



Royal Commission
into Aged Care Quality and Safety

Statement of DJ

Name:

DJ

Date of birth:

[REDACTED] 1976

Address:

[REDACTED]

Date:

12 May 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety (Royal Commission). This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own based on my own knowledge, except where they are based on information I have received. Where I rely on information, I believe that information to be true.
3. Where direct speech is referred to in this statement, it is provided in words or words to the effect of those which were used, to the best of my recollection.
4. My full name is DJ. I am 42 years old. I live in Sydney, NSW and I am a Media Buyer.
5. On 11 March 2017, I was appointed the Enduring Power of Attorney for my Mum, DE DE [Tab 173, BPA.041.002.0329].
6. I have read the statement that my sister DI has made to the Royal Commission. The events described by my sister accurately reflect how I remember them also. I make this statement to provide further detail regarding certain matters and events.
7. On 26 May 2017, Mum was admitted to North Shore Hospital after she had a fall at home, leaving her with a badly fractured right arm.
8. Mum was in hospital for several weeks. During this stay her health was deteriorating. Towards the end of her stay she was essentially immobile and required assistance with most activities such as moving in bed, eating, toileting and bathing.
9. Mum would often complain in the hospital about pain or discomfort from her bed sores, fractured arm or arthritic knee. At the start of Mum's stay in hospital she was able to tell me when she was feeling pain through simple words. I would then pass the message on to the hospital staff. As time when on she lost the ability to speak as normal and it was more difficult to tell what was wrong, although there were times when she would moan, grimace and point to communicate that she was in pain. Also, Mum would regularly yell out when people touched her, and it was difficult to know whether this was from pain or because she did not want to be touched. I expect it was both.

Signature

[REDACTED]

Witness

10. While Mum was in hospital, it became clear that Mum would need somewhere that was able to meet all of Mum's care needs. My sister and I both had young babies at the time and felt her care needs were greater than our abilities. I took several days off work so that I could look for an appropriate aged care facility.
11. On 2 June 2017, I called Bupa Willoughby and spoke to Linda Wilson. We had a general discussion about Mum's care needs and the services that Bupa Willoughby could provide. From this discussion, I understood Mum would receive the level of assistance that she needed. I trusted that Bupa Willoughby would take care of Mum and felt comforted knowing that there would always be staff keeping an eye on her, and that there would be doctors and nurses if she needed medical attention. I trusted that Bupa Willoughby would take care of Mum. I would never have put my Mum into care if I did not think that her needs were going to be met. Certainly given the Bupa brand, its size, and reputation, I believed we were placing Mum in safe and caring hands.
12. On 6 July 2017, Mum was first admitted to Bupa Willoughby. The admission was initially on a respite basis, although it was the expectation at this time that it would likely evolve into a permanent placement. By this stage Mum did not have the cognitive capacity to make her own decisions, and physically she was completely dependent on others.
13. When Mum was admitted, I went to Bupa and met with a manager to complete the financial document, then with Kristine Min to discuss details about Mum's care needs. We discussed a number of Mum's health issues including her general physical incapacity, bed sores and arthritis. We discussed that Mum required assistance being fed. We also discussed Mum's mental state, she was cognitively incapacitated at this time. I told Kristine that I held an Enduring Power of Attorney for Mum. I also explained that Mum needed her hearing aids and wore glasses. She relied on these to be able to see and hear, with limited capacity without them I told Bupa that Mum would be lost and very distressed without them. I also provided details about the types of food Mum liked and did not like.
14. On 7 July 2017, Mum was re-admitted to North Shore Hospital with aspiration pneumonia. Mum was in hospital for about 11 days.
15. At some stage during this hospital admission I had a conference with a doctor, social worker and hospital registrar. Palliative care was briefly discussed at this conference. While I do not recall the specifics of this conversation, I do recall it was mostly about counselling and support services that may be available, rather than any plans or direction about Mum's final days.
16. On 18 July Mum was discharged from hospital and transferred back to Bupa Willoughby. Around this time I signed new accommodation agreements with Bupa, moving Mum from a respite to permanent resident. Again, Bupa were informed that I was Mum's Power of Attorney and primary contact.
17. On 9 August 2017, a palliative care nurse from Greenwich Hospital, Susanna Sara, saw Mum and drafted a palliative care journey. I found out about this appointment because my aunt happened to be there visiting Mum, and my aunt told me about it during a

