

Australian aged care inquiry hears damning evidence of abuse

By Clare Bruderlin
18 July 2019

Witnesses testifying at the Australian government's Royal Commission into Aged Care Quality and Safety are continuing to expose the poor conditions, lack of services, neglect and isolation that elderly people suffer.

The two commissioners, a retired judge and a former senior government official, have held six hearings, in South Australia, New South Wales, Western Australia and the Northern Territory, with the seventh opening this week in Cairns, Queensland. They have heard submissions regarding both residential and at-home aged care services.

The evidence given by aged care workers, those living in aged care facilities or receiving aged care services, and family members, has underscored how the cost-cutting drive for profit jeopardises the health, safety and quality of life of residents and patients.

They have highlighted chronic understaffing and lack of training as underlying causes of abuse and neglect, as well as the lack of aged care services and the difficulty accessing these services for elderly people from rural or remote areas, including indigenous communities.

Prime Minister Scott Morrison's Liberal-National Coalition government announced the royal commission last September in an effort to quell the public outrage following multiple reports of the systematic abuse and neglect of aged care residents.

The most recent hearings focused on the problems facing Aboriginal people from remote communities and, more broadly, elderly people from rural and regional areas, who are often forced to move hundreds of kilometres from their homes and their families in order to receive care.

At the recent hearing in Darwin, Mildred Numamurdirri, an Aboriginal elder, told the

commissioners that when she needed to move into residential aged care, the nearest services were some 800 kilometres away from Numbulwar, where she lived.

After Numamurdirri was moved to the facility she cried for four weeks, because she was in an unfamiliar place and separated from her family and the community that supported her. Because of the long distance her family must travel to visit her, the interaction with them was mainly through mobile phones.

The commission also learnt at a hearing in Broome that despite the number of Aboriginal and Torres Strait Islander people who require aged care services being 3 percent of the population, only about one-third of them are receiving care.

Aged care expert, Professor Leon Flicker, stated: "Care to older people in remote locations is subsidised by the Australian government, but is provided by Non-Government Organisations (NGOs). NGOs have difficulties with economies of scale and find the provision of services to small communities in remote regions to be non-viable." That is to say, NGOs cannot provide vital aged care services to people in remote communities, train staff and provide the necessary facilities with the funds provided by the government.

Flicker concluded: "Older people are often left to make stark choices about which services they will seek based on the amount of time and effort required and the funds they have available."

The submissions pointed to the cost-cutting practices that jeopardise the health, safety and quality of life of residents in facilities run by companies.

In the most recent Darwin hearing, the commission heard reports from 2017 of a respite resident at IRT William Beach Gardens in Sydney, who was found

with maggots in their leg wound and had to be hospitalised. Another resident at the facility, Shirley Fowler, who suffered from dementia, had untreated leg wounds and was given no access to a specialist.

Another aged care resident, Annunziata Santoro, who lived in the Assisi Centre, in Melbourne, was found with maggots in a wound in her heel. She also had been administered with sedating, anti-psychotic medication. Her daughter testified her family had not been informed of this sedation.

Psychotropic medication—including anti-psychotic drugs—is known to increase risk of falls, as well as stroke, among elderly people. Santoro had experienced frequent falls, and suffered a hip fracture.

At an earlier hearing in Sydney, Elizabeth, a registered nurse (RN), spoke about the administration of psychotropic drugs, which are used to manage residents' agitation or distress quickly and cheaply, despite the known health risks they pose.

The nurse testified that typically this was done, "Because there's not enough staffing... Rather than giving proper care, you just sedate people so then they're not annoying you."

Elizabeth described the impossibility of providing effective supervision and care to patients, when there is "one RN [Registered Nurse] to 30 [patients], up to, I've heard people say 170. In my experience the biggest load I've had is about one to 60, and you essentially have to triage your care because of that. And you have to do all the supervision."

To "triage" care means that patients are prioritised according to the urgency of their care needs. Some patients must wait longer for care, and may have less time with a registered nurse, depending on how many patients require treatment.

In addition to providing "the subject and professional knowledge for that shift," Elizabeth explained that as an RN, "you're responsible for handing the shift over to the incoming staff, doing all the wound care, the documentation for ACFI [Aged Care Funding Instrument], supervision of staff and tending to the needs of dying patients."

Many of the submissions to the commission emphasised that staff at aged care facilities are not given adequate training, time or resources to provide proper care to residents, many of whom have multi-faceted and complex needs. It has been raised

repeatedly throughout the hearings that the ratio of registered nurses and carers to patients is unsafe.

Both the Coalition government and the Labor Party have presided over budget cuts to aged care and overseen the privatisation of aged care facilities—91 percent of facilities are now run by non-government organisations and private corporations that amass billions of dollars in profits annually. The three biggest, for-profit companies that run aged care facilities, BUPA, Opal and Allity, made \$15.8 billion, after tax, in 2017.

And yet, Darryl Melchhart, a 90-year-old aged care resident, told the commission in Sydney that when she asked for physiotherapy she was told that she would not be able to afford it.

When she suggested more variety and nutrition in the foods provided at her facility she was told it "costs too much." According to a report released last year by the Lantern Project, which conducts research into aged care nutrition, the amount spent on food per person fell by 31 percent from 2016–2017, and averages just \$6.08 a day.

Despite the overwhelming evidence of ongoing negligence and maltreatment of patients, during the recent federal election neither the Coalition nor Labor pledged to increase funding to aged care services. None of the key demands raised by workers or aged care residents, including a wage increase for the chronically underpaid workers and mandatory staff-to-patient ratios, were addressed, let alone the need for decent care for all elderly people, freed from the dictates of corporate profit and government austerity measures.

To contact the WSWS and the
Socialist Equality Party visit:

<http://www.wsws.org>