Royal Commission
into Aged Care Quality and Safety

Statement of Patti Houston

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Date of birth: [redacted]

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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. This statement is true and correct to the best of my knowledge and belief.

1. The views I express in this statement are my own based on my education, training and experience.

Background

2. I am a personal care worker. I commenced as a personal care worker 10 years ago. For the first twelve months I worked at the current facility as well as another low care residence. Once my position became permanent-part time, I chose to commit myself entirely to my current workplace. My mother was a resident for a few years and following her death I took a year off to return to office work, however I realised that my passion was working in aged care and I was warmly welcomed back by the Director of Nursing to my current residential care facility.

3. My working background is in administration support. I was secretary to the Principal of a primary school for 10 years and also worked as a medical receptionist. At age 53, I decided to pursue my life-long wish to be a nurse. I was late with my enrolment and was encouraged to undertake the Certificate 3 in Aged Care as a stepping stone to nursing. However, once I completed the course and established myself as a care worker, I no longer felt the desire to undertake the nursing path as all my needs were met through working closely with the people I was assisting with daily care along with the ongoing education provided by my employer.

4. The Certificate 3 course which I undertook was provided by TAFE SA and required attending classes one evening a week for 9 months, followed by a two week full-time placement in a residential care facility. I enjoyed the course very much because of the professional nurse lecturers, the content of the course, the practical placement and the passion I felt from the people training and learning with me. In my opinion some of the short courses offered currently are nowhere near adequate. I believe that Personal Caring is a specialised field of nursing – especially when caring for people with dementia.

5. What I have learned over my years of working as a personal care worker, is the importance of professionally provided education. I am also a Mentor to new care staff in the care home where I work and together with my colleague, have created an orientation program for new staff. The purpose of this is to help new care staff, whether they are transferring their skills from working elsewhere or starting out on their first job as a care worker, to hone their skills and assimilate to our residents, routines and environment.

6. The facility where I work has 53 residents. We are a small not-for-profit country home. We are managed by a Board of Management and lead by a Director of Care who has person-centred care at the heart of her leadership. She is very approachable and continually seeks to improve the provision of care and environment for everyone associated with the home.

ACFI & Regulation

7. Whilst I am a carer, and not involved with the administrative matters of the home, I do question the Accreditation and ACFI processes. It seems to me that the Accreditation system is out-of-step with person-centred care. Similarly, the regulators appear to be so focussed on rules and regulations, maybe as some form of reaction to the terrible things that happened at Oakden, that they remove the possibility of providing person-centred care. We are trying to create a homely environment. It is ok for some residents to take calculated risks and find some enjoyment in life without it being over-ruled by bureaucracy.

8. The ACFI (Aged Care Funding Instrument) requires documenting to the most extreme detail, the care provided to each resident, in order to 'prove' that the person is eligible to receive a certain level of funding. This takes many hours of time for Clinical Nurses, Registered Nurses, Enrolled Nurses and personal care workers in education and documentation. This is time that I resent being taken from the people for whom I am caring. Surely, if a doctor and team of professional people conclude that the best outcome for an older person is to be cared for in a residential care facility, then there should be an allocated amount of funding for this. Everyone who comes into care, needs help. As they age further and their needs increase, so does their level of support. Across our facility we have people requiring the support of one carer with about half requiring 2 person assistance. The clientele is ever changing.

9. As our society lives longer, and with the health outcomes of people affected by drug and alcohol abuse, causing dementia related illness, violent behaviours and the like, the care required will be greater. Nit-picking about how many continence aids a person uses, or whether they are spoon fed or not, is ridiculous! We are told that if we do not document that something has happened, then it has not happened, and therefore we lose funding. This funding is vital to keep the home running at an accredited standard. In short, I suggest that the government research and arrive at an acceptable level of funding across the board and provide it so that the dedicated staff working in the facilities can get on with the job of providing the person-centred care that decent human beings expect for our elders,

Person-centred care

10. My belief is that person-centred care starts with getting to "know" the person who is coming to "live" in the facility. This is enabled by an in-depth interview with the person (where they are able) or family members, in the writing of their "life story". Where were they born? Who were their parents / siblings /children / grandchildren /great grandchildren? Did they marry or have a partner(s)? Where did they grow up and go to school? Where did they work? What music do they like? Did they experience any significant events in their life that we may need to know about so we can share them (i.e., happy) or support them when needed (i.e., grief). What are/were their hobbies and interests? What are their likes /dislikes? What cultural and/or spiritual beliefs and practices are important to them? This can take quite some time and may need to be done over a period of time and prior to them entering care (where possible). It also requires input from the doctor and allied health people with regard to the illness they may have be that physical, mental or emotional. All this information needs to be handled with the utmost respect and care with matters of privacy being observed.

