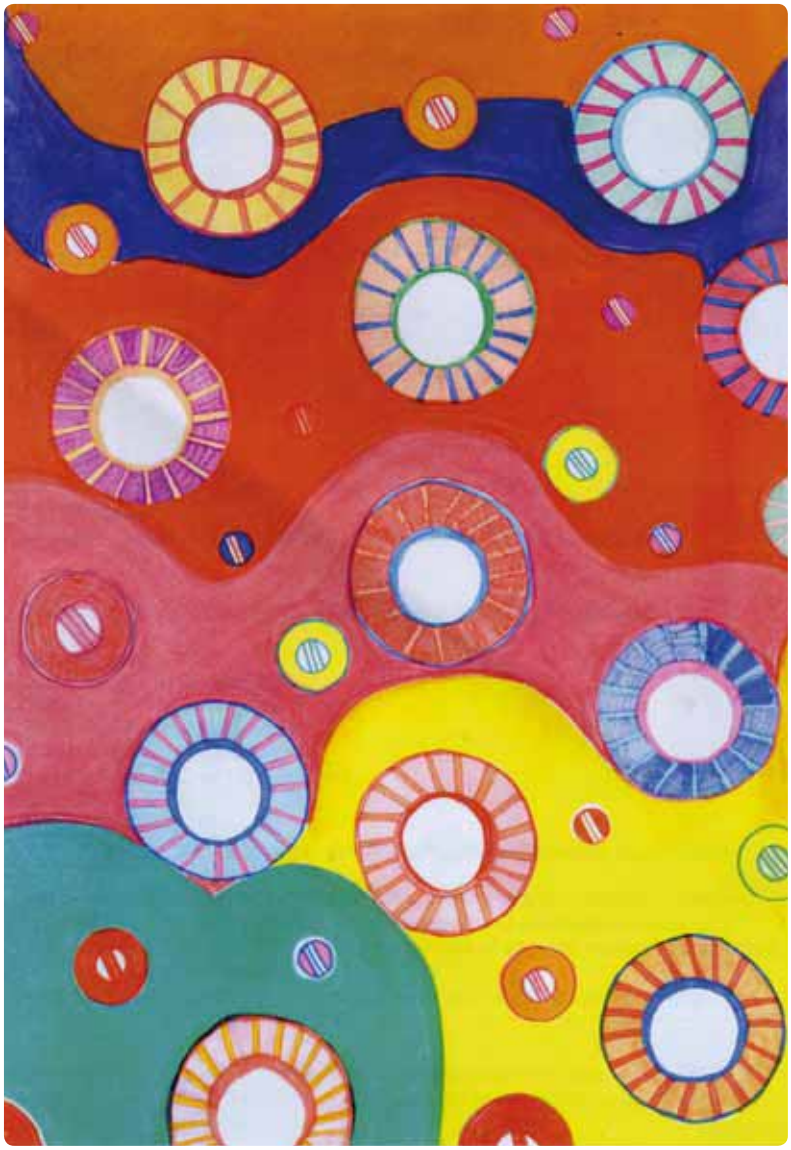
Office of the Public Advocate

Promoting the human rights, interests and dignity of Victorians with a disability or mental illness

Community Visitors Annual Report 2009

Health Services
Disability Services
Mental Health



Community Visitors Annual Report 2008–09

ISSN 1836-3296

Cover: The cover of this annual report is an interpretation an artwork by Julie White entitled *Lifesavers* (above). It is rendered in felt pen and soft pastel on paper. OPA purchased *Lifesavers* from the State Trustees Ltd '*connected09*' art exhibition celebrating the works of artists living with a disability or an experience of mental illness.

Office of the Public Advocate

The Honourable Lisa Neville MP
Minister for Community Services
Mental Health and Senior Victorians
Level 22, 50 Lonsdale Street
MELBOURNE VIC 3000

15 September 2009

Dear Minister

RE: COMMUNITY VISITORS ANNUAL REPORT 2008-09

In accordance with the *Health Services Act 1988,* the *Disability Act 2006*, and the *Mental Health Act 1986*, please find enclosed the 2008-09 Annual Report of the Community Visitors Health Services Board, Disability Services Board and Mental Health Board.

This year, the findings have been drawn from 5413 visits by 484 Community Visitors across the state.

The report includes identification of issues across the reporting year as well as common themes which cross the three Community Visitor Program streams. The common issues include the continuing desperate need for more accessible affordable, supported and transitional accommodation for vulnerable Victorians.

The Community Visitors Boards commend the report to you and look forward to working with you during the next financial year to continue advancing the rights of Victorians with a disability.

Yours sincerely,

Colleen Pearce

Colleen Pearce
Public Advocate and Chairperson of the Combined Board

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Contents

Recommendations
Health Services

The Community Visitors Health Services Board recommends that the State Government:

1. uses the current regulatory review to mandate a care plan template to be used by all proprietors in the interest of all residents who occupy SRS accommodation
2. uses the current regulatory review to mandate that proprietors maintain a central record of incidents and injuries involving residents, and promote the use of this record to identify patterns of risk and better manage those risks
3. provide proprietors with program and service assistance to manage residents with complex needs to discourage the practice of rotating SRS residents through facilities, and placing them at risk of homelessness. Government assistance should include links to government-funded support programs or to more appropriate accommodation
4. provide support and incentives to community health and community support services to better target pension-level SRS residents (for example, ensure SRS residents have access to Aged Care Assessment Services, and local government support programs) and commit to programs that promote social inclusion
5. prioritise SRS residents' access to public housing, which promotes independent living and, where necessary, provides adequate support services.

Recommendations
Disability Services

The Community Visitors Disability Service Board recommends that:

1. in keeping with the *State Disability Plan 2002-2012*, the State Government resource the closure of both Colanda Residential Services and the Sandhurst Centre and continue its commitment to the redevelopment of the Oakleigh Centre
2. the Department of Human Services take steps to ensure that the people of the former Kew Residential Services institution are able to participate fully in their community on the redeveloped site, are not discriminated against, and can live safely in their homes supported by staff with whom they are familiar and who are fully and appropriately trained to deliver the care that was guaranteed to them
3. as a critical priority, the Department of Human Services review outdated rosters in use at Plenty Residential Services with a view to increasing staffing levels to better meet the needs of the changed resident profile across the site
4. the Department of Human Services review as a matter of urgency the process used to place people into established homes, with greater sensitivity given to the impact that people with challenging behaviours have on existing householders and to increase access to essential alternative accommodation when crises occur or are anticipated
5. the Department of Human Services and Community Service Organisations ensure all people are able to live confidently in their homes without fear of violence, without unnecessary stress caused by unwanted interactions and with adequate support from a consistent staff team who are appropriately and properly trained and who fully understand their needs
6. the Department of Human Services review of transport across the state be re-examined to ensure that existing inequities for people in accessing their communities be removed and that all people are able to travel in the way that is the most suitable to their needs
7. the Department of Human Services and Community Service Organisations monitor more rigorously all support plans for people and give greater attention to individual needs and aspirations so that these necessary documents are implemented in more vital and meaningful ways
8. the Department of Human Services and Community Service Organisations achieve a reduction in the numbers of casual staff being used who are inadequately briefed, trained or prepared to fully support and implement the individual plans required under the *Disability Act 2006*
9. as a matter of precedence, the Department of Human Services develop and implement a policy that adequately addresses the needs of ageing people and that is sufficiently resourced to provide them with a range of lifestyle choices
10. that a protocol be developed between the Department of Human Services and the Aged Care Assessment Service to ensure that, when the question arises of whether there may be a need for an ageing person to transition to an aged care facility, all other options for care are comprehensively examined and exhausted prior to any transition occurring
11. the Department of Human Services address the shortfall in the numbers of permanent and respite accommodation places without delay
12. the Department of Human Services and Community Service Organisations review the use of restrictive practices in on-going consultation with the Office of the Senior Practitioner to conform fully and openly with the requirements of the *Disability Act 2006*.

Recommendations
Mental Health

The Community Visitors Mental Health Board recommends that the State Government:

1. implement a reduction in the practice of locking mental health units and move towards an open-unit policy
2. expedite the introduction of gender sensitive areas in acute mental health units
3. adopt the practice of 'diversion from seclusion' programs into all acute mental health units
4. continue to work closely with the Office of Housing and other accommodation providers in providing more affordable housing options for people with a mental illness
5. increase funding and accessibility to the Multiple and Complex Needs Initiative and the Integrated Rehabilitation and Recovery Care Program to provide individualised accommodation and appropriate supports
6. allocate funding for the construction of the Mental Health Rehabilitation Centre on the Heidelberg Repatriation Hospital site and the redevelopment of the Bendigo Hospital
7. increase the number of secure extended care units that are geographically accessible to consumers and their families and carers
8. ensure that the effective monitoring of maintenance and cleaning in mental health services are being appropriately adhered to in the interest of all mental health consumers.

Message from the Public Advocate and Chairperson

This is the 22nd annual report of the Community Visitors Program, one of the largest volunteer programs in Victoria and supported by the Office of the Public Advocate.

Every observation, conclusion and recommendation in this report derives from the time, skills and commitment of people who freely volunteer to help ensure people with a disability, who are vulnerable or who have a metal illness are treated with dignity and respect. This to to the ultimate betterment of the whole Victorian community as the measure of a society is in how it treats its most vulnerable.

The contribution of Community Visitors as the eyes of the community on the standard of care for those with a disability, who are vulnerable or who have a mental illness cannot be over-estimated.

The report herein acknowledges significant progress for the consumers of mental health services in Victoria through the State Government's new strategy *Because Mental Health Matters* and its consultation on a new Mental Health Act, which foreshadows a promising new era. However, consumers of mental health services still require affordable and appropriate housing to which to be discharged in order to complete their recovery from acute ill-health.

Due to the lack of suitable housing for some consumers particularly for those who have an intellectual disability and a mental illness ('dual disabilities)', many identified in this report and last years, are literally living out their lives in institutions. We identify them as the 'long-stay' patients, of which 47 of the 99 identified in last year's report remain in a facility for lack of appropriate accommodation. Of particular concern are the human rights of ten consumers in locked units who have been living as involuntary patients for eight years or more including one for 21 years (page 29).

Many other consumers are being discharged to 'pension-level' supported residential services (SRSs), which do not have the specialised care they require nor, in many instances, the standard of facilities, which promote recovery - to the contrary.

The SRS census during the year identified clearly the concerns of Community Visitors of many years that most residents of 'pension-level' SRSs have a diagnosed mental illness. The Government needs to urgently address this very serious issue as, without appropriate accommodation, recovery from mental illness is at best delayed and at worst impossible. Notwithstanding the positive contribution of funding from the Supported Accommodation of Vulnerable Victorians Initiative, Community Visitors allege that human rights are being foregone while the issue is not properly addressed at the highest level of government. The best minds must be put to work on this matter, which, left unresolved, undermines us all.

The issue of accommodation remains a concern across the streams.

There is insufficient accommodation provided for people with a disability. Residents are being shuffled into respite accommodation to alleviate the demand but this is disruptive to normal life and destablising for vulnerable people.

The 2008 National Survey of Volunteer Issues found that some 60 per cent of volunteers say the top reason for their volunteering is helping others; 86 per cent that their volunteering increases their sense of community belonging and 98 per cent that their work as volunteers makes a difference to their organisation and their work.

By all these measures, community visiting makes a difference. I thank Community Visitors who are honoured in this report by a 'photo gallery' (pages 8 and 9) and by their names in the back of the report.

I also sincerely acknowledge the boards who give considerable time and expertise to their role, and the staff for their commitment to the work of the program.

Colleen Pearce

Colleen Pearce
Public Advocate and Chairperson of the Boards

Community Visitors Photo Gallery 2009

Community Visitors are representatives of the general community of all ages, with a wide variety of backgrounds and occupations. They share a common belief that people with disabilities should be given the opportunity to live and act as independently as they are able.

From the first Annual Report of Community Visitors, 1988

Introducing Community Visitors

Community Visitors are independent volunteers who safeguard the interests of people with a disability. The Community Visitors Program is part of OPA.

The program is organised into three streams to reflect the type of services visited:

- Health Services – visits are made to people who reside in supported residential services (SRSs) and required additional support
- Disability Services – visits are conducted to congregate care and community-based facilities for people with a disability
- Mental Health – visits are made to patients and residents in mental health facilities providing 24-hour nursing care.

The legislative framework is derived from the following Acts of Parliament:

- *Health Services Act 1988*
- *Disability Act 2006*
- *Mental Health Act 1986*

The legislation establishes three respective boards: Health Services, Disability Services and Mental Health. These Boards are responsible for reporting the activities, issues and findings of the Community Visitors to the Victorian Parliament each year, through the relevant Minister.

Community Visitors are appointed for three years by the Governor in Council. They are empowered by legislation to visit specified facilities, to make enquiries of residents and staff and examine selected documentation in relation to the care of people residing at the facilities. Community Visitors usually make unannounced visits and visit in teams of two or more.

At the conclusion of each visit, the Community Visitors prepare a report summarising the findings and indicating items where action is required. A copy of the report is provided to the most senior staff member at the facility or the proprietor in the case of an SRS.

Where an issue cannot be resolved at facility level, it is usually taken to a more senior manager in the agency and/or the Department of Human Services (DHS) regional office. Serious matters may be referred for action within OPA and dealt with as part of the Public Advocate's broader powers.

Minister for Community Services, Aged Care and Mental Health, the Honourable Lisa Neville MP, with some of the recipients of 10 and 15-years of service as Community Visitors.

Visits by Community Visitors

Community Visitors made 5413 visits this year.

	06/07	07/08	08/09
Health Services	1279	1313	1136
Disability Services	3090	3062	2962
Mental Health Services	1251	1279	1315
Total	**5620**	**5654**	**5413**

Figure 1: Number of visits by stream

While the vast majority of visits are scheduled and unannounced, a significant number are in response to specific complaints. This includes referrals to the program via OPA's Advice Service. On occasions, repeated visits are necessary to certain facilities over a short period, in response to serious issues identified and at the discretion of the Community Visitors.

Introducing the Combined Board

The Community Visitors Program is accountable, through the Program Manager, to the Public Advocate. Legislation establishes boards in each community visiting stream which are all chaired by the Public Advocate.

The boards are responsible for reporting the activities and issues of the Community Visitors to the Victorian Parliament each year. Board members this year were:

Colleen Pearce

Chair, Disability Services, Health Services, and Mental Health Boards

Ms Pearce is the Public Advocate of Victoria and, under the relevant legislation establishing, is the chairperson of the Community Visitors Combined Board.

Ms Pearce has almost 30 years experience in the community and health sectors. From 2004, she was Director of the Victims Support Agency (VSA) in the Department of Justice where she established the Working with Children Check Unit.

Ms Pearce has devoted her working life to helping society's most disadvantaged people, and advocating for a better deal on their behalf. She serves on the Frontier Services Board of Governance of UnitingCare

Ms Pearce commenced as Public Advocate on 8 September 2007.

Health Services Board

Pauline Musgrave

Pauline has a background in education as a teacher, consultant, and the principal of a Special Development School. She has been working with families wanting to develop accommodation options for people in the Frankston Mornington Peninsula area. Pauline is also appointed in the Mental Health stream and as an Independent Third Person. She has been a board member since 2005.

Harvey Reese

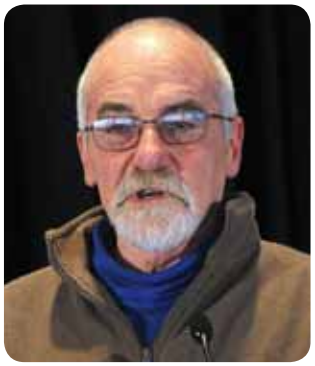
Harvey has a background in education, and was the General Manager of the Student Union at Victoria University. He is also a board member and was president at Preston and Northcote Community Hospital. Harvey has been a Community Visitor since 2005, and this was his second term as a board member.

Mental Health Board

Sophie Athan

Sophie has held senior positions in local and state government for twenty years, and been on numerous committees and boards at federal, state, local government and community levels.

Among her qualifications she has a Bachelor and Master of Arts. Sophie is currently the Managing Director at Euroforce Music Pty Ltd, and has been a Community Visitor since 2003. She is also appointed as a Community Visitor in the Disability Services stream.



Max Collins

Max is a retired Paediatric surgeon, a Justice of the Peace, and is also a member of OPA's Community Guardianship Program. Max has been a Community Visitor since 2006, and this was his first term as a board member.

Disability Services Board

Patricia Guglielmino

Patricia has a Bachelor of Arts (with majors in anthropology and sociology) and Bachelor of Laws (Monash).
She has some experience as a practicing solicitor, and has been a Community Visitor since 2001. This was Patricia's first term serving as a board member.

Dr Dallas Isaacs

Dallas has a PhD in Sociology of Education, and has been a senior manager at Telstra for some years. Dallas has been a Community Visitor since 2003, and she was serving as a board member for the first time.

Introducing the Staff

The ongoing support, training and recruitment of the Community Visitors and the boards is the responsibility of staff in the Community Based Programs Unit.

Back Row:
Coordinator, Health Services, Michelle Brown; Co-ordinator, Mental Health, Kevin Walsh; Manager, Community Based Programs, Jacqui Schultz; Administration Officer, Alice Nicholas.

Middle row:
Co-ordinator, Disability Services, Sheila Narayan; Administration Officer, Margaret Canzoneri; Student, Deborah Lee.

Front Row:
Co-ordinator Quality and Monitoring, Lyn Wight; Public Advocate, Colleen Pearce; Recruitment and Administration Co-ordinator, Marilyn Harris.

(Absent: Technical Support Officer, Nik Vracatos and Training and Development Coordinator, Leonie Swift.)

Message from the Program Manager

The program welcomed progress in closures of congregate care; two, five-bed facilities are to be built in Geelong and Colac for residents who have indicated their desire to move from Colanda Residential Services in the coming year. The Government is also committed to maintaining the fabric of the existing facility at Colanda, and to providing training and professional development opportunities for staff.

Also welcomed is the Government's $1.7 Million to build two community-based accommodation homes for 10 Oakleigh Centre residents. However, it is disappointing that there is no additional funding to assist with the final closure of Colanda and the Sandhurst Centre.

As part of the Government's review of the *Mental Health Act 1986*, Community Visitors welcomed being consulted on their role in advocating for people with a mental illness in 24-hour residential care and treatment facilities.

The Long-stay Patient Project which commenced in April 2007 as an imitative by the Community Visitors Mental Health Board was a twelve-month snapshot of information collected by Community Visitors of patients who had been in inpatients units beyond what was seen as a 'reasonable' length of stay in an adult mental health unit. Community Visitors initially identified 99 patients across the state, the majority being in community care units and secure extended care units. Community Visitors are pleased to witness the progress of a collaborative approach by DHS after the release of the outcome of this project last year and the subsequent work being undertaken DHS. Community Visitors continue to advocate for these patients.

The extensive Government investment in additional mental health beds and ongoing work with addressing the shortages in the workforce within mental health is further acknowledged.

A further $30,000 provided by DHS to support the training of volunteers in disability services is welcomed. It complements the ongoing review of quality training for all volunteers and the ongoing commitment to continuous improvement strategies.

This year has also seen the review of the Supported Residential Services Regulations. Again, the Community Visitors have welcomed the opportunity to input and look forward to positive changes in the sector.

Jacqui Schultz
Program Manager

Common Themes 2009

Introduction

This section of the Community Visitors Annual Report aims to explore and discuss the common themes which have been identified across health services, disability services and mental health.

Many residents and consumers visited by Community Visitors are seen as vulnerable because of the nature of their disability and often as a consequence of the provider being unable to provide the level of care in response to complex care needs associated with age, mental health, disability and general health and wellbeing.

Accommodation options

There continues to be a lack of accommodation and support choices for people with disabilities reported by health services, disability services and mental health. This has a substantial impact on the health and wellbeing of consumers and residents. For example, the ongoing shortages in accommodation services for people with disabilities has resulted in respite beds being used to provide 'permanent' placements and the lack of community-based accommodation options for people with mental health issues has resulted in people remaining in shared supported accommodation (SSAs).

There is an ongoing concern that Supported Residential Services (SRSs) visited by Community Visitors are also providing accommodation for people discharged from hospitals and mental health facilities. This may be their only accommodation alternative and many may be at risk of homelessness without it. However, SRSs provide a less-specialised service and are often unable to provide the necessary support to residents with complex needs.

Living with violence

The lack of alternative accommodation and support options has led to the inappropriate placement of some individuals in facilities that are not equipped to meet their support needs. In some cases, this has resulted in violent incidents that harmed or traumatised other residents and staff. Issues involving alleged assaults and damage to property have been reported in all streams. Consumers and residents should be free to live without fear or threat of violence.

Standards and human rights

Unfortunately, maintenance issues continue to be reported in all accommodation provided by mental health, disability and SRSs. This has involved substantial delays in repairs and refurbishments. Community Visitors reported concerns about the health and safety risks to residents living in substandard facilities.

Some pension-level SRSs provide residents with shared bedrooms with inadequate heating in old buildings requiring significant maintenance.

While rights to privacy are more likely to be impinged on in some types of accommodation, such as SRSs or shared bedrooms in SSAs, restrictions on freedom of movement, including access to the community which has been reported in mental health services, disability services and SRSs remain a concern.

Community Visitors continue to cite examples of locked environments, restrictions on individual's access to the outdoors, including constant supervision and behaviour modification. These are all considered 'restrictive interventions' which have to be reported by all disability providers. Pleasingly, processes to limit the use of restrictive practices, for example, accessing the support of the Office of the Senior Practitioner or mental health facilities considering open unit policies, were increasingly reported on by Community Visitors.

> Maintenance issues continue to be reported in all accommodation provided by mental health, disability and health services.

Staffing

Qualified, trained and experienced staff play a key role in ensuring that consumers and residents receive the most appropriate support towards independence and the exercise of choice. The ongoing use of casual staff in disability, the difficulties in recruiting mental health professionals and the inadequate staff-to-resident ratio in SRSs, all contribute to difficulties in meeting the needs of consumers and residents.

