

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: FW:
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I am writing to this committee to express my concerns of the care of our aged, especially those suffering from dementia, who are unable to speak for themselves.

I worked as a carer for 27 years. 19 of those years in a purpose built home for dementia sufferers. This home, ADARDS, was very unique, a first of its kind, which generated a lot of world wide interest. ADARDS had many visitors from other countries looking over the home and learning about this new concept of dementia care.

The home like environment of ADARDS, and the extensive training given to all staff, really worked in giving confused and very often tormented sufferers of this dreadful disease, a happy, contented and peaceful life, with very minimal use of drugs.

Staff worked a rotating roster, with 3 days on and 3 days off. They had to have a holiday break every 6 months and this prevented burn out in this mentally demanding job.

Unfortunately this all went by the wayside, due to lack of funding. The home was taken over by another care provider.

I watched with dismay as this wonderful, successful way of care was lost, along with the staff trained in "the ADARDS way" of care resigning one by one, all very saddened at what they were now seeing. Staff no longer worked 3 on 3, off, in fact worked many shifts in a row and often felt they couldn't say no when called in for extra shifts. Others took as many shifts as they could, not realising they were no longer as patient and caring as they should be and management didn't seem to care, just so long as there were feet on the ground to cover a shift.

Due to poor dementia training of a lot of staff, (in my opinion) from senior levels down, and agency staff being called in constantly, who knew nothing of the vulnerable residents' personality, likes, dislikes and behavioural "triggers", I witnessed many appalling incidents happening to these poor confused residents. I will attempt to write some things I witnessed, all of which I would be willing to swear to in a court of law.

Meals and drinks being taken away from residents before they were finished and incidents of them not being given at all. I actually found 10 residents' afternoon tea, hidden in a saucepan cupboard one evening. I saw a marked increase in the number of residents, that I had never seen in my previous years of care, experiencing notable weight loss and bowel problems.

Once medications were used only as a last resort, and you actually felt a bit of a failure if you needed to ring an RN for something to calm a resident. Before I left the RN would come around with a pill trolley and they were given regardless. Best to nip any potential behaviour in the bud I was once told.

I witnessed an agency staff RN trying to give a demented man his pills without success. She then proceeded to give the demented man's demented wife, his pills for her to give him. The wife took them and promptly swallowed them herself.

Pads for incontinent residents were very restricted. Many a time a resident would be incontinent of faeces. The carer would have to go and ask for an extra pad, wait for the RN to go and unlock the cupboard and give you a pad. In the mean time the resident is often stressed, sometimes even tearing pad off due to discomfort, resulting in further stress for both staff and resident with extra mess to clean. It's like incontinent residents are only allowed to be incontinent a certain amount of times to suit the pad budget. Don't think the care provider realises that if this were the case, then the resident would be fine to go to the toilet and wouldn't have the need for pads in the first place. Some staff, including myself, when we had the chance would actually grab a couple of extra pads and hide them for when we needed them.

So many times, on hand over from previous shift, I was told all residents had been toileted, only to find residents sitting in urine soaked pants.

Immobile, vulnerable residents would be sitting in tub chairs in the same room as mobile, confused and often aggressive residents. I have seen residents trying to move and even tip the tub chairs with another resident in it. I have seen them putting blankets over their heads, pull at their feet, legs, arms etc, even attempt to put a chair on top of one little lady in their confusion, and the poor resident unable to do or say anything to help themselves. I shudder to think what else happened when myself or staff would be out of sight attending to a resident.

Where once residents were encouraged and given the time needed to do what they were still able to achieve when showering, dressing etc. most staff now just did everything for them. So often men weren't shaved due to them being "non compliant". Nobody bothered to try again later. Male residents often had physical fights with each other... I have heard residents being spoken to in bossy, babyish, disrespectful and just plain foul ways. Most of these things shouldn't happen if ALL staff are equipped with proper skills, appropriate staff to resident ratios and things NOT having to be done by the clock.

These next two incidents were the final straw for me.

One evening I called the RN on duty, as I had a man in a tub chair writhing in pain. I had to ring her twice before she came down to the house. When she did come, she just glanced at the man and said to me that this was just part of his attention seeking personality. I knew this man well as I had cared for him for a number of years. I told the RN that I didn't agree with her. She just walked off. The man had a bowel obstruction and died the next day.

The other incident happened when I had to get the floater to help me wash, change and turn a male resident, whose limbs were quite contracted. The carer came into the man's room with a female resident, who she sat on a chair at the end of the man's bed. I said again to the carer what we needed to do and asked her to take the lady out. She replied that she would be ok sitting there. Through gritted teeth I said "take her out now". She responded by laughing and saying Oh Anne, it doesn't worry them, they don't know.!!!.....she did take her out but I have to wonder if she was prepared to do something so terribly undignified for the residents like that in front of me, what else was going on.

I went to work one evening after this and had a bit of a panic attack in the carpark. I knew then I just couldn't work there anymore. I resigned there and then. I met up with a couple of really great carers after this and one of them said to me, if they leave, who will be left to care? I notice that they also left not long after. A week after I resigned, I went back into work to pick up a couple of books. A man was walking up and down the footpath on a frame, quite distraught calling out "I want to go home, I want to go home". (he often did this at this time of day and could be easily distracted) Two carers were leaning against a lounge inside, watching telly and waiting for the evening meal to be delivered. Their way of handling the situation was to yell back at him through the open door "your never going home Fred, so be quiet". I went home and cried.

I hope this committee will seriously look at staff training, from senior staff, right down the chain, and just as important, suitability of staff for dementia care. Staff need to be passionate. It's not an area to put people working in, just because they haven't a job. Another problem area is staff originating from other countries who do not have a good clear, concise expression of English. Language becomes confusing enough for dementia sufferers.

Accreditation certainly needs to be seriously looked into. I saw so many falsehoods at accreditation time, eg. extra staff hours given to get documentation up to date, big clean ups, maintenance man given extra hours to fix numerous things, like broken toilet seats, curtain rods, gardens etc. etc. The sudden purchase of slow cookers, a bread maker pulled out from the back of a cupboard (which was always used in the early days), all to give the smells, and appearance of nice meals being cooked. (The celebration because they had pulled it off, I found sickening.) There should be no warning whatsoever when accreditors are coming and they should visit all shifts.

I would also like to say to you, that just because something is documented as having taken place, does not mean it necessarily has. Anyone can tick a box, or write the jargon needed to say that Mrs Jones had a shower, ate a good meal, enjoyed a walk etc, but did she ?????

I know the care provider I worked for would deny, cover and protest that these things happen in their facility, as they already have, but I promise you they did happen and I have had present staff tell me it is even worse since I left.

I have my mum in an aged care facility. She is very happy on the whole. How do I know? Because mum is very mentally with it and can speak out (and she does) if there is a problem. Her only problem seems to be that she sees the staff run off their feet and she worries a bit about them. As she says, a lot of them have become like family.

How nice it would be if our dementia sufferers could have just one day to tell their stories. Thank you for giving me this opportunity to speak for them.