

I write out of concern at the quality of aged care resulting from the quality of staff due to low pay – inexperienced, young, with insufficient qualifications causing them to miss important matters in the care of elderly and demented residents.

I would like to register some concern in regard to aged care quality and process in Australia based on what I have observed at the aged care facility where my Mother lives in the dementia unit.

From what I hear and read this facility is not unique in the below behaviour, nor by any means anywhere near the worst. The problem is more a systemic failure in aged care.

I am not lodging a complaint about the facility, but rather expressing concern about the inability of the government to set up a properly working and adequate aged care system.

Over the past few months the mature, experienced, caring and qualified staff have been forced out of their jobs at this facility by moving them arbitrarily between the hostel and the dementia units away from colleagues with whom they have formed an effective team, by cutting their shifts and greatly reducing income, by making false accusations against some and generally driving them out by treating them badly. Consequently some family members of residents have complained to the Board of this facility, and possibly beyond.

And it appears that aged care facilities are easily able to apply this arbitrary behaviour and bad treatment of staff under the set up established by the Australian Government. That it is detrimental to the care of very vulnerable people doesn't seem to be a consideration.

The mature, experienced and qualified staff have been replaced by young people of minimal qualification and experience. The staff turnover is high and you keep seeing different staff each time you visit. Elderly people, especially those with dementia, need the continuity of the same carers who know their needs.

We have observed the inadequacy of some of these new staff in their simply not being able to get elderly people and dementia sufferers to eat and drink, and not knowing the correct way to move them, amongst other things. Their inexperience shows, and family members don't want them learning on their mothers and fathers where mistakes are too costly.

An inexperienced person working alongside experienced people is how they learn, but putting 2 inexperienced people in charge of a number of people with dementia is not good enough – and even worse if one doesn't turn up for work and the other is left to cope on their own.

The aged care facilities seem to be increasing this inexperienced staffing for financial reasons. From 1 July 2010 new carer and general employees will be paid \$16.20 per hour and no weekend loading. You can earn more than this stacking shelves at Woolworths. Experienced and qualified staff will not take on the work in aged care facilities for this sort of pay and aged care will (already is) deteriorate.

The work is not easy, is frequently unpleasant, but requires a high degree of responsibility as a mistake can cause or not prevent a death. People are required who care, and understand the need of the aged for dignity at this time of their lives.

I am concerned that my mother's life can be endangered because of lack of suitable qualifications or adequate experience of staff at her facility.

A simple example of an issue just slipping through the cracks – with 3 shifts a day and 2 or 3 different lots of staff for the 3 daily meals, and with many elderly and disabled people needing time, patience and one on one assistance to eat a meal the low number of staff either don't have time for this or do not know how to get people to eat, so the meal is removed and a person can go through the day with hardly any food or liquid. And because there are 2 or 3 lots of staff no-one realises how little the person has eaten until a problem arises.

My mother has been in xyz (major) Hospital and I have observed that supplementary staff bring the meals around. There is no-one allocated to feed people who cannot feed themselves and the supplementary staff later come around and remove uneaten food. My mother cannot open the containers, she cannot speak up and say she needs to be fed or that she is hungry.

Family members continually have to advise staff of past history (even at their own hospital) and even exactly what is wrong – either due to inadequate records or hospital staff just not bothering to read the information. The nursing/medical staff often have their meals at the same time away from the patients, and no-one monitors whether a person is eating or not. It is a quite frightening scenario, partly because it is so stupid that something so basic as eating is not properly attended to.

An elderly person dies and it is so easy to pass it off as old age or illness related, but from what I have observed since my mother has been in care it may be due to or exacerbated by:

- Inexperienced and low qualified staff not recognising a problem, nor knowing how to react.
- Staff overwhelmed by too big a workload because a facility is trying to save money by minimising staff and other costs, and this can come down to whether or not the residents are allowed to have a cup of tea with their lunch or an extra biscuit.
- Staff who don't care enough to do things properly – and this isn't always evident as it is easy to cover up.

People in aged care generally can't speak up for themselves or are frightened to do so because of repercussions. Pity help people in aged care who have no one to look out for their interests.

When your family member has been in care for a period of time, being able to trust the staff who look after them is very important to family. With the constant turnover of staff (as pay is inadequate to keep them there) you start to notice things not done properly and then you watch the staff very closely as a feeling of trust is not there.

Since Mum entered care I have so often heard the “theory” of our aged care process quoted by politicians, bureaucrats, aged care facility management, etc. But until you have someone enter a facility and see the situation at first hand these people basically don't know what they are talking about.

When Mum's dementia reached the point where she couldn't manage at home – in regard to feeding herself, personal hygiene, household tasks, clothing, etc - she was assessed for aged care by ACAT as low care, and this just so that the facility she entered can charge a bond (the government system). She needed high care but that designation (with no bond attached) is only pretty much for people moving from bedridden and in hospital to a facility.

The stories and first hand reports of elderly people treated badly in facilities are frightening. At least staff where Mum is are not nasty, but neglect and insufficient training and experience can also be damaging.

The industry is deteriorating and the current set up cannot cope with the increasing numbers. It is truly becoming just “God's Waiting Room” with little or no dignity for those people needing it.

Until aged care workers are paid proper wages, and qualifications are demanded and made known to families of residents, and management has adequate processes to monitor feeding, physical condition, hygiene including oral, and all aspects of resident care, and appropriate behaviour from staff, and there is widespread and adequate training of aged care workers the situation will further deteriorate.

Action needs to be taken now as numbers requiring care are growing and about to balloon. These people have been paying taxes all their lives and most pay considerable sums for aged care by reason of interest from bonds, government contributions and personal contributions. They deserve better. They deserve more dignity.

- Better training for aged care workers – both technical and empathetic.
- Adequate wages for the nature of the work and responsibility required – people's lives are at stake.
- Proper systems to monitor the well being of residents and that the behaviour of staff is appropriate.