Social inclusion

Active consumer and resident support provided by staff promotes wellbeing, increases independence and facilitates decision-making. Consumers and residents need to be provided with the support and the opportunities to pursue activities and work that is meaningful to them. Ensuring that community participation and social inclusion occurs is crucial and must remain a major focus by service providers.

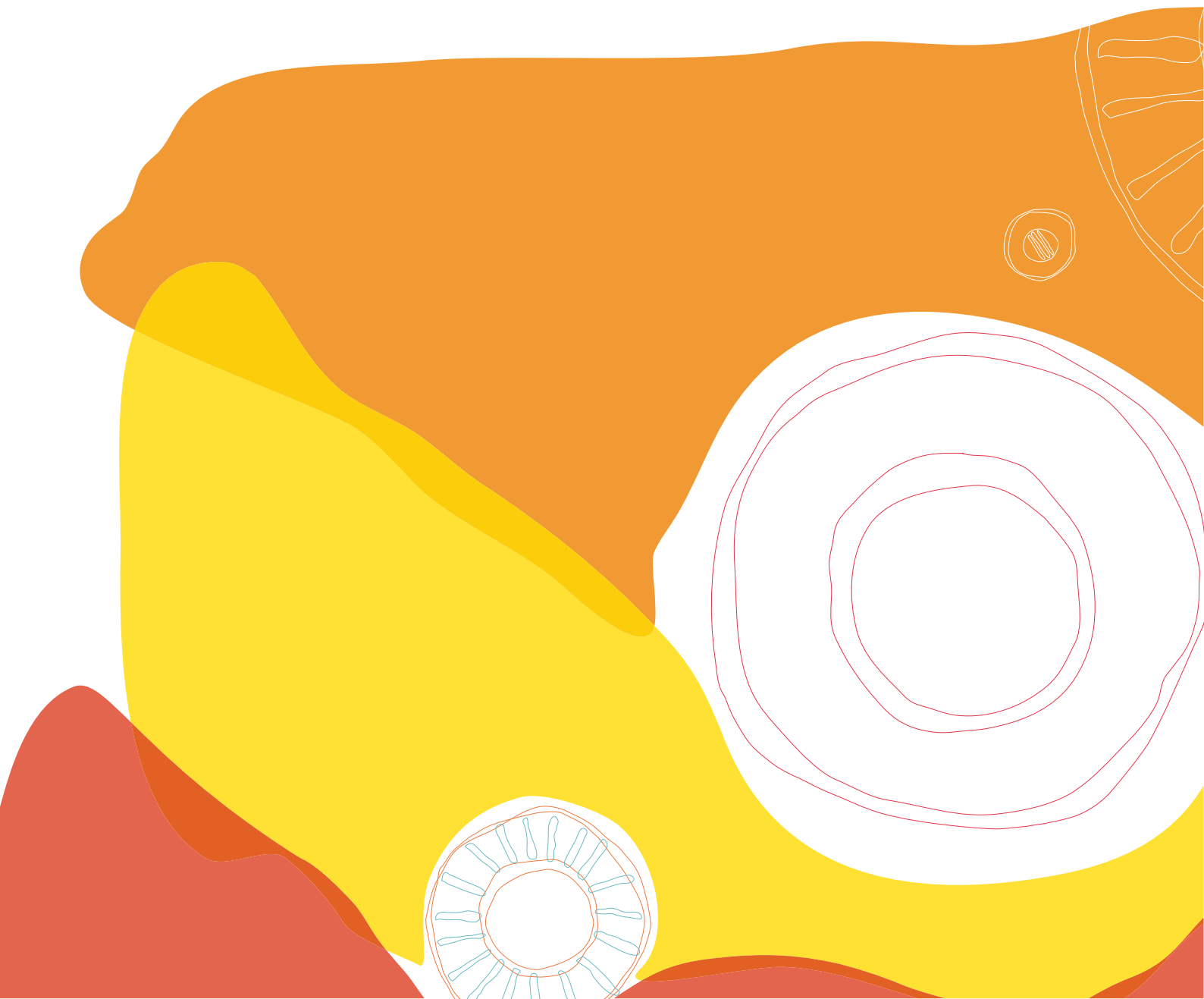
The lack of resources, including staff support and accessible transport, restrict the choices and participation options of many people with a disability or mental illness.

A concerted effort needs to be made with the general community to address the stigma that is often associated with disability and mental illness.

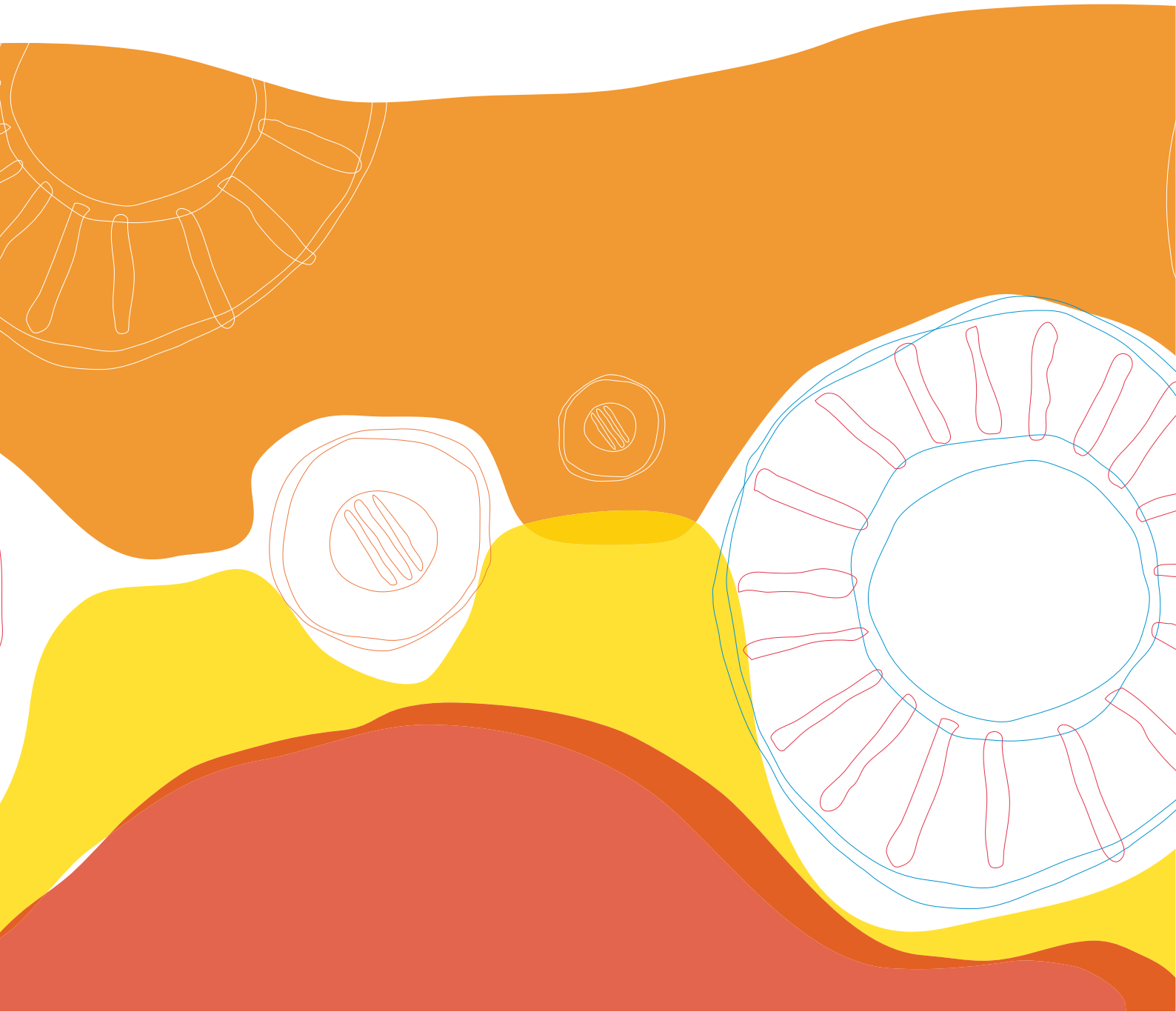
“Consumers and residents need to be provided with the support and the opportunities to pursue activities and work that is meaningful to them. Ensuring that community participation and social inclusion occurs is crucial and must remain a major focus by service providers.”

Advocating for rights

Community Visitors play an important role in monitoring facility standards of accommodation and care, and advocating for people’s rights. They are the eyes and ears of the community. However, strengthening facility and departmental complaints processes and the dissemination of information to consumers and residents about their rights, including what services and supports they can expect from the facility, is crucial. In particular, Community Visitors remain concerned that many individuals are not using the complaints process to express their complaints to facility staff or even to the Community Visitors as they are in fear of reprisals.



Statewide Findings



Health Services

In 2008-09, 103 Community Visitors in the Health Services stream conducted 1136 visits to 187 Supported Residential Services across nine regions of the state. This included 38 visits as a result of referrals from OPA's Advice Service to Community Visitors where they assisted in matters raised by residents or other interested parties.

Care plans

Care plans are an important tool that provides all staff with a guide to providing consistent care that meets the individual needs and preferences of residents. In 2008-09, Community Visitors frequently reported concerns about resident care plans in a number of facilities. Many contained insufficient detail, were out of date, or did not record information about serious health conditions. Community Visitors are concerned for the wellbeing of residents with poorly completed care plans, as staff, particularly casuals, are poorly informed about residents' support needs and may be unaware of health conditions that require intervention or management.

Community Visitors were pleased to report that some other facilities produced well-written care plans that clearly reflected individual residents' needs and preferences.

DHS provides training to SRS proprietors who want to know more about preparing care plans. DHS suggests a standard care plan format to proprietors, however, they do not have to use it. Provided the care plan fulfils certain minimum requirements, proprietors are free to design their own format. Community Visitors find that the variety of care plan formats makes it more difficult for them to determine the quality of care plans. Community Visitors believe that the introduction of a mandatory care plan format, to be used across the sector, would assist those monitoring care plan quality as well as enabling information sharing between facilities when residents are transferred or move to another facility.

Community Visitors have reported the adverse impact on resident care resulting from the employment of casual staff and frequent changes of manager. Detailed and accessible care plans would help reduce the time taken for new staff or management to make themselves aware of the individual care needs and preferences of residents.

Residents with complex support needs

Community Visitors report that when facilities admit residents with complex health or behavioural support needs, staff often do not have the skills to provide adequate care to these residents and this also significantly impacts on the time available to support other residents.

Community Visitors acknowledge that proprietors are not necessarily aware of the extent of the complex needs of these residents on admission. This can be due to incomplete or non-existent discharge paperwork from a mental health service. Where they do understand the person's care needs, proprietors may admit the resident because they need to fill the bed.

Residents displaying challenging behaviours, that staff are not able to manage due to lack of training or time, have impacted on their fellow residents. Community Visitors have reported instances of violence, towards staff and property that would have upset other residents.

In some cases, these residents have been transferred to accommodation that is more suited to their needs. However Community Visitors report that residents with complex and challenging behaviours are simply moved from one facility to another, where they fail to receive adequate support and their behaviour continues to impinge on the wellbeing of other residents.

Community Visitors are very concerned about the lack of alternative housing and support options available to residents they see inadequately supported in SRSs.

Facility maintenance

Funding has been made available as part of the Government's SRS Supported Accommodation for Vulnerable Victorians Initiative (SAVVI). In most regions, Community Visitors reported examples of building repairs and other maintenance works occurring, particularly in pension-level facilities. They attributed these improvements to SAVVI funding and applauded the initiative for the difference it was making to the standard of housing enjoyed by residents.

These improvements frequently included interior painting, replacement of soiled or damaged floor coverings, and new furnishings. The works improved appearance and reduced odours in the homes. One home used the funds to install an air conditioner, making summer a much more pleasant experience for residents.

However, in spite of SAVVI, many maintenance issues were still reported by Community Visitors in 2008-09. Unfortunately, some residents were living in environments which posed health and safety risks, for example, mouldy bathrooms and gardens with trip hazards. Proprietors were slow to carry out required repairs or refurbishments. In cases where the SRS was conducted in leased premises these delays were often the result of disagreement between the proprietor and the landlord about who was responsible for repairs.

Community Visitors note that pension-level facilities are more likely than above-pension facilities to need maintenance.

Incident reporting

The regulations governing SRSs do not require incident reports to be stored in a central location. Consequently, Community Visitors find it difficult to monitor staff and proprietor responses to incidents, as reports may be stored in individual resident files or wherever the proprietor chooses. Community Visitors are also aware of occasions where serious incidents went unrecorded.

Consistent incident reporting practices and easy access to reports would enable staff to tailor residents' individual care plans to include strategies to minimise the risks of repeat incidents occurring. Ongoing collation of incident reports would allow proprietors, and those monitoring care standards at facilities, to identify incident patterns and allow efforts to be made to address structural, procedural or rostering issues that would help reduce the frequency of incidents.

Privacy

Many residents in pension-level facilities in metropolitan areas still share a bedroom. Screens, curtains and cupboards are used to establish some personal space for dressing but these do not ensure adequate privacy. Community Visitors are also concerned for the wellbeing of the residents who are sometimes unable to have quiet enjoyment of their rooms due to noise from neighbouring televisions or radios.

Meaningful activities

Community Visitors are pleased to report the improved lives of some pension-level residents who have been assisted to participate more fully in the community through the Community Connections program, as a result of SAVVI funding.

Some proprietors have had creative ideas about how to encourage resident participation in meaningful activities. In one facility, residents make and sell craft and use the proceeds to dine out together. Residents in another facility worked with the local school on a video project; residents reported they enjoyed interacting with the children. Some proprietors have organised day trips and other activities for the enjoyment of residents. More often, trips and activities for pension-level residents are organised and funded by local councils, community health services and community service organisations. Facility connections with community service organisations and local community centres can play an important role in increasing the number of recreation opportunities for residents.

Above-pension facilities often provide a greater range of activities for their residents, such as bingo, art and music classes that keep residents engaged during the day. Due to tighter financial constraints pension-level facilities struggle to provide as many activities and Community Visitors often see residents sitting around the television because there are no other activities. In some facilities, there was little evidence of any activities for residents, and Community Visitors are particularly concerned for those residents not linked into community-based programs or groups. It can be particularly difficult for residents living in rural and remote facilities to find opportunities to engage in meaningful activities.

Residential statements

Residential statements should detail what services and supports residents can expect from the SRS in exchange for their fees. Community Visitors have reported too many instances where residents' statements are incomplete or unsigned. In some cases, residents had been asked to sign statements that did not list the fee they were expected to pay.

Complaints processes

Some residents told Community Visitors they did not feel comfortable voicing their complaints about the SRS. These residents were concerned that proprietors would withhold privileges if they found out who had complained, for example, by withholding their cigarettes. In some facilities, Community Visitors noticed staff were monitoring which residents were spoken to by Community Visitors and staff were attempting to listen in to their conversations, suggesting the visitors' fears may have been justified.

Residents do not have security of tenure, or recourse to the provisions in the *Residential Tenancies Act 1997*, and their continuing tenancies are frequently tenuous. This is an unsatisfactory state of affairs.

Support to access independent living

On the closure of one facility, it was revealed that the proprietor believed that a number of the residents would be unable to access and cope with independent living. The lack of programs designed to assist SRS residents access independent living options contributed to this situation. Community Visitors are concerned about the lack of rehabilitation and skill development opportunities for SRS residents. The lack of support means that residents are not encouraged or facilitated to develop skills that would boost their independence, confidence and contribution to the community.

Storage and delivery of medication

Community Visitors reported concerns in a number of SRSs, about risks to residents arising from inappropriate storage and/or delivery of medication. For example, one facility stored prescription medication in an unlocked cabinet for many years; while Community Visitors to another facility reported an incident where one resident took another resident's pills that were left unattended on the dining table. Staff involved in medication storage and delivery need to be trained and monitored on medication use to ensure residents are not placed at risk as a result of inappropriate practices.

> For a number of years, Community Visitors have raised serious concerns about fire safety in SRSs. In 2007-08, there were again a large number of concerns raised by Community Visitors regarding fire safety compliance. Many of these concerns related to a lack of knowledge demonstrated by SRS staff in fire prevention.

Disability Services

The 2008-09 year has been a frustrating and challenging one for the board. It has not succeeded in addressing some of the fundamental issues confronting the Community Visitor Program. A constrained economic climate has contributed to an inability to achieve improvement in on-going funding. Most noticeably, options for training are affected and there is no advance in the very long, overdue need to increase honorarium payments. The board welcomes DHS's acknowledgement of training needs of Community Visitors with a grant of $30,000.

Much energy has been consumed by a focus on operational and structural difficulties within the program. The resignations of several Regional Convenors as well as a number of Community Visitors have had a significant impact. Many people took on excessive workloads in an endeavour to ensure that all houses and institutions were visited in accordance with legislative requirements. Despite innovative efforts by the program to recruit new volunteers, there has been very limited success to date.

Nevertheless, the Community Visitors have put in another exceptional year of hard work and achieved improvements in the lives, and living conditions, of many people with a disability across the state. The very welcome, recent announcement of $1.7 million in funding to build two new homes as the first stage of the redevelopment of the Oakleigh Centre is, in part, testament to the dedication and unflagging work by Community Visitors.

Overview

In 2008-09, 271 Community Visitors conducted 2962 visits to 1104 disability accommodation services across the state. Community Visitors visited a wide range of services including: residential services managed by the DHS Disability Accommodation Service and Community Service Organisations, congregate-care facilities at Colanda Residential Services, the Sandhurst Centre and the Oakleigh Centre and residential service managed by the Disability Forensic Assessment Treatment Service.

Regional Convenors are responsible for organising visits, compiling reports, negotiating resolution of issues, liaising with service providers and contributing to the writing of the Community Visitors Annual Report.

The Disability Act requires that Community Visitors conduct regular visits to gazetted residential institutions and residential services across the state. The majority of visits are scheduled but unannounced, and planned to coincide with times that people will be at home The OPA Advice Service received 101 calls which were referred to Community Visitors to assist with matters raised by people in accommodation services, their family or other interested parties.

Poor bathroom maintenance in a disability facility.

Roles and functions of Community Visitors

Community Visitors and the Disability Act

The board identifies annual 'guidelines' for Community Visitors to use as a format for visiting and reporting. In this, the second year after commencement of the Disability Act, the board maintained the guidelines used for the previous reporting year. These represent areas of inquiry for Community Visitors relating to human rights and the quality of life for residents and are monitored and measured in terms of what are considered to be acceptable community standards.

The functions of Community Visitors as described in section 30 of the Act are to inquire into:

- the appropriateness and standard of premises for the accommodation of residents
- the adequacy of opportunities for inclusion and participation by residents in the community
- whether the residential services are being provided in accordance with the principles specified in section 5 of the Act
- whether information is being provided to residents as required by the Act
- any case of abuse or neglect of a resident
- the use of restrictive interventions and compulsory treatment
- any failure to comply with the provisions of the Act
- any complaint made to a Community Visitor by a resident.

Section 5 of the Act sets out principles for its administration to be given effect in relation to the care of people with a disability and the provision of services. The principles are consistent with, and correspond closely to, the Community Visitors' areas of inquiry, which recognise a person's essential and individual right to enhance their physical, social, emotional and intellectual capacity. The principles maintain that people with a disability have the same rights as other members of the community to human worth and dignity, to live free from abuse, to realise their individual potential, to exercise control over their lives and to have access to services and to be supported in ways that achieve community inclusion and participation.

Therefore, this year, the main areas of focus for Community Visitors again have incorporated a focus on individuality, capability and capacity, community inclusion, welfare and wellbeing and the residential environment. Within these, Community Visitors have reported on broadly diverse concerns framed as issues in 'Issues Reports' which are submitted to service providers for resolution. These issues can be as 'mundane' as whether people are empowered to choose their evening meals or as gravely serious as living in fear and apprehension of abuse from a co-resident. Under the Act, compliance with the *Standards for Disability Services in Victoria* is mandatory. These stipulate the expectations for people who receive those services with regard to individual rights and responsibilities as well as the requirements for systems and processes to support these people.

Analysis of five years of Community Visitor annual reports

The board has been highly appreciative of the recently produced work from OPA's Policy and Research Unit, *Two steps forward, one step back: An analysis of five years of Community Visitor annual reports, 2003-07*.

The study concludes that, while Community Visitors in Disability Services have advocated for people on many important issues with varying success, it must be recognised as fundamental within a system of service provision for residential services that standards and expectations will also vary. Similarly, it was found that while the themes in Community Visitors' reports also vary, the focus on improvement in the standards of supports and services remains consistent. Ongoing themes of concern in relation to restrictive practices, individualised planning and lack of planning for ageing people as well as the need for more long-term residential services identified by the study are reflected in Community Visitors' findings in the 2008-09 regional reports.

While the board acknowledges that there will always be challenges for service providers, it also expresses disappointment that many of the recurring themes reported by Community Visitors are having an acute effect on people with a disability in their everyday lives and often remain unresolved for an indeterminate time.

Statewide issues

Congregate care

Under the *State Disability Plan 2002-2012*, the government is committed to developing plans to close older large-scale institutions. Community Visitor annual reports have repeatedly called for the closure all such facilities.

While Community Visitors acknowledge the challenges of providing a homelike environment in a congregate-care setting, they are dismayed at the disparity in the standard between institutions. This year, Community Visitors reported numerous examples of sub-standard living conditions at the Sandhurst Centre including, 'cell-like' bedrooms, toilets that regularly become blocked, damaged furniture and broken fittings. On visits to Colanda Residential Services, they reported continued fabric improvements and the replacement of furniture and fittings.

