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An aged care facility in crisis

Consumer action to improve standards of care

Sarah Russell

Research report
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Introduction

Relatives of residents at a private Aged Care Facility (ACF)[1] in Melbourne, Australia met twice in August 2012. The aim of these meetings was to discuss their concerns about the poor quality of care at the facility caring for their mother and/or father. During these meetings, allegations of poor management, theft, negligence, incompetence, illicit drugs, bullying, racial vilification, and damage to property were made. All grievances were reported to the owner of the ACF, and the more serious grievances were also reported to the Australian Government Department of Health and Ageing's Aged Care Complaints Scheme and Elders' Rights Victoria.

This report describes the relatives' grievances, and provides evidence of poor care, including breaches of current legislation in relation to treatment of both residents and staff. The report also includes numerous examples of poor care.

In addition to their grievances, relatives made suggestions to the owner about how standards of care could be improved. Unlike the 'pie in the sky' suggestions that consumers commonly make for all health services, relatives made some practical suggestions about how the current standards of care could be improved. The report concludes with the outcomes that were achieved by this 'consumer action'.

ACF had once been a well managed aged care facility, with extremely high standards of care provided for residents. However, a recent lack of leadership and poor teamwork had created low morale among staff - and this low morale had a negative impact on the general standards of care. In addition, there were also many systemic issues that impacted on the quality of care. Relatives believed that ACF's policies and procedures needed to be reviewed.

Despite relative's concerns about the current standards of care, ACF has many wonderful and dedicated nurses, carers, kitchen staff, reception staff and activities staff. With good leadership, ACF could once again be one of the best aged care facilities in Melbourne.

[1] The Aged Care Facility is not named. It is referred to as ACF.

Background

The resident's handbook states that the facility aims "to promote, foster and maintain the highest possible level of care, service and accommodation. Our staff are trained to demonstrate the philosophy in their dealings with each resident and their relatives, representatives and visitors". It also states that the vision of the facility is "to be one of the highest quality with innovative services that are responsive to the changing requirements of residents and their families ". Specifically, the aims are to:

- Provide the highest standard of residential care and services in a manner that serves the best interest of the residents
- Uphold privacy and dignity of the individual
- Conduct affairs with integrity and honesty, rendering services on a high ethical level
- Provide an appropriate level of care to residents on the basis of need regardless of gender, race, nationality, religion or belief
- Treat residents with respect, dignity, confidentiality, warmth and friendship"

Some of the objectives listed in the handbook are:

- Foster a safe and pleasant work environment for staff, promote and support ongoing education
- Ensure living conditions and surroundings are pleasant, comfortable and safe, allowing residents a feeling of homeliness and security with maximum independence
- Encouraging involvement of residents, their relatives, friends and staff in the management of the facility.

Relatives believe that ACF is currently failing to meet its aims and objectives, as outlined in the Residents' Handbook

Method

Ethics
All participants (relatives, staff and residents) gave written consent for their stories to be included in this Research Report.

In the interests of confidentiality, people who have shared information have been identified by number rather than by name (e.g. Relative 4, Carer 2). In addition, staff named in an alleged incident have been identified by role (e.g. RN, carer) and number. The names of all residents have been removed. The name of the aged care facility has also been changed to a generic Aged Care Facility (ACF).

Recruitment
Relatives who attended the meetings, or were an apology for the meetings, were asked to contribute examples of poor care at the facility. Some staff and residents also volunteered examples of poor work practices.

Sample
30 relatives, 9 residents and 10 staff, including 3 staff members who no longer work at ACF, participated in this study.

Data collection
On Tuesday 31st July 2012, six relatives met to discuss issues of care at ACF. Notes were taken at this meeting. These relatives were concerned about the safety of their mother/father.

After the initial meeting, 15 relatives met on August 6th 2012 to discuss their grievances and to suggest a 'way forward'. Notes were also taken at this meeting.

On 9th August 2012, a list of grievances were given to the owner of the facility (Appendix 1).

Since 9th August 2012, relatives, staff and residents have continued to share incidents with researcher either verbally or by email. These incidents support allegations of poor standards of care, and in some cases, negligence and abuse. Several of the more serious allegations have been reported to the Department of Health and Ageing. In addition, numerous incidents have been reported to both the facility (via continuous improvement forms) and/or emailed to the owner of the facility.

Data analysis

The data was analysed using thematic analysis. This method of analysis is a qualitative research method that is used to generate common themes. The data were organised into a system of categories.

Strengths and limitations of the research

A limitation of the study is that participants volunteered themselves for the research. Self-selected samples may be biased toward people with strong opinions, either positive or negative. Another limitation of the study is that participants were specifically asked to provide examples of poor care. Although there are undoubtedly many examples of good care at this facility, data describing examples of good care were not collected as part of this research project.

Findings

Relatives, residents and staff have made these allegations of:

- Negligence
- Incompetence
- Staff not telling the truth
- Theft
- Drug taking
- Bullying
- Racial vilification
- Damage to property

1. Medical Negligence

1.1 Competency of staff

- Some staff demonstrate a lack of responsibility and accountability
- Some staff do not know procedures, and have therefore not carried them out
- Medical issues are not noticed by some staff
- Many carers have insufficient training (sometimes as little as a 3 week course) to work competently with older people with health issues such as dementia and incontinence
- RN 2 is incompetent (many examples of her incompetency are provided throughout report)

Examples:

> On 3rd August, my niece found Dad in bed at 11.45am saying he was feeling unwell. His breakfast, and morning tea were on his table untouched - no-one seemed aware or concerned. A nurse was called who took Dad's blood pressure which was recorded as 199/92. I don't understand the figures but believe this is high. Upon my arrival approximately 15 mins later, I requested Dad's blood pressure be retested. The second reading was a lot lower. The nurse commented that the equipment was known to be faulty. Why was faulty equipment being used? How was she to know whether the reading was/was not accurate and/or if it was an indicator that something serious may be in the offing (e.g. a forerunner to a stroke). The nurse seemed completely unconcerned/unaware about Dad's complaint that i) he was feeling unwell, ii) that he was in bed and it was almost noon, iii) had eaten neither breakfast nor morning tea and iv) the high blood pressure reading. No effort was made to take a second reading with a machine in working order. (Relative 5)

[RN 2] described my mother's prolapsed uterus as haemorrhoids…I can diagnose my mother better than the nurses. (Relative 6)

[RN 2] phoned me to inform me that my mother had had a stroke and needed to go to hospital. I came immediately to ACF and assessed mum had not had a stroke but a reaction to new medication that had been administered earlier by [RN 2]. (Relative 7)

My mother had a small ulcer on her heel. Despite requests that mum wears slippers (i.e. not shoes) until the ulcer healed, carers continued to put shoes on mum. The ulcer deteriorated to the extent that the tendon was visible and mum needed to be taken to a vascular surgeon…Mum now has a daily dressing to the ulcer. Due to skin irritation around the ulcer, the dressing should be secured with a crepe bandage, not sticky tape. On numerous occasions, I have found the dressing is secured with sticky tape. On numerous occasions, I ask for a dressing pack to do the dressing myself (Relative 7)

I repeatedly asked carers not to place mum near front door – it unsettles her and makes her want to leave the facility. I frequently find her sitting in chair by fireplace facing front door. (Relative 8)

Private carer found mum lying on toilet floor. No one had responded to the buzzer (Relative 8)

My mother became hospitalized last Monday (6 August). When I saw my mother on Monday morning, she was asleep. I returned around 6 pm just as my mother's GP telephoned me to express her concerns about my mother's medical condition as she was extremely dehydrated. The GP was of the opinion that the dehydration should have been obvious to ACF nursing staff and it should have been addressed but as it was not. The GP's strong advice was that my mother should be hospitalized and stabilized. My mother was transported to a hospital by an ambulance. It is interesting to note that during my mother's absence from ACF, a total of 11 days, I did not receive a single telephone call from anyone at ACF to enquire about my mothers progress and well being. (Relative 12)

Suggestions:

1. Staff receive regular professional development
2. Only RNs who have completed a graduate year to be employed at ACF.

1.2 Medication errors

Many relatives have reported incidents in which a medication error occurred. Types of errors include:

- Resident with dementia not being supervised to take medication – untaken medication found in these residents' rooms
- A discrepancy between medication in webster pack and what is recorded on medication chart
- Resident given another resident's medication
- Resident given the wrong medication

Examples:

> On multiple occasions, my father's tablets are not administered and I have found tablets in my father's room. I have brought these to the attention of staff and on one occasion enclosed the tablets in a complaint form (being unable to find staff), and placed it in the complaint box with my details and date and requested an explanation - no response was received…The lack of proper administration of the medication could lead to serious medical consequences for the person not receiving it; another resident could potentially ingest it (particularly as many residents suffer from dementia); or even a visiting child swallow it. (Relative 5)

> [RN 2] gave my mother medication that had been ceased. This was due to poor communication between GP, pharmacy and ACF. I documented the incident in a letter to ACF. I copied the letter to her GP who apologised for his error. (Relative 7)

> RN 2 gave me the wrong cardiac drug this morning. My ankles have swollen up like balloons. (Resident 1)

> There have been a number of incidents where my mother (who has dementia) was put in charge of the administration of her medication resulting in her not taking the medications at all. On another occasion it was discovered that a medical patch that she is to receive daily was not applied resulting in serious physical discomfort being experienced and a locum was called to attend mother. By chance my mother's GP turned up unexpectedly and when she learned of my mothers discomfort, proceeded to examine her to find that the cause of my mothers condition was that the patch was not administered. This incident was discussed with Manager as well as [RN 3]. (Relative 12)

2. Health and Safety of residents

2.1 Response to buzzers

It often takes a long time for carers/nurses to respond to a resident's buzzer.

