329. J Rock

 Australian Law Reform Commission

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 ELDER ABUSE LAW REFORM PROPOSALS ON AGED CARE

Thank you for the opportunity to comment on some of your intended law reform proposals on Aged Care. In August last year I submitted a report to the ALRC on Elder Abuse which my husband A Rock. and others suffered at [redacted] Nursing Home in 2013 and 2014.

EXPANDED POWERS OF INVESTIGATION

One area I am importantly interested in is expanded powers of Investigation, which is urgently needed to protect these innocent people like my husband who could not speak up for himself, except to call out or yell at appropriate times when he knew things were wrong or he wanted something. In his early months there, he would then be stupidly called aggressive and thrown into a restraining chair, that resembled the Chairs on Death Row. Then the door was closed ,light turned off and he was left in the dark? . These people are already in the dark as my husband used to say. Why would anyone , let alone these so called professionals, (which I discovered had no real training at all). even think to leave these people in the dark? And this place was supposed to be " dementia specific".

 The experiences I saw with another resident there as well with this restraining chair, was nothing short of what I described as torture. One evening , She was put in this room, with no underwear on at all, crying, light out, not monitored and and given no supper . This is where the Code of Conduct you are suggesting to be put in place, needs to be well and truly scrutinised , and if possible go back at least five years.

I welcome this Code of Conduct and think it will be of great beneficial use in all nursing and care establishments and should have been in place many years ago. In fact when my husband entered Care in 2012, I imagined to myself it was already in place. Not so I discovered.

Not only do we have to put in place measures that allow incidents to come to light, you have to MAKE SURE the response is appropriate and strong . And accountability is given and proven. There also needs to be more unannounced visits , even of an evening and weekends. I realise this then becomes a funding issue. But this Government needs to stand up and look after our elderly. After all. We are THEM in the future.

REPORTABLE INCIDENTS SCHEME

You are suggesting that the Commission take on an oversight and monitoring role of the aged care provider's response to the incidents of abuse. That is fine in general , but what happens , as in a case I experienced in 2014 in this [redacted] , when the aged care provider, and Deputy Director of Nursing themselves didn't EVEN report a shocking case. They were supporting the perpetrator , and even covering up his evil. What chance do we have then.? There has to be an independent body completely to look after these problems and not the Aged Care Commission.

I will relate an incident of Thursday 5th December 2013. I apologise for it being so long. But it is longer for me, as I have relived it over and over.

I had left my husband about 530pm to do some shopping. I returned to the unit about 715pm and asked the agency carer for the evening, what she had given my husband for supper. She said yes he had a drink. I repeated myself . And she spoke very loudly motioned her hands upward and said " a drink, a drink , that's supper" . I then asked specifically what did he eat. She hesitated , looked nervously towards the nurse [redacted] sitting at the table. I turned around quickly and saw he had been waving his hands around. He replied "mashed banana and yoghurt" . I knew instantly he was lying . No matter I thought. There were no bananas to be had at all today . I had tried in vain myself late that afternoon and Kitchen lady [redacted] showed me her supply. She was cross about the delivery because they were all so dark green. Completely inedible.

 This is the same "nurse" ? I reported smoking in a residents room in our unit and who I reported to Deputy Director of Nursing, [redacted]. All the nurses knew he smoked on duty apparently I later learned. But of course nothing came of it. I did not report him immediately but I remember saying to the DOD., " we are not going to have any fires here ".

At 830pm this same evening my husband was taken to his room to be changed for bed by these two Carers. On entering the room and seeing my husband on the bed with his night time Pad on , I reached for the Castor Oil creme to apply to a spot on the thigh. They quickly added they had applied cream already to the buttocks. They left the room. Because the castor oil creme was in EXACTLY the same position I had left it that afternoon , and because I had no faith in this person , I decided to check my husband. I was shocked . He had a terrible horrible rash, bed sore, was soiled, and there definitely had NOT been any creme applied. I know because I put my hands on his skin. To me this was unforgivable . Medical neglect. What could I expect, I had seen this Carer asleep on duty in the middle of day once . And so too another resident's wife.