Kew Redevelopment

At the start of the reporting year in July 2008, approximately 100 people from the former Kew Residential Services (KRS) institution were still in the process of settling into their 20 new homes across the partly redeveloped site. Since the relocation, Community Visitors have reported numerous issues relating to people's care and to the standard of service. Of particular concern has been staff that are seemingly ill-prepared to support people outside a structured institutional environment. Many staff transferred to the new houses without the necessary administrative experience and were simultaneously confronted with a variety of new responsibilities and functions. This has become very evident to Community Visitors particularly in relation to the management of people with complex needs, the maintenance of essential documentation such as person centred plans, fire safety, emergency evacuation drills and the ability to engage people, generally, in meaningful activities.

Further, Community Visitors have questioned whether staffing levels are adequate to provide services and have observed that many part-time positions were not filled. This has lead to the necessity for permanent staff working overtime or the over-use of casual or agency staff. The reliance on 'non-core' casual staff who are often unfamiliar with those for whom they care has had serious consequences and has included personal injury to some very vulnerable people.

Community Visitors are also aware of an intolerant attitude, bordering on hostility, towards the former KRS residents by some of the incoming neighbours to the redeveloped site. This year, Community Visitors reported on a number of issues specific to the houses on the redeveloped Kew Residential Services site including inadequacy of the roadways for people using wheelchairs and lack of regular fire evacuations. Of particular concern was the decision in one house to enforce a 'locked door' status due to complaints from neighbours about one resident who enjoys going for walks alone.

Community Visitors have questioned whether staffing levels are adequate to provide services and have observed that many part-time positions were not filled.

The board strongly recommends that DHS addresses these vital concerns for the former KRS residents as a priority in the coming year.

Community Visitors were pleased that Colanda Residential Services and the Oakleigh Centre are to receive funding to redevelop their congregate-care facilities. However, they are disappointed that there are still no plans in place to close both the Sandhurst Centre and Colanda Residential Services and reiterate their calls for the State Government to progress planning for the closure and redevelopment of all congregate-care facilities.

Compatibility and the inappropriate placements of people

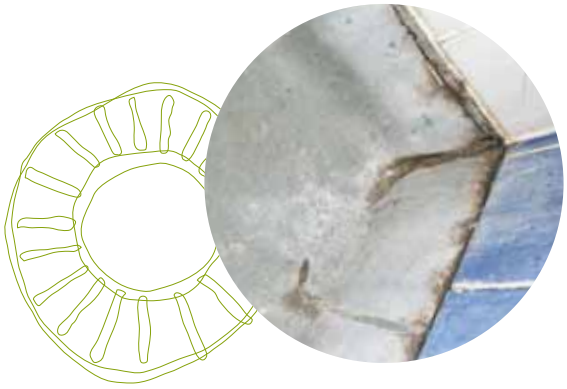
The principles of the Disability Act state that people with a disability have the same rights as other members of the community to "live free from abuse and neglect or exploitation" and "realise their individual capacity for physical social, emotional and intellectual development" while the *Quality Framework for Disability Services*[1] in Victoria requires that people accessing disability services are safe from "injury, threat fear and abuse."

The incompatibility of residents has emerged again as a major problem across the state, which mostly results in a crisis. Community Visitors report consistently on situations where it appears that inappropriate placements are having a direct impact on people's safety and wellbeing. In many cases, people are living in fear of constant abuse and actual violence and their distress is exacerbated by the reality that there is, very often, no immediate resolution available. In some instances, police attendance has been required or staff have been instructed to lock themselves in an office until the situation is brought under control. Community Visitors understand that while some people have been made victims of violence, the person instigating it frequently does not have the proper supports in place to help them manage their behaviour.

Community Visitors believe these problems are growing due to the continued shortage of permanent places in disability accommodation. This is leading to the inappropriate placements of many people with complex needs and behaviours. Community Visitors find it is not uncommon for a group of people to have their lives completely disrupted by the introduction of a new resident and for staff to be confronted with huge challenges in the ability to manage appropriately.

Towards the end of the reporting year, the board was pleased to have the opportunity to meet with the Minister and senior DHS managers and was informed that the aim is to ensure a balance between increased funding of Individual Support Packages (ISPs) which provide more life-planning choices and independence for people, and the building of more residential services. While the board supports the general proposition for people to live independently, and not in residential services where possible, it is extremely concerned that those with a high level of complex needs are precluded from taking advantage of ISPs and will remain in untenable situations for long periods. There continues to be a great need for more well-staffed houses for this significant group of people.

The board also notes with some disquiet that once people transfer to ISPs, their options for advocacy and ongoing support are limited. Community Visitors are only empowered to inquire into standards for residents provided with residential services.



[1] *Understanding the Quality Framework for Disability Services in Victoria*, Quality and Sector Development Branch, Victorian Government Department of Human Services, Melbourne 2007, p 19

Transport

The Disability Act requires that disability service providers "maximise the choice and independence of persons with a disability." Further, standards for disability services require that service providers assist "people with a disability to participate in their community and do the same sorts of things as other people" and "identify and overcome barriers that may prevent or restrict their participation in activities in the community".

In the majority of regions, Community Visitors report on the inability of people to participate fully in their communities due to inadequate and inequitable access to the type of transport that suits their individual needs. In an unacceptable number of cases, vehicles are shared between houses and many people are required to use taxis to attend day placements and to carry out their necessary and routine activities. Despite ongoing reviews by DHS of vehicle allocations and of distribution it appears that, for many people, inequitable access to viable transport is a daily predicament. The board notes with disappointment that access to appropriate transport is consistently cited as a barrier to fulfilment of the Act's principle for disability service providers to "advance the inclusion and participation in the community of people with a disability with the aim of achieving their individual aspirations".

Support plans

The Act requires service providers to ensure that all people receiving ongoing disability services have a current support plan in place while the standards for disability services require that needs must be planned for in a flexible, responsive way and tailored appropriately to support the individual.

Community Visitors again find that the standard and quality of individualised planning and progress towards the development of individual support plans varies greatly among agencies and between houses. The board is informed that there are many well-developed plans which identify people's individual goals and reflect the range of supports needed to achieve them. However, it is not uncommon for Community Visitors to observe a complete lack of plans or to report that plans do not appear meaningful in ways that genuinely assist people in fulfilling their aspirations. In many cases, it was difficult for Community Visitors to ascertain whether the plans were being implemented at all because of lack of progress notes and follow-up by staff.

The board finds that lack of adequate support planning for any person living in residential services is unacceptable and calls on DHS to ensure that all service providers, including its own Disability Accommodation Services, fulfil their obligations under the Act.

> "Lack of privacy in disability facilities undermines dignity of residents."

Staffing

The Disability Act requires that disability services "be of high quality and provided by appropriately skilled and experienced staff who have opportunities for ongoing learning and development". It also states that "persons with an intellectual disability have the right to opportunities to develop and maintain skills and to participate in activities that enable them to achieve valued roles in the community."

Community Visitors report with regret that the staffing issues identified in last year's report remain unchanged. An over-dependency on short-term, casual and agency staff continues to have an impact on all aspects of the quality of life for people across the regions. Community Visitors find that, where stability and continuity is provided by well-trained permanent staff, there is a noticeable correlation with an improved quality of life for people. Permanent staff are observed as more likely to be consistent in planning for people and to have a deeper knowledge of their needs, particularly where these involve complex or mental health issues.

Inadequate staff-to-resident ratios is also highlighted as a barrier to the enhancement of people's individuality as it means that outings are sometimes not possible or that elderly people are inhibited if they wish to retire from day placements because of a lack of staff hours to provide support in their home.

Community Visitors also report on the disturbing situation in a group of houses at Plenty Residential Services. The safety and well-being of a group of people with high support needs is compromised by the use of outdated staffing rosters which leave them with inadequate staff support at critical times.

Ageing

The principles of the Disability Act require that disability services "be designed and provided in a manner that recognises that different models of practice may be required to assist people at different stages in their lives to realise their physical, social, emotional and intellectual capacities."

Community Visitors consistently report on the inadequacy of planning for the needs of ageing residents and the lack of support for them to make genuine choices with regard to their accommodation, leisure and community activities. Lack of timely planning or accommodation that caters for changed needs, can have significant consequences for these people.

Community Visitors reported that ageing residents in one house could benefit from a higher level of staff support by an extra allocation of rostered hours but were disappointed when the only commitment received was for a general roster review and 'emergency' staffing rather than plans for the specific needs of these people. Conversely, Community Visitors were pleased to observe an initiative in another house that enabled an elderly woman to reduce her hours at structured day activities and spend free time as she chose; just to 'sleep-in' or go out for a leisurely coffee.

People with a disability who are ageing should have the same choices as people in the general population to adjust their activities to suit their changing lifestyle. The development and implementation of a policy that adequately addresses the needs of ageing people living in residential services is urgently required. Further, consideration should be given to the development of a protocol should ageing residents need to move from disability accommodation into aged-care accommodation.

> People with a disability who are ageing should have the same choices as people in the general population to adjust their activities to suit their changing lifestyle.

Respite

The Disability Act states that people with a disability have the same right as other members of the community to "respect for their human worth and dignity as individuals" and to "services which support their quality of life".

Community Visitors are seriously concerned for people with a disability who continue to live on a long-term basis in accommodation specifically designated for respite care. They report that this situation is common throughout the state and are concerned that people living in this way are unlikely to be receiving the full level of support to which they are entitled.

Community Visitors believe that long-term respite placement of people who need and should have a permanent home in residential services is inappropriate and inconsistent with the principles of the Disability Act and only serves to mask the reality of the demand for both permanent and respite accommodation in the state.

This shortfall in the number of permanent and respite accommodation places must be addressed without further delay.

Restrictive practices

The Disability Act makes it clear that "if a restriction on the rights or opportunities of a person with a disability is necessary, the option chosen should be the option which is least restrictive". Further, the Act states that, "the use of restraint and seclusion must be included in a behaviour management plan" that includes provisions which "state the circumstances in which the proposed form of restraint or seclusion is to be used for behaviour management", "explain how the use of restraint or seclusion will be of benefit to the person" and "demonstrate that the use of restraint or seclusion is the option which is the least restrictive in the circumstances."

Community Visitors would like to acknowledge the Office of the Senior Practitioner (OSP) for its work this year in addressing the widespread use of restrictive interventions in residential services, particularly in the Grampians and North and West Metropolitan regions. Community Visitors have had the benefit of regular communication with the OSP and are very appreciative of the accessible, supportive and generous way in which its staff have shared their knowledge.

Unfortunately, there continue to be many examples of unacceptable practice across the state. Community Visitors are deeply alarmed that, despite the stringent requirements of the Act, services are failing to put in place the least restrictive option and, in many cases, do not comply with the requirements of the Act with regard to behaviour support plans.

Community Visitors report this year on the case of a young man living in a locked environment in a DHS house in the Eastern Metropolitan Region with no apparent plans in place to improve his circumstances. They also report on multiple issues with behaviour support plans in the North and West Metropolitan Region and, most alarmingly, on the use of 'prone restraint' in the Grampians Region.

The board is adamant that there can be no exception to compliance with the legislation and calls on all service providers to review the use of restrictive practices in conjunction with the OSP and to conform fully and openly with the requirements of the Disability Act.

Deaths

Community Visitors are officially informed of deaths of residents and attend funerals when possible and appropriate.

Community Visitors in a metropolitan Region understood a resident died from a seizure in a 'maxi-taxi' en route to day placement. The resident was unaccompanied except for the driver. In the previous reporting period, Community Visitors had queried the need for staff training for the management of people who have epilepsy. This matter raises other issues such as whether staff support should be made available for people travelling in similar circumstances.

Mental Health

In 2008-09, 85 Community Visitors visited 118 mental health facilities across the nine regions of the state. This included visits to 21 hospital emergency departments which have been visited since 1 July 2008.

Community Visitors report that, overall, throughout the state, the quality of care is satisfactory in community care units (CCUs), aged persons mental health residential units, child and adolescent units, forensic mental health units and specialist units.

Community Visitors continue to have concerns with adult acute mental health units, aged persons acute mental health units and secure extended care units (SECUs).

Community Visitors are pleased to report on the following developments in mental health service provisions across the state.

The development of a new CCU in Warrnambool was finally completed this year.

Another adult acute mental heath unit at Maroondah Hospital will be opened in July and will increase the bed capacity to 50; a much-needed resource for the region.

At the campus of the Northern CCU a new Prevention and Recovery Care (PARC) unit is being built. Also in the Northern Region, the Centre for Trauma Related Mental Health (replacing the existing Veterans' Psychiatric Unit) is to be built later this year.

In the Grampians Region a $5 million redevelopment for the adult acute mental health inpatient unit will commence before the end of 2009.

Community Visitors welcome the State Government's $150.6 million reform package to mental health services. The proposed redevelopment of the Dandenong Hospital will create an additional 73 new mental health beds. Also the proposed redevelopment at Geelong Hospital will create an additional eight mental health beds.

Another initiative by the State Government is the funding for child and adolescent services including the new 'Early in Life Program' which addresses the need for early intervention.

Long-stay Patient Project

In the 2007-08 Community Visitors Annual Report, Community Visitors reported that there were 99 patients in mental health units throughout the mental health system who had been there for unreasonably extended periods of time ('long-stay' patients).

In 2009, 47 of the 99 long-stay patients originally identified were still in the same facilities (see graph).

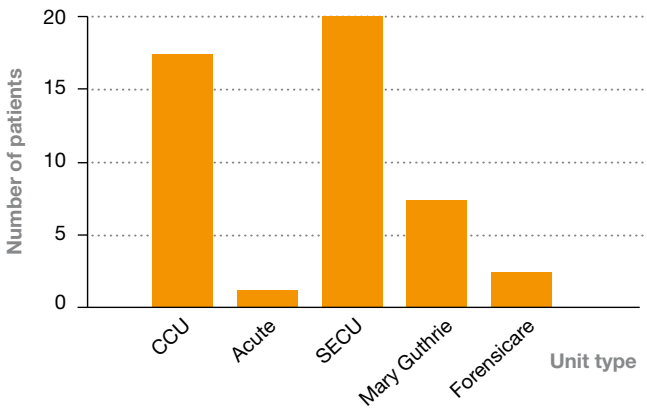
Of particular concern are the human rights of ten patients in locked SECUs who have been living as involuntary patients for eight years or more including one patient who has lived in SECU for 21 years. In one SECU there are 11 long-stay patients identified as ready for discharge who have not been able to relocate due to a lack of community-based housing options and support.

Community Visitors have also expressed concern for some time about patients in the Brain Disorders Unit, Mary Guthrie House. These patients have complex needs resulting from brain injuries and mental illness and require specialist support. However, due to a lack of community-based specialist accommodation and support, they are experiencing protracted stays in what is essentially an institutional environment. One patient has been there for 17 years.

DHS has allocated a significant pool of intensive support packages and to care coordination and it is understood that some of these packages will be allocated to long-stay patients. However, it is not clear to what extent these programs will be able to meet the needs of people who require significant, continuous support to live successfully in the community.

Community Visitors intend to monitor the incidence of long-stay patients as well as their discharge patterns to ensure this vulnerable group of patients, many who have experienced long-term institutionalisation, are able to realise their human rights. Successful discharge outcomes will require sustainable accommodation and support tailored to peoples' individual needs.

Number of long-stay patients identified by Community Visitors b/w 2007-08 remaining in 2009



Goals

1. Individual rights and dignity of people with a mental illness

OPA's Advice Service received 171 calls in 2008-09 which were referred to Community Visitors to assist with matters raised by consumers or interested parties within mental health units.

A significant proportion of the calls relate to consumers inquiring about their rights, including information about Mental Health Review Board (MHRB) hearings and seeking a second opinion. While consumers are given information about their rights they are also given information on their responsibilities, all contained within the one hospital pamphlet on admission; however, this is not always done in a timely manner or repeated as often as necessary. This difficulty can be compounded if the consumer or the staff are from a culturally and linguistically diverse background. On occasions there has been a lack of knowledge about the role of Community Visitors by staff. However, in most situations, staff are responsive to requests from consumers who wish to access a Community Visitor.

Community Visitors have observed that sometimes consumers are unclear as to how they can access their doctor. Access to their doctor in order to have their treatment reviewed can be limited and this can impact on their overall treatment. Community Visitors have found that this can hinder and delay the discharge-planning process.

Community Visitors have found that staff reporting and managing of incidents is inconsistent. Community Visitors are, therefore, concerned as to how effective matters are dealt with on behalf of consumers.

2. Best possible assessment and treatment services and adequate human and physical resources

Accommodation

There is a continued need for SECUs within the state. For example, Barwon-South Western, Eastern, Loddon Mallee and Hume Regions continue to experience an urgent need for SECUs. This issue has been identified in previous annual reports and is an ongoing concern as it creates bed blockages within the system.

Discharge planning from acute care mental health units and CCUs is often difficult and can be delayed as a result of the lack of affordable and appropriate accommodation options.

The Hume Region has identified an increase in homeless consumers who do not appear to be able to access appropriate supportive care and transition between acute mental health units on the state borders of Victoria and New South Wales.

Appropriateness of placement

In the Northern Metropolitan Region there are continuing concerns about the number of consumers, particularly those with a dual disability, who are still in the SECU at the Austin Hospital. CCU beds are urgently needed for these consumers and those waiting to access community-based accommodation.

Frequently, it has been observed that, because of the demand for accommodation, consumers are often discharged into less than ideal accommodation without adequate supports to meet their needs.

For example, consumers suffering from Huntington's Disease are frequently inappropriately placed. Beds at the Huntington Disease specific unit are extremely limited and mental health unit staff are often unable to cope with the deteriorating nature of the condition which impacts on the person's cognitive, emotional, social and physical abilities.

> Bedrooms need to be well-maintained to promote recovery in mental health facilities.

Case Study:

Long-stay consumers who are having delays in exiting the service due to a lack of alternate and appropriate care or accommodation remain a concern. One consumer needs a secure bed where none are available, while another cannot be transitioned due to their complex care needs and behaviours. On a positive note, one elderly consumer has finally exited the service they had been in since November 2008.

Health care needs: Non-smoking policy

The non-smoking policy has now been introduced by all mental health service providers across the state. Consumers and staff have been offered advice and access to 'Quit' programs. There appears to be inconsistencies in the implementation of the non-smoking policy with Community Visitors receiving numerous complaints by consumers about it.

The implementation and impact of this policy will continue to be closely monitored by Community Visitors.

Staffing

Community Visitors are pleased to report a decrease in the use of agency staff. Some regions are still experiencing a shortage of specialist staff, in particular, nursing, medical and occupational therapy staff and this is impacting on the availability of appropriate skilled care for consumers.

In a number of facilities, there are considerable delays in obtaining medical care for consumers. While this reflects the difficulty some in the community experience, in many cases, this has a significant impact on the consumer's physical health as well as mental health.

It is noted that, in some units, there has been a significant lack of activities because of staff shortages; this remains a consistent theme as reported in previous years which impacts on the progress of a recovery.

> Clean, comfortable, well-lit bedrooms are important in mental health facilities.

3. Appropriateness and standard of facilities

Safety

Consumers raised a number of complaints with regards to their safety, particularly relating to their privacy and protection in their own room. In some instances, consumers have asked for the installation of a lock which would alleviate the problem but this can take many months to install.

Maintenance

Overall, there has been an improvement in the maintenance of mental health facilities. However, the timeliness of some maintenance and repairs remains a concern. Ageing infrastructure, torn furniture covers and worn carpet of some mental health facilities affects the environment and can have a negative impact on consumers.

Design of some of facilities appears to have had a detrimental impact on some consumers. Many issues may have been prevented if adequate consultation had occurred with consumers and staff during the design of the units.

Heating and cooling units have been an issue reported at some facilities; ambient comfort is an important component for the rehabilitation and recovery of consumers.

Case Study – North and West (north) Metropolitan Region

In the SECU and adult acute unit at the Austin Hospital, problems originating from their construction in 2006 have caused concern. Bedroom doors were insecure and easily opened affecting privacy and safety, while ill-fitting exterior doors of the mother and baby areas allowed draughts that affected the temperature of the unit. The consequent use of rolled-up towels across doorways to block draughts created a safety risk.

Solutions were eventually found to these construction problems which should never have occurred in the first place.

Gender sensitivity

Gender sensitive issues continue to arise. Some providers are more responsive and sensitive to this issue in contrast to others who may allow a situation to occur where there may be only one female in a unit with a number of males. Such a situation occurred at the SECU in Ballarat where a female was sharing a unit with 11 males over several months resulting in an alleged sexual assault against the female consumer.

Female consumers often report feeling unsafe because they are unable to prevent intrusions into their rooms by other consumers. Locking doors to prevent access by other consumers can reduce anxiety and give a sense of security. Installing locks can be a way forward.

The gender imbalance has been a long-term issue that needs to be addressed.

The gender sensitive issue can become compounded in a mixed unit when a client suffers from reduced inhibitions.

The female only unit at Maroondah Hospital has been reported to Community Visitors as a success, with positive feedback from both consumers and staff.

Compatibility

There has been a significant increase in the number of older consumers who have expressed safety concerns in sharing with younger consumers.

4. Rehabilitation, educational and recreational opportunities

In general, Community Visitors report very positive changes in the Southern, Grampians and Northern Regions with respect to recreation, education and rehabilitation programs and opportunities for consumers.

The forensic mental health facility has developed and runs a Healthy Living Program for consumers; this has been well received and is able to demonstrate lifestyle changes for those who have participated. The extension of the day program has also demonstrated some very positive outcomes. In the Grampians Region, two consumers have been assisted to access university studies and this is proving to be a very positive activity.

In the Eastern Region a range of innovative programs has shown significant benefits for consumers. These range from the use of sensory stimulation areas, serving ‘high tea’ to consumers, and the installation of a shed or a car to work on.

Weekly unit meetings that invite participation and contributions from consumers at units have worked well.

However, in some mental health units the lack of access to educational and rehabilitation programs has had a significant negative impact on the long-term prospects for recovery of consumers. Often the shortage of qualified staff further limits opportunities. The problem is further compounded when transport needs to be arranged. Not having access to transport also limits choices for consumers.