Example:

> At 3.15 on 3rd August, I arrived to find my Dad at the reception desk (he had come down from his room) looking very distressed because he had been trying to buzz a carer for ages, not sure how long, and no-one was coming. The receptionist came over to try to help and said sorry but it's handover time and carers are busy with that. My Mum had been unwell and didn't go down to lunch, but after a sleep wanted to get up and get dressed. Dad needed help to do that and she was giving him a hard time about helping her. He's 97 and can't help her. I calmed him down and went to their room to find my Mum sitting on the ottoman in her undies and bra waiting for someone to come. I dressed her myself and at about 3.30 a carer came to answer the call. Does this mean no carers are available at handover time? (Relative 3)

Suggestions:

Management should:

- Determine a reasonable time to expect a nurse/carer to respond to an emergency call.
- Develop a policy to ensure that staff respond to buzzers within these times.
- Inform residents and relatives about how long they may be expected to wait until they receive a response after pressing the buzzer.

2.2 Condition of rooms

Residents' bedrooms are often not cleaned adequately. Evidence of this includes debris on floor, and bins not emptied regularly. The downstairs toilet is sometimes putrid (with bin overflowing with used paper towels).

Examples:

> Recently, there were no bath towels in mum's bathroom – mum had to use paper towels to dry her hands. After several nights with no towels, I told the receptionist – and since then, there have been towels. (Relative 7)

Bathroom with urine stains on floor and walls, faeces/blood on towels, mould in grout. Very strong urine smell in bathroom, indicating it had not been cleaned for some time. Urine on floors would be carried through facility on the bottom of shoes. Carpet in rooms dirty. (Relative 5)

My mother often removes her wound dressing overnight. The soiled dressing often remains on the floor for several days (unless I pick it up and place in bin). (Resident 7)

On occasion, no soap in the bathroom when I have gone to shower Dad. (Resident 5)

The room needs more thorough cleaning. It is only cleaned superficially. (Relative 1)

Picture: Photo of residents' toilet on ground floor on Saturday 18th August 2012

Suggestions:

All rooms should be cleaned regularly and properly.

2.3 Phone contact after hours

The phone is answered promptly on weekdays between 9am-5pm, and the receptionist is courteous and extremely helpful. However, after hours, the phone is often not answered.

Examples:

> It is almost impossible to make contact with staff members on duty during the evening shift. There have been numerous occasions when I telephoned the facility and waited for someone to respond with the phone disconnecting automatically after ringing continually for up to 10 minutes when I would dial again and again repeatedly for up to 50 minutes with no success. On one occasion I wanted to alert a staff member of my mother telling me over the phone that she was not feeling well. On another occasion I was returning with my mother from a hospital to facility and I telephoned to alert the staff of our return and that the entrance door should be unlocked. Unfortunately, again the telephone was not responded to. (Resident 12)
>
> I rang ACF on at 10am on Saturday 18th August and asked to speak with [resident's name removed]. RN 2 said that I could not talk with mum. She told me that care coordinator had told RN 2 that residents must have their own mobile phones. I told her that we have tried mum with a mobile phone but that Mum could not remember how to use a mobile. Mum likes to speak with a member of her family every day - and I cannot drive over to ACF every day. Two of her sons are not living in Melbourne – one in Wodonga and one in Cortona, Italy. They like to phone mum regularly…I appreciate that RNs need to keep the phone line free for incoming calls. However, it seems unrealistic to expect someone who is 88 and with a degree of dementia to learn how to use a mobile phone. I felt that this decision demonstrated an uncaring approach to the care of those older people who do not know how to use a mobile phone and, due to their dementia, cannot learn a new skill. I later learnt that RN 2 had lied about the care coordinator telling staff that residents must have mobile phones. I cannot understand why RN 2 persists in telling relatives lies[2]. (Relative 7)

Suggestion:

1. A policy to ensure phone is answered out of hours. In those instances when it is not possible to answer phone (because nurses/carers are busy), an answering machine is used to record messages. The answering machine must then be checked regularly.

[2] Other examples of RN 2 giving relatives information that is not true are provided in Section 5.8

2. ACF has a dedicated phone line for relatives to call residents, and an operational cordless phone so the phone can be taken to the resident when a relative phones to speak with the resident.

2.4 Occupational health and safety issues

A relative noticed an overflowing rubbish bin of clinical waste in the basement car park.

Picture taken on Saturday 19th August 2012

3. Elder neglect and abuse

3.1 Behaviour of staff towards residents

There have been several incidents in which relatives have witnessed staff speaking rudely to residents, or in an abrupt manner. There are also examples of residents being treated roughly, and examples of staff ignoring residents' requests for assistance.

Examples:

> I heard dismissive, discourteous conduct directed at residents not only by carers but also by one senior nurse as well. (Relative 12)
>
> Several residents, including my mum, refuse to receive personal care from [Carer 1]. Mum tells me she has seen him be very rough with residents – She told me that she has seen [Carer 1] pick a resident up and carry her. (Relative 7)

When I was leaving one night, I heard [Carer 3] shout at a resident after the resident asked to be taken to bed. [Carer 3] told resident that it was time for her meal break. (Relative 7)

I told [RN 2] that [resident's name removed] was short of breath and wanted to see a doctor. [RN 2] replied: "[resident's name removed] is always asking to see a doctor". [RN 2] said that she was too busy to come to [resident's name removed] room to assess her breathlessness. (Relative 7)

On Sunday, 15th July, my mother asked the PCA not to be so rough when doing up the buttons on her blouse. [Carer 4) response was that mum was fussy and different and that no-one liked her. When my sister arrived later [Carer 2] and [Carer 4] ran up to her stating that mum was confused and thought that no-one liked her and that it is not true. (Relative 3)

My mother stated that when assisted in the shower and she complained that the soap was in her eyes the PCA took hold of the shower head and sprayed down mum's face. She has commented that the PCA's can be rough and in a hurry, even showering her in cold water. (Relative 3)

I telephoned my mother one morning and found her extremely agitated as a result of a staff member being pushy, inpatient and highly disrespectful with her. In the course of my mother talking to me she used the expression "socking" repeatedly, in reference to the conduct of the carer (this being in a foreign English accent) who started imitating my mother by saying "socking" which I overheard. I asked my mother to hand the telephone receiver to the carer concerned, I established her identity and requested the carer to leave my mother's unit and said that I will deal with the situation personally. I promptly drove to ACF and requested the offending carer to join me in my mothers unit and suggested to her that if she finds my mother unhelpful or uncooperative, instead of being pushy, which generates the wrong reaction and upsets her (as well as the Staff)the carer should telephone me, as I am contactable 24/7 and I will resolve whatever the problem. I suggested that maybe mimicking a 93 years old Alzheimer resident is disrespectful, unacceptable and in my opinion shameful and indicates a fundamental ignorance of how to deal with a vulnerable elderly person with dementia. This incident took place on a weekend, consequently I was only able to alert Manager of what happened on Monday. Manager agreed with me that the behavior of the staff member was unacceptable and responded by saying that she was about to step into a staff meeting and that she would endorse my comments to the carer concerned. (Relative 12)

I have had a number of telephone calls from my mother from time to time, being upset at the manner she was spoken to usually by young and on many occasions, recently employed carers. If it was suggested that due to her diagnosed medical condition her information might be regarded as unreliable. It is an interesting fact and a manifestation of her medical condition that when she becomes angry, she is lucid and becomes able to relate accurately what has taken place. (Relative 12)

Suggestion:
Relatives should document incidents when they witness staff talking rudely to residents. Any incidents of bullying and abuse of a resident should be reported to the aged care complaints scheme.

3.2 Theft

There have been many incidents of residents' missing money and valuables, though many of these incidents have not been reported to either the police or ACF. Residents are often unsure about whether or not they have misplaced the money (or valuable item). There are also incidents of missing chocolate and sweets (that carers insist that the resident has eaten). There are also reports of carers behaving suspiciously.