I went straight to the Charge nurse , [redacted], to bring her to the room . Even she tried to insult my intelligence by saying "it's all rubbed in" . What in 40 seconds.? I told her I had put my hands all over the skin? How could anyone not treat the horrible painful sore I witnessed . Charge nurse went to get another nurse , [redacted], in other unit who changed my husband last evening . I waited in hallway as they returned in single file, with [redacted] following little way behind. As they entered by husband's room I spoke to [redacted], clearly and calmly.., about 12 feet away, ". I 'm sorry I only want 2 people in the room at the moment, thank you . And then closed the door and walked over to my husband's bed. I looked up and saw the door opening, despite my request. I walked to door , saw him there and calmly repeated my same request. And closed the door. He then started yelling loudly at me about slamming a door. I was shocked. So untrue. Door was closed normally. Why did he make that up, He continued yelling walking away. Charge nurse never commented at all.

Words were exchanged between us. I told him we were not going to have any Fires here, because I knew he had been smoking. And that I was so upset about him not treating my husband's sore or anything .

One half hour later, [redacted] told me not to worry about him and she would walk me up to the front door, past the office.. I told her I was not frightened of him. He was standing in office , arms crossed, leaning back on a desk . That was the end of incident . Or so I thought.

On January 24 I attended a meeting on with the DON, [redacted] , the NUM , [redacted] and [redacted] from Elder Rights Advocacy who I had retained to assist me in matters. My husband suffered another broken hip from his bed on December 27, despite me employing a personal Physio . His Care Plan was on wall above my husbands bed. But clearly the bed had not been lowered to the floor that evening.

At this meeting I made a remark about one of the nurses who smoked on duty while in a resident's room, who could not speak or see , slept on the job, played games on his phone while on duty, and had had no discipline after the event. The Elder Rights person stated to the DON. "and this person is still working at [redacted]."?.. Why ? . No comment, He then uttered a casual remark that he also didnt know what Police station [redacted] had reported my assault to..... ????? I asked what on earth he was speaking about. He told the meeting this person advised him on Monday 9th December 2013 that I assaulted him on 5th December and had cut his lip and he had attended a Police station to file an assault charge on me. I was horrified . I remember I put my hands to my head and told him ,, " OMG, this person is dangerous" . His face was no where near the door that evening. The DON told me that [redacted] had showed him a niche on his lip. He had cut his own lip I thought. I commented again, If someone could do that to himself , then he is surely dangerous and capable of anything. Why was I JUST finding this out 7 weeks later. No comment again. .

On wanting to know the Police station I received an incomprehensible remark it was not his business what his staff did after hours or where they went. What about a universal right of reply when falsely accused... But a so called assault happened on his premises , but he wasn't interested. I could not believe this person had an important professional position as he did and a power of authority. My mind ran to the horrific Fire in New South Wales in 2011 and 14 dead and remembered management too had played a role in that horrific tragedy, in their ignorance..

As I was very clearly distressed , on Monday 26th January 2013 , I presented myself with a friend to the Moorabbin Police station to make further enquiries. I was shocked I had been accused of this horrible thing. Of course the Police knew nothing .. And advised me this person [redacted] would not have been able to leave any Police station without first giving his name and address and filling in details about the assault. In weeks that followed I emailed the DON to ask again what police station it was and the reply was he could not remember.. They knew he lied as well which is worse. But did nothing.

So in closing I ask you how could we manage the reportable incidents scheme in cases such as these, and monitor the role of the aged care provider's response to incidents of abuse in any form, when they themselves choose not to report , to hide things and cover up for those that do offend . I realise this is an isolated case , but I am sure that was said in 2011 also in New South Wales . Einstein sized it up well. The world will not be destroyed by those who do evil, but by those who watch and do nothing .

I believe the reportable incident scheme in general will be of the utmost benefit in aged care , if it is policed thoroughly and acted upon. But I still advocate for CCT in all nursing homes to protect all those that cannot speak or defend themselves.

Thank you again for this Enquiry, which was greatly needed.

Kind regards

J Rock

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Sent from my iPad