Often consumers who are not interested in the activities being offered will miss out as other alternatives are not provided and there is little opportunity for individual interests to be pursued.

This issue becomes more complex when transport needs to be arranged for community access and other activities.

5. Best possible and least restrictive treatment and care

It was reported that there has been a reduction in the use of seclusion across the regions and some units were presented with awards.

It has been noted that, at some units, designated staff are used to provide more intensive supervision of consumers to alleviate the need for locking the units, therefore, not restricting all consumers.

St Vincent's Hospital continues to have an open-unit policy.

The second unit at Maroondah Hospital is being run as an open unit and Community Visitors report that this trial is proving to be very successful.

At the forensic mental health unit the use of rooms designed for sensory stimulation has positively impacted on consumers.

Restrictive practice

The lack of high dependency units in some areas has meant that in some cases all the consumers are living in a locked unit because one consumer is perceived as having the potential to abscond.

Staff shortages in a number of units have also impacted on consumers' ability to go out for walks or go into the local community on outings.

Community Visitors have seen this impact on the transition for rehabilitation and discharge-planning for a number of consumers.

6. Good practice

It is pleasing to report that there were a number of positive practices noted.

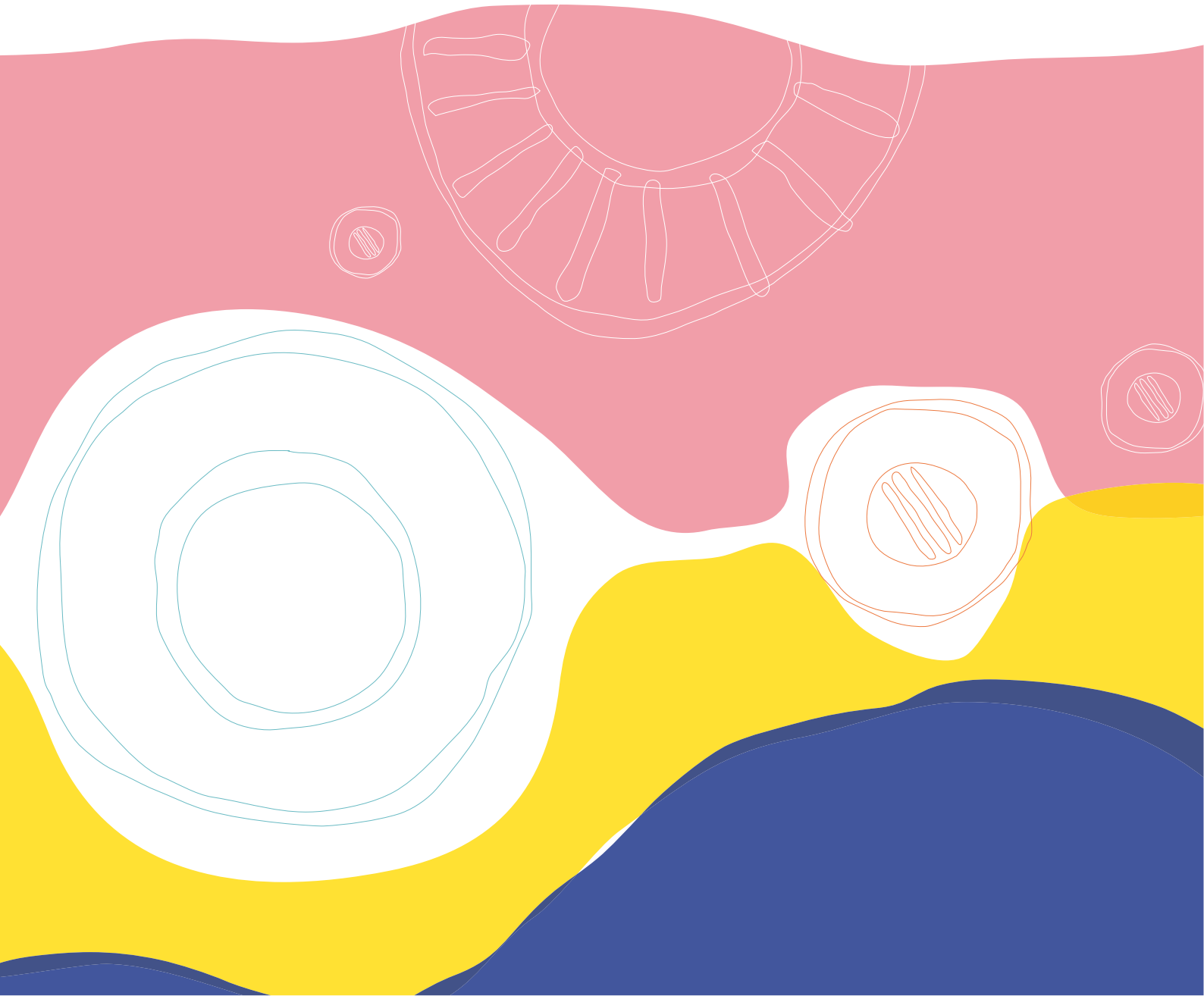
At Maroondah Hospital consumers were involved in the development of the 'Welcome Packs', containing relevant consumer and carer information and some basic toiletries for consumers.

A number of units are allowing consumers to approach the start of their day at times they have negotiated and, therefore, not pressuring consumers into routines; this is consistent with everyday living arrangements.

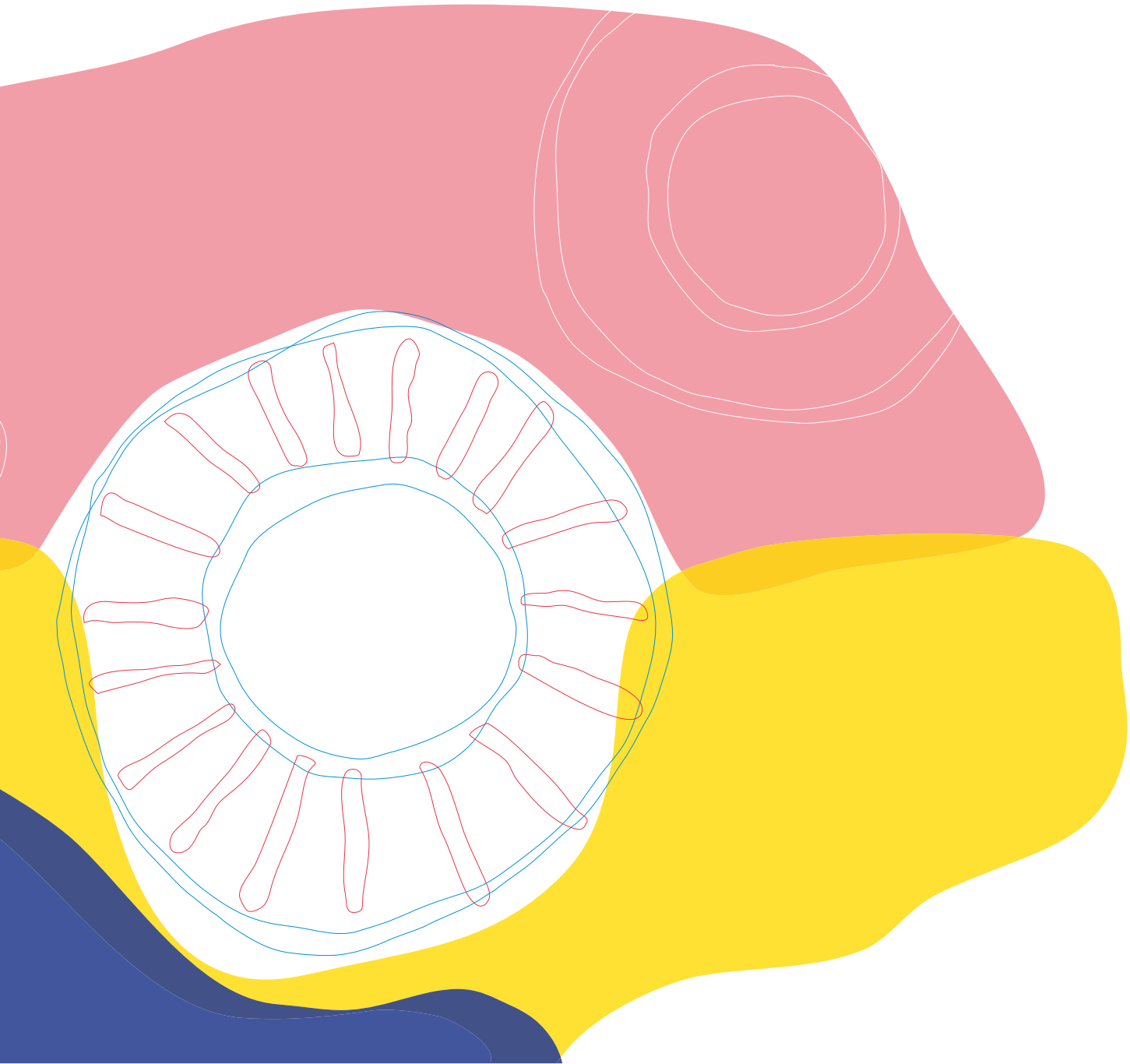
The CCU staff at Beechworth are congratulated for having received an award in 2008 for their consumers' activities program.

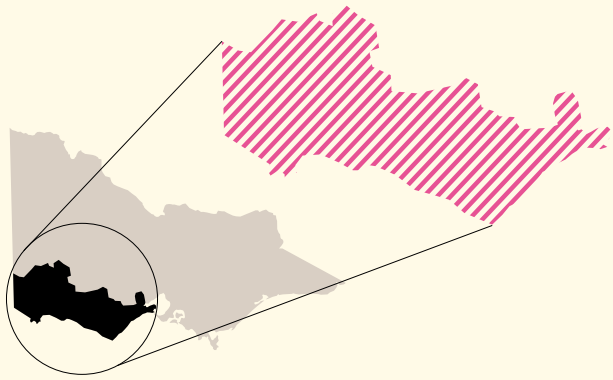
It is pleasing to note that Bendigo Health, at the 2008 Victorian Public Health Care Awards, won a gold award in the 'Improving health service safety and quality' category for their efforts in the reduction in the use of seclusion in the adult acute inpatient unit.

Community Visitors long advised of the need for recreational infrastructure at the Austin Hospital's Child & Adolescent facility.



Regional Findings





Barwon-South
Western Region

Barwon-South Western Region

Barwon-South Western Region extends from Lara to the South Australian border and covers approximately 29,637 square kilometres.

This region has a population of approximately 340,496, which represents 7 per cent of the Victorian population.

Health Services

Community Visitors conducted 61 visits to 12 SRSs throughout the region. Five of these facilities were pension-level and the remaining six facilities provided supported accommodation at above-pension cost.

Environment

Community Visitors wish to commend proprietors of facilities who made improvements that have benefited residents' quality of life as a result of SAVVI funding. For example, the purchase of Wii consoles[2] have enabled some residents to benefit from increased physical activity. A number of facilities have replaced old carpets and floor coverings with consequent improvement in appearance and odour. Attractive vinyl and carpet suitable for incontinent residents has been laid with much improved appearance and cleanliness. New beds and mattresses have been purchased in some facilities.

Community Visitors reported some building maintenance and cleaning issues, including torn lino in a laundry, and bathrooms and floor coverings that were not clean. However, they also reported that a number of other facilities were warm, comfortable and well-maintained.

Safety

Community Visitors are concerned that some facilities are not keeping records of which residents are currently on the premises. This could be an issue if the need to evacuate the facility arose at short notice.

The management of residents with mental health issues appears to have improved in the Geelong Region, with Community Visitors reporting instances of residents with a mental illness receiving support from a local mental health team and from the Royal District Nursing Service. The involvement of outside expertise has reportedly improved staff ability to respond to the needs of one particular resident.

However, there were also reports of aggressive resident behaviour, and a couple of general disturbances that caused distress to other residents.

Staffing

One facility has sent its staff off-site for training in dealing with residents with a mental illness. This training has given staff greater confidence in dealing with challenging behaviours. One facility has used SAVVI funding to increase staffing levels, with benefits for residents.

In most of the region's SRSs, Community Visitors report that staff and management are very caring towards residents. Community Visitors have reported that staff and management take the time to get to know residents and understand their needs and wants. This has meant that there is a much more settled environment and trust between the residents and staff.

However, there are some instances where proprietors were less effective in ensuring the needs of residents were met. Community Visitors reported concerns about the wellbeing of one resident who had a serious skin complaint and was not receiving medical attention.

[2] Games consoles are attached to a television set to enable video games to be played which require physical movement.

Disability Services

Within the Barwon-South Western Region, Community Visitors visited 73 residential services. Forty of these are managed by DHS Disability Accommodation Services and a further 33 are managed by nine different CSOs.

Community Visitors in this region also visited seven residential units at Colanda Residential Services, a congregate-care facility managed by DHS.

Community Visitors undertook 343 scheduled unannounced visits.

Colanda Residential Services

One hundred and twenty four people are living at Colanda Residential Services, Colac. Community Visitors believe that the congregate-care model of accommodation is inappropriate. There is a non-admission policy at Colanda Residential Services, which means that the number of residents will decrease over time.

The Minister announced in the last budget that funding was being made available to build two houses, one in Colac and one in Geelong, which will accommodate five residents each. The aim is to have these houses ready by the end of 2010.

There are a number of people at Colanda Residential Services whose families have indicated that they would like them to move closer to where the family lives. Funding has been made available to facilitate this when a suitable vacancy occurs in the desired locality.

Community Visitors acknowledge the challenge of providing a homelike atmosphere within an institutional environment such as Colanda Residential Services. There are continuing fabric improvements to Colanda Residential Services units and also the replacing of furniture and fittings with the result that much more pleasant living environments have been created.

Appropriateness and standard of premises

Environment

Most houses in the region are comfortable, clean and well maintained. Residents appear happy and, those who are able, say they are generally satisfied with their homes. Community Visitors report that they appear to be cared for well.

One respite house has been replaced with a new purpose-built facility catering for clients with high physical needs. Two new facilities are under construction and are much anticipated. One house, which is earmarked for replacement in three years, is home to five people, two who use wheelchairs and three who use walkers. This home is inadequate for their needs and unsafe. Corridors are too narrow and movement around the house is difficult and frustrating for residents and staff.

Similarly, in another house, occupied by four residents with high physical needs, wheelchair access is a safety issue. The house is too small, has a narrow hallway, a kitchen not suited to residents using wheelchairs and small bedrooms.

The last two purpose-built houses in Warrnambool and Hamilton are now occupied and the residents enjoy an improved quality of life in their ‘new homes’. In the Hamilton house, people have benefited from the fresh vegetables and eggs from their ‘mini-farm’. Each person has a fruit tree and is responsible for its care.

Unfortunately, a number of houses in the region have had trouble with the floor lining of ‘wet’ areas. The lining is difficult to seal effectively and water frequently seeps underneath and causes the surface to lift.

Opportunities for inclusion in the community

Support planning

In one house, Community Visitors report none of the residents have individual care plans. While residents may appear to be happy and well cared for, support plans are a requirement under the Disability Act.

Individuality

People in the region appear to enjoy a good quality of life which includes local and interstate holidays. The Tamworth country music festival appears to be a favourite choice. Residents have a wide choice of activities after day placement; bowling and going to football matches are frequently enjoyed.

Some residents are benefiting from *Karingallery*, a day program that is not disability-specific. The program has helped residents to develop their creative skills and provided a connection for them into the community. Local people attend the showings and artwork from the program is on display in public spaces throughout the region. Residents of Colac houses and Colanda Residential Services display their artwork at the Colac Otway Performing Arts and Community Centre with residents receiving the proceeds when their artwork is sold.

Some residents pride themselves on having regular, paid employment and are always pleased to talk about their work with Community Visitors. Disability agencies in Colac have made special efforts to seek out supported work opportunities for residents in the local community, for example, the ironing service, car washing services and in local restaurants.

Some residents pride themselves on having regular, paid employment and are always pleased to talk about their work with Community Visitors.

The 'hotel' model of care is being replaced by 'active support' which focuses on enabling and supporting residents to take responsibility for many everyday tasks that are part of the life in any household. A staff member from a house in Colac recently got married and, supported by staff, all the residents of the Colac Otway Disability Accommodation Services attended the wedding and the celebrations.

Case study – Individuality

In the houses of one CSO in Geelong, there are some good examples of catering for individuality. A bird aviary appears to help distract a person who has a tendency to self-harm. Owning a dog encourages responsibility and provides an opportunity for another person to exercise. In one house, a resident takes great pride in tending a vegetable garden and, in another, all the residents care for chickens and collect the fresh eggs. There is also a weekly 'bread run' whereby bread is delivered to all local CSO houses.

Service quality

Staffing

While levels of staffing are well-maintained, the use of casual staff sometimes causes confusion about daily routines such as meal preparation. Community Visitors are more likely to report lack of access to incident reports and other records in houses with high casual staffing. Some casual staff are unaware that Community Visitors are authorised to access information about residents.

Flexibility of rosters can benefit residents; in one house staff rosters have been staggered to allow an ageing person with dementia more time in the mornings to get ready for day placement. In another, a CSO has converted Sunday hours, plus hours from another house, to provide an extra two and half hours of support Mondays through to Saturdays in a house where there are two men with high physical needs. The men have benefited greatly from a one-to-two staff ratio which allows them to plan and cook their own meals in their section of the house. This has given them a real sense of achievement and improved their independent living skills. Sometimes the whole household benefits from walks in the neighbourhood and, on rare occasions when a bus is available, a take-away meal outdoors.

Health care needs

Residents at Colanda Residential Services have limited access to hydrotherapy pools in the region. Geelong residents can use a pool, which was built specifically for people with high support needs but Colanda residents have only limited access to the private pool in Colac, which is open to the public.

Community Visitors are concerned that people with disabilities have extensive waiting times for some medical procedures. Dental checkups are a challenge for some people, necessitating a general anaesthetic and a long period on a hospital waiting list.

Ageing

Community Visitors are concerned when people develop early symptoms of dementia which can impact other residents. In one house some residents are ageing and showing signs of dementia. This has required the locking of external doors and restricts the movements of other residents.

Financial

In one home, staff have made a great effort to promote residents' independence. Residents plan the grocery shopping and make decisions about what to buy within a budget. They are supported by staff but have learned skills and now sign for their own groceries at the supermarket. Some residents manage their own finances independently.

Two people in a Geelong house require continence aids. The Commonwealth Aids Assistance Scheme funding does not take into consideration the extra cost of their increasing need and the maximum funding for 12 months was used in just three months. The costs for incontinence supplies for the remaining nine months of the financial year must come from the residents' disability pensions. This means there is less money available for other necessities and has a substantial effect on their quality of life.

Respite

The inappropriate use of respite facilities for people who need permanent accommodation continues to be an issue in the region. Three people have been living in one respite facility in Geelong for more than three months. One person is living there because of an ageing parent, and the other two until permanent placements are found for them.

Restrictive interventions and compulsory treatment

Restrictive practice

Behaviour support plans, where required, are in place in most houses. Community Visitors have regularly perused people's plans at Colanda Residential Services and found them to be up-to-date and appropriate.

People at Colanda Residential Services are being seen by psychiatrists on a regular basis when there is an existing dual disability which includes mental health issues.

Mental Health

Barwon-South Western Region mental health services are managed by South West Health Care and Barwon Health.

They consist of two adult acute units, two community care units (CCUs), one aged persons mental health residential unit, two emergency departments and a prevention and recovery care unit with 24-hour nursing.

103 visits were made to these facilities by Community Visitors.

Environment

The State Budget announced funding to build an additional eight acute beds in Geelong and it is anticipated these beds will be allocated for aged adult acute consumers so that they will not need to occupy beds in the current adult acute unit.

The new CCU in Warrnambool was finally opened in 2009 and appears very functional and spacious.

There is still an urgent need for a SECU in the region, as one consumer was required to wait for some months for a bed to become available out of the region and other consumers have needed to remain in the various units, thus blocking the use of beds.

Safety

Community Visitors have observed that fire extinguishers have been removed from various locations throughout the Geelong aged persons mental health residential unit and are stored in the nurse's station.

Staffing

Additional staffing resources will support the program officer at the adult acute unit in Geelong with an extra high dependency unit nurse being allocated and it is anticipated they will be available to assist the officer when not otherwise actively engaged. This would also alleviate the problems that can occur when there is no replacement for the officer when they are on leave.

Compatibility

There has been a significant increase in the number of older acute consumers who have expressed a fear of mixing with the younger acutely ill consumers.

It has been noted that the area set aside as the 'gender specific' lounge at the Geelong adult acute unit has been relocated and this new area is not yet available for use because it needs extensive renovations. In view of the State Government's commitment to addressing gender sensitive issues, Community Visitors hope that the renovations are a priority.

Good practice

At Warrnambool Hospital, a mental health liaison nurse has been located in the emergency department in order to provide better care for people with mental illness awaiting assistance. In addition, staff from the adult acute unit are readily available to attend the emergency department for mental health consumers, if required.

Both the aged persons mental health residential unit and the CCU/PARC in Geelong have set up regular consumer meetings where activities and other issues are discussed, giving consumers an opportunity to have a say in the program.

The Grace McKellar Centre, an aged persons residential facility in Geelong which also caters for aged persons mental health residents is forming a library of donated, second-hand books, talking books, large print books and videos; which will be available for all consumers.

The Geelong CCU/PARC has initiated a bicycle riding and repairs activity. It has also introduced a communal daily breakfast, which has been a huge success with consumers as well as staff.

Complaints

A significant proportion of referrals to Community Visitors from OPA's Advice Service relate to consumers inquiring about their rights and responsibilities. While consumers are given information about their rights and responsibilities on admission, this is not always done in a timely manner or repeated as often as necessary, which can assist them in understanding this information.

Eastern
Region

Eastern Metropolitan Region

Eastern Metropolitan Region includes inner suburbs such as Kew and Hawthorn, large outer-metropolitan suburbs such as Ringwood and Croydon and semi-rural townships such as Healesville and Yarra Glen.

