

# Caring for Older Australians

## Public inquiry

My mother required a high care nursing home bed in August, 2008 after a major stroke. My sisters and I have lived in a nightmare for the past two years. These are the areas that we strongly feel should be addressed in the future to improve the care for Older Australians.

1. Aged Care Complaints and Elder Rights Advocacy should have more power to firstly investigate a complaint and secondly to implement a resolution.
2. If there is a dispute in the family regarding the care of a parent or evidence of financial abuse then Elder Rights Advocacy should become involved and be able to appoint a Guardian to make decisions rather than it take two years, enormous legal fees and VCAT.
3. If the matter has to go to VCAT then Elder Rights Advocacy should be able to send someone to represent the Aged person so that their rights are not eroded any further.
4. All aged persons should have personal buzzers on them so they can call for help. They are put in a central lounge in front of a television all day unable to get help when needed. They sit in their own faeces and urine throughout the day. High Care residents are only changed three times a day – no matter what happens in-between those three changes.
5. Falls need to be investigated vigorously. Emergency Departments should be able to request investigation of any admissions they feel arise from negligence. It is not good

enough for the nursing home to state that the Aged person does not have far to fall.

6. Need to be clear guidelines on who can assess competency. G.P. or neuropsychologist or Geriatrician.
7. Needs to be a multi-skilled team approach to Aged Care. Too much medication provided without any thought of contraindications and drug interactions.
8. More use of Geriatricians in nursing homes to assess pain and preventative medicine. I was able to persuade a Geriatrician to visit my mother in the nursing home as they normally do not visit. You have to take them to his consulting rooms which is very hard with someone completely paralysed down one side. He diagnosed idiopathic spasms in mum's leg which she had complained about for over a year. He wrote a script and the next day she was pain free. Again, the amount of suffering that goes on in nursing homes from poor medical and nursing care is appalling.
9. More preventative care provided. Too late after haemorrhoids develop to instigate high fibre diet or preventatives. Especially in high care. Immobility and low fibre diet equals haemorrhoids. Haemorrhoids and immobility causes squirming in bed to get comfortable and results in falls out of bed.
10. Nursing homes should be held accountable for false advertising. Family should not be shown a bath when evaluating a nursing home and then find out once their Aged person is a resident that they actually don't use the bath.

11. One size does not fit all. Bed rails are not safe for all residents. Some immobile residents who cannot climb over rails, need side rails so they do not fall out of bed. Get padded side rails so residents do not get caught up in rails. Stroke immobilizes or restrains them – not the rails. Geriatrician wrote a letter to nursing home recommending rails. Nursing home said it was a facility decision not a medical decision. In the meantime, mum continued to fall out of bed injuring herself badly.
12. Eight major falls, geriatrician visit, Elder Rights Advocacy, Aged Care Complaints and finally a memory mattress which managed to keep our mother in bed.
13. Make sure enough staff to get people up and ready in mornings. Not good enough to be left in bed in own excrement until 9.30 – 10.30 a.m. in morning until staff have time to get to resident.
14. Not enough staff on duty evenings and weekends. Stench on weekends in main lounge unimaginable.
15. Needs to be a way in which family can find out information about a nursing home before admitting their Aged person. Too late once they are settled. Forget trying to improve things. Only ends up coming back at you. There is a real fear of retribution. Nursing home will go to any length to keep their resident and very difficult to move them. Needs to be more transparency to the general public whether the nursing home is meeting its obligations in care to the elderly.
16. Registered nurses mainly used for drug administration and paper work. Most of the care provided by poorly trained carers who barely speak English. Examples – poor hygiene throughout three lockdowns for gastroenteritis.

Congratulating resident on being dry in morning when that should signal dehydration. Not being aware that a resident is very sick until a family member visits and requests doctor. Putting nail polish over nails infected with a fungus and not noticing that something is wrong. Again, requires a family member to become involved.

17. Cultural needs of the Aged person are important. If there is an opportunity to move to a nursing home more suitable to their culture – let them go there. Almost impossible to move them once in a nursing home and especially with a guardian involved who does not understand cultural needs.
18. Who are the guardians appointed by VCAT? Is there any requirement that they visit or take time to know the person they are representing? This area needs a great deal of attention.
19. Quality assurance – there is none in nursing homes. Accreditation does not mean quality care. It only means that the nursing home managed to meet the paper work requirements. There needs to be particular attention paid to the quality of food. There is no excuse for watery, packet mashed potatoes and food that does not meet nutritional requirements of the Aged persons. Fresh fruit should be mandatory and not something smuggled in by family.
20. Nursing Homes should not be built in fire danger zones in the middle of nowhere.
21. Some retirement villages now have multiple levels of care from independent living to high care which is a model that works well.

