Aged Care

OBSERVATIONS/SUGGESTIONS/COMMENTS WHICH MAY/MAY NOT BE USEFUL TO OTHERS.

1. The Productivity Commission is to be commended for publishing "Caring for Older Australians Draft Inquiry Report 2011" as a guide. My only concern is that its length will turn off people busily engaged in aged care work.

2. One nursing home in Tasmania is remarkable for what we can learn from it. When I first visited a friend there it was a ramshackle timber building with off-shoots apparently to an older, big house. Very depressing, inside lighting similarly so.
A second visit a couple of years later, showed some improvement, but still pretty grim.
Last year, a third visit — transformation! A young, intelligent Director of Nursing, obviously very happy in her job & with her patients and staff. Smiles, quiet efficiency everywhere. The place felt happy! Newly painted and very colour-coordinated, with a few previously neglected features of the old house now highlighted with a few strategic spotlights. Staff seemed happy & helpful. My friend in a delightful sun room with other patients who knew her, conversations, delightful afternoon tea. From every window one could see shrubs, mostly flowering. I was tempted to put my name on the waiting list!

3. Staff. While appreciating the skill of medical staff (including physio. etc), we must remember that NURSES are the ones with vital daily contact with patients. My observation from visiting experiences is that there should be more registered nurses (RN's). Sometimes RN : patients ratio is a disgrace, especially if some of the more plentiful junior staff cannot speak English well.

4. Suggestion: All staff should be clearly identified in rank (RN's included) by different badges in different colours. Often, visitors/family don't know if they're talking to an appropriate person or not.
Some facilities allow senior staff to wear "civvies". How are visitors to distinguish them from other visitors? Identification, please!

5. My experience of visiting aged care facilities over 5 decades is that buildings have improved, especially in privately owned facilities where they are <u>assets</u>. But sometimes the smart entrances, gardens, furnishings tempt families into "putting Mum in a lovely place" with too little concern for staff : patients ratios! It is unfortunate that RN's cost more and are not saleable assets like buildings.

6. I often visited my grandmother in a very good nursing home in Orange, NSW. (I hope it still is good.) She was happy there, with a good Director of Nursing and staff. The <u>cook</u> at that home deserves praise. Good meals. And morning & afternoon teas? Not the usual bought biscuits, the same, day after day. At Nanna's place, the cook would make one large batch of a delicacy for morning tea, also another for afternoon tea. Home-made of course, scones or chocolate cake or old-fashioned raspberry slices, occasionally even lamingtons!!! Each "break" was anticipated eagerly, with patients' conversational exchanges: "What will get today?!!" Never the same, day in, day out, as in many places, to add to the monotony. That cook was a real asset, morale & healthwise, no commercial palm oil stuff to hasten patients' heart attacks. According to a heart specialist re palm oil No individual choice of what the treat would be ~~that~~, except for diabetics. I never heard a complaint about the food at that place!

7. Shortage of equipment, especially of walking frames & the like. Myself having become quite energetically mobile after a hip replacement, later a fractured femur, I know how reassuring these are to people trying to walk. I asked one friend "Have they had you up yet?" after his slight stroke. "Well, they had me up, trying to push a chair." Recently! Deterioration of this man is very sad...

8 Toiletting. If more, conveniently placed, toilets were required in nursing homes, more patients would be happy to take themselves to the toilet as long as possible, sometimes with a light-weight frame, thus giving themselves a little extra walking exercise each time, adding up, healthily, over a week. If needed, most nurses would like to have the time to take a patient to a toilet, conversation along the way, perhaps; able to note the patients' improvement or decline.

The nappy style toiletting that seems becoming "accepted" is rarely publicised!! For an "intelligent, alert patient it must be an embarrassing, degrading sign of "deterioration". (In the patient or the system?). So, see 9!

