying for care if you have to put a family member into an Aged Care Facility, but when you are paying \$120 a day and not receiving basic nursing care, you start to ask questions as to how these facilities are able to operate and residents who are paying good money are not receiving the care they should be.

A bed became available at [REDACTED] so my mother was transferred in the middle of [REDACTED] this year. She had only been there barely 2 ½ weeks when she was taken by ambulance to [REDACTED] (had to by-pass [REDACTED] due to closure of A&E), with sepsis. She was diagnosed with an acute infection (probably from her urine), severe dehydration and crackling at both lung bases. I had complained to staff that my mother was not drinking enough fluid, and she needed assistance and prompting due to her mental state, but this went unheeded as most of the staff are AINs. She spent four days at [REDACTED] and had to endure staying the first night in A&E due to there being no beds, even though she is a DVA patient and could have been transferred to the [REDACTED]

Today I visited my mother and noticed that she was very tired and lethargic and when speaking she did not make any sense with her sentences. She was like this yesterday, as well as having a very chesty cough. There is a diary left in her room to put down any issues that arise, and I wrote down that I was concerned for my mother, as she was not herself, and refused to eat her lunch today. At 5pm the RN (Registered Nurse) rang me and said she noticed my comments and had checked mum's urine and felt she had an UTI which was causing her mental behaviour and lethargy. Her temperature had been up, so she was given Panadol but no staff member had reported any difference in my mother's behaviour in nearly 2 days. An after-hours doctor then had to go to the Nursing Home this evening and he prescribed antibiotics for her UTI. I was rung at 8.30pm and told what had transpired, but my mother could not receive the antibiotics until the morning due to the lateness of her being seen. This is totally unacceptable as staff are responsible for caring for patients and reporting any incidents that are abnormal.

I have already put a complaint into the Sydney office of Complaints Department for Aged Care Facilities, but this has been over 4 weeks ago, and I feel will not address major factors that are affecting care in Aged Care / Nursing Home Facilities.

More RNs / ENS / Training for AINS in Aged Care Facilities

- I am uncertain what the staff to patient ratio is in Aged Care Facilities, but I have noted and spoken to many people and there is not enough staff employed to care for residents in the facilities. There needs to be more RNs and ENs who are trained appropriately for caring for the aged and can detect if any medical issues arise that need treating or monitoring. Patients are paying good money to receive basic care, and do not need to suffer because of the lack of staff being employed due to the service making huge profits.
- AINs are employed in facilities, but their 3 month training is not enough, and a majority of them lack skills for coping with aged patients. They are unsupervised and not made accountable for their actions, due to the lack of RNs and ENS.
- Students from Universities also train in the Nursing Homes, and many are unsupervised such as emptying a catheter bag and not closing it properly leaving the patient sitting in wet trousers and socks for some length of time.
- If there had been more professionally trained staff in the Nursing Homes that my mother was in, she probably would not have had to be admitted to hospital as she would have received good care that would have ceased any infection occurring, and not placed strain on the hospitals and ambulance services.

Aged Care Facility / Nursing Home Organisations – Profits

- I have noticed over the past few years the size of the Nursing Home / Aged Care Facilities in [REDACTED] have increased immensely and new facilities have been built. These homes have more than doubled their previous size, and consequently the care for residents has diminished to what was previously offered. Basic patient care is compromised for profit.
- Nursing Homes that have more than 50 beds are not offering the resident the care that they are paying for. Food is budgeted and many meals that are served to residents is not healthy or nutritious.
- Smaller Nursing Homes are managed better and residents are happier and more content.

Basic Nursing Care

- At [REDACTED], residents are only showered every 2nd day (this is due to staffing and probably cost of water). Most residents should be showered every day because of urinating or soiling clothes or wearing pads. On the day the resident is not showered, they are sponge washed, but this wash is very unsatisfactory, as most AINs do not wash the resident properly, and many a time faeces still remains on their skin. I have found on many occasion my mother's face has not even been wiped, as her eyes still have sleep around them.
- Residents are not dressed properly (singlet/cardigan not put on), this would stop lung infections as residents would be warm. Blankets placed over residents would also be beneficial when sitting in a chair.
- There are times when the resident's hair is not brushed, dentures and teeth not cleaned, and water/fluids made available for them to have a drink.
- At weekends there is limited staff, and care for the patient is compromised.
- Staff do not regularly check pads worn by residents (many are urine soaked or soiled). Residents sit in wet clothes or soiled underwear, which is unhygienic. Pressure sores develop due to residents sitting in the one place and not moved regularly.
- AINs have poor communication with professional staff and subsequently resident health issues are overlooked due to overload of work or training skills.

Medical Visits

- Due to lack of care by Nursing Home staff, our GP has been called to see my mother on a few occasions which has not been really warranted. If I had to pay for these visits I would not have been happy, as there was no real reason for him to be called out. A skin rash that was disappearing and bleeding from a cut inside her backside which she has had for years – nurses thought she had haemorrhoids! Needless to say our Chemist bill is unusually high due to medications prescribed for these conditions.
- Tonight, an after-hours doctor was called (goodness knows how much this cost), because staff did not pick up that my mother was unwell during the day.

I feel the Aged Care / Nursing Home Facilities are understaffed and budget measures are extreme, which is contributing to poor basic care being received by residents. Many of the new facilities being built are spacious, have modern décor and furnishings which are not appropriate for aged persons, as all that residents require is to be looked after adequately and their health and well-being is supervised by professionally trained staff.

I was hoping to meet with you, and discuss some of the issues I have encountered, as I am concerned that if care received in Nursing Homes is not addressed accordingly, I certainly will not be wanting to be put in a home and receive the poor care that many residents are receiving now.

Yours sincerely

[REDACTED]