Examples:

> Money ($50 note) stolen from mum's purse between 1pm Tuesday 22 May and 9am Wednesday the next day when she went to the hairdresser. An incident report was filled out so the management would be aware that there is a problem. (Relative 3)
>
> Named Hip Protectors ordered from Western Australia disappeared between bedtime and shower. Critical for her safety. After 4 days of questioning by me, Manager produced another pair ordered for another resident… 3 pairs of prescription stockings disappeared…New clothing hung in wardrobe on a Sunday night in June. Missing by Monday. CCC and Laundry alerted. Search conducted for a week. Made it clear that I was calling police and clothes reappeared in her room. (Relative 8)
>
> On 17th November 2011, my grandson accompanied me to the ATM at the Commonwealth bank to withdraw $700 to cover my Xmas shopping for my family. My grandson used the ATM while I stayed in the car. My grandson came back to the car and counted the money in front of me. I gave him $50 and he handed me the remaining $650 which I immediately placed in my handbag. My grandson then drove me back to ACF, and he accompanied me to my room. On entering the room, I noticed that the room had been cleaned and the large cushions on the couch were not in place. I was very tired and I may have placed the handbag on the couch, but I doubt it – my normal routine is to place my handbag in my wardrobe. The next day, when I looked in my handbag the money was not there though the receipt for the withdrawal was in my handbag. I told my children and they were shocked. My son, daughter and I searched my room (including under cushions on couch). They questioned whether I had locked my door, but I could not remember. I was very embarrassed because I thought I may have misplaced it so I did not make a formal complaint at the time to ACF but senior nursing staff were

notified. My family did not contact the police. I am drawing management's attention to the missing $650 now because I have been told there have been other thefts at ACF. (Resident 1)[3]

One evening recently, I was not feeling well – so I did not go downstairs to the dining room for my dinner. I stayed resting in my bedroom and then went into the bathroom to freshen up. I heard a cuffuffle in my lounge room and wondered what was going on. The next moment I saw a long male arm around the bathroom door. I was frightened because I did not expect anyone to be in my room. It was Carer 1. I said to Carer 1: "What is the trouble?". He told me that he was looking for [residents name removed] – he thought she may have come into my room. However, it was dinner time – and later I thought: "Wouldn't [residents name removed] be in the dining room?". It all seemed very suspicious. (Resident 1)

My wife used to always wear her wedding ring, and also a bracelet and necklace. All solid gold. They were stolen. (Resident 2)

A small issue, but never the less indicative of poor management - A private carer who visits my mother every Saturday told me that on Sat Aug 11th when they were giving out afternoon tea, there was not enough to go around for the residents and then she saw the staff eating the same food. (Relative 14)

I often see RN 2 taking food from residents' meal trays. She even takes those little butters and jams from the breakfast trays. (Carer 6)

I had $250 in my wallet. Before I took the kids out to dinner one Friday night, Carer 1 was in my room with me. When I got to the restaurant, I realised I did not have my wallet with me. When I got back to my room, the wallet was missing. When I next saw Carer 1, I said to him: "I take you to the police or you bring the wallet to me in 5 minutes". Carer 1 said he had been looking for me because he found the wallet on the stairs. He told me that he had put the wallet in ACF's safe. He brought the wallet straight back and gave it to me. (Resident 2)

A resident's ATM card was taken and $9,000 withdrawn without authorisation. We all think we know who took it, but there is never any substantial proof. I reckon they sold the card so there will be no proof that they stole it. They are very clever. (Carer 10)

A new resident had $800 stolen on Saturday night (15th September). Carer 1, Carer 3 and I spent ages looking everywhere in his room, but could not find the missing money. We called the police but by the time I went off duty they had not arrived. (Carer 9)

I can't understand why Carer 1 is still employed here. Shouldn't management have sacked him after so many complaints about him? Or at least put him on paid leave while they investigated all these complaints? (Carer 11)

[3] Complaint form submitted 21st August 2012

> I am frightened of Carer 1 and the manager. I think they are robbing us. (Resident 4)
>
> I came into my room and Carer 1 was looking through my drawers. When I asked him what he was doing he told me he was looking for chocolates. Afterwards, Carer 1 and Carer 3 came in and now I feel very confused about what I saw. I did not make a complaint because I cannot be sure. (Resident 5)
>
> Mum had some money stolen recently. It wasn't much – about $50. It didn't seem worth contacting the police. I haven't put in an incident report – but I should. (Relative 14)

Suggestions:

1. All reports of theft should be made to the police.
2. Carers should be reminded that they are not to eat resident's chocolates without it being offered to them.

3.3 Not escorting residents to their rooms

There is a lack of care when escorting residents back to rooms after meals. Residents with dementia have been witnessed being put in lifts without being accompanied by a carer – these residents become distressed because they exit the lift and cannot find their room.

Examples:

> [Carer 1] put a resident in lift with other residents. He did not accompany her. The resident was very distressed when she got out of the lift – she said that she "felt unsafe". (Relative 13)
>
> [Carer 5] told a resident to exit lift and turn left. [Carer 5] did not accompany the resident out of the lift. Resident did not know where he should go. (Relative 7)

Suggestion:

A policy that carers must accompany residents with dementia to and from their rooms.

3.4 Unable to find a carer to assist a resident

Sometimes it is difficult to find a carer to assist a resident.

> On Saturday 18th August, I found [resident's name removed] in the 2nd floor corridor crying and asking for my help. She told me she was afraid. I could not find Carer 1 (who was working on the 2nd floor). I asked the resident whether she would like to come down with me to the TV room where I and 5

> other residents were watching a movie. She accompanied me downstairs. An hour or so later, Carer 1 came into the TV room saying that he had been looking for [resident's name removed]. The resident said she was scared of Carer 1 and did not want to go with him. She lay on couch and pretended to be asleep. Carer 1 left the TV room, and I organised for resident to be taken back to her room. (Relative 7)
>
> I have complained constantly about lack of staff in main sitting room (Relative 8)
>
> On several occasions, I have seen Carer 1 sitting in his car during his shift (Relative 8)

3.5 Residents' wandering

There have been incidents in which residents wander into the basement car park without the knowledge of staff.

> Notwithstanding the existence of two monitoring gadgets installed in her unit Mum managed to get to the basement on a number of occasions where she has been found to be distressed and disoriented. On one occasion it was a relative of a resident who happened to be in the basement and escorted my mother to her floor. (Relative 12)
>
> I found [resident's name removed] in the car park at 8.30pm. She was very distressed. (Relative 11)

4. Personal Care

4.1 Toileting

There has been an increase in the incidence of residents wetting themselves because carers are not taking residents to the toilet (unless the residents ask to be taken to the toilet). Some residents with dementia need to be reminded to go to toilet – and taken regularly. There are also some residents who do not have a sufficient amount of toilet paper in their rooms.

Example:

> Mum is often extremely distressed when I arrive as there is no one to reassure her or take her to the toilet. She is often very dirty with food all over her clothes and despite my constant requests for more frequent hair washing she often has dirty hair. She gets very agitated and walks around for long periods without a break. She needs someone to sit her down and reassure her regularly but there isn't anyone around… On a brighter note , [Staff 1] and [Staff 2] are a godsend and I am grateful for their kindness and assistance to mum. Without them I don't think I could cope. (Relative 1)
>
> When I arrived yesterday, I took mum immediately to the bathroom (which has become routine because the carers no longer take mum to the bathroom regularly). Unfortunately mum did not make the toilet in time - this is the

second time this week alone that mum has wet her pants. Not surprisingly, mum is humiliated by these incidents. (Relative 7)

Inadequate toileting 3 consecutive days in July. First time we did not make it in time and mum had to be washed and changed. She cried with humiliation. (Relative 8)

Mum did not have access to sufficient amount of toilet paper – staff told us they did not have access to storage facility, and were unable to get her any more toilet paper. (Relative 6)

I was at ACF on Saturday night (18th August) watching a movie with mum and some other residents. I noticed [resident's name removed] in the corridor in her nightie with her hand between her legs holding crotch, looking very distressed because she could not find a carer to help her. The resident told me that she had no toilet paper. I too could not find a carer, so I ran up to mum's room and got [resident's name removed] a roll of toilet paper. It seems to me that ACF should provide enough toilet paper for all residents - and some residents (for whatever reason) require more toilet paper than others. It must be humiliating to roam corridors looking for toilet paper. (Relative 7)

Suggestion:

1. Carers should regularly ask residents with dementia whether they would like to be taken to the toilet.

2. A sufficient amount of toilet paper should be provided for each resident.

4.2 Hygiene issues

- Some residents are coming to meals in a dishevelled state – wearing dirty clothes, without having had their hair brushed, and without wearing any lipstick.
- One resident's relative is concerned because the resident is not being showered, and his clothes are extremely dirty and smelly.
- Poor supervision - of daily showering/hygiene

Examples:

"She needs more supervision eating so that she is not always covered in food stains." (Relative 1)

Sunday 29th July, I arrived at ACF in the late afternoon. My Dad informed me my Mum didn't have any pullups at all in her room and she dressed herself using normal undies. He had asked carers but they still hadn't given them to him. She is high care and they are supposed to provide them. (Relative 3)

The showering has been an issue for some time and various members of the family have lodged independent complaints and been witnesses to exchanges between staff about this issue. On one past occasion when Dad had clearly not been washed for several days and had been wearing the

> same clothes which were dirty and urine stained, the nurse on duty was called in. When the situation was pointed out she advised she had no time to bathe Dad, as it was almost afternoon tea time; it was not her job; and that she would pass it on to the change over staff. Only when I insisted, were arrangements made for staff to bathe Dad. When Dad emerged after being showered he was still wearing the same dirty clothes, he had not been changed. (Relative 5)
>
> Mum often dressed in same clothes. Pants, shirt and cardigan. On one occasion 5 days in a row… Clothes often have food stains and should be in laundry basket… Clothes often hung up very carelessly or not at all. Thrown onto shelves…Hair often not washed. Last week hair not brushed for 5 days in a row…[An x-staff member] told me that she found [Carer 2] making mum's bed while mum sat naked waiting for assistance with dressing after her shower (Relative 8)

Suggestion:
A policy to ensure that residents are dressed in clean clothes, and assistance given (where required) to shower, brush teeth/hair and apply make-up.