The region covers an area of 2,930 square kilometres. This region has a population of approximately 974,374, which represents 20 per cent of the Victorian population.

Health Services

Community Visitors conducted 330 visits to Supported Residential Services in the Eastern Metropolitan region. The region has 57 SRSs with 10 pension-level facilities.

Increasing care options have had an impact on occupancy rates in mid-market SRSs in the region, with Community Visitors noting a significant drop in occupancy in some facilities. The facilities appear to be competing with a range of alternative aged-care accommodation options such as retirement developments. Some of the mid-market facilities had predominantly housed people of independent means but are now taking in increasing numbers of pensioners, despite anticipating long-term financial difficulties arising as a result of this practice. Although the new residents are generally younger, they have mixed well with the existing older residents.

Community Visitors are pleased to report that the commitment of additional resources to DHS's regional management team last year appears to have had a positive influence on its capacity to fulfil its statutory obligations. The relationship between Community Visitors and Authorised Officers, who inspect SRSs in behalf of the government, is constructive. Authorised Officers are responsive to Community Visitor concerns, and deal with matters raised promptly. Communication is good, facility audits are being completed and outstanding issues addressed, resulting in improved living conditions for many residents.

The introduction of the most recent notification process has worked well; it has enhanced communication between Authorised Officers and Community Visitors. Investigations are carried out promptly and the outcomes conveyed to Community Visitors in a timely manner.

The 'desk' audit, which Authorised Officers conduct prior to re-registration of an SRS, has resulted in significant improvement in compliance by SRS proprietors and has seen many long-standing issues resolved.

Community Visitors have concerns about proprietors, who were originally assessed by DHS as appropriate to manage an SRS, are no longer at the SRS and have put a manager who has not been assessed in their place. One SRS had had seven managers in the last three years. These managers should be assessed as to their capabilities to fulfil the role by DHS the same as proprietors.

Environment

SRSs in this region are generally 'home-like'. Overall, facilities are well-furnished, clean and comfortable. The standard of living environment in the above-pension facilities is much better than that of pension-level facilities. Community Visitors in the region are pleased to note the improved amenity for pension-level SRS residents, which is attributed to SAVVI funding. For example, an SRS with a complex resident mix has been very proactive in providing activity options including planting and maintaining a residents' vegetable garden. This facility was also able to install new air-conditioning and undertake building modifications to increase the number of beds available.

As expected, the living standard of many facilities has improved with repainting of rooms, new bedding, carpets, curtains, and staff to ensure the facilities are kept clean.

Information

Community Visitors were concerned about the lack of information provided to residents prior the closure of one SRS. The SRS proprietor, an interstate company, planned to close the facility, and for a number of months failed to give its elderly residents information about when the closure would happen and what alternative accommodation options were available. This created a great deal of anxiety for residents and their families. The usual procedures for relocation were not used as DHS and the Community Visitors were excluded from the process. Nevertheless, Community Visitors have been able to visit most of the people in their new accommodation but it is difficult to assess the impact the move has had on these residents.

Health care needs

The quality of care plans varies greatly across the region, ranging from inadequate to very good. Staff turnover and shortages are an ongoing problem in many SRSs and have had a significant impact on the ability of some facilities to provide adequate care.

Poor quality of care is most evident in facilities where there are a number of residents with high care needs and where the resident mix increases staff workload. Inexperienced staff often struggle to provide appropriate care to residents with complex needs. The lack of experienced staff, in some instances, means the management of residents exhibiting violent behaviour is compromised and often impacts on other residents.

> Access to recreation activities for SRS residents varies across the region. The majority of above-pension facilities have programs tailored to the needs and wishes of their residents.

The high turnover of personal care coordinators and managers, particularly in above-pension homes, has led to a lot of confusion and anxiety among residents. New staff often implement new operating systems, which can lead to long delays without adequate care plans or residential statements.

Least restrictive environment

Last year, Community Visitors reported on a facility that had established a locked unit for residents with dementia and other special needs. Community Visitors were concerned about a number of safety and care issues that arose from this development. Community Visitors are pleased to report this year that, after an investigation by DHS, the facility no longer has the locked unit.

Opportunities for recreation

Access to recreation activities for SRS residents varies across the region. The majority of above-pension facilities have programs tailored to the needs and wishes of their residents: for example, some residents prefer to play bingo at home than to go on bus trips.

There is evidence of resident interaction with community groups and school children and participation in activity sessions provided by local councils. Pension-level residents have accessed many programs and, with the aid of SAVVI funding, some residents have personal carers to take them on outings. Local libraries continue to visit, bringing books for those who choose not to go out and have regularly sent a car to take residents to exchange books.

Safety

Community Visitors were concerned about a number of safety issues identified at different SRSs during the reporting period, including reports of violence and fire safety issues.

As reported in last year's Annual Report, Community Visitors are concerned that some proprietors do not meet their responsibilities regarding emergency evacuation procedures. Community Visitors are concerned that both DHS and the Country Fire Authority have not been particularly responsive in the area of fire awareness.

Not withstanding, Community Visitors have seen some success as outlined in the following case study:

Case study: Fire preparedness

In February 2009, Community Visitors conducted a routine visit to a two-storey SRS in a bush setting. They reported a number of serious deficiencies in fire safety planning and lodged a notification to DHS detailing their concerns. They had particular concerns for one wheelchair-bound resident who staff suggested would be evacuated from her second storey room by being dragged down the stairs on a mattress. Other concerns included a lack of an evacuation plan, a resident being identified as the fire warden and extreme difficulty in accessing residents' rooms at night because of the large number of keys on the one key ring.

As a result of the notification, DHS conducted an investigation and directed the proprietors to implement a range of measures to ensure the facility met fire safety standards. Follow up visits by Community Visitors indicate some training has taken place and the other matters are being addressed.

Disability Services

Within the Eastern Metropolitan Region, Community Visitors visited 275 residential services. One hundred and thirty-three of these are managed by the DHS Disability Accommodation Services and a further 142 are managed by 19 different CSOs.

Community Visitors undertook 688 scheduled, unannounced visits.

The Kew Redevelopment

In April 2008, the remaining 100 residents of KRS transferred from their ageing and inadequate institutional accommodation, to 20 new houses located on the former 'Kew Cottages' site. The purpose-built, modern housing blends with surrounding private dwellings that are all part of stage one of the residential redevelopment of this historic location now known as Main Drive, Kew.

It is envisaged that the decision to relocate the KRS residents within a community environment would bring these people greater opportunities to access and become involved in their local community. In time, it may convey to them a positive feeling that they are now part of the community and not apart, as in the KRS environment where they were generally ignored, isolated and secluded.

Community Visitors have ongoing concerns with issues that have arisen since the relocation took place. Some of these issues and concerns, such as inadequate staffing levels, lack of activity programs and opportunities for community interaction and involvement are also evident in houses occupied by former KRS residents in other parts of the region.

The redeveloped KRS community housing site has specific issues that affect these people. Consideration of people's needs, and appropriate planning with regard to the mobility capabilities of some, appears to have been disregarded. In some areas of the redevelopment, there are no footpaths, and residents have to walk along the roadway, which, in some sections, is single laned. People in wheelchairs are forced to use the roadway, posing a significant safety risk. Community Visitors question those responsible for this redevelopment for ignoring some specific needs of these members of the community.

Community Visitors reported, throughout the year, their concern that fire drills had not been held at some of the 20 houses as they could find no evidence in the files over successive visits. Four evacuation drills are required in each year with each staff member to participate in at least two drills per year with consideration to be given to conducting drills during evening, night and weekend shifts. Community Visitors understand that only one of the 20 houses met the standard of four drills including weekend drills. Community Visitors are alarmed at the lack of management oversight of what could be a significant risk to the residents and also at the failure of the houses to meet the standard.

There are also issues regarding the degree of acceptance by some private residents towards their ex-KRS neighbours. The neighbours are reported to have demanded that a woman "should be locked up" as she was a "problem" that needed fixing. One of the complaints was that a resident took an occasional stroll across the un-fenced gardens on the site. Community Visitors strongly encourage DHS to help the neighbours engage better with the residents.

Community Visitors are concerned locked doors are used as a safety measure when less restrictive means could be used. They urge DHS to review this restrictive intervention. In one case, DHS justified a decision to lock a front door as a safety measure after complaints from some neighbouring residents. This decision means that a woman is not able to freely walk around her community without staff following her. Her quality of life has been significantly affected, as she is now reluctant to go outside if staff indicate they will follow her.

Oakleigh Centre

As noted in OPA's five-year analysis of Community Visitor annual reports[3], Community Visitors have consistently called for the closure and redevelopment of the congregate-care facilities.

The Oakleigh Centre management and staff over the last year have made a determined effort, despite non-equitable funding, to try to provide a quality service for their residents in congregate care.

Community Visitors are pleased that, finally, further capital funding and extra recurrent funding has been found this year after last year's disappointment of no extra funding. This will enable phase one of the Congregate Care Housing Redevelopment to proceed, and increase staff funding in the lead up to phase two of the redevelopment, which when finally complete, will see all residents housed in well-funded Community Residential Units.

Appropriateness and standard of premises

Environment

The year has seen progress towards equity in the standard of accommodation as more non-purpose built, cramped or deteriorating houses are proposed for refurbishment and replacement. Unfortunately, as reported last year, many people will continue to live in this sub-standard accommodation for an uncertain timeframe. Once houses are categorised for refurbishment or replacement, Community Visitors find that the only maintenance undertaken is for works deemed 'urgent and essential' by DHS.

Where non-purpose built houses are in relatively good condition but not listed for refurbishment, many still have very limited personal and general living spaces. An older unit, which is home to three adult men, has small bedrooms and one lounge-room which barely accommodates the large television and a couch. The dining area has sufficient room for only a small table and a sideboard. DHS' response is that, generally, no more than two men are home at evenings and weekends. This is an unsatisfactory response for these men in terms of their ability to socialise or entertain friends and family.

The Disability Act describes disability service providers' obligations for the provision of residential services and includes the requirement to complete repairs and renovations in a timely and reasonable manner.

For yet another year, Community Visitors consistently emphasised a lack of general maintenance and upkeep for numerous houses across the region. Concerns were raised about damaged, uneven carpets and unstable pathways which are hazardous for mobility-compromised residents, holes and cracks in walls, lack of window coverings, damaged or inadequate kitchens, ageing appliances and water leakage.

Community Visitors have reported since 2002 that, in one DHS house, the only bathroom for five ageing men has disintegrated tiling, unstable floor covering, an unsuitable layout and two toilet cubicles with shower curtains across the front. Despite ongoing reassurance that assessments and quotes were being obtained, the problems have continued well into this reporting year.

Bathrooms were extensively identified as a problem. The allocated staff shower at one house had to be used by residents because their own shower was unusable due to lifting floor coverings, while the floor squelched underfoot.

Opportunities for inclusion in the community

Support planning

While the Disability Act requires that each resident has a current person centred plan, and that adequate support is provided to implement the plan, Community Visitors again report that the standard and quality of individualised planning and progress towards development of person centred plans that reflects residents' individual needs and aspirations varies greatly between agencies and residential facilities.

The better plans include community participation goals which reflect the range of supports needed to assist a person to live the life they want. These often include saving for a holiday or trip, making articles for entry into a craft show or knitting a birthday gift. Community Visitors are pleased when they observe that plans such as these are genuinely being implemented.

[3] *Two steps forward, one step back: An analysis of five years of the Community Visitor annual reports*, *2003 – 2007*, OPA Policy and Research Unit, December 2008

Individuality

Community Visitors continue to report on people's access to a variety of activities and entertainments. During the year, these included a 'Tonight Live' evening social program, creative art classes, dancing, water aerobics and visits to floral exhibitions. People regularly went out with staff on a one-to-one basis for personal shopping and dinners.

Many activities appear to be thoughtfully planned but, on too many occasions, weekend group activities consisted of long drives with a stop for refreshments. While drives may be enjoyable, they can also be seen as an easy option for staff instead of resourcing and facilitating real community involvement such as membership of a local club or association. As a recent study[4] has demonstrated, large numbers of people effectively live on the social outskirts of their communities; observers rather than participants, and within a limited network consisting of residents from their own or other community residential units and friends from day placement.

There were some examples of positive community involvement. An elderly man has begun to attend a local church and the pastor has committed to visiting him at home. A staff member actively sourced 'mainstream' events such as a community Christmas lunch to help a group of ladies introduce themselves into their local community. Community Visitors increasingly hear of inclusive friendliness from residents' neighbours; at one house neighbours called in with Easter eggs and went for a walk with a resident and the staff member.

Transport

Early in the reporting period, DHS announced a review of resources and the allocation of vehicles across the region. While it found there was a variety of views on the need for additional vehicles, one of the main outcomes was that current resources would not enable purchase of additional vehicles. While DHS intends an ongoing review of vehicle allocation relative to the changing needs and support of residents, Community Visitors frequently find examples of adverse effects on people when houses do not have a dedicated vehicle.

One strategy promoted by DHS requires that staff plan in advance to have access to a vehicle for outings or appointments. Community Visitors found that, although planning did work in some cases, it could also be difficult, time-consuming and a barrier to spontaneous recreational pursuits. Staff spoke of long taxi rides to important medical appointments and long waits for taxis. The suggestion that residents use public transport is very often not viable due to poor access and availability in some parts of the region. Community Visitors contend that use of taxis can be inequitable because some residents have to make use of them and bear the expense while other residents' houses have a dedicated vehicle.

In a house which does not have its own bus and shares vehicles with three other houses, the staff communication book is evidence of the frequent negotiations made to find an available vehicle when planned use was cancelled due to greater need in the house to which the vehicle was primarily attached. Community Visitors' reports from all areas of the region regularly refer to the lack of a dedicated vehicle to be a significant obstacle to the community access and inclusion which are stated objectives of the Disability Act.

[4] *Making life good in the community; As good as it gets?*, Clement, T., & Bigby, C., Victorian Government, Department of Human Services, 2008.

Service quality

Staffing

Community Visitors have previously reported on their concerns about expertise in quality care for houses where there appears to be a lack leadership. This includes the management and supervision of staff, advanced skills needed to plan the implementation of people's personal plans and to lead the house staff in strategies like active support and communication with families and advocates. Communication with families, advocates and other services is essential to ensure consistent and effective support.

At the same time, many houses are forced to rely on the use of casual staff. Casual staff are often inexperienced or are not always provided with appropriate orientation for the role or have any in-depth knowledge of the people in the house. The over use of casual staff and their limited capacity to provide adequate support is having a serious impact on residents' quality of life.

Community Visitors find cases where an inadequate staff-to-resident ratio can represent a real barrier to individual and satisfying leisure activities. It has been repeatedly advocated on behalf of five men with compromised mobility that the roster of only two staff on weekends limits the range of activities that can be undertaken. Some of these men use wheelchairs and others need constant assistance or supervision with walking and, particularly as a group, require more than two staff to facilitate excursions.

Community Visitors also advocated for extra staff support to meet the changed needs of a group of ageing people so they could pursue typical retirement activities instead of a full-time, structured, day placement. DHS responded that there was no roster review scheduled but that it would provide 'emergency' staffing where necessary. Community Visitors view this as highly inadequate in terms of proper planning for these people.

> Communication with families, advocates and other services is essential to ensure consistent and effective support.

Safety

A lack of consistent attention to fire safety procedures was widely reported. While many houses did have all fire safety and electrical checks up-to-date and documented, it was too often apparent in many other houses that these essential tasks, including evacuation exercises, were not being carried out at the required minimum frequency.

Community Visitors are beginning to see first aid kits that are not well-maintained and sometimes contain inappropriate items. Supplies of sterile dressings and medicines were found to be beyond the use-by dates. DHS has committed to ensuring that, where necessary, kits will be brought up to standard.

The relatively new purpose-built, children's respite house was the subject of several reports and enquiries. An issue was raised about the safety of bark groundcover in an environment where some children were likely to eat it. There were also concerns about the corrugated tin fence which has sharp edges and the proximity of the trampoline to a paved path. Community Visitors were informed that, although no incidents had hitherto occurred, DHS would requisition a works and services assessment for these issues. Community Visitors are currently unaware of any further action.

Health care needs

Community Visitors found, generally, that appropriate attention was paid to the required regular monitoring of people's health. In some cases, however, Community Visitors' reports prompted a review of medications or specialist opinions to be sought on behalf of residents. A number of people were noticed to have common health concerns such as high cholesterol readings and weight gain and although these were brought to Community Visitors' attention through DHS' Comprehensive Health Assessment Plans (CHAPs) records, it was not always evident that these identified problems were being appropriately followed up.

Community Visitors remain concerned that people with communication difficulties receive appropriate medical assessment after any mishap, however apparently innocuous. A man with limited speech was found on the floor in the toilets at his day placement. It was maintained that he hadn't exhibited obvious signs of distress and was examined by staff for injuries but, at the end of the day, had to be physically assisted onto and off the bus. Staff at his home became aware later in the evening that he was unable to weight-bear on one leg and he was subsequently found to have fractures to his leg. The man hadn't been seen by a doctor at the time of the suspected fall as his documented behaviours included sitting down on the floor and refusing to get on and off the bus.

Ageing

The needs of ageing people are of growing concern to Community Visitors and require policy attention from DHS. Community Visitors have been confronted again by examples of inadequate planning for people who are ageing or who are developing additional disabilities like dementia. In some cases, people are moved without appropriate transition planning. Community Visitors believe that there should be better planning undertaken when people's needs start to change as a consequence of the ageing process.

Lack of timely planning or accommodation that caters for changed needs, can have significant consequences for residents. Community Visitors reported that ageing people in one house would benefit from a higher level of staff support through an extra allocation of rostered hours. The only commitment received was for a general roster review and 'emergency' staffing rather than specific plans for the ageing needs of the individuals.

In some agencies, staff are encouraged to undertake training in aged care. In several CSOs, initiatives have been successfully implemented which enable people, who do not need to go to an aged-care facility, to participate in programs that are specially designed to suit their current needs and circumstances. These kinds of initiatives, where people who are quite able but just need to age in their current residence like any other elderly person in the community, need investigation and planning.

A house-staff initiative achieved a good outcome for an elderly resident. Attending structured day activities for five consecutive mornings was proving tiring and becoming less enjoyable. A more relaxed regimen of two mornings' attendance and then one unstructured day followed by another two mornings' attendance appears to have been of benefit in meeting their needs. The resident chooses their own activity on the unstructured day; perhaps just a 'sleep-in' and later in the day going out for a leisurely coffee.

Compatibility

Community Visitors repeatedly encountered examples of a person requiring alternative accommodation as a matter of urgency, both in terms of the person's own equanimity and wellbeing and also for the right of their co-residents to live free from stress and even violence in their own home. Compatibility issues were difficult to resolve quickly because of the shortage of alternative accommodation, especially for those with complex, challenging behaviours of concern. One young resident spent six months in a home suffering abuse from another resident before an alternative could be found, despite the best efforts of DHS.

Case study - Compatibility

Increasing tensions between three men had been observed and documented by house staff and Community Visitors from December 2007. The organisation did its best to respond with the Behaviour Intervention Support Team (BIST) called to assist. One resident, was frightening both staff and residents with aggressive behaviour. Unfortunately, BIST was unable to respond in a timely manner to ameliorate the escalating unhappiness and violence. The organisation and DHS began scoping vacancies in February 2008. The aggression continued, one man was pushed off his chair at dinner, pushed off the toilet, assaulted in the toilet and had his head banged into the screen door.

DHS provided one-on-one care and active night staff. Meanwhile, the resident lived in fear. He became incontinent at night, kept to his room and was frightened and shocked. The very best efforts were made by DHS and the organisation to separate the men. There were no vacancies, and the situation continued until August 2008. The issue was resolved for one resident only when, in another residence, a person died and a vacancy was created. This case highlights the way in which a critical shortage of accommodation is contributing to the serious problems caused by inappropriate placements.

Some people anticipate waiting years before a suitable vacancy is available. A resident whose complex physical, intellectual and mental health needs are highly incompatible with those of co-residents has caused considerable disruption to their lives for two years. DHS has advised Community Visitors that it may be more than eighteen months before suitable accommodation will be completed.

Respite

Towards the end of the reporting year, DHS advised that there were 16 individuals living in respite accommodation on a long-term basis. Some of these people are forced to move between houses, spending several nights in one house and moving to another house at the weekend and repeating the cycle the next week. Community Visitors strongly believe that this is not acceptable for these people and does not provide the vital optimum care that accommodation in a permanent home, with adequate support and planning, can offer.

A young man diagnosed with autism is one of two long-term residents with significant behaviours of concern living in a house designated for respite care. During successive visits, Community Visitors have observed him pacing around or with little stimulation other than playing with a window handle. He has destroyed light fittings and heating outlets and is largely confined to the rear section of the house with the kitchen and outside access doors locked. Community Visitors questioned the level of staffing where two people with highly challenging needs are in residence simultaneously and additional funding was made available for some extra one-to-one support. This frees staff to attend to other residents but Community Visitors maintain that it is essential to provide permanent accommodation with support by staff who have specialised training.

Community Visitors await the outcome of a DHS Strategic Accommodation Working Group to examine the issues for people living in long-term respite accommodation.

Restrictive interventions and compulsory treatment

Restrictive practices

Community Visitors report about a young resident who is living in a locked environment in a DHS house. While acknowledging that the resident has extremely high support needs, Community Visitors are concerned that planning for their care is seriously inadequate and that these needs are not being provided for in a way that is consistent with the Disability Act or the Victorian Charter of Human Rights and Responsibilities Act.

Community Visitors find it deplorable that no satisfactory resolution has been achieved in relation to the agreed need to develop a behaviour support plan for the young resident. They have no planned activities other than attendance at a day program approximately twice a week. Their days are spent largely in the locked area, only having contact with others when staff attend to their physical needs or when they receive a visit from their family.