22. The Aged Care workforce needs much better training than a five week certificate. High turnover of staff as they are underpaid and undervalued. Review their working conditions and sick leave.
23. Aged persons are as vulnerable and helpless as a small child. There needs to be mandatory reporting of poor care and better protection for Aged persons.
24. Social Workers at major hospitals need to be trained in the provision of EACH packages to allow the Aged person to be cared for at home. A nursing home is not always the only answer in high care. I wish I had known of other options.
25. Needs to be more respect for the mind of Aged persons. To sit them in front of a television watching cartoons or the same DVD that has been played every day, all week is insulting to their intelligence. They sit in the television room looking away from it.
26. There is not enough emphasis placed on rehabilitation. As the person is old, it is felt that they would not benefit from it. I find that shocking when there has been so much great research and advancements in this area and we are not utilizing it to improve the quality of life of Aged persons. Even if you could only get an arm and hand to partially work the Aged person may be able to hold a book or knit. This would allow them to fill the very long and empty hours of their existence.
27. Perhaps we could have an advertising campaign that outlines the danger of deciding not to take high blood pressure medication. As much as families want to respect their Aged person's need for privacy and independence, there comes a point in time when you have to insist on them either living

with you or going into care as they are not able to make these type of decisions by themselves.

28. We need a new model for aged care. Float shares in a nursing home where you may never get your money back. It is not about making a profit. It is about finding a better model for Aged Care. Buy beautiful land in a breathtaking place. Grow vegetables. Have a Day Spa with massages. Make it a place for wellness. Have dieticians, occupational therapists, have a medical director rather than a financial director. Have chickens that need to be fed. Have a great coffee machine! A heated swimming pool. I think most baby boomers would invest in something like this as there has to be a better alternative to the current level of choice in Aged Care.
29. Aged Care should not be about profit making. The profit is wrung out of the misery of people who need to be treated in a much better way.
30. The new model for Aged Care should have better access to dental care and optometry. We waited almost two years for mum's eyesight to be re-tested following the stroke and were told her eyesight with glasses was good enough to get a driver's licence. It was very sad. All that time thinking her eyesight was bad and that she could not read and all it took was an adjustment in her glasses. There is no excuse in this country, for such poor care.
31. A diagnosis of dementia should not be made until the Aged person's drugs are investigated fully. I asked for a year for mum's Norspan patches be reduced as they were causing fevers and hallucinations. The nursing home did not believe me. Finally, when they thought she had dementia and talked to me about it, I again suggested reducing the Norspan. They did immediately and the "dementia" resolved. This really

scared me for all the people who did not have family around them to speak up for them before they were sent to the dementia ward.

32. Most carers work very hard but the demands on their time are unrealistic and it always comes down to not enough staff. Staffing ratios really need to be investigated. Administrators should have to do the work of carers to understand the amount of pressure they are under to complete unrealistic numbers and tasks required.
33. We need a group similar to the R.S.P.C.A. for animals to be established for the elderly. We treat our animals in a more humane way than our elderly. In the current system, there is no point in complaining as nothing is done to improve the situation. My mother will not drink the thickened, bright orange stuff in a jug that is placed in her room every day. Firstly, it is placed diagonally across the room where she cannot reach it as she is paralysed. Secondly there is not a cup with it to pour the liquid into even if she could reach it. If we left an animal without water we would be prosecuted but it is alright if it is an Aged person. This terrible situation has necessitated visiting mum twice a day to give her a drink and more often throughout heat waves.
34. Technology – better use of amazing array of technology available today. Kindles or something similar that can read books to people or teach a new language would be an amazing investment. I pads for personal use. The majority of residents I have seen have disappeared into nothingness. They cannot hold a conversation. Their families stop visiting them. If the brain is not engaged and kept active, it stops working.

35. Baths. My mum is of the generation that loves a bath and I can think of nothing more wonderful than with a paralysed body to have a weightless bath to soothe sore muscles. Even if the bath was only once a week, it would give her something to look forward to. It should be a requirement for Aged Care – not an impossible luxury.

My family migrated to this country in the 1950's. This is our first experience of any Aged Care. It has been horrendous and it has broken us. Please, for all the Aged persons who are unable to speak up for themselves, be their voice and improve their plight. Without these wonderful Aged persons we would not be living in one of the luckiest countries in the world.

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