4.3 Quality and selection of food

Meals are no longer to their former standard. Fresh fruit is no longer freely available to residents on dining room tables at meal times, as in the past. There was a recent incident of a resident's companion noticing that drinks had passed their expiry date.

Examples:

> Two residents [names removed] requested in writing on their menu choice that they are not to be served tomato. When their meal arrived with tomato they asked for the tomato to be removed and reminded carer of their written request. The carer ignored them and replied that she would let the kitchen staff know. (Relative 8)
>
> Fresh fruit no longer freely available to residents on dining room tables at tea times, as in the past. Meals no longer to past standard. Dad has for 2 ½ years not eaten the breakfasts provided. His request is for porridge, which is not that unreasonable, yet every day his breakfast is returned uneaten (save for the coffee) yet no-one seems to questions why. (Relative 5)
>
> Many residents here are Jewish – and the kitchen gives them ham sandwiches!! (Relative 8)

Suggestions:
Residents should be given nutritional food, including fruit.

5. Staff issues

5.1 Staffing levels

There is an increase in the number of residents at ACF who are high-care. As a result, staff are busier – and often not able to provide an adequate standard of care to all residents. Although there may be sufficient number of staff on duty, some staff are not spending their time on duty doing their job. There is currently no supervision to ensure that carers are actually doing their job.

Examples:

> I have often seen groups of staff often witnessed talking and smoking together in basement. Surely, they couldn't all be having their break at the same time…They have installed cameras to stop this – but staff have just found other spots in which to huddle (Relative 3)
>
> I help my mother to bed most nights. When I leave the room, I put the TV on - tuned to Channel 2. Each day, mum leaves the room before breakfast, and does not return to the room until bedtime (since dad's death, she hates spending any time in the room without him). At bedtime, I often find the TV tuned to a different station – suggesting that someone (? Member of staff) has been in the room watching the TV. I made a complaint to management – the next night I noticed a laminated sign beside the TV. The sign said "STAFF PLEASE DO NOT CHANGE TELEVISION CHANNEL. TELEVISION SHOULD BE ON CHANNEL 2 AT ALL TIMES." This seemed inappropriate – almost like a reminder to staff to change the channel back after their 'rest' watching TV in mum's room so that I would not notice! A more appropriate response may have been a memo to staff that they are not to watch TV in residents' rooms and that any staff caught watching TV in a residents' room would be grounds for dismissal. (Relative 7)
>
> On 21st August, I went into the 2nd floor lounge at 1.30pm to prepare the card table for my weekly game of bridge with 3 residents. A carer was asleep on couch. Assuming this carer was 'sleeping on the job', I took a photo. I later learnt that this carer was working a double shift – and the manager had suggested that the carer sleeps on couch on 2nd floor lounge. This was an inappropriate place to recommend that a carer sleep. Finding a carer asleep in a public area easy leads to assumptions such as those I made about carer. I have been told that the manager subsequently suggested the carer sleeps in hairdressing room – and locks the door! (Relative 7)

Picture: Carer sleeping on couch in 2nd floor lounge room

Suggestions:

1. Determine the best practice ratio for high-level to low-level care in an aged care facility such as ACF.
2. Ensure staffing levels are adequate to cope with number of high-care residents
3. Adequate supervision and training to ensure a high standard of care is provided to *all* residents.
4. Supervision of carers – to ensure they are doing their job (and not watching TV, talking on mobiles to friends/family ,smoking in basement or sleeping in public areas)

5.2 Resignation of staff

Under the new manager there have been numerous staff resignations. Notably, the resignation of two highly respected clinical care co-ordinators negatively impacted on the standard of care. There have also been resignations from 12 carers who relatives noted were competent, hardworking and kind to residents. Some relatives have been told that RN 1 and Carer 2 bullied these nurses and carers. Also, some carers told relatives that they had to resign because they were not given a sufficient number of shifts.

Example:

> 3 Senior Staff members told me that they could not work with Manager because of bullying and resigned. [Their resignations have] severely impacted on standard of care and staff morale. (Relative 8)

> I spoke [to owner of the facility] about the regular loss of competent staff which is not only undesirable for the residents and their families but also to the facility. (Relative 12)

Suggestion:
The owner(s) should ensure that all staff who have resigned in the past 12 months are given a formal 'exit interview' to determine the reasons for their respective resignations. The staff interviewed should be assured of their anonymity and confidentiality.

5.3 Bullying behaviour

Relatives have witnessed incidents of staff being bullied by other staff. Several carers have told relatives of incidences in which they have been bullied, most often by Manager and Carer 3. Relatives have reported being bullied by Manager. At a recent bullying training session, Manager attended both sessions – making it difficult for staff to discuss incidents in which they felt bullied. There have also been allegations of damage done to personal property, such as a staff members car being keyed by Carer 3.

Example:

> I met with Manager to discuss culture, staff morale and bullying and she shouted at me and called [staff member' removed] in as a witness. To what? (Relative 8)

> Attempted to comfort a very distressed member of staff last week who begged me not to talk to her as Manager has spies everywhere and would report back that we were talking. (Relative 8)

> The manager phoned my wife to report an incident in which mum was found to have "faeces in her vagina". Manager insisted that a carer speak to my wife on the phone and apologise for her personal care of the resident. The carer was very upset on the phone. My wife felt Manager's behaviour towards the carer was aggressive. (Relative 2)

> Carer 3 was seen keying my new car. She is a nasty bully. We are all terrified of her and her husband (Carer 1). But RN 1 protects them both – RN 1 is godmother to their child. (Carer 8)

> I am available to meet with [owner of facility] to tell him how poorly I was treated by Manager during my employment as Clinical Care Coordinator and my reasons for resigning. I have witnessed Manager show a lack of respect for members of staff. I have witnessed her bully and treat staff unfairly. (RN 5)

The following two statements concern a malicious rumour that was allegedly spread by manager and Carer 2.

> On Monday 31st October 2011, I was working on ground floor at ACF. My break was at 11.30am but I had not had time to toilet [Name of resident removed] because the morning shift had been very busy. I had also promised [Name of resident removed] that I would change his bed sheets, but when I

went to do this, he was lying on his bed. I asked RN 5 if she could ask someone else to do these 2 tasks or I would do them after my lunch break. RN 5 asked Carer 2 to do these 2 tasks. Carer 2 became upset. Carer 2 went to see Manager to complain about me. I was having my lunch break when Manager came into the staff room. She screamed at me and asked me to come to her office immediately. I replied to Manager that I would come to her office after my lunch break. She screamed at me again, and told me to come immediately. I went to Manager's office and she spoke to me in a very rude manner, and very loudly. She told me that Carer 2 had complained that I had not toileted [Name of resident removed] nor changed [Name of resident removed]'s bed sheet. She told me that I do not do my job properly. I asked Manager to not scream at me. I also asked if I could speak with Carer 2. Manager took me to [Name of resident removed]'s room and paged Carer 2 to meet us in [Name of resident removed]'s room ([Name of resident removed] was not in her room at the time). I asked Manager if we could speak in her office rather than in a resident's room, but she insisted that we talk in [Name of resident removed]'s room. Carer 2 joined us in [Name of resident removed]'s room. Both Manager and Carer 2 spoke loudly and rudely to me, telling me that I am not doing my job properly. They also told me that I should stop working as Rachel's companion. They also told me that I am having an affair with RN 5, and that we had been seen out together having coffee. I denied the affair with RN 5, and told them that I was doing my job well. They told me that Head Office knows about my "affair". Manager threatened to phone RN 5's husband to tell him about my "affair" with his wife. Manager then went out of [Name of resident removed]'s room to page other carers to [Name of resident removed]'s room. Manager then told the carers that they should speak openly in front of me about their complaints of my work. Manager also threated to reduce the number of my shifts. I felt intimidated, and I left the room. Manager went back to her office and paged all carers and nurses (except for me and RN 5) to come to her office at 12pm. RN 5 and I were the only ones on the floor during a busy time (when we bring residents to the dining room for lunch). Afterwards, one of the carers told me that Manager forced those in Manager's office to sign a complaint form about my work. I never saw this complaint. After this incident, I told RN 5 that Manager is making false allegations about us having a sexual relationship. On Wednesday 2nd November, I was not working at ACF. I received a phone call from RN 5's husband, [name of husband removed]. He told me that he had just received a telephone call from me. I told [name of husband removed] that I had not phoned him – and I explained that I did not know his phone number. [Name of husband removed] said that someone had phoned him saying that his name was Carer 6. This person (who was most definitely not me) had told [name of husband removed]: "I am having an affair with your wife, RN 5." This person told [name of husband removed] that I and RN 5 go out together after work at ACF. I explained to [name of husband removed] that I had previously told RN 5 that Manager and Carer 2 are making false allegations about our relationship. I told RN 5 that Manager had threatened to phone her husband and tell him about our "affair". [name of husband

removed] said that he would speak with RN 5, and that RN 5 would phone me back. During the course of the next few days, several staff told me that Manager had told them about my “affair” with RN 5. I felt too intimated to talk with Manager about this. I was very stressed and had trouble sleeping. (Carer 6)