The young resident lives in a self-contained part of the house and the doors to 'their area' are locked unless the other residents are not at home. Community Visitors have maintained repeatedly that their environment is spartan and in a poor state of repair. The resident's only view to the 'outside world' is through a small window in the door that opens on to the office area.

Community Visitors are aware that the resident's family has advocated actively for improved conditions for many years. The Office of the Senior Practitioner and the Disability Services Commissioner have been involved in various ways yet the resident's circumstances remain unchanged.

Community Visitors firmly believe that this young man's living conditions are completely unacceptable for any person and that his human rights are being violated. They have consistently reported their concerns and will continue to advocate for his improved living conditions and better care and support.

Abuse and neglect

Abuse

Community Visitors are empowered and obliged under the Disability Act to inquire into "any case of suspected abuse or neglect of a resident"[5]. Community Visitors are continuing to raise questions with DHS about a matter which they consider unresolved from the previous reporting year. A resident was under the supervision of staff in their home and sustained an injury described as 'carpet burn' in the DHS documentation. The resident had apparently refused to get ready to go to their scheduled day placement. Among many related concerns, Community Visitors became aware that the resident was not taken to their doctor to have the wound dressed for more than 24 hours after the incident occurred.

Deaths

Community Visitors sought details from DHS about a resident who died in a 'maxi-taxi' en route to day placement. In recent years, Community Visitors had raised concerns about the resident's long-term, low body weight, chronic respiratory problems and noted that at the time of death the resident was taking antibiotics for a chest infection. The resident was also taking anti-epileptic medication but reportedly had been seizure-free for two years. DHS informed Community Visitors that the resident hadn't appeared unwell when placed in the taxi and advised that its internal investigation process would only cover the circumstances to the time the resident actually boarded the taxi. Community Visitors understand that the cause of death was an epileptic seizure, which was not noticed during the journey. The resident was unaccompanied except for the driver.

[5] Disability Act 2006, (s.30 (e))

Mental Health

Eastern Metropolitan Region mental health services are managed by Eastern Health and St Vincent's Health Services.

They consist of three adult acute units, two aged persons acute units, one adolescent unit, three community care units (CCUs), four aged persons mental health residential units, Spectrum (the statewide personality disorder unit based at Maroondah), and three emergency departments.

200 visits were made to these facilities by Community Visitors.

Environment

Maintenance issues have continued to feature in many reports with long delays experienced in some facilities as a result of major redevelopments. However, staff have tried to respond quickly to maintenance issues raised. The second adult acute unit at Maroondah Hospital will be opened in July 2009 and will increase the bed capacity to 50.

Good practice

Falls prevention has been regarded as best practice in Auburn House, an aged persons mental health residential unit. It has hosted a special seminar to demonstrate what has been achieved in falls prevention. The activities program offered there is varied and interesting to the residents.

Complex cases involving consumers with dual disabilities are appropriately managed by a variety of qualified and experienced staff.

Health care needs

New models of care have been a feature in many units this year. Spectrum has changed its focus with less emphasis on the residential care component. It now works more closely with the adolescent service too. In the CCUs, transitional support for community living following rehabilitation and recovery is also a good feature. Admissions to the CCUs from the SECU at the Austin Hospital have been a positive move in the rehabilitation area.

Eastern Health provides services through its adolescent unit for consumer catchments as far as northern Victoria and southern New South Wales.

Staff requested the assistance of Community Visitors in two cases at the Maroondah Emergency Department giving extra advice in one instance and arranging follow-up visits to another person with a mental illness in a supported residential service.

Non-smoking policy

The non-smoking policy has been introduced across the region. Consumers and staff have been offered advice and access to 'Quit' programs. The implementation of this policy will be closely monitored.

Least restrictive practices

St Vincent's Hospital continues to have an open unit policy. The new temporary adult acute unit at Maroondah Hospital has also introduced an open unit policy with more emphasis on self-determination, while unit 1 at Maroondah Hospital has had in place an early discharge-planning model. Seclusion reduction has continued with good results in the acute sector.

Accommodation

There are no SECU beds in this region with some beds available at the Austin Hospital.

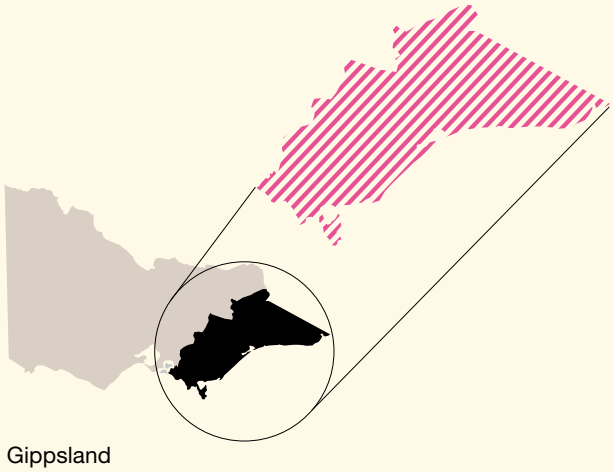
Often there are long waits for acute care beds for individuals needing appropriate treatment.

The emergency departments do attempt to have timely assessments and admission of mental health consumers to adult inpatient unit.

Discharge-planning from both acute units and CCUs is often difficult and there are delays because of the lack of appropriate, affordable community accommodation options.

Complaints

A significant proportion of referrals to Community Visitors from OPA's Advice Service, relate to consumers inquiring about their rights and responsibilities, including those seeking a second opinion. These issues have been predominantly resolved at the local level.



Gippsland
Region

Gippsland Region

Gippsland Region stretches along the east coast of the state and covers approximately 41,538 square kilometres.

This region has a population of approximately 240,114, which represents 5 per cent of the Victorian population.

Health Services

Community Visitors conducted 27 visits to six SRSs in the Gippsland region. The region has one pension-level facility and five above-pension facilities. Facilities vary in size from very small (five residents) to medium-large (30-40 residents). The two smaller facilities cater for frail aged residents while the larger facilities house residents with more complex needs. Three of the six facilities have been operating under the same management for more than 20 years. During the reporting period, one of the facilities was placed under administration and the new owners took over in April 2009.

Environment

SRSs in this region are generally clean and tidy, with well-maintained gardens and staff who appear to genuinely care for their residents. Meals served to residents seem to be nourishing and of quite an adequate size: 'a good country meal'.

Poor documentation

Community Visitors reported that at one facility, a sampling of seven resident files revealed that the majority did not include residential statements that complied with the requirements of the Health Services Act. Some were not signed and, in two cases, there were no residential statements at all.

Care plans are well written in some facilities but, in others, much more detail is required to enable staff to deliver consistent care that meets residents' needs and preferences. It is vital that proprietors, managers and staff understand that the purpose of a care plan is actually to provide a 'plan of care' for an individual resident, clearly showing the methods to be used in providing this care.

Opportunities for recreation

Activities for residents are lacking in some facilities; the SRS previously under administration lost half its residents during the process and the remaining residents reported that they no longer have the option of participating in bus outings. While five SRSs are situated within reasonable walking distance to local amenities, one is situated in a scenic, but more remote location, and Community Visitors reported that more activities were required for these residents. A Home and Community Care funded Planned Activity Group (PAG) program subsequently commenced regular activities with these residents and it is intended that this will be extended to other SRSs in the region. Community Visitors believe this is a good initiative, providing real benefits to residents. In addition to the PAG program, Quantum, a local recreation provider, has recommenced activities at the facility.

Disability Services

Within the Gippsland Region Community Visitors visited 44 residential services. Twenty-five of these are managed by the DHS Disability Accommodation Services and a further 19 are managed by seven different CSOs.

Community Visitors undertook 122 scheduled, unannounced visits.

Appropriateness and standard of premises

Environment

Community Visitors are pleased to report that homes in the region are generally homelike and comfortable. On most occasions, issues identified by Community Visitors have been resolved at the time of the visit through discussions with house staff. However, Community Visitors have noted on a number of occasions a generally slow response to maintenance matters such as flooring, painting and minor fabric repairs.

Information

On the whole, Community Visitors have a constructive and professional relationship with service providers and house staff in the region. However, they were concerned that on a number of occasions this year, staff did not appear to understand the Community Visitors role. This led to a reluctance of staff to allow Community Visitors access to the house and to people's files. After discussions with the CSO it was agreed that information on the role of Community Visitors would be incorporated into staff induction and orientation.

Service quality

Compatibility

As reported last year, compatibility between people is generally good in the region. Community Visitors have noted this year the challenges of assisting new residents to settle with those residents who have higher support needs and the effect this can have on the quality of care and interpersonal dynamics.

Community Visitors were concerned about people with very high care needs moving into houses and the mix of existing residents with a different care needs. This has contributed to the households becoming very unsettled, changed the 'dynamic' and the capacity of staff in providing the level of care necessary for the wellbeing of all. House managers are working hard to address these matters.

Mental Health

Gippsland Region mental health services are managed by Latrobe Regional Hospital, Traralgon.

They consist of one adult acute unit, including child and adolescent, one secure extended care unit (SECU), one aged persons mental health residential unit, one community care unit (CCU) offsite and one emergency department.

73 visits were made to these facilities by Community Visitors.

Environment

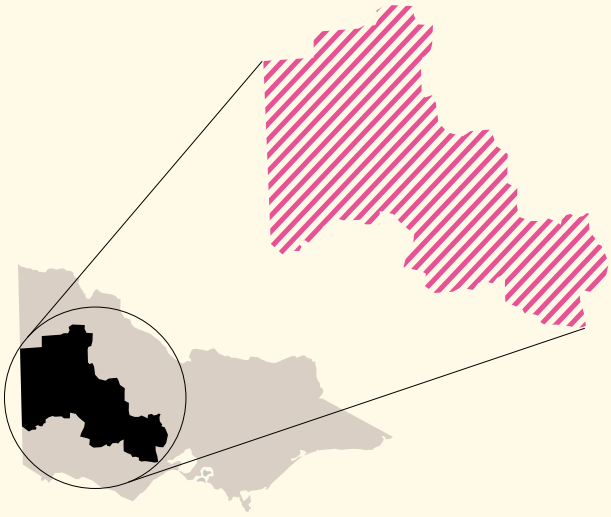
In general, facilities in the region are comfortable and clean, however, this year concerns were expressed about maintenance matters; even relatively simple ones continue to go unaddressed for long periods. Some issues reported at the beginning of the reporting period are still outstanding, such as installation of laundry shelving, repairs to plastering and flooring in one seclusion room and replacement of window film.

Health care needs

Under the Mental Health Act, sec 112 (1)(d), Community Visitors can inspect documentation relating to the care of persons receiving mental health services. This includes routinely viewing various documents to ensure that people are receiving the appropriate treatment and care. This year sighting these documents has consistently been reported as difficult, especially those relating to incidents and seclusion in the adult acute unit. Recent discussions with hospital management have resulted in access to the necessary documents in order for Community Visitors to carry out their legal role and responsibilities.

Non-smoking policy

This year the hospital implemented a non-smoking policy on hospital grounds. This creates difficulties for consumers who are unable to leave the hospital grounds. Cigarette burns to carpets, window ledges and wash basins are consistently reported. Hospital management is encouraged to balance the therapeutic and social needs of consumers with the OH&S needs of employees.



Grampians
Region

Grampians Region

Grampians Region covers an area of 47,980 square kilometres and extends from Bacchus Marsh in the east to the South Australian border in the west, and north to south from Patchwollock to Lake Bolac.

This region has a population of approximately 208,226, which represents 4 per cent of the Victorian population.

Health Services

Community Visitors undertook 74 visits to 14 SRSs in the Grampians region. Ten of the 14 were pension-level facilities and the other four were above-pension facilities.

Some of the SRSs have been in operation for many years. While most facilities house residents under one roof, one facility uses sleep-outs to increase their capacity.

Case study: Still waiting

Community Visitors have been advocating for the resident mentioned in last year's annual report, who did not have access to a suitable day program. Community Visitors were disappointed to find that this resident was still waiting to get a place in February 2009. The main activity available to the resident in February was one day of gardening per week. They discussed the problem with DHS and found that DHS had endeavoured to establish a day program near to the relevant SRS but had been unsuccessful. DHS recently advised Community Visitors that a place in a day program in the next DHS region has been found for the resident; however, an assessment has to be done before the resident can begin attending the program. This resident had waited for more than 2 years for a suitable day program.

Health care needs

Community Visitors reported concerns in two facilities about care plans that, in two cases, did not mention serious health problems of residents. In one facility, they reported that care plans were very basic, and noted that the mental health issues of one resident were not included in his care plan.

The template used for care plans varies from SRS to SRS and this is of concern to Community Visitors. This issue has been raised with DHS and it has advised that proprietors have access to a care plan template provided by DHS, but proprietors are not obliged to use it. Community Visitors recommend a common care plan be legislated under the SRS registration requirements with DHS. This will greatly assist Community Visitors as well DHS in their facility audits and also for the occasional transfers of residents from one SRS to another, as the common Care Plan would be understood by all SRS proprietors and their staff.

Environment

Residents in pension-level facilities that receive SAVVI funding have benefited from the installation of new carpets, furniture, and entertainment devices, for example, a free-to-use jukebox.

Disability Services

Within the Grampians Region Community Visitors visited 77 residential services. Fifty of these are managed by the DHS Disability Accommodation Services and a further 20 are managed by five different CSOs.

Community Visitors undertook 255 scheduled, unannounced visits.

Appropriateness and standard of premises

Environment

Community Visitors note the standard of residential accommodation across the region which consisted of outdated, shabby and inappropriate homes has been improved by either rebuilding on other sites or renovating. During the past 12 months, three new homes and three independent living units are now operational in the inner Grampians. There is also increased effort by staff to develop a more homelike environment with pictures, paintings, trophy displays and family photos evident.

At times, in the inner Grampians, there have been delays in resolving maintenance issues. In some homes, staff have painted bedrooms and repaired holes in walls. Air-conditioning and heating issues continue to cause problems and discomfort for people.

Ceiling hoists are being fitted where required and a new portable unit was being used in a new house. New houses are built with energy-saving features, skylights, water tanks, doors with sliding windows to allow passage of air, and people are being encouraged to use the clothesline instead of dryers. It is also pleasing to see reports of increasing use of outdoor areas for barbeques, ball games, trampolines, sand pits, flower and vegetable gardens.

Most homes in the outer Grampians have adequate heating and cooling facilities, apart from the six Singleton managed houses in Ararat. While discussions have been continuing for two years, heating or cooling is still inadequate. Singletons did audit these houses during the year resulting in some improvements, but this now seems to have stalled.

Opportunities for inclusion in the community

Support planning

There is still some difficulty in accessing person centred plans in the inner Grampians, with some staff not knowing where or how to find the files. It is still an issue of major concern that person centred plans are not meaningful, available, up-to-date and regularly monitored.

Community Visitors in the outer Grampians, however, are pleased to see person centred plans implemented and have reported several instances of good practice. For example, residents are delivering ‘Meals on Wheels’, joining local clubs, choirs, drama groups and independently accessing the community.

In the outer Grampians, there has been Community Visitor representation on a service provider practice leadership group, initiated by DHS. The aim has been to find common ground in bringing about quality support, sharing ideas about new initiatives and looking for solutions to systemic barriers. After considerable discussion, there is now a coherent understanding of what constitutes a good person centred plan.

Individuality

Community Visitors report that people participate in a wider range of activities of their choice. One man had an exhibition of his paintings in a local gallery while another man’s grandmother has been engaging him in his indigenous heritage and meeting with him every week at the Koori Centre.

Staff make an effort to provide meaningful activities for people. Community Visitors observe that staff support people to build relationships with people from other houses. People also have greater access to the community, for example, walking to day placements, using public transport and walking the dog. Their presence in the community, however, doesn’t necessarily mean their greater participation.

Two people from DHS Transition Unit, which supports suitable people to develop independent living skills, have moved to new Independent Living Units. These people, who have been part of the Independent Living Transition Program since 2006, have worked hard to develop their skills and gain employment. Community Visitors applaud their efforts and support greater moves towards independence.

Standard of service

Staffing

Most times, staffing levels appear to be appropriate and staff display very caring attitudes. However, there are concerns when a new person with a disability and complex mental health issues arrives and staff do not always have the necessary skills or training to manage the behaviours of concern. Extra staffing to support the transition period is not always available.

It is unacceptable that, in homes in this situation, that staff are not always on active night duty, especially when there are both male and female residents. Community Visitors urge that this potentially serious safety issue be addressed.

Safety

Incident reports are generally accessible to Community Visitors; there have been reports of assaults involving both staff and residents.

Health care needs

Community Visitors report that the Comprehensive Health Assessment Plans (CHAPs), which take into account preventative health care, speech therapy, and dietetic needs, are being completed across the region. People have also had access to dieticians for assistance when required.

There has been difficulty, prior to review, with the medications for some high-needs people. The Office of the Senior Practitioner identified that in some instances staff were incorrectly administering medication, which may have had severe side effects. Community Visitors requested that DHS provide staff with professional assistance to overcome this difficulty. The Office of the Senior Practitioner presented a series of education sessions covering awareness and use of medications.

Community Visitors are pleased to report that fitness is a priority in some houses in the outer Grampians. There are regular walking groups which, in one instance, combine with residents from a nearby house. Other less-ambulant people are encouraged to do ‘laps’ of the home and one man was observed with his personal trainer working out on his home gym.

Ageing

As reported in the last two Community Visitors’ annual reports, discussions have taken place on the needs of ageing people. Nevertheless, through discussions with the Aged Care Assessment Service, it was identified that there was no plan or clear understanding of the needs of ageing people with intellectual disabilities.

In many cases, where older people have required hospitalisation, rehabilitation is unsuccessful or has not been facilitated. Community Visitors are aware of three cases. In one, a formerly active man was returned to his home in a wheelchair after suffering pneumonia and remains unable to weight bear. In another, a woman required re-hospitalisation and a protracted rehabilitation. In the third case, a man was unable to return home at all after hip surgery for which he received no occupational therapy follow-up. Community Visitors believe that this situation is partly attributable to the lack of understanding by hospital staff about the specific needs of people with an intellectual disability.

Community Visitors commend staff of one house in the inner Grampians whose dedicated care and support enabled a terminally ill man to die with dignity in his home of many years.

At another house, people have had the choice of participating in home-based activities or going to a formal day placement. Community Visitors continue to be disappointed that there is no DHS policy for ageing in place.

Financial

In line with the new legislation, CSOs are unable to act as financial administrators for residents. Community Visitors reported that, in one rural town, a local accountant is now the official administrator for several people. The people complain they have lost the freedom to choose where to shop for food or do their own banking and budgeting. The CSO is aware of this situation but has not yet addressed the concerns. This is in contrast to another house where people are encouraged to develop good savings habits through the use of savings charts which show when they have enough money for special purchases.

Compatibility

There appears to be an increasing number of difficult-to-place people coming to the houses from mental health services. When they are placed in a house that has been a very happy home for the existing householders for many years it is hard to estimate the level of trauma that is felt by the people who cannot speak for themselves. Community Visitors have reported the regression to pre-existing behaviours of some of the existing householders and a reduction in their confidence.

Respite

Respite services are a continuing concern in the inner Grampians. One respite house in Ballarat has a list of 60 people, while there are others living at home who do not use respite services. A new respite house at Bacchus Marsh has opened in August 2008 and is still not operating at capacity.

There are two respite services in the outer Grampians region provided by CSOs which struggle to cope with the needs of their residents. In one of these houses, two people have been living full-time, mainly because their family homes are in more remote areas and the residents work close to the respite house making it impractical for them to commute during the week. Community Visitors also note that although DHS is funding non-facility based, respite packages, many rural families do not find this an attractive option for their circumstances.

A dual-purpose facility run by a CSO in a rural town has 12 residents, two transitional residents and a small respite unit. The needs of these people are changing as they now require more wheelchair access, special lifting equipment and the associated training for staff. The building itself is unsuitable. There are plans to either replace or re-furbish this building in the near future and Community Visitors will continue to be active in advocating for extra respite resources.

Restrictive interventions and compulsory treatment

Restrictive practices

The Grampians Region has been identified by the Office of the Senior Practitioner (OSP) as having a larger than average proportion of documented and reported restrictive practices. In recognition of this, extra resources were made available by the OSP. Outcomes identified include more referrals for mental health reviews, reduction and sometimes discontinuation of psychotropic medication, people with complex needs receiving additional support and reviews of behaviour support plans. Additional funding was also made available for a pilot project to establish a house for three young people with autism.

There are some people with Prader Willi Syndrome living in houses in the region. Locked kitchen cupboards continue to be the practice in all of these situations, although, in some cases, co-residents do have keys to the cupboards. The OSP advocates removal of locks wherever possible and DHS staff have expressed concern about the effect of this if done in houses where residents with the syndrome were residing. Community Visitors also express concern about striking the balance between the rights of the individual and least restrictive practice.

Community Visitors are disappointed to report that two houses have introduced seclusion rooms. Community Visitors raised this with DHS and the OSP. In one case, the use of seclusion was found to be inappropriate; the OSP implemented alternative strategies and the use of the seclusion room was ceased. In the second case, due to the over-riding special needs of one person, one end of the house became a separate living area, thus enabling the co-residents to benefit from a more comfortable, less threatening living arrangement. The seclusion room is still used when the particular person's behaviours escalate. This is of continuing concern to Community Visitors but, due to the OSP working with staff, there has been a gradual reduction of this practice.

Community Visitors are alarmed to report instances of prone physical restraint. The OSP and DHS have made a commitment to cessation of this practice and are working actively with staff through Behaviour Support Plans and staff training to address the issue.

It is pleasing to note that there has been very open and frank dialogue throughout the year from the OSP, whenever the need arose to seek clarification about the use of restrictive interventions.

Complaints

In response to a referral from OPA's Advice Service, Community Visitors reported a resident's concerns about the abuse of other residents and staff by a new resident.

Mental Health

Grampians Region mental health services are managed by Ballarat Health Services.

