

[REDACTED]

From: [REDACTED]
Sent: Wednesday, 6 March 2024 5:52 PM
To: Aged Care Legislative Reform
Cc: [REDACTED]
Subject: the new Aged Care Act - exposure draft feedback to DEPARTMENT of HEALTH & AGED CARE
Attachments: RE: the new Aged Care Act - exposure draft feedback to DEPARTMENT of HEALTH & AGED CARE [SEC=OFFICIAL]; RE: the new Aged Care Act - exposure draft feedback to DEPARTMENT of HEALTH & AGED CARE [SEC=OFFICIAL]
Categories: ACTION REQUIRED

Good afternoon,

My name is [REDACTED], I'm a 50-year-old proud First Nations Gomeroi woman living in [REDACTED]. I care for my 91-year-old grandmother who is diagnosed with dementia, she is also a Gomeroi Woman. I have cared for my grandmother for most of my life due to various illness and issues she has had. 5 years ago she was diagnosed with Dementia. My grandmother had to move to residential aged care, dementia specific in late 2022 due to decline and becoming at risk living at home.

Currently, we are having significant challenges with the facility due to the conduct of the Deputy Director of Care. The conduct there has breached the 8 standards of care and 12 of the 14 charter of aged care rights. The deputy had not accurately reported an incident in the first month of her being in care where medical treatment was refused following an unwitnessed fall in the early hours of that morning, I arrived between 1 & 2pm to find her in significant pain, they had not contacted me, provided her with any comfort, medical treatment and refused to call an ambulance until I demanded they do this. The deputy proceeded to cover up details of this incident and did not notify the director of care.

Following this, last year there have been cultural safety concerns and then they tried to chemically restrain her with an antipsychotic medication without consent. They did not inform me of any decline, provide details of behaviours of concern, contact me to discuss her history either culturally or otherwise, or seek informed consent to have assessments done or to prescribe antipsychotic medication. They had an assessment completed, a phone consult with a geriatrician that was not my grandmothers specialist, a visiting GP then prescribed the medication without consent as well, the facility ordered this medication, had it delivered and only then emailed me, not with the full information or open disclosure requesting to administer this medication.

The deputy refused to provide any information over a 3 month period about my grandmother, other than the care plan which took more than a month to obtain. The information in this was incorrect, and what they had written was false and to her detriment as this was given to a clinician to support their claim that chemical restraint was necessary.

The facility is continuing to obstruct information about this incident and are not being transparent of what has actually occurred. The Aged Care Quality & Safety Commission is involved and I have contacted several ministers to try to get some sort of help as I am working on this alone, and it is taking a significant toll on my wellbeing and has

done for several months now. Not just that my grandmother is declining with her condition, but that her last years I am having to fight to get the very basic level of trusted and safe care which includes transparency, cultural safety and a team that will work with us so she can palliate in a way that is respectful, where she is culturally safe, has her dignity and is overall safe in this process, it's not a lot to ask.

This deputy has lied, covered up her actions, gone against all the principles under the 8 Aged Care Standards, the Charter of Aged Care Rights {12 of the 14}, Open Disclosure, Informed Consent and the Code of Conduct for Aged Care as seen under Expected Behaviour, which also speaks to Provider Responsibilities, Worker Responsibilities and the Responsibilities of the Governing Persons. My question is, at what point does this classify as abuse of power, abuse in general or deliberate torture as each of the above are meant to be governed by policy, that is governed by legislation and violates the most important thing that we have, our human rights, when does this kind of treatment and these breeches become illegal? As my family and my grandmother have already lived through assimilation, she was not raised in a way that taught her she was safe and the impacts of this are noted. In this instance, although she was not given the respect she deserved as a child, she will be given that respect in her final year/years, she will be treated respectfully and safely. Her palliation will be that she will die with the dignity she deserves as an Aboriginal Woman, Aunty and Elder, and that is not negotiable.

I see on the information sent "A new Aged Care Act: exposure draft dated December 2022, it says that;

The Government will introduce the proposed new laws (draft law) for the new Act in 2024. The new Act will aim to strengthen the aged care system. It will make sure that people accessing funded aged care:

- **are safe**

I see that this is the intention, however, how will it make sure that these people are safe? It's taken me extensive time and boundless attempts with no less than 50 phone calls to actually find someone who will not only listen, but is prepared to help and offer us support. How could an elderly person do this if they were overwhelmed, isolated, frightened and had any kind of illness or cognitive impairment?

- **are treated with respect**

Again, I see that this is the intention, again, how will the governing body make sure of this? Who is policing it? How many ties does someone have to become fearful of the systems we are expected to comply with as citizens yet those who are in positions of power continue to cause harm because of their privilege rather than understanding that it is a privilege to serve.

- **have the quality of life they deserve.**

- And, yes I see here that it is intended, as these facilities cost anywhere from \$350,000 and our elderly must sell everything they own to move into this, then often, they are just left with 15% of their pension, what quality are you speaking of? How are these funded to ensure not only physical safety, emotional safety, mental safety and cultural safety but to support this with their desire of activities? I have been told that we are not allowed to sit in the common area, we are shuffled off into a room, if this becomes the persons place of residence, and they pay an extremely high volume of funds, including 85% of their income, how will this equate to quality of life and under who's lense are you viewing it?

The other section for feedback says;

Tell us what you think

We want to know:

- **Do we describe a rights-based approach well? Is it clear that older people will be at the centre of aged care?**

Yes it reads clearly, as anything in legislation can be open to interpretation my concerns are that unless our old people are supported that this will fall away and they will then be fearful of losing a place to be cared for, after often losing the place that they called home for 60 years, they are extremely vulnerable and fear repercussion and do not want to be seen as a burden on their families, which in itself is heartbreaking to hear. It is a frightening time for our old people who were once vital, independent and free.

- **Is it clear how older people's rights will be upheld?**

It is clear how it is stated that they will be upheld, it is not clear on who within these services is the best point of contact for which incident. Where the first port of call is for which type of incident and whether or not they can appeal an outcome if they are not satisfied with this. We all read things differently and many aged people and their families are living in overwhelm daily, they just want help and not to make a fuss, so they may feel as though they should not complain as it is going too far.

- **Is it clear how older people will be empowered to make decisions?**

There are definitely significant resources about this, however, I feel it could be made clearer and the pathways of which contacts for which exact issue could be simplified. Not all aged people are computer literate, and some may not financially be able to access the internet or smart phones. It is a very broad need with many dynamics.

- **Is it clear what aged care providers and workers must do?**

- From what I have read yes, it is clear, as are the pathways they need to take if they have concerns or require more information. Again, as they are in a position of power, when they abuse that power and intentionally misuse it, why do we have to work so hard to get assistance when our family has been impacted by it?

Please don't hesitate to contact me if you would like further feedback.

Gaba Nginda {Thank/Good you in Gomeri}

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Director
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Ngaya yala-girr-ma-ga winanga-y walaaybaa mari-galgaa dhalaa ngiyaninya waan, wila-y, yulu-gi. Maran, Dhilaagaa -ngayi-y -nha.

We acknowledge the traditional owners of the lands in which we work, live and play. We pay respect to our Ancestors, and Elders, past and present.