On Monday 31st October, Carer 6 told me that Manager had accused him of having an affair with me. I was shocked and disappointed. Nonetheless, I came to work at ACF as usual on Wednesday, 2nd of November. At approximately 1045am Wednesday, 2nd of November, I received a phone call from my husband [name of husband removed] Johnson. He asked me to go somewhere private so he could speak to me. He asked me "Are you having an affair with Carer 6?" I was in shock, and denied the affair. My husband told me that he had just received a phone call from “Carer 6”. [name of husband removed] said: "Carer 6 just rang me and told me that you have been going out for coffee and you told him that we are getting divorce". I was in shock and felt sick in the stomach. My husband asked me for Carer 6's telephone number. My husband rang me back soon after speaking with Carer 6. He told me that Carer 6 had not rung him. My husband was furious. He asked me to give him the phone number of the Operations Manager, Leanne. My husband telephoned Leanne and informed her of the telephone call he had received from someone pretending to be Carer 6. My husband told me that Leanne was not at all sympathetic to the problem. Leanne told my husband that RN 5 had been seen with Carer 6 after working hours. Leanne was not interested in investigating who had pretended to be Carer 6 in the phone call to [name of husband removed], or why they had made this malicious phone call. I was extremely stressed and upset because I knew I had to go home to face a very difficult situation with my husband despite having done nothing wrong. I was outside ACF speaking to my husband on my mobile phone. I was in tears. Sitara, a PCA, saw me crying and she said to me: "I need to talk to you". Carer 7 told me: "Manager is telling staff that you and Carer 6 are having an affair. Manager said it openly to everyone in the staff room. Manager also told me and my husband that you and Carer 6 are having an affair". I was shocked. I asked Carer 7 to please put in writing what Manager had said in the staff room, and what Manager had told her and her husband (who also works at ACF). I suggested that she write a statutory declaration. Carer 7 initially agreed to do this, but later declined to write it. She told me that she was afraid that she and her husband could lose their jobs at ACF. I made an appointment to see my general practitioner, Simon Cooper, as soon as I left work that day. I explained to him the dreadful events of the day. I was crying and obviously extremely disappointed with the rumour that Manager had spread and the lack of support provided by senior management. I was unable to return to work for a couple of days because I was so stressed by the accusations. These accusations have caused me difficulties in my relationship with my husband, which I am still trying to cope with. I resigned from ACF because of Manager’s lack of professionalism and

> RN 3's lack of interest in investigating who made the malicious phone call to my husband. I am making this complaint now because I have heard that the owner of ACF has recently repeated this false allegation to a relative. My reputation has been tarnished by this malicious rumour. (RN 5)

Suggestions:

1. Review of ACF's organisational bullying policy is required. This policy would identify a diagram of what to do/where to go (e.g. Health Services union), including options where it involves manager/staff or manager/resident or staff/staff etc. Policy should include visible referral list for relatives, residents and staff to seek confidential advice e.g. Seniors rights; people's rights under the HREOC etc.

2. Any staff who has personal property damaged by another member of staff should report the incident to police.

5.4 Racial vilification

Specific staff members have been overheard referring to other staff using demeaning and offensive language, including racial slurs (e.g. "Korean cunt", "Chinese bitch", "Bloody Indian). Some employees are feeling so desperate about the workplace culture that they have taken phone recordings during meetings with the Manager.

Example

> I was working as a companion to [resident's name removed] when I noticed that she was being given drinks that had passed their expiry date. I informed the RN in charge on Saturday. The RN said that she would discard the box. I told the RN that I felt an obligation, as [resident's name removed] companion, to inform the family which I did. On Monday, I was working as a carer at ACF when I noticed that the box of drinks had not been discarded. I asked the team leader why the box had not been discarded. She told me she had also noticed on Friday that the drinks had expired – and that she had informed Manager. She told me that Manager had said that it is OK to give [resident's name removed] the drinks for the next few months. The team leader gave [resident's name removed] the drink, even though it had expired. I said that I had told the family on Saturday in my capacity as [resident's name removed] companion. I suggested that the team leader should tell Manager that the family knows about the expired drinks. I went to the second floor and I overheard Manager and the team leader talking together about the expired drinks. Due to the fact that I have been feeling insecure about my ongoing employment at ACF, and aware that Manager speaks badly about me, I turned on the recording device on my phone so that I could have proof of the

> way that Manager talks about me. I heard Manager refer to me as a "bloody Indian". (Carer 6)

Carer 6 made a complaint with his union regarding the incident in which the manager referred to him as a "Bloody Indian". RN 3 met with Carer 6 to discus his complaint - a union representative was present during this meeting.

> I am proud of myself that I stood up against wrong things. (Carer 6)

***Suggestion*:**
Any staff member who is racially vilified should report incident to appropriate authorities (e.g HREOC, union)

5.5 Communication with staff

English is a second language for the manager and many of the carers/nurses. Relatives often feel their conversations with manager and some carers/nurses are not understood.

Example:

> I am having great difficulty communicating with some of the nursing staff particularly [RN 2]. My mother has difficulty swallowing her tablets so the nurses have arranged for Mum's doctor to eliminate her panadol dose (which was about 6 per day). Consequently mum is in considerable discomfort which she cannot communicate well. The nurses seem unwilling to try a liquid alternative and continually argue with me saying that mum is not in much pain. This is a most distressing situation for me. I have lost confidence in the nursing staff. (Relative 1)
>
> I have a lot of difficulties talking with RN 2. I often feel that she does not understand me. I tried to explain that mum often has sticky tape applied to her leg when her dressing is done, despite explicit instructions not to apply sticky tape to her excoriated leg. I became exasperated when it was clear that RN 2 did not understand what I was saying.(Relative 7)

***Suggestion*:**

The facility provide compulsory ESL training for all staff.

5.6 Mobile phones

Staff are often seen talking/texting on mobile phones whilst on duty, some for extended periods of time.

Examples

> I walked into mum's room and found a carer talking on her mobile phone in mum's room. Mum was in lounge room…I was talking with Carer 1 when his mobile phone rang. He took the call and spoke in a foreign language while I was standing beside him. Immediately after this phone call, Carer 1 left ACF. He told me that he was going to his car to get the charger for his mobile phone. He did not return to ACF for over 15 minutes. (Relative 7)
>
> On Saturday 26/5 I visited my mother, when I passed through the lounge at 11.10am a staff member was talking on her mobile phone and when I left at 11.30am the same person was still on the phone by the piano. (Relative 3)
>
> I have observed on many occasions young carers walking in front of a resident who would be relying on the use of a walker, with the carer pulling the walker at times faster than the comfort speed of the resident but the carer was unaware as the carer was conducting an obviously personal conversation on her mobile phone with her back towards the resident. No

> ACF supervisor appears to be around to reprimand the carer for the irresponsible and potentially dangerous conduct… I told [owner of ACF of the inappropriate behaviour of many staff members, use of mobile phones for the conduct of personal conversations while pulling residents' walker at times faster then the comfort speed of the resident, but the carer was unaware as the carer was not facing the resident. (Relative 12)

Suggestion:
Staff are not permitted to use their mobile phones whilst on duty.

5.7 Night shift

There have been reports of:

- Staff sleeping during night shift.
- Buzzers not answered during night shift.
- Buzzers out of working order during night shift.
- Residents not being checked during night shift

Examples:

> On 16 April my mother had surgery to her face and the night staff were asked to check mum regularly. She awoke before midnight and pressed the buzzer as she was in pain and the pillow was covered in blood. According to the medical records the staff came at 3.15am to find mum asleep. When she pressed the buzzer a second time after 5am the night shift found her covered in blood and had to change the sheets and pillow case as well as the dressing on her nose. The comment made by the night staff was that the place looked like an abattoir. (Relative 3)
>
> I provided [owner of ACF with a number of specific examples where the staff's conduct towards my mother was unprofessional, discourteous and unaccaptable. He agreed with my conclusions. I told him of an incident which occurred during the night when my mother was wondering in the corridors whilst male nurse who should have responded to the call generated by a mat attached to the call system was asleep. (Relative 12)
>
> I complained [to owner of ACF about the difficulties of communicating with staff members during the night as some staff members do not respond to the ringing of the telephone. (Relative 12)
>
> I have become aware of the fact that my mother got out of bed during one night, triggered the call system by stepping onto the mat next to her bed, connected to the call system . There is a second monitoring system installed in the living room which is meant to be activated upon my mother's retirement for the evening, which should have alerted the night staff of the fact that my mother left her unit. I understand that 2 staff members were on duty (as they are every night) The two staff members agreed between themselves as to

> which of them was to respond to the first call from any of the residents with the other staff member responding to the next call. On this occasion, apparently the staff member who agreed to respond to the first call was asleep. It was only after some considerable delay when the second staff member realized that the first one failed to respond to the call, that the second staff member found my mother wondering around escorted her back to her unit and proceeded to look for his colleague who was found sound asleep in one of the communal lounges which was in darkness. (Relative 12)

Suggestion:
The ratio of staff to patients on night duty should be best practice (irrespective of current legislative requirements).

5.8 Incidents of staff not speaking the truth

There are reports of staff avoiding talking about issues with relatives and making excuses. Also, there have been several allegations made of RN 2 lying to relatives.