They consist of one adult acute unit, one aged persons acute unit, one aged persons mental health residential unit. There are 12 funded mental health beds which sit in two nursing homes operated by Stawell Regional Health and West Wimmera Health Services. There is one community care unit (CCU), one secure extended care unit (SECU) and one emergency department.

95 visits were made to these facilities by Community Visitors.

Environment

Refurbishment programs were undertaken within several facilities across the region. Facility maintenance issues have been generally resolved within appropriate timeframes. Conducive environments are supportive to rehabilitation and recovery of consumers.

Safety

There were concerns, at the SECU in Ballarat, of a gender imbalance. A female consumer who was residing with 11 males for several months, felt vulnerable and ultimately alleged she had been sexually assaulted. Management advised that they had reported the allegation to police, indicating correct procedure had been followed to secure her safety. She was eventually moved on to an alternative placement. The male/female imbalance is a long-term issue that should be addressed.

There is concern at the lack of response to a consumer's request for a lock to be installed on their bedroom door in the CCU. The unit is shared and the lock has not been installed as the unit manager would not consider the request on the basis that the consumer could place themselves at risk by locking staff out of the room. Community Visitors were concerned that an alternative lock was not considered allowing the consumer's security of belonging and allowing staff access as required.

Staffing

Adequate staffing levels were observed across most of the region and staff were observed to be interacting with consumers appropriately.

The lack of qualified mental health staff was reported at the Nhill nursing home, however, residents are provided with appropriate management, care, support and assistance from either Horsham or Ballarat mental health services. The Nhill area is unable to attract trained mental health staff.

Visits have also been conducted to the emergency department at Ballarat Base Hospital. Positive strategies appear to be in place for the treatment of consumers requiring mental health assistance on arrival. It has been noted that support from mental health services is also positive. The emergency department has appointed a mental health nurse, currently used on Friday and Saturday nights, which appear to be the busiest times. Staff in the emergency department report good relationships with mental health services and also report rapid response times when they are required.

Individuality

Consumers are able to participate in a wide range of activities at many facilities. In particular, both the aged care residential facility in Ballarat and the Stawell nursing home, which has two aged persons mental health residents at present, employ a lifestyle coordinator who is active in arranging a variety of appropriate activities for residents to participate in.

The families of consumers at the Ballarat East CCU are encouraged to participate in activities and programs with the consumers. Staff support consumers with their care plans and those choosing to attend vocational studies such as university.

At the SECU in Ballarat consumers are unable to access appropriate transport for activities and outings, although three bicycles have recently been purchased for consumers' use. Consumers are not assisted on outings because staff are not available to accompany them.

Further, it is reported that consumers at the adult acute unit appear to have limited access to programs. Consumers have advised of the lack of activities during the day, outside of a short therapy program. An improvement has been observed where newspapers, other reading materials and jigsaw puzzles are made available for consumers' use.

Health care needs

Consumers are able to access health care in a timely manner. An eye specialist recently attended the aged persons mental health residential facility.

Non-smoking policy

It is noted some consumers indicate strong objections to the non-smoking policy due to be implemented from 30 August 2009.

Restrictive practices

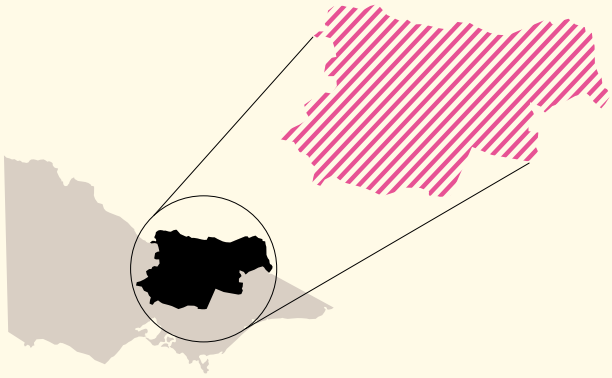
Doors were reported to be continually locked in the adult acute unit, with no indication from management of the intention to change this practice.

Accommodation

The $5 million redevelopment of the adult acute unit is proceeding. Community Visitors have been provided with the opportunity to contribute to the planning process. Building works are scheduled to commence in late 2009.

Complaints

It is of concern where new staff, including students, appear to be often unaware of the role of Community Visitors. This can cause difficulties in fulfilling the role required and in ensuring the interests of mental health consumers in care are taken into consideration.



Hume Region

Hume Region

Hume Region covers north east Victoria from Heathcote Junction and extends from the New South Wales border near Nathalia easterly to Corryong.

This region has a population of approximately 250,878, which represents 5 per cent of the Victorian population.

Health Services

Community Visitors conducted 23 visits to SRSs in the Hume region. The region has two SRSs, both pension-level facilities. Facilities vary in size from 32 to 26 bed residences and, on average, maintain an 85 per cent occupancy rate.

This large region has a lack of SRS beds, which places an emotional and financial strain on residents who need to be placed away from their community, family and friends. Often family and friends are unable to maintain regular visits because of the distances between their home town and the location of the SRS. This also limits the choices in choosing an SRS as there are only two in the region.

Environment

Community Visitors have reported significant improvements to the fabric, amenities, ambience and comfort of SRSs as the result of SAVVI funding. For example, general repairs, new bedding and painting are being undertaken. However, in one facility, Community Visitors note that repairs to guttering and a ramp were not undertaken for at least five months after they were first noted as being required.

Safety

Community Visitors report that a lack of space to store unused equipment and furniture has left walkways cluttered in some homes, creating a trip hazard and potential risk for residents if a rapid evacuation is required. The use of residents as Fire Captains in fire evacuation drills was also reported as a concern. While Community Visitors have seen improvements this year, there remain concerns in relation to systems that maintain the safety of residents.

Staffing

Community Visitors continue to report that some homes struggle with their ability to manage residents with challenging behaviour and this often significantly impacts on other residents and staff. The effective implementation of behaviour management and support would improve the quality of life of some residents, given the lack of alternative supported accommodation options for people with disabilities.

Health care needs

Care plans and documentation in relation to care plans is largely well-maintained and accessible. Community Visitors report serious concerns regarding the support of residents at one facility, where two residents are not being assisted to better manage their alcohol addiction. Community Visitors note that delays in obtaining appropriate support may contribute to the social isolation of these residents.

Complaints

Community Visitors report that one facility does not have any procedures or processes in place to consider complaints or concerns if raised by residents.

Travelling solo

Community Visitors became concerned that a resident would be put at risk by their plans to take a solo 15-hour trip that included a 6-hour wait for a connecting bus in a country town. Community Visitors were concerned because the last time they took this trip they were reported missing and were located only with police assistance. Furthermore, the resident's health condition had not improved since the last trip and Community Visitors believed that the resident may not have had the skills to complete the trip safely.

Community Visitors discussed their concerns with the proprietor and DHS and steps were taken to reduce the risks to the resident: an amended itinerary was organised with shorter waits for connections, an information and introduction document was provided for them to carry with them and communication was set up with support from the transport company.

With these supports the resident made the trip safely. They are now deciding whether to move to alternative accommodation to be closer to their support network.

Disability Services

Within the Hume Region Community Visitors visited 71 residential services. Forty-four of these are managed by DHS Disability Accommodation Services and a further 27 are managed by six different CSOs.

Community Visitors undertook 251 scheduled, unannounced visits.

Appropriateness and standard of premises

Environment

Community Visitors have reported that the standard of houses across the region is generally good and that maintenance matters are attended to promptly. This is not always so in some CSOs. For example, Community Visitors report that, because of the dry conditions, the front of a CSO house in Mooroopna has moved and the brickwork cracked to such an extent that the house is becoming structurally unstable. Community Visitors are advised that staff and management are unsure of how to repair the problem, short of pulling down the front part of the house. In another house, the shower is a cause of significant distress to people as it is too small to allow staff to assist them adequately or appropriately.

Community Visitors are pleased to report that the people, who have an Acquired Brain Injury, have finally moved from the house in Albury, which was quite unsuitable for them in terms of wheelchair access, into a purpose-built house in Wodonga. Community Visitors have supported this occurring for a number of years.

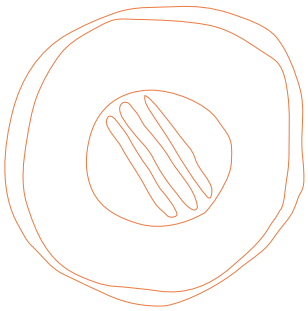
Opportunities for inclusion in the community

Transport

Community Visitors continue to see instances where people's capacity to pursue individual interests and needs are being adversely affected by inadequate provision of transport. For example, people in some DHS houses share a vehicle on weekdays thereby limiting flexibility of its use.

On weekends, where a DHS car is available, the pick up and drop off times and locations limit full weekend use. People from two CSO homes in the outer Hume region have very limited access to public transport which restricts their opportunities to participate in community activities and to pursue their personal interests. Outer Hume offers little accessible public transport and the people rely predominantly on the local taxi services. People then find themselves more financially disadvantaged than those who are closer to town or public transport. Wheelchair accessible taxis remain in very short supply.

Community Visitors cannot endorse the use of staff vehicles as an appropriate means of transport for residents on a regular basis. Community Visitors argue that people in such households require a suitable dedicated vehicle based at the house. Overall, the lack of a vehicle restricts peoples' opportunities to participate in community activities and to pursue their personal interests.



Service quality

Staffing

Community Visitors have reported that staffing issues remain a concern in some houses. For example, at weekends in one CSO, between 9am and 4pm, there is only one staff member on site with three people. This has led to planned outings being cancelled.

Community Visitors have been disappointed to note that new or casual staff are frequently unaware of residents' routines and plans; accordingly Community Visitors encourage mandatory certification of all staff with thorough induction and handover processes at each house.

Ageing

Community Visitors report positively of the initiatives taken by staff at a house in outer Hume where all three elderly people have a program that is largely home-based, with gradual transitioning away from the more demanding outside activities as they age. They each have designated tasks as part of the household routine. One man in an otherwise all-female household is 'partnered' with a male member of the community who provides added companionship and outings. A therapist comes regularly to the house and provides a variety of sensory activities tailored to the preferences of each resident. This ageing in place program is meeting their needs in a very sympathetic way.

Compatibility

Community Visitors report that compatibility issues are of serious concern. Despite the DHS' vacancy management process, finding suitable accommodation for some people often takes a long time.

Community Visitors found that the questionable placement of one man appeared to exacerbate his behavioural issues and caused great anxiety for an established group of residents.

Restrictive interventions and compulsory treatment

Restrictive practice

Community Visitors reported with concern the installation of a new type of swipe key lock with a timer in a Benalla CSO. Only staff had the key and this restricted access for residents. Community Visitors were pleased to see the provider quickly recognised that the timers on the doors were not appropriate and rectified the problem.

Mental Health

Hume Region mental health services are managed by Goulburn Valley Health, Beechworth Health, Northeast Health and Wodonga Health Services.

They consist of two adult acute units, two aged persons mental health residential units, two community care units (CCUs) and two emergency departments.

73 visits were made to these facilities by Community Visitors.

Environment

Variations in the standards of maintenance and cleanliness were regularly reported in the mental health facilities across the region, with the exception of the aged persons mental health residential units.

Due to the lack of funding the adult acute unit in Wangaratta needs furniture and the replacement of appliances that either do not work or break down regularly and, therefore, affect consumer services. Furthermore, sails have still not been added to the outside backyard at the aged persons mental health residential unit in Beechworth.

The adult acute unit in Shepparton is in desperate need of painting and new carpets throughout, despite the matter being raised by Community Visitors.

Safety

It is pleasing to report that, at the adult acute unit in Shepparton, after numerous complaints, the hot water unit for patients has finally been rectified and is no longer a safety risk.

As a result of the recent bushfires in Beechworth, the need for an emergency evacuation plan to include the provision of individual medication for mental health consumers in care was identified and this has now been implemented.

Staffing

There have been notable staff shortages during the reporting year, however, more recently this appears to be better managed. This situation will continue to be monitored by Community Visitors in the interest of consumers.

Individuality

The trial initiative at the CCU in Wodonga to monitor consumers' transitioning to independent living and provide ongoing support and follow-up as required has ceased because of the lack of funding and occupational health and safety concerns. It appears that new hospital administration staff are considering the merit of reintroducing this initiative.

Good practice

The Gender Sensitivity Project funded by DHS Mental Health and Drugs Division has enabled the building of a sensory garden at the adult acute unit in Wangaratta.

Community Visitors congratulate the staff at the CCU in Beechworth for receiving an award for initiating the consumers' activities program. There is a clear commitment by staff to involve consumers in the community and this supports social inclusion.

The CCU staff at Wodonga should also be congratulated for helping their consumers access TAFE courses. The unit manager initiated the introduction of classes at the unit with consumers to participate in a horticulture landscaping course.

Other positive staff initiatives at the aged persons mental health residential unit in Beechworth include the purchase of an inoperable car, the construction of a chicken pen and the development of a herb garden for the enjoyment of residents. These initiatives are welcomed and the residents are actively using them.

Non-smoking policy

Inconsistencies in the implementation of the non-smoking policy and the impact on consumers remain a concern and will continue to be monitored.

Accommodation needs

There is an ongoing urgent need for SECU beds, and appropriate community-based accommodation for consumers who require additional supports in the region.

There has been an increase in homeless consumers who cannot access the necessary support on the border and often transition between the acute units in Victoria and New South Wales. This results in long stays and discharge-planning delays as there is no suitable accommodation available to meet their needs.

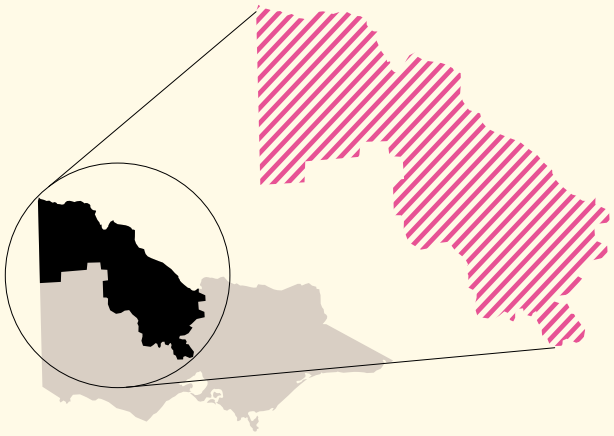
Case study

Long-stay patients are experiencing delays in exiting the service due to a lack of alternative and appropriate accommodation with the necessary care.

One patient needs a secure bed where none is available, while another cannot be transitioned due to their complex care needs and behaviours.

On a positive note, one elderly patient has finally exited the service they had been in since November 2008.

Poor sight lines are poor practice in mental health facilities.



Loddon Mallee
Region

Loddon Mallee Region

Loddon Mallee Region is located in the north west corner of Victoria and covers 58,965 square kilometres, approximately 26 per cent of the state, making it the largest region in terms of geographic area.

This region has a population of approximately 293,516, which represents 6 per cent of the Victorian population.

Health Services

Community Visitors in the Loddon Mallee region undertook 46 visits to eight SRSs. Five of these facilities are pension-level, however, one of these closed in November 2008. The remaining three facilities are above-pension.

Environment

Community Visitors reported that above-pension facilities in this region generally provided a very high standard of care. Standards of buildings and personal care remained high as did the residents' level of community integration, residential statements and care plans. For example, in discussion with Community Visitors, one resident expressed that they felt depressed and wanted to get out more. With the help of the proprietor, the resident linked up with mental health services and received appropriate treatment for depression. Community Visitors report the resident's sense of wellbeing is now much improved.

Community Visitors report they have seen significant changes to residents' lifestyle and level of care in pension-level facilities as a consequence of SAVVI funding. While Community Visitors applaud the use of funding to purchase better quality floor coverings, there were concerns about the safety of some renovations that included ceramic tiles that are slippery when wet.

Community Visitors remain concerned with one facility in the region that operates as both an SRS and a boarding house, as Community Visitors feel that this impacts on the care and support provided to the SRS residents. Community Visitors will continue to monitor this situation; however, they do not have any legislated mandate in relation to boarding house standards.

Another factor that affects the living environment of facilities is the inappropriate placement of people with complex support needs due to a lack of more suitable accommodation. Facilities need more intensive and ongoing support to enable them to manage residents with complex needs in a way that does not negatively impact on other residents. Community Visitors support and encourage the development of innovative practices in integrated planning for people with multiple and complex care needs.

Safety

Community Visitors support the DHS Fire Safety initiative. There has been positive feedback from most proprietors regarding the DHS' distribution of the new Fire Safety and Emergency Management Manual and the associated training opportunities.

Community Visitors reported concerns regarding the safety of residents in one facility that accepted a new resident, who subsequently displayed violent and anti-social behaviour; the police were called and the resident was taken to a mental health facility. Community Visitors remain concerned about the initial assessment for residents entering SRSs with mental health issues and the capacity of the facility to adequately provide the necessary care.

Health care needs

Community Visitors reported that one resident overdosed on medication she had recently purchased from a chemist, leading to hospitalisation and treatment in a mental health facility. In this case, the staff acted quickly to assist the resident and put in place preventative measures. Community Visitors strongly support a program that educated the staff of SRSs regarding safe practices with medication.

Accommodation need

Community Visitors in this region noted the closure of an SRS that was registered for 20 residents. The closure has reduced the number of supported accommodation places in the region, at a time when accommodation options are limited and required in the region.

Case study: Facility closure

The planned closure of an SRS in late 2008 left its 20 residents concerned about where they would live next. DHS took a lead, notifying residents and their families and engaging Loddon Mallee Housing Services to project manage the relocation of residents and ensure the residents' interests were protected. DHS also liaised with Disability Services, Mental Health Services and the federal government's Aged Care Assessment Service to engage case managers and get health assessments for individual residents.

Following relocation, only six of the 20 original residents had moved into another SRS. Two residents returned to family support, while others went into funded disability and residential aged care services, and the rest moved into a boarding house. Community Visitors are particularly concerned that the new boarding house residents were to be relocated into an unsupported environment with little transition planning. Boarding house issues such as lease agreements, appropriateness of rental amounts, appropriateness and standard of facility and access to transport, are outside the scope of Community Visitors and so vulnerable residents do not receive the same protection.

Community Visitors consider their concerns that many SRS residents are placed inappropriately are validated as many residents moved to types of accommodation other than SRSs.

> Community Visitors also consider that the fact that so few residents moved into another SRS validated their concerns that many SRS residents are placed inappropriately.

Disability Services

Within the Loddon Mallee Region, Community Visitors visited 58 residential services. Thirty-one of these, including six units at the Sandhurst Centre, are managed by DHS Disability Accommodation Services and a further 27 are managed by 10 different CSOs.

Community Visitors undertook 179 scheduled, unannounced visits.

Sandhurst Centre

The Sandhurst Centre accommodates up to 50 residents with an intellectual disability, some of whom have complex needs and sometimes are admitted from outside the region. An 18 year old man with autism and very challenging behaviour was transferred into the unit from another part of the state and management reported that he had been admitted at short notice as an 'interim resident' because there was no suitable accommodation available near his home.

A number of people at the Sandhurst Centre are subject to Supervised Treatment Orders under the Disability Act. This year, the semi-secure unit has had a maximum security fence installed around it and includes a substantial outdoor area.

While some aged people did transfer to residential services or aged-care facilities early in the reporting year, Community Visitors were informed by management that a majority of people did not need to be at Sandhurst. A lack of available, appropriate housing in the community was given as the main reason these people continue to live in the institution.

Management also advised that more than half the population was expected to have holidays in the second quarter of the reporting year and that person-centred, active support had been well accepted by staff and was continuing to be implemented. Community Visitors continue to monitor these welcome developments.

Many maintenance issues continue to be unattended and living conditions remain largely sub-standard. Toilets regularly become blocked and the water flow is so poor that toilets also do not flush properly. When several people use the toilet in succession the odour is very noticeable. Community Visitors also reported outdated and deteriorating bathrooms, lack of toilet paper and lack of hygienic hand-washing facilities. Other problems included ripped couches and broken fittings.

People's bedrooms are more aptly described as cells which barely accommodate a single bed and bedside table. There is little room for personal possessions or a comfortable chair if people wish to relax in private outside the large 'dayrooms'. When not at day placement people either sit in the dayroom watching the new large LCD TVs or wander the grounds in an apparently aimless way. Main meals are cooked in a central kitchen and brought in on trolleys, reinforcing the institutional atmosphere.

While DHS has restated that the *State Disability Plan 2002 -2012* is committed to planning for the closure of older, large-scale institutions, Community Visitors are unable to report any current advice for plans for the closure of the Sandhurst Centre.

Community Visitors again urge the State Government to undertake the redevelopment of the Sandhurst Centre as a priority and to provide residents with the type and standard of accommodation to which many other people with an intellectually disability are progressively gaining access. Community Visitors look forward to reporting that the people at the Sandhurst Centre are living in homes in which they enjoy a sense of ownership with the option of retreating to private space if they choose and simply having room to acquire and arrange personal possessions.

Appropriateness and standard of premises

Environment

Community Visitors have generally reported a good standard of accommodation across the region, particularly in DHS houses, while CSOs appeared to be less responsive to critical maintenance issues.

In a CSO home in the Swan Hill area, Community Visitors report ongoing delay in repairs and refurbishment. Fabric issues included broken tiles, a bathroom in need of refurbishment, an unusable oven and the house is in need of repainting. This is in contrast to another CSO house in the Swan Hill area where staff are proactively seeking an upgrade to allow access for wheelchairs.

Community Visitors in the Bendigo region have concerns about a failing washing machine and delays in clean-up after building works which are potential trip hazards for residents and obstruct wheelchair access. Other issues raised were odours from damp carpet, walls and floors badly stained, leaking toilets, cracked kitchen benches and old furniture and window furnishings in need of replacement.

Community Visitors are pleased to report that a front entrance in one home has finally had an automatic door installed. This has been a positive outcome enabling residents in wheelchairs to freely enter and exit their home with the least restriction.