9. A prototype that was neglected?

A few years ago I visited a relative in Bankstown Heart Unit (heart problem after/during a masectomy [cancer]). A former nurse, her morale was very high. I said, "What's that on the wall?" Flush to the wall, almost. She proudly extolled the wonders of "her" toilet, which, when required, came out of the wall & later, back into the wall, after use. Just press a button. I asked was there any odour problem. "No! It all just goes down the pipe on the outside." Impressed by the patient's delight with this new toilet idea, which, I felt, should be followed up, I wrote to Health Minister Pyne. Reply indicated it might be a good idea! And for me to take the idea to the private sector! I then suggested the idea to several Board members of Canning Town Hospital. Nothing happened. Privacy could be a factor, but a screen of some sort when in use? Certainly better than "nappies" for still alert human beings. An indignity not mentioned in polite society.

10. Pet Therapy: A hospital dog can be marvellous to cheer up depressed patients. Though it may need a placard on it, "No, biscuits - am on a diet" as one thoughtful medico suggested. The hospital dog was a great comfort to my mother-in-law as she was dying.

11. Re p. 373 of "Caring for Older Australians": Yes, "private" space is needed when a doctor is treating a patient, as it is for other private matters see 12.

12. There is a need in all nursing homes for a defined space where a patient can have a private conversation with a doctor, a minister/priest, a lawyer, or even a family member to discuss a family problem.
Also, a "quiet room", where a patient can listen to music (earphones), read a book, or just be quiet, away from the routine & other people, please!

13. Some elderly patients are slow eaters, even in the communal dining room. Sometimes, busy kitchen staff whisk the plate away before a slow eater finishes. An elderly friend, courageous & forthright, became institutionalised after a week in a nursing home! "You mustn't complain". She was conforming. Mrs. L. always liked Weet-Bix with milk & sugar, and tea & toast, for breakfast. I learnt that the Weet-Bix was regularly served with far too much sugar & very little milk. (Try it: very gritty).
On my best, polite, behaviour I approached a nice "Sister" & started to explain. Her eyes went past my face to behind me. The "dragon" matron had come up. "Mrs. L. gets very good, nutritious food here!" I retreated, hoping the nice sister would discreetly see the kitchen staff. I didn't want my elderly friend to suffer any repercussions. It became a habit to call in with fruit on my way back from work.

14. Well-meaning funeral directors flood nursing homes with floral tributes, often still in their tell-tale funereal wrappings! Pity a depressed patient!

15. "Recreation" varies considerably. One matron had the common room with dolls everywhere! But a good social worker introduced a discussion group, topics like "my favourite holiday", got patients socialising & conversing with one another.

16. Aged care facilities need to be located near public transport, otherwise patients lose contact with friends who can't visit them. (Even relatives.)

16. Even though I'm deliberately eating more sensibly & nutritiously & exercising well, I am approaching being an object of "Caring for Older Australians".

I must admit that, after 5 decades of visiting aged facilities where tales I've heard from patients, and many other experiences, have enriched my life, I still would view an aged care unit with some trepidation. I would feel "safer" in one run by a church or a government organisation, rather than one owned by an often absent owner, with profit foremost. But, they vary, & change for the better/the worse, over years, according to staff employed & the motivation of the owner

Here's hoping!

SUBMISSION

to the Productivity Commission re
"Caring for Older Australians" and allied matters.

From
Nolene Baker

Picton 2571

"Credentials"

3 year term on Board of Queen Victoria Hospitals at King's Tablelands (Blue Mountains, N.S.W.) and Thirlmere (Picton) N.S.W.

2 x 3 year Terms as Official Visitor under the Mental Health Act for South West Sydney & Southern Highlands, N.S.W..

Involvement in many community affairs (including local aged care services) in Camden, Picton & Bowral areas, N.S.W..

University of Sydney Arts degree, including 3 years' Psychology.

Most importantly, I was mostly reared by/among elderly relatives because of long absences by both parents (employment). As an "only child" in those circumstances, I became very sensitive to the emotions, needs & problems of those around me, hence, probably, my empathy with older people.

Experience: visiting people in aged care facilities at over 100 nursing homes in N.S.W. & Tasmania.
e.g. Urban Sydney (Chatswood, Ashfield etc)
Nth. Coast, Central Coast, South Coast N.S.W..
Blue Mountains, Orange, Blayney, Cargoar, Cowra
Waterfall, Burnie, Longford (Tas.)
(Garawarra)
over 5 decades.

Sections are numbered for easy reference.