Examples:

> On Saturday, Nov 12, 2011 Mum followed some visitors out of building. As they drove off they noticed her and ran back to ACF. No staff visible and mum was rescued by private carer. RN [RN 2] telephoned later and lied to me about incident. (Relative 8)

> I was worried about a resident wandering at night and coming into my mother's room and sometimes trying to get into bed with her. [RN 2] told me that the resident is "locked in her room". However, the locks on doors are hotel locks that can be opened from the inside (but not from the outside). When this was pointed out to [RN 2], she replied that the staff can hear the "click of her door" when it is opened. I then checked - there is no "click" when door is opened from the inside. This lie was unnecessary, as was the lie that RN 2 told about my mother having been on antibiotics. It was so easy for me to check the medication chart to see that this was not correct. (Relative 7)

Suggestion:
Staff should be told by management that relatives are entitled to be told the truth, and that staff will be reprimanded for not talking honestly with relatives about issues of care.

6. Management issues

6.1 Response to complaints and suggestions

- Inadequate response to complaints, including incompetent written responses (See Appendix for an example)
- Some complaint letters are filed inappropriately.
- Suggestions for ways to improve ACF are not acted upon.

Examples:

> Prior meetings have taken place with management, where procedures were to be implemented regarding showering and changes of clothes. These have not been adhered to. When repeated complaints were raised about hygiene issues, Management has countered with allegations of Dad molesting and assaulting staff. When asked for documentary evidence, what has finally been disclosed is that Dad had placed his hand on staff shoulder/arm? No copies of reports were provided despite requests. Serious allegations of sexual misconduct/assault/throwing a chair at a staff member were made, yet records fail to document/evidence same. Given Dad has serious balance problems, there is some doubt if he could even pick up a chair let alone throw it. (Relative 5)
>
> The manager filed my letter in which I outlined several mistakes in a folder that contained minutes of staff meetings. I thought this letter should have been kept confidential given that it named the GP who contributed to the mistakes. All staff could access this folder and read the letter. The GP subsequently threatened me with defamation – but I had every right, as a daughter, to raise issues of concern with the Manager of the facility. It was her actions that shared this information with others (Relative 7)
>
> After Comment and Improvement Form was submitted I received no formal reply from Manager (Relative 8)
>
> I met with [RN 3] to discuss many issues including bullying of Laundry employee and resignations of Senior Staff. I do not feel she acted on any of the information I gave her, despite the fact that she took notes. (Relative 8)
>
> I discussed the installation of a FOB system in the lift with Manager but I did not hear from manager of any progress. (Relative 12)
>
> After submitting three incident reports, the manager came to talk with me in the lounge room where I was playing cards with my mother. She told me (in quite an aggressive tone) that incident reports about Carer 1 were being made because he is a big man. She told me that he could go to Fair Work Australia for harassment. I replied to the manager that the complaints about Carer 1 were being made because he did not do his job properly, not because of his size. The manager was very angry with me. A short time later, RN2 talked with me - also in lounge room in front of my mother. She too was angry. I told her that it was not professional to talk with me in front of my mother in the lounge room. It is very unfortunate that both the manager and RN 1 spoke to me in front of my mother. She now feels frightened. (Relative 7)

Suggestion:
A policy that all written complaints should receive a written response. Confidential letters should remain confidential.

6.2 Lack of teamwork

The carers, kitchen staff and activities staff are not working well as a team. This is evidenced by carers complaining about kitchen staff; activities staff complain about carers etc.

Suggestion:
Teamwork in a health service requires good leadership.

6.3 Inconsistency between formal records and verbal information

There is a discrepancy between what is recorded in care plans and what staff did (or said that they did).

Examples:

> "A decision was made to give my mother her daily serapax at 4pm rather than with her dinner – to prevent her experiencing 'sun-downers". This change was documented in her care plan. However, I needed to remind [RN 2] and [RN 4] to do this". (Relative 7)
>
> 8/7/2012: I arrived and Dad reeked of urine and BO. I had Dad take a shower. I called in the nurse on duty and when we re-entered Dad's bedroom where he had left his clothes, the odour was overpowering and offensive. I put in a complaint and asked to see the ACF records regarding Dad's showering. The nurse agreed that Dad had clearly not been showered for some time. ACF records showed he had not had a shower for 3 days (there have been incidents of even longer periods in earlier complaints lodged by me). A young female staff member approached and said the records were wrong, she insisted that she had showered him that day (Peter G. was a witness to this exchange). (Relative 5)
>
> Physio requested mum be dressed in lace up shoes. In Care Plan. Consistently found wearing slip on shoes and on one occasion in slippers. (Relative 8)

6.4 Not keeping relatives informed

Several relatives are concerned that they are not being kept adequately informed. It was also noted that staff are now being asked to sign confidentiality agreements to ensure that staff do not speak to relatives about care issues.

Example:

> After an incident with expired drinks, Manager called me into her office. Manager told me that the RNs had complained that I was interfering with [name of resident removed] treatment. She referred specifically to the expired drinks. She then told me that staff had complained about me. The staff had complained that I had told them they worked too slowly, and that I was rude to them. Manager also told me that I get too involved in the families. She told

> me that I must never again tell families about anything. Manager said that I must come to her or CCC, not the families, if I have any problems. I explained that when I told the family about the expired drinks, I was working as [name of resident removed] companion (not a carer). I told her that I felt it was my duty to let the family know. Manager gave me a warning letter to sign. This warning letter stated that I had breached confidentiality, I am rude with staff, and I am interfering with medication. I refused to sign it. Manager insisted that I sign. I agreed to sign only next to the 'breached confidentiality' (because it was true - I had told the family about the expired drinks). I also agreed to maintain confidentiality in the future. (Carer 6)

Suggestion:
A policy of open disclosure should be introduced. A policy of open disclosure has been proven to be effective in reducing number of formal complaints in many health services.

6.5 Reactive not proactive treatment of residents

Situations that could have been prevented (by good care and supervision) are occurring because staff are not doing their job satisfactorily.

Example:

> "Everything that is done for my mother is reactive and not pro active". (Relative 2)

> I found [resident's name removed] in the car park at 8.30pm. She was very distressed. I took her to her room and told a nurse. The nurse was not able to come to [resident's name removed] room. The resident became increasingly distressed. (Relative 11)

Outcomes

Manager 'retired from' ACF

On 24th August, the owner of ACF issued a memo to residents, relatives and staff. The Memo advised that the Manager of the facility would be retiring; however she would remain as manager until 26th October.

After receiving this memo, several relatives emailed the owner asking him to reconsider his decision to keep the Manager in her position for a further 2 months.

> Thank you very much for sending me your memo and I am glad you have reached the first of many difficult decisions. I am however extremely concerned. In a Business environment it is absolutely unheard of for any employee who has committed, contributed to, or condoned a serious breach of workplace conditions to remain in that role for any period of time. Manager has been involved in numerous unethical activities and has failed in her duty as a Manager to support her team. Manager does not deserve the gracious exit she has been offered. She is not a fit Manager and with the two months you have granted her, could continue to inflict serious damage upon some already very fragile employees. This is a very unsatisfactory outcome and I ask that you reconsider your decision, removing Manager immediately and remunerating her accordingly. (Relative 8)
>
> Thank you for the Memo and the very important decision to rid ACF of a person that has caused so much angst and unpleasantness in her tenure. She has together with her 2 cohorts Carer 1 and his wife created immense stress to our parents and the staff…Manager incredible ability to twist untruths into truths and her complete lack of respect for the residents who in most cases were defenceless, as well as their families who had to endure time after time unpleasant tirades from a person with little or no people skills. Manager has rid ACF of some wonderful people and staff of immense sensibility and ability a well as ruining people's lives and her leaving is a blessing for all. I am amazed that she has been given 2 more months to continue her trail of destruction and would urge you to reconsider this decision. I further urge you to seriously consider the tenure of the 2 people mentioned above. I for one will not be thanking Manager for anything except to be thankful that she will not be part of my daily visits to ACF. (Relative 2)
>
> Thanks for sending me the memo. Replacing the manager will hopefully help to address many of the grievances of relatives. However, I am slightly concerned about how ACF will be managed between now and October 26th. I also wonder if you have considered having a relative and a resident on the committee to select a new manager? The practice of having 'consumer representation' on staff selection committees is increasingly common in health services. It has been a very successful strategy for ensuring both staff and consumers of the health service are happy with the new appointment. (Relative 7)

> The Manager is responsible for the safe and appropriate, daily running of the facility, with final responsibility resting with you. That being the case, I repeat my concerns about the failure to immediately replace the Manager. Retirement of the current Manager in October, does not address the immediate ongoing issues and leaves the facility in no immediate better position than in the past. Although in due course, I look forward with anticipation to a positive change in leadership (that I hope filters right through to the most junior staff), it leaves an unsatisfactory situation in place for a further two months. If the situation has deteriorated to this level in the last week, while under Manager leadership, why is she left in a position of trust for a further two months? As I have not received any response from you, and this week alone there have been multiple serious medical negligence breaches (in relation to my father alone), and I am appalled at the suggestion that there is to be no change to the current management for some two months, I have copied my complaints to Aged Care Complaints Scheme, seeking their involvement. I would trust with your immediate intervention, matters can be resolved without further involving the Scheme. I anxiously await your response. (Relative 5)

Ongoing complaints

During the next few weeks, ACF was inundated with relatives documenting complaints. Some relatives also sent these complaints to the owner.