Community Visitors report that the use of a designated respite facility in Mildura for part-time, after-school care is of concern. While the after-school care program is a positive initiative for families, the limitations that it places on the full and accessible use of the facility, by those people using the service, is unsatisfactory. Part of the house concerned is cordoned off to provide space for the after-school care. This has the effect of restricting access to all areas of the house for the respite residents.

Opportunities for inclusion in the community

Individuality

Community Visitors have reported good practices where individual residents have been enabled to make choices for themselves. A healthy-living approach is evident in many houses; some people have exercise plans while others use cookbooks to help plan well-balanced meals. Community Visitors report that staff are doing excellent work facilitating people's life skills development and encouraging interests and community inclusion.

In a Swan Hill CSO, Community Visitors report the positive support given by staff to a young woman to attend a gym. Not only has she lost weight and is becoming fit; she is also, as part of the services provided to customers of the gym, learning healthy eating and lifestyle habits. This is a good example of how staff can encourage and support residents. Staff are also actively supporting her in gaining employment at a local supermarket.

Community Visitors note the positive impact for people when they have access to community inclusion, activities and social outings. Most houses have their own vehicle, access to public transport as well as taxi services. DHS continues to implement a person-centred approach and to review and develop individual support plans in consultation with people and those who are significant in their lives.

Service quality

Staffing

Community Visitors encourage DHS to enhance and increase pre-employment training and certification to increase the skills of the available workforce. Continuity of staff in the houses can provide for a stable and supportive atmosphere for people. Community Visitors have noted that staff are aiming to provide as many opportunities as possible to ensure people have fulfilling lives.

However, the increased use of apparently unskilled and untrained agency or casual staff is of major concern, as it can potentially affect the continuity of care and hence, the resident's wellbeing. Frequent changes in staffing brings challenges for residents; they are constantly compelled to adapt to different staff which makes it difficult to build rapport.

Abuse and neglect

Community Visitors were alerted, through OPA's Advice Service, to an allegation of assault against a resident by a staff member at a Bendigo DHS home. Community Visitors understand DHS appropriately advised Victoria Police. Although the complaint was not able to be substantiated, Community Visitors continue to monitor the situation.

Mental Health

Loddon Mallee Region mental health services are managed by Bendigo Health and Ramsey Health Services.

They consist of two adult acute units, one aged persons acute unit, one aged persons mental health residential unit, one secure extended care unit (SECU), one community care unit (CCU) and two emergency departments.

55 visits were made to these facilities by Community Visitors .

Environment

Ongoing maintenance issues continue to be reported at the adult acute unit in Bendigo with reports of cigarette-butt littering, graffiti, stained and dirty floors and the need to replace worn and old furniture.

Once again, the failure of the central cooling systems occurred at the adult acute unit in Bendigo. This occurred during the peak of a severe heatwave and resulted in consumers being subjected to extreme heat over a number of days. This situation was monitored closely and appropriate action taken with provision of refreshments and three portable cooling units to help reduce the temperature within the facility with some degree of success. The new air-conditioning unit arrived after some months, however, consumers still complain of the unsuitability of the ambient temperature.

Also reported was the continuing inadequacy of the heating to some rooms at the aged persons acute unit during winter.

There has been some improvement in the response to general maintenance issues for facilities managed by Bendigo Health; however, ongoing problems with the heating and cooling units have produced little or no apparent improvement.

Individuality

Consumer boredom occurs because of the lack of meaningful activities or programs and is an ongoing concern. Consumers at the adult acute unit in Bendigo advise that they walk around aimlessly due to the lack of a dedicated activities officer who could offer them a range of programs. Delays in repairing or replacing existing activity equipment compound this situation.

At the adult acute unit in Mildura, consumers comment on the lack of meaningful activities in the absence of a dedicated activities officer.

It is disappointing that consumers have requested the provision of massage and relaxation tapes, formation of a woman's garden group (to make the women's area more attractive) and a radio for the high needs area, which, have not occurred.

Good practice

It is pleasing to note that Bendigo Health, at the 2008 Victorian Public Health Care Awards, won a gold award in the 'Improving health service safety and quality' category for their efforts in reducing seclusion in the adult acute unit.

Non-smoking policy

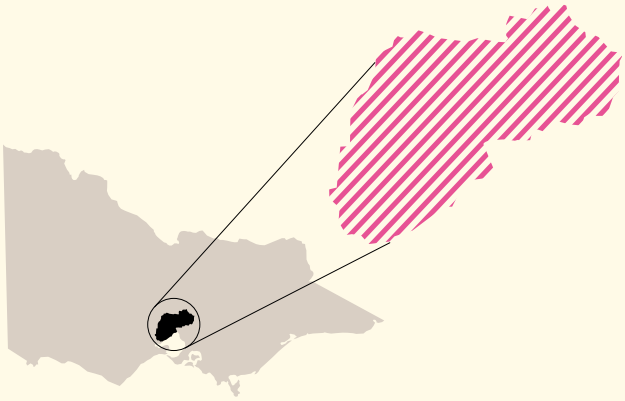
Consumers at the adult acute unit in Bendigo Hospital complain of the unfair implementation of this policy whereby staff are able to exit and smoke outside the front of the facility in full view of the consumers. This is compounded when staff return inside smelling of cigarettes. At this facility, however, management report little increase in incidents as a result of the introduction of this policy. The implementation of the non-smoking policy from a region-wide perspective will continue to be monitored.

Accommodation

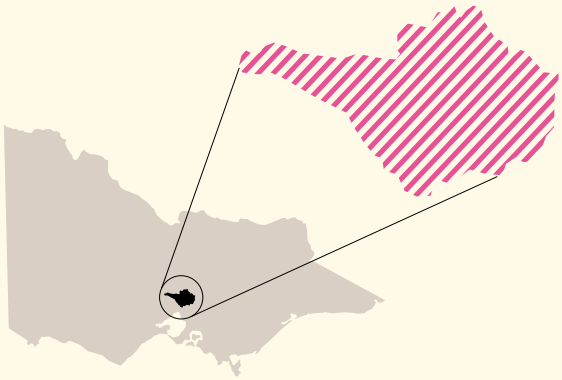
Within the region, seven consumers were identified in the 'Long-stay' report. Of the seven, three have eventually been discharged; however, Community Visitors remain concerned at the delays for transition for the remaining four consumers who are waiting for alternative care and accommodation options.

Complaints

A high proportion of referrals to Community Visitors from OPA's Advice Service were to assist consumers with information regarding their rights as there had been a lack of access to this information shortly after admission.



North and West
Metropolitan Region



North
Region

North and West (north) Metropolitan Region

The Northern Metropolitan Region comprises 6 municipalities of Banyule, Darebin, Hume, Nillumbik, Whittlesea and Yarra.

This region has a population of approximately 644,483, which represents 13 per cent of the Victorian population.

Health Services

Community Visitors conducted 81 visits to 19 SRSs in the North and West Metropolitan (north) region. Ten of these facilities were pension-level, of which one closed in May 2009, and the remaining 10 were above-pension facilities.

Environment

Community Visitors have reported improvements to the environment for residents resulting from SAVVI funding, for example, with the replacement of flooring and the purchase of new beds. Community Visitors have also reported concerns in a range of facilities relating to building maintenance, cleaning, safety and amenity issues.

While two facilities, in particular, provide high quality, nutritious meals, Community Visitors report that, at some facilities, the standard and lack of variety in the food placed residents' health at risk.

In the past year, Community Visitors were pleased to see one facility close and then reopen under new ownership after extensive renovation of the building. The grounds of this facility were also landscaped for residents to enjoy. These changes resulted in a much improved homelike atmosphere. Community Visitors noted positive interactions between staff and residents of this facility.

Safety

Community Visitors are happy to report that their long-running concern about an unlocked medicine cabinet at one facility has been resolved with the installation of a lockable cabinet. Community Visitors believe this to be a positive outcome given the risk to residents of potentially accessing large quantities of medication.

Community Visitors continue to report difficulties for facilities when managing residents with challenging behaviours and the significant impact this can have on other residents and staff. Staff are often untrained or ill-equipped to handle challenging behaviours exhibited by residents who may be inappropriately placed. For example, Community Visitors are aware of an alleged assault of a resident by a staff member. While the matter is being investigated by the police, Community Visitors believe that the alleged assault could have been avoided if the staff member was better equipped to manage the resident's behaviour or if the resident was housed in a facility that could meet their support needs. This is an area that requires further consideration and additional resources, given the lack of alternative supported accommodation options for the vulnerable and disadvantaged in the community.

Opportunities for recreation

Community Visitors have reported on the extra efforts staff and proprietors make to promote the community inclusion of residents. Examples of this have included staff using their personal time to accompany residents to the football, shopping and other activities.

Accommodation need

Community Visitors also noted the closure of Wattle Lodge SRS that was registered to provide accommodation and support for 13 residents. The closure has further reduced the number of supported accommodation places in the region, at a time when greater availability of accommodation choices is required.

Disability Services

Within the North and West (north) Metropolitan Regions, there were 259 facilities visited by Community Visitors, 176 were DHS Disability Accommodation Services and 83 were Community Service Organisation facilities.

Community Visitors split the region into north and west of the region and separately report on these sub-regions.

Community Visitors undertook 138 scheduled, unannounced visits in the north of this region.

Appropriateness and standard of premises

Environment

The Disability Act requires disability service providers to ensure that premises in which residential services are provided, and any fixtures, furniture and equipment, are maintained in good repair. In addition, any repairs or renovations should be completed in a timely and reasonable manner.

This year, Community Visitors report that generally the houses are comfortable, homelike, clean and well-maintained but continue to report concerns about a number of Housing Choices Australia (HCA) houses (formally Singleton Equity Housing). In the HCA houses, original residents have a financial stake in the houses owned by HCA. This form of ownership has affected the attention to renovations and extensions when desperately required.

Community Visitors continue to report that there are still a number of two-storey HCA houses where people's safety, dignity and ability to 'age in place' are compromised. A resident whose bedroom was upstairs has been sleeping in the living room since early 2007 due to their failing mobility which prevents use of the very steep stairs. As a result, all five residents now have only a very small, shared living area. None of the other residents are able to use the stairs. Another house has an upper storey ensuite and a kitchenette that can only be used by one resident while two other residents live in an extension that is poorly constructed and insulated. The continued use of the upper storey has been identified as a major issue with serious risk of falls for the ageing residents whose mobility is deteriorating.

Community Visitors have raised these matters for many years and recently been advised that HCA has submitted an application for an assessment and possible funding to address these matters in all their houses to DHS. It is vital that these serious environmental problems are resolved.

Community Visitors view the imposed sharing of bedrooms as unacceptable and inconsistent with DHS' own *Quality Framework for Disability Services in Victoria* which established standards for support, including access to personal space. Community Visitors reported on a DHS house in which two residents, who do not get on well and who have quite different needs, have shared a very small double bedroom and ensuite bathroom for ten years. To accommodate their needs, an 'activity' space has been set up in a corner of the compact dining and living area. Residents' living space is further minimised by the locating of the staff computer workstation in their sitting room as it cannot be accommodated in the small office.

Opportunities for inclusion in the community

Support planning

The Disability Act requires individual support plans to be in place for all residents. Community Visitors have found that while some organisations have met this requirement others have not. Community Visitors remain concerned about the variation and monitoring by DHS to ensure that plans meet appropriate DHS standards. Community Visitors also remain concerned about the variable quality and commitment to the implementation of the plans.

Individuality

Community Visitors have been involved with three residents in the region who have exercised their human right to 'freedom' regarding a complex balance between dignity and risk. For one resident, who has the strong involvement of their family, this choice has been successful in terms of their personal dignity, despite still including an element of risk. A second resident is choosing to live the life of a 'homeless person', only returning to their house very late at night for a few hours sleep and something to eat. The resident is often admitted to hospital or arrives at a police station for assistance. Community Visitors are advised that, despite many attempts to guide the resident away from this lifestyle, it remains their choice. The Office of the Senior Practitioner, medical personnel, Victoria Police, family, senior DHS management and the service provider have all been involved in one way or another endeavouring to keep the resident as safe as possible. However, there is no doubt that they are choosing a lifestyle with a high risk of harm. The third resident, having seen the freedoms of the first resident, demanded their right to freely leave their home as well, placing them at risk of harm in the community. The resident is now living out of the Disability Accommodation Services residential system in a privately managed, supported accommodation service with an Individual Support Package. Community Visitors remain concerned for the resident.

Transport

Community Visitors report that generally buses and cars are shared between two or three houses with the exception of houses built for ex-residents of KRS, which each have a dedicated vehicle. The sharing of vehicles between up to three houses continues to have an impact on people's community access during the week and at weekends, as well as on transport to and from daytime activities. While government cars are available to the house at weekends, in practice, their use is limited by the numbers of cars available, collection times, and staff availability to collect them.

Individual needs are also a factor when wheelchairs or walking frames must be accommodated or where complex behaviours of concern must be considered along with the number of residents who wish to go out. In houses where a car, bus or public transport are not readily accessible, people continue to rely on taxis to travel to and from work or day centres with the costs of such usage being met from their personal funds. Such costs continue to impact on the amount of money available for social and community-based activities, as well as personal care services like podiatry and massage.

Service quality

Staffing

At Plenty Residential Services (PRS), staffing arrangements at the nine houses in Greenfield Terrace are of most concern to Community Visitors. Constructed as three blocks of three adjoined houses, each of the nine houses has three residents with only one staff member per house during the day. Overnight, internal doors are unlocked, effectively making one large over-sized house with nine residents and only one staff person in each section. Day staff work 12-hour shifts, which includes a one-hour lunch break and a half-hour evening break. During these break times, the internal doors are again unlocked and the staff member from an adjoining house is required to monitor up to six residents.

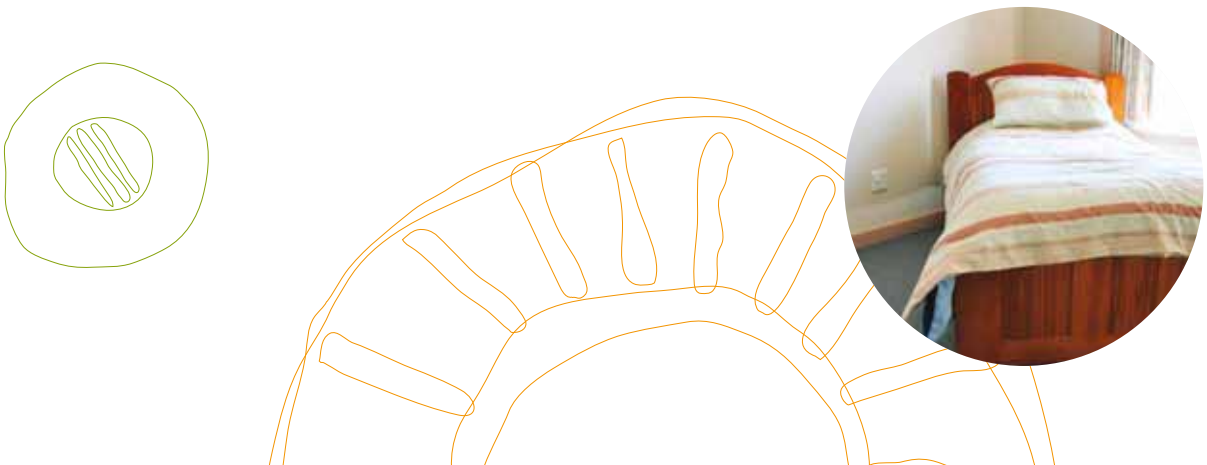
When PRS was established, during the closure of the Janefield Institution, the most skilled and capable residents were placed in the Greenfield Terrace houses with only these basic staff support levels. Since then, a number of the original residents have moved to houses in the community and the vacancies filled, in most cases, by young men with autism with high levels of care needs and many behaviours of concern. Community Visitors report that the consequences of these residents living in this environment have included allegations of the sexual assault of one resident by another when staff were on a break and the seclusion of three women in a locked house for 20 minutes with only minimal supervision provided by one staff member through a locked door.

Many person centred plans for the people at Greenfield Terrace state the importance of leisure and community activities to minimise their behaviours of concern. The present minimal staff support substantially limits opportunities for community inclusion for people and leads to boredom and a sense of incarceration. Effectively, for four hours a day, six people, who often have high support needs, are supported by just one staff member.

Community Visitors are of the opinion that this is absolutely unacceptable and falls short of the principles in the Disability Act. DHS management has advised that no funding for additional staff support is available. It is proposed that within the three-year term of their Enterprise Bargaining Agreement, the present antiquated rosters in use at PRS are reviewed to better meet the needs of the residents across the site. Community Visitors believe the current roster system should be reviewed as a matter of urgency.

Community Visitors express concern about a house where there is a high turnover of house supervisors. Some DHS houses have had constant changes in these positions. Over the last two or more years and Community Visitors have noticed an escalation in behaviours of concern as well as ongoing damage to the houses. Community Visitors have observed that the house supervisor can be a key factor in achieving positive outcomes for residents and for staff wellbeing and morale. They have also noted that permanent staff are more likely to provide as many opportunities as possible to ensure people have fulfilling lives. An increased use of relatively unskilled and untrained agency or casual staff due to lack of permanent staff is having an impact on the wellbeing of the residents.

This also occurs in some CSO houses. Regular staff build a positive rapport with residents which encourages their progress. It is very apparent to Community Visitors when this continuity is lacking. One CSO house has had no team leader for some time and paper work such as support plans, medical records, and incident reports was not kept updated making it difficult to track behaviours of concern and activities in the house. Also, vital safety records were not maintained. Once applicants are successfully placed as full-time staff members, it may be a positive step to include some relevant training to initiate them into their particular residence. Community Visitors encourage DHS to enhance and increase pre-employment training and certification to increase the skills of the available workforce.



Safety

The *UN Convention on the Rights of Persons with Disabilities* affirms the fundamental human right to live free from exploitation, violence and abuse. The Disability Act embodies the same principles and requires that services to people with a disability should be provided in a way that reasonably balances safety with the right to choose to participate in activities involving a degree of risk.

Community Visitors report with concern about one man in a CSO house where there is a requirement to use chemical and physical restraint for a number of young people. There appears to be no current approved Behaviour Support Plan for this man.

A behaviour support plan, which is approved by the Senior Practitioner and reviewed annually, is a requirement under the Act when any form of restraint is used in the management of behaviour. They help provide information such as the circumstances in which the proposed form of restraint or seclusion is to be used and explain how the use of restraint or seclusion will benefit the person.

There appears to be a delay in signing off on another behaviour support plan, which is also outdated. It is imperative that this document be kept up-to-date and in the person's file for easy reference. Community Visitors found that it was in a locked cupboard which is only accessible by the team leader. Community Visitors found that, of the Behaviour Support Plans that were in people's files that, these did not appear to have the required authorising signatures. Lack of access to current Behaviour Support Plans makes it difficult for Community Visitors to monitor whether the best interests of the residents in this house are upheld in accordance with the Act.

Concerns for residents' safety were reported by Community Visitors in a CSO 'transition house' intended to teach people skills to eventually live independently. During a two-year period prior to December 2008, incompatability between residents created a volatile, anxiety-producing situation for all. Fortunately, the residents were able to speak up for themselves. The situation was so serious that a co-resident was ultimately granted a five-year restraining order while the problem of incompatability was resolved. One resident was consequently moved to live in 'student accommodation' with an individual package of support. Community Visitors are unable to comment on the success of this outcome for this resident. A second resident had been spending up to four days a week with his parents in another region to avoid the violence and emotional stress in the home. They moved into a Supported Residential Service during this period and Community Visitors doubt this is an appropriate placement for the resident.

Community Visitors believe it is essential that both DHS and CSOs implement strategies to reduce conflict and increase safety for their residents. Incident reports at one CSO document a range of serious issues and complex behaviours that often lead to physical confrontations. Victoria Police were called when an older resident attacked a younger one through frustration with lack of progress with requests to move out. Inappropriate placements and incompatibility compromise existing householders and limit the capacity of staff to provide a safe environment. Community Visitors ask DHS to assess, as a matter of priority, whether these residents should be living together.

Despite a DHS Regional Fire Risk Assessment, Community Visitors remain concerned about safe evacuation in a house where two residents use wheelchairs and only one 'sleepover' staff member is on duty overnight. The main concern is the safe evacuation of all residents if a fire occurs as both the corridors adjacent to two bedrooms and the front door are too narrow for the wheelchairs. Community Visitors understand options are being explored for a replacement house and that this should occur urgently.

In a SCOPE house, a similar situation exists for two people whose safety is at risk because the bedrooms are too small, hallways too narrow and ramps inadequate for these residents in an emergency situation. Community Visitors urge that SCOPE address this urgently.

Health care needs

On more than one occasion, Community Visitors have reported that residents had been discharged from acute hospital care and sent home in a taxi without staff being adequately notified. This has inevitably led to staff being unable to provide the necessary care at home and the resident being readmitted to hospital.

All residents are in a perilous situation when medication is used. In order to protect and prioritise the health of the residents at a range of CSO houses there are various issues that need to be recognised by all staff, CSO management, Community Visitors and DHS. It is imperative that error in the administration of medication and its dispensing be acknowledged. Potential risks in dispensing and recording of prescribed medications and the need to ensure accurate recording of any such dispensing or mistakes made during this critical process. It is vital that all staff dispense, record and file accurate information. Community Visitors urge DHS to monitor the health and wellbeing of residents with accurate records management.

Ageing

Community Visitors are aware, and supportive, of consideration for the individual needs of people who are ageing. However, continued monitoring is required to ensure people are not admitted to aged-care facilities unnecessarily. This may happen due to the need for additional staff support or to create a vacancy. Many direct-care staff are committed to supporting people whose mobility needs are increasing. This is often difficult in CSOs where the capacity within their allocated budget to increase support may not be easily found. It is vital that the DHS support CSOs in these specific and individual situations.

Compatibility

Community Visitors have raised concerns where the incompatibility of residents may results in stress