The experience of a resident

11. When an older person comes into residential care, they are moving into the last days of their life and that may be for a period of days or years. They may have to leave a home they have lived in for a very long time surrounded by things they cherish. It is significant that the person may well be leaving their spouse, or is having to come into the facility following the death of a spouse who helped care for them. Many of their friends may be unable to visit them in the facility, and they may be disconnected from family members who are now located far from the facility. It can be a very lonely transition.

12. They move into one room. Sometimes they even have to share a toilet and bathroom. They have a (hospital) bed, a comfy chair and a small wardrobe for their clothing. They may bring some pictures and photos to hang on the wall. There is little room for furnishings and personal items. Everything is nice and neat, the meals are served at regular times in the dining room. Every morning a different person comes to the room to assist them out of bed and to help them shower and dress. There are nice lounge rooms to sit with other residents and in the afternoon there are shared activities that may be of interest, such as card games and crafts provided by lifestyle staff. Sometimes there is a bus trip or entertainers come to visit. When the weather is nice, they can sit in the garden. Nurses come at intervals to give medications. At the end of the day, another person comes to help them undress, wash and put on their nightwear before going to bed. This sounds "ok" for a person who can communicate and entertain themselves with books, television, crosswords etc.

13. For a person who is no longer able to verbally communicate their needs, or physically wash and dress themselves; they live in a similar environment but they may need two different faces to help them with their activities of daily living (ADLs). They may require two carers to use a lifting machine to assist them out of bed and onto a commode or toilet. They may need two people to wash or shower them. They may need to wear continence pads 24/7. They may have soiled themselves before morning staff have been able to attend to them. They have people touching the most private parts of their bodies so that they are properly cleaned. For a person with dementia, this can be

frightening. For a person without dementia, this can be humiliating (at first; they usually get used to it). They have no choice but to trust that the people providing this care will do so in a kind, caring and dignified way. The person may need assistance to have their teeth or dentures cleaned and their hair brushed (maybe not the way they used to do it). From here they may be transferred with 2 carers and the lifting machine into a wheelchair, princess chair or recliner, in their room or to a community area where they sit until the next meal time, or toileting time, or bed time. It can take two people 20 to 30 minutes to attend to a person requiring 2 person assistance.

14. The people in care all have a story. In the facility where I deliver care, there is a registered nurse, midwife and deputy matron; there was a renowned artist and sculptor, there was man who lead the mounted police force in South Australia when Queen Elizabeth visited in 1956; there is a shearer and a lady who taught ballroom dancing.

15. I believe that none of the people in any residential care facility imagined as a younger person that their life would end this way. Imagine that this is you. Imagine as an adult, being told when to get out of bed and go to bed. Imagine having to eat your meals (modified diet) at the same times every day. Imagine sitting every meal time in a community dining room with people you do not know or may not even like. Imagine never going to a restaurant, or driving a car, shopping or walking on the beach. Imagine not being able to dress yourself –to brush your own teeth and hair. Imagine not being able to stand up and walk to the toilet. Imagine soiling yourself because the staff were assisting another resident and unable to answer your call bell in time?

16. I challenge you to have someone puree your meal and spoon feed it to you. I challenge you to sit in a chair and have no-one engage with you for hours at a time and unable to do anything but perhaps listen to the music that someone else likes, or a TV show of no interest to you.

The experience of a personal care worker

17. I have briefly described life for a resident. Now I will describe a day shift (7:00am to 3:30pm) in the life of a Personal Care Worker (me).

18. For my day shift, I rise at 5:30am, shower and dress and drive for half an hour to my workplace. On arrival, I scan the time clock and go to the nurse's station to see if we have a full team of staff, where I am rostered to work and who my partner is for this shift. I collect my DECT phone and keys. Everything is locked. This may be to protect residents from boiling water, or to stop hoarders from taking all the bath towels or toilet paper to their room. I check my shower list to see which residents in my wing are due to be showered this morning. It is expected that all care and nursing staff have read and know the care plan of every person in their care. This is vitally important. For example, we must know their mobility, whether they are diabetic, or have swallowing issues. We need to know their life story to assist us with communication and behaviours that may arise.