> Yesterday (29/8/2012) I found medication (three tablets) in Dad's bedside table. A serious issue as: a) Dad is not receiving the prescribed medication, considered necessary to treat his medical condition; b) the extra tablets could have been ingested at a future time resulting in an overdose ie. a double dose being taken by Dad; c) medication could have been ingested by others (eg children who regularly visit or other residents – who suffer from dementia); and d) some hours later staff when following up on this with me, advised they had failed to ascertain the exact location of the tablets (they were asked to confirm that RN 3 had possession of the tablets) and simply advised they would refer the matter to the Manager. This incident is the latest of three incidents of medical negligence/malpractice in the last week alone. Despite lodging documents via the formal complaint system within the facility in relation to each incident, I have also been forwarding emails direct to you, as CEO, to keep you appraised of the serious nature of matters within [name of facility removed]. (Relative 5)

The increased number of complaints created a paradox at ACF - by trying to fix a low morale among staff, the relatives had created a low morale among staff. This was noted in an email to relatives.

> I was leaving last night just when staff were leaving their "Team Building Training" - and chatted with a few staff (all who I consider to be "good eggs"). It seems our relatives' revolution is beginning to back fire - Our

> complaints (about everything) are creating very low morale - particularly among the good staff. We have created a paradox - In trying to fix a low morale among staff, we relatives seem to have created a low morale among staff. Take the recent complaints about medications being left with residents with dementia. As a result of documenting these complaints, ALL residents (including those without dementia) must take their medication in front of the nurse. Residents who were once given their sleeping tablets during a medication round (to take when they wanted), no longer have the freedom to do this. This is causing a problem for those residents - who are very unhappy with the changes. A sensible manager would have agreed that residents with dementia need one policy regarding medication, and those without dementia another policy - but we are not working with a sensible manager. I am very impressed with some staff at ACF - and I think it is important to talk calmly with them when we are unhappy with things. I suggest that this may be a better strategy than documenting every complaint (or indeed shouting at staff as one relative did recently). What do you think? I am concerned that we may lose some of the good staff (who are sick to death of all this - just as we are). And our parents really need the good staff to stay. (Relative 7)

Staff changes

New managers

The manager left ACF on 12th October, and a new manager began. A new assistant manager had commenced a few months earlier.

In the absence of any welcome to the new managers having been organised by ACF, a relative suggested that it would be nice to have a welcome - so residents and relatives could meet the new managers (many relatives have still not had the opportunity to meet the assistant manager). Given the short notice, the relative send around an email to relatives. However, the operations manager decided against relatives attending the welcome. She sent the following divisive memo to relatives. The memo was titled "Resident afternoon tea to meet our new facility manager".

> As you may be aware, ACF is hosting an afternoon tea on Monday to welcome our new Facility Manager
>
> We have become aware of an email sent by a relative of a resident inviting you to ACF for the afternoon tea. We did not authorise the email and became aware of it only after it was sent.
>
> The afternoon tea has been arranged by ACF for residents only. Given the logistics and staffing requirements of putting on such an event, we are not able to host residents' relatives as well.
>
> Please be aware that we consider that it is not appropriate for relatives to purport to correspond on behalf on ACF. The proper course is to direct all enquiries to the Facility Manager who will assist you accordingly.

> [The new facility manager] is looking forward to meeting relatives over the course of the coming weeks.

Other staff changes

In addition to the manager leaving the ACF, Carer 2 took extended sick leave and then resigned. Her husband, Carer 1, remained employed until July 2013, despite numerous complaints about his behaviour toward residents. Several relatives had requested that he not provide any care for their parent.

> I spoke with owner who told me that I should not talk with Carer 1 – the owner described him as "dangerous". I asked owner to explain why he was still employed given all the accusations that had been made about his behaviour. I was told that current legislation made it difficult to sack employees…In July 2013, the manager asked me to document why I did not want Carer 1 to provide any care for my mother. A few weeks later, he was gone – though we were not told whether he resigned or was sacked. Although we were all glad he was gone, I hope he was sacked so that it goes on his employment record. This man and his wife should not be working with older people. (Relative7).
>
> I was told that there have been no reports of theft since he left (Relative 8).

Staff speaking only English

The new Assistant Manager circulated a memo instructing staff to speak only English when on duty. This memo was in response to the increasing number of carers who speak Indian as their first language. The Memo was titled "Speaking in foreign languages"

> There have been further complaints from residents and family members regarding carers speaking in languages other than English during work hours.
>
> A written warning will now be given to anybody found speaking any other language other than English during working hours, this excludes breaks.
>
> I am disappointed that this issue has ahd to be readdressed again and hope that by imposing a penalty, the behaviour will cease.
>
> Thank you for your cooperation.

Response to grievances

The owner never replied formally to the list of grievances. However improvements in standards of care demonstrated that the grievances had been taken seriously.

> We became tired of sending emails to owner and operations manager that did not receive any reply. In my mind, not replying was a 'power game' and showed a lack of courtesy. (Relative 7)

Six months after the new manager was employed, Relatives 7, 8 and 12 requested a meeting with the manager and assistant manager. At this meeting, the manager and assistant manager responded to each grievance. In addition, relatives requested increased co-operation between relatives and staff.

> When my mother was admitted to ACF, the operations manager told my sister and I that we should visit mum only once a month. We are aghast. We chose ACF because we both live nearby – and we wanted to pop in to see mum most days. (Relative 15)
>
> Relatives wanted to work in partnership with staff. We did not want to feel as though it was "us" and "them". (Relative 7)

Appendix 1: Document given to owner of facility

9th August 2012
Dear [owner's name removed]

On Tuesday 31st July, some relatives met to discuss issues of care at [name of facility removed]. These relatives were concerned about the safety of their mother/father. Although I am not personally worried about the safety of my mother, I was shocked and saddened to hear these relatives relate incidents that had recently occurred at [name of facility removed].

Since this meeting, I have talked with relatives, staff and residents. I have documented everything that I have heard. I have also received numerous documents from relatives to support these allegations of poor standards of care, and in some cases, negligence and abuse. I understand that several of the more serious allegations have been reported to the Department of Health and Ageing.

I am an experienced qualitative researcher with expertise in action research. I and my team often undertake research for health services, including services experiencing difficulties in service delivery due to low staff morale. I used this expertise to undertake 'research' and prepare a 30-page document (in a very short time). This document includes data (names, dates, incident etc) and my analysis of why the deterioration in quality of care has occurred at ACF. In this document, I also suggest some solutions to the current 'crisis'. However, I have been advised that the document is defamatory because it includes names of staff and allegations of misconduct. Consequently, I am unable to give you a copy of this document.

In summary, I found evidence of several breaches of current legislation in relation to treatment of both residents and staff, and also numerous examples of poor management. Most importantly, my 'research' found data to support the termination of three employees – one registered nurse and two carers.

This matter requires your full attention. I recommend you initiate an *urgent* independent investigation or consultation. (If I can collect so much information in just over a week, by simply talking with relatives, staff and residents, an experienced investigator could do the same).

Despite concerns about the current standards of care, there are some wonderful and dedicated nurses, carers, kitchen staff, reception staff and activities staff working at [name of facility removed]. I am very grateful for care and kindness these staff show daily to my mother (and father before his death).

I believe that [name of facility removed] can be a wonderful facility that provides services to older people that enhance their dignity and well-being.

Your sincerely
Dr Sarah Russell

Summary

The document that I have been advised not to give you reports on issues that were discussed at two formal meetings. It also contains information that was given to me after these meetings by relatives (in person or via phone, email and text), some staff (in person or via phone, and text) and some residents (in person).

By drawing these issues to your attention, and by providing evidence in the way of examples, I hope that there will be improvements in standards of care at [name of facility removed].

The relatives who attended the Relatives Meeting (6th August, 2012) unanimously supported a vote of no confidence in the Manager. This report also provides some evidence to support one carer's involvement in theft, negligence and drug taking. (I have been told that there were similar allegations at his previous place of employment). The report also provides some evidence to indicate that another carer has been involved in bullying, racial vilification, negligence and damage to property.

The report also offers my suggestions about how standards of care could be improved. It would not be necessary for me (and other relatives) to make these suggestions if [name of facility removed]was managed well.

Unlike the 'pie in the sky' suggestions that consumers commonly make for all health services, I and other relatives have made some practical suggestions about how the current standards of care could immediately be improved.

Grievances

Some grievances discussed below are not unique to ACF (e.g. staff ratios, insufficient training of carers, carers from CALD backgrounds). Other grievances are specific to ACF.

1. **Medical Negligence**

1.1 Competency of staff

- Many carers have insufficient training (sometimes as little as a 3 week course) to work competently with older people with health issues such as dementia and incontinence.
- Some RNs are incompetent.
- Staff demonstrate a lack of responsibility and accountability
- Staff advising they did not know of procedures, therefore have not carried them out
- Medical issues are not noticed by staff

Suggestion:

1. [Name of company] provide a policy and procedure manual that all staff must follow.
2. [Name of company] provide regular professional development in areas such as:
    - Education about the different types of dementia,
    - Strategies for caring for people with dementia
    - Incontinence training
    - Wound care

1.2 Medication errors

Many relatives have reported incidents of a medication error. Types of errors include:

- Resident not being supervised to take medication – untaken medication found in residents' rooms
- A discrepancy between medication in webster pack and what is recorded on medication chart
- Resident given another resident's medication

2. Health and Safety of residents

2.1.Response to buzzers

It often takes a long time for carers/nurses to respond to a resident's buzzer.