Signature



Witness

A handwritten signature in black ink, appearing to be 'DJ', written over a horizontal line.

telephone discussion that evening. I was not told by Bupa in advance about this appointment. As Mum's Enduring Power of Attorney, I would have expected Bupa to contact me to let me know that this appointment was happening. If I had known, I would have wanted to be present so that I could have input into Mum's plan to make sure it was in line with what I thought Mum would have wanted. I would have also liked to be able to ask questions so that I could understand the state of mum's health at that time, and what to expect in Mum's last days.

18. On 10 August 2017, my sister and I attended a family conference at Bupa Willoughby to discuss what was happening with Mum's care. This included wanting to understand what had happened at the palliative care nurse's visit. We felt very confused and out of the loop. During this meeting we were given a copy of Susanna Sara's notes [Tab 161, BPA.001.127.0220]. We asked about whether we should transfer Mum to hospital if she got sick in future. We were told that it was not recommended to transfer Mum to hospital because she was frail and it would likely cause her distress. We were told that if Mum stayed at Bupa Willoughby she would be kept medicated and comfortable.
19. On 15 August 2017 at approximately 4pm, my sister called me to say that Mum was not doing well. We decided that we would go and see her later that evening. At approximately 6pm, [REDACTED] DI called again to say that Bupa had just called to ask her whether or not to send Mum to hospital. I was shocked by the question. Firstly, we had not been given any information about why Mum would need to go to the hospital. Secondly, we had been told several days earlier that transferring her to hospital would only cause Mum distress.
20. [REDACTED] DI and I drove to Bupa Willoughby together. When I arrived, I could hear Mum's breathing 20 metres down the corridor, it was so loud. When I got into the room I could see that her breathing was very laboured, and she looked uncomfortable. There was no one around to help my Mum. I ran around the facility doing laps of the corridors trying to find a nurse or someone to assist Mum. I felt quite panicked at this stage, my sister and I were taking turns running around looking for help and staying with Mum. This went on for at least 30 minutes before we could find someone to help us.
21. Even when we were able to find people, we felt they did not know how to handle the situation. I recall that there was a male [REDACTED] DN and female [REDACTED] DO staff member on duty that night. They did not speak very good English and it was difficult to communicate with them, in particular [REDACTED] DO. When we asked them for help the female nurse told me 'we're busy, we'll get there when we can'. When the staff members came to Mum's room they did not do much. They would adjust the oxygen tank and then disappear for another 30 minutes.
22. We had a print out of the palliative care nurse's medication plan. We got out that piece of paper and showed it to one of the nurses. It felt like we were begging them to give Mum the medication listed on that plan. Eventually they did give Mum something, although it seemed to me that they had not even considered giving her drugs before we asked.

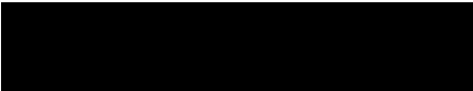
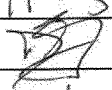
Signature



[REDACTED]

Witness

[REDACTED]

- 23. Over the course of the night we attempted to call the palliative care nurse directly at Greenwich Hospital. She was not available but the lady who answered the phone was incredibly helpful. She found Mum's file and spent a lot of time talking to us. She was the only person that night that spoke to us about what was happening and what to expect.
- 24. The whole evening of Mum's passing was a farce. There was not enough staff, the staff who were there didn't seem to know what was going on and we were in the dark the entire time.
- 25. After Mum's death, my sister and I raised our concerns with Bupa Willoughby and tried to get some answers about what happened and why things went so wrong. In all of my dealings with Bupa Willoughby during this time I felt like they were trying to dismiss our concerns. I felt like they were not listening to what I had to say and did not want to admit fault. For an organisation that exists to care for people, it seemed like they had no compassion for us at all.

Signed:  _____
Date: 11.5.19 _____
Witness:  _____
Date: 11/05/2019 _____

Signature		Witness	
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