19. There are 8 residents in my care today, and there are two residents rostered for a morning shower. I am working in the memory support unit; the other wings of the home

have 2 care staff for 12 people for this shift. I find a computer and log in to read my messages. I also read the handover sheet which has important information such as that a resident may have had a fall or an infection or their mobility has changed. I write down the list of tasks for the shift, including anything that was not completed on the previous shift such as weighing a resident, collecting a urine specimen, massages, etc.. At 7:00am I attend verbal handover which is when the Nurse in Charge from the night shift reports anything we need to know that has happened during that shift. At 7:10 I go to the wing where I am rostered to work, find my carer partner who commenced "on the floor" at 7:00am, and report to her anything from handover. Then we continue assisting people out of bed, to the toilet, showering and dressing, to clean their teeth / dentures, apply hearing aids, grooming. We make their beds and change the linen as required.

20. At 8:00am we collect the breakfast trolley from the kitchen which will have a tray prepared for each resident with porridge or cereal or yoghurt. We make the toast and coffee/tea in our dining area. We serve the people in the dining room firstly, then take trays of breakfast to people in their rooms who are still in bed. We sit them up and help them to eat their food. We replace jugs of fresh water or cordial in each person's room. We clean up the breakfast dishes and return the trolley to the kitchen for the dishes to be washed. We continue assisting people out of bed, to the toilet, shower, to dress, and grooming. It can take from 7:00am to 12 noon to attend to everyone in our area.

21. At 10:30 we prepare and serve morning tea to our residents. We are constantly aware of call bells ringing which must be answered in less than 5 minutes. This can be difficult when both care staff are attending to a resident whose needs require the assistance of 2 carers at once. Residents are assisted to the table for lunch which arrives at midday served from a bain-marie. I take my lunch break at 12:30 and my partner ends her shift at 1:00pm.

22. After lunch there are two care staff to cover 16 residents between 1:00pm and 3:30pm. All residents are assisted with toileting and some are taken to lifestyle activities (if appropriate) in the main lounge. 9 of the 16 residents are two person assist and it takes from 1:00pm to 3:30pm to take them all to the toilet in this wing.

23. At 2:30pm each afternoon, we prepare and deliver afternoon tea to the 16 residents and feed the people who are unable to feed themselves. It takes two people 30 to 40 minutes to complete this task.

24. Against this background, during an 8 hour day shift, there will be 10 carers who will each need to spend 30 to 40 minutes completing documentation. This equates to 300 to 400 minutes or 5 to 6 hours of time on the shift that is unable to be spent in contact with the residents of the facility.

25. In the highest care section of the memory support wing, residents need much more supervision and engagement. We have a policy of no restraints. A lady who is no longer able to walk, will decide to try to stand, whilst a lady in a wheelchair pushes alongside her. Another lady is sitting in a princess chair calling "help me, help me" and a man sits reading his book aloud in a very loud voice. Another lady stands and walks without her walker – she has been assessed as a very high falls risk. A man sits clapping his

hands. Another man stands and quite unexpectedly starts throwing items across the room, sometimes hitting another resident or staff member. These dear people all need so much more time given to them. Sometimes they just need someone to sit and engage with them in their reality. In the meantime, a man receives palliative care.

26. Apart from this, we will collect urine specimens and test them as per the task list, weigh people as per the task list and complete all documentation. For each person, we must record what ADL's we have assisted. We must document that we have sponged or showered, cleaned teeth, toileted, applied hip protectors, tubigrips, shaved, and grooming for each person. Legally, we must sign off medications we have applied in the form of topical orders (creams). Enter bowel charts, food and fluid charts, sleep charts, weights, massages. We may also need to document behaviours. Documentation takes approximately 30 to 40 minutes per shift. The washing is delivered by us to the laundry at least twice per shift and rubbish bags are removed to the outside bin at the end of the shift. It is our job to keep residents' rooms clean and tidy, clothes put away and beds neatly made, as well as dining areas and sluice rooms. Residents will ring their bells for a variety of reasons in between being attended with ADLs and meals and bells must be answered within 5mins. We have a no-restraint policy in our facility, and falls happen from time to time. Measures are put in place to minimise this such as "crash mats" next to beds and hip protectors. We also have to manage behaviours such as people who wander (into other people's rooms) or others who refuse care.