Suggestions:
Management should:

- Determine a reasonable time to expect a nurse/carer to respond to an emergency call.
- Develop a policy to ensure that staff respond to buzzers within these times.
- Inform residents and relatives about how long they may be expected to wait until they receive a response after pressing the buzzer.

2.2 Condition of rooms

Residents' bedrooms are often not cleaned adequately. Evidence of this include debris on floor, and bins not emptied regularly. The downstairs toilet is sometimes putrid (with bin overflowing with used paper towels). The repairs/carpet cleaning are taking a long time to be done.

Suggestions:
Rooms should be cleaned regularly and properly.

2.3 Phone contact after hours

The phone is answered promptly on weekdays between 9am-5pm, and Jenny, the receptionist is courteous and extremely helpful. However, after hours, the phone is often not answered.

Suggestion:
A policy to ensure phone is answered out of hours. In those instances when it is not possible to answer phone (because nurses/carers are busy), an answering machine is used to record messages. The answering machine must then be checked regularly.

2.4 Theft

There have been multiple reports of residents' missing money and valuables. There are also incidents of missing chocolate and sweets (that carers insist that the resident has eaten).

Suggestion:

1. All reports of theft should be made to the police.

2. Staff should be reminded that they are not to eat resident's chocolates without it being offered to them.

3. Elder neglect and abuse

3.1. Behaviour of staff towards residents

There has been a number of incidents in which relatives have witnessed staff speaking rudely to residents, or in an abrupt manner. There are also examples of residents being treated roughly, and examples of staff ignoring residents' requests for assistance.

Suggestion:
Relatives should document incidents when they witness staff talking rudely to residents. Any incidents of bullying and abuse of a resident should be reported to the aged care complaints scheme.

3.2 Not escorting residents to their rooms

There is a lack of care when carers escort residents back to rooms after meals. Residents with dementia have been witnessed being put in lifts without being accompanied by a carer – these residents become distressed because they exit the lift and cannot find their room.

***Suggestion*:**
A policy that carers must accompany residents with dementia to and from their rooms.

4. Personal Care

4.1 Toileting

There has been an increase in the incidence of residents wetting themselves because carers are not taking residents to the toilet (unless the residents ask to be taken to the toilet). Some residents with dementia need to be reminded to go to toilet – and taken regularly.

Suggestion:
Carers should regularly ask residents with dementia whether they would like to be taken to the toilet.

4.2. Hygiene issues

Some residents are coming to meals in a dishevelled state – wearing dirty clothes, without having had their hair brushed, and without wearing any lipstick. One resident's relative is concerned because the resident is not being showered, and his clothes are extremely dirty and smelly. This suggests there is poor supervision of daily showering/hygiene.

Suggestion:
A policy to ensure that residents are dressed in clean clothes, and assistance given (where required) to shower, brush teeth/hair and apply make-up.

4.3 Quality and selection of food

Fresh fruit is no longer freely available to residents on dining room tables at meal times, as in the past. Meals are no longer as nutritious or tasty as they used to be. There was a recent incident of a companion noticing that drinks given to a resident had passed their expiry date.

***Suggestions*:**

- Residents should be given nutritional food, including fruit.
- It is unacceptable to give residents food/drink that has expired.

5. Staff issues

5.1.Staffing levels

- There is an increase in the number of residents at ACF who are high-care. As a result, staff are busier – and often not able to provide an adequate standard of care to all residents.
- Visitors have difficulty finding carers when residents request assistance from visitors
- There may be sufficient number of staff on duty – but some staff are not spending their time on duty doing their job.

Suggestions:

- Determine the best practice ratio for high-level to low-level care in an aged care facility such as ACF.
- Ensure staffing levels are adequate to cope with number of high-care residents
- Adequate supervision and training to ensure a high standard of care is provided to *all* residents.
- Supervision of carers – to ensure they are doing their job and not watching TV in a resident's room (when resident is in lounge), talking on mobiles to friends/family and smoking in basement.

5.2 Resignation of staff

Recently, there have been resignations of three senior nursing staff, Agus, Vicki and Fabiola, and over 10 carers, including Janet, Tricia, Rong, Sitara, Kawal, Manjit, Mani,Veronica, Virginia, Rupinder, Sian, and Heidi. These staff were competent, hardworking, dedicated and kind to residents. These resignations have had significant negative impacts on the standards of care.

Some relatives have been told that some of these staff resigned because they were bullied by other members of staff. Also, some of these carers told relatives that they had to resign because they were not given a sufficient number of shifts.

Suggestion:
The owner(s) should ensure that all staff who have resigned in the past 6 months are given a formal 'exit interview' to determine the reasons for their respective resignations. The staff interviewed should be assured of their anonymity and confidentiality.

5.3 Bullying behaviour

- Relatives have witnessed incidents of staff being bullied by other staff.
- Several carers have told relatives of incidences in which they have been bullied
- Relatives have reported being bullied by staff

- At a recent bullying training session, manager attended both sessions – making it difficult for staff to discuss any incidents in which they may have felt bullied by the manager.
- Incidents of damage done to personal property

***Suggestions*:**

- Review of organisational bullying policy is required at ACF. This policy would identify a diagram of what to do/where to go (e.g. Health Services union), including options where it involves manager/staff or manager/resident or staff/staff etc. Policy should include visible referral list for relatives, residents and staff to see confidential advice e.g. Seniors rights; people's rights under the HREOC etc.
- Any staff who has personal property damaged should report incident to police.

5.4. Racial vilification

Specific staff members have been overheard referring to other staff using demeaning and offensive language, including racial slurs.

***Suggestion*:**
Any staff member who is racially vilified should report incident to appropriate authorities (e.g HREOC, union)

5.5 Communication with staff

English is a second language for the manager and many of the carers/nurses. Relatives often feel their conversations with manager and some carers/nurses are not well understood.

***Suggestion*:**
[Name of company] provide compulsory ESL training for all staff.

5.6. Mobile phones

Staff are often seen talking/texting on mobile phones whilst on duty, sometimes for extended periods of time.

Suggestion:
Staff are not permitted to use their mobile phones whilst on duty.

5.7 Night shift

There have been reports of:

- staff sleeping during night shift.
- buzzers not answered during night shift.
- buzzers out of working order during night shift.
- residents not been checked during night shift

***Suggestion*:**
The ratio of staff to patients on night duty should be best practice (irrespective of current legislative requirements) – see recent coroners report in NSW

5.8 Incidents of staff not speaking the truth

There have been numerous incidents in which the staff have lied to relatives. There are also reports of staff avoiding talking about issues with relatives and making excuses.

Suggestion:
Staff should be told by management that they will not be reprimanded for talking honestly with relatives about issues of care.

6. Management issues

6.1. Response to complaints

- Inadequate response to complaints, including incompetent written responses (see Appendix 4 for examples)
- Some complaint letters are filed inappropriately.
- Suggestions for ways to improve ACF are not acted upon.

Suggestion:
A policy that all written complaints should receive a written response. Confidential letters should remain confidential.

6.2 Lack of teamwork

The carers, kitchen staff and activities staff are not working well as a team. This is evidenced by carers complaining about kitchen staff; activities staff complain about carers etc.

Suggestion: Teamwork in a health service requires good leadership.

6.3 Not keeping relatives informed

Several relatives are concerned that they are not kept adequately informed. It was also noted that staff are now being asked to sign confidentiality agreements to ensure that they do not speak to relatives about care issues.

Suggestion:
A policy of open disclosure should be introduced.
A policy of open disclosure has been proven to be effective in reducing number of formal complaints in many health services.

6.4 Reactive not proactive treatment of residents

Situations that could have been prevented (by good care and supervision) are occurring because staff are not doing their job satisfactorily.

6.5 Inconsistency between formal records and verbal information

There is a discrepancy between what is recorded in care plans and what staff say did (or said that they did).

Appendix 2: Example of response to formal complaint

Email Sent: Sunday, 29 April 2012

Hello RN 3,

It is with regret that I inform you that [resident's name removed] broke her right hip on Anzac Day 25th April.

She was operated on on Thursday evening and is currently in hospital recovering.

I requested of RN 6 to establish how and when my mother fell and I have been receiving conflicting and answers that are confusing to say the least especially in light of the medical staff and other reports I have received.

According to RN 6 there is no record of my mother falling on that day in her records and there is also conflicting versions of my mothers movements that day.

I was phoned at 3.45 on the Wednesday to inform me that my mother needed oxygen as her blood pressure was low. When I arrived at 4pm she was in her bed and pale but her blood pressure was normal.

I was not informed at any stage that my mother could not walk but informed that she had trouble walking from her chair to her bed some 2 meters as result of low blood pressure, which my mother has never had in the past.
It was only the next morning that RN 6 phoned me to inform me she was concerned about [resident's name removed] and suspected a fracture. She sent her to emergency at 8.30 am.

In light of the above I would like you to instigate a full internal enquiry into the circumstances surrounding this incident as a matter of urgency .

I specifically want a movement timeline and a full report from the facility as to the people that were with my mother during that day. from the morning of the 25th April until the morning of the 26th April .

As you can imagine I am most concerned about this lack of information and await this report as soon as possible.

Email Sent: Monday, 30 April 2012

I am sorry to hear of [resident's name removed] fall [relative's name removed]. I will investigate and get back to you as soon as possible.

Outcome
No investigation and no factual investigation to both falls.