27. For the most vulnerable of our older community, this is the life they have come to because their bodies and minds have succumbed to age and illness. Any one of us could find ourselves in this position given that dementia has no known cause or cure and is currently the highest killer of women in Australia.

28. I am not a public speaker and I do not have a university degree but I do have an empathetic heart. I made a submission to the Royal Commission based on my belief that we just have to do aged care better. I spend every day of my working life giving my best to make the last days of life for the people in my care, bearable, but often come away feeling that it's not enough. There hasn't been enough engagement with those who have lost the ability to do much, if anything, for themselves.

Improving person-centred care

29. To this end, I believe that we must be employing people with emotional intelligence who desire to work with older people and to bring colour, life and laughter into their lives. Last year I took 3 of my workmates for a drive to visit the Butterfly House at Barunga Village at Port Broughton in South Australia. What I saw, was life changing for me. I was so inspired by the way care is provided to people with dementia in this home that I returned to write a proposal for change for our home. The Director of Care liked it and took it to the Board and now we are in the process of implementing the Dementia Care Matters (DCM) Butterfly Model of Care. This model has been operating for over twenty years in other parts of the world and is being implemented in homes in Australia with a DCM Australian team. Dementia Care Matters is owned by the Salvation Army Australia.

30. We have already made changes to the environment by painting resident's doors with bright colours of their choice. We have stopped wearing uniforms and come dressed in brightly coloured clothes. Residents with dementia get out of bed in the morning when they are awake and ready. Carers "butterfly" from person to person spending meaningful moments engaging with them. It seeks to create a home filled with love, engagement and person-centred care (for people with dementia), but shouldn't this be for everybody in aged care?

31. I ask that Dementia Care Matters be approached to write a training program for people wishing to undertake training as a personal care worker. I believe that the DCM training would assist in the employment of people through emotional intelligence screening. People who succeed through this process could then go on to the Certificate 3 course which needs to include a quality education component of "understanding dementia" such as that offered for free by MOOC, University of Tasmania.

32. I believe it is also worth noting that a retail sales person in a supermarket chain will receive a base pay around $20.39 - $21.45 an hour. A base rate for a personal care worker in aged care is $21.45 an hour. After 10 years in the sector, I receive $23.74 an hour.

33. This highlights the value society has placed on care workers in aged care, including those who have completed a Certificate level course and continue with mandatory education and training throughout their employment, and may well embark upon further training on their own initiative. The remuneration does not, I believe, reflect the dedication of the staff in aged care, and is a major reason why the sector struggles to attract the quality of staff required to meet the standard of care everyone expects. We are the eyes and ears of nurses and doctors; we are the voice and advocates for residents in our care.

34. I believe our challenge is to change the culture of residential care from one of being task driven, to one of being person-centred. That means; "feelings matter most". We need to remove control and encourage people to use the abilities they have. We need to be flexible around what times people get out of bed, or go to bed. We need to be flexible about mealtimes. We need to encourage people participate in their own lives by doing what they would have done at home. Behaviour management is a big issue, however I have learned though the Dementia Care Matters training that behaviours are communication. It may be the only way a person can tell us they are hungry or thirsty, have pain or just want a hug.

Conclusion

35. Not everyone is cut out for this work. So it is important that the people who chose to work in the area of Aged Care get as much support as possible. We need Directors of Care who are willing to embrace and lead change in their facility. We need emotionally intelligent carers and nurses. We need to set our expectations high as to the provision of care we give and that translates into more staff delivering that care; be it physical, mental or emotional. We need excellent training programs (e.g. Dementia Care Matters Butterfly Course, MOOC University of Tasmania "Understanding Dementia" course and

Certificate 3 in Aged Care) We need the government to provide adequate funding for education, training and sufficient staff numbers, to enable us to do our job to the best of our ability out of respect and gratitude to the older people who have worked hard, paid their taxes, and through their life contributed to the world we experience today.

36. What would you imagine life to be like for you in residential aged care?

37. So why should we accept anything less for others?

Signed: P Houston

Date: 04.06.2019

Witness: [signature]

Date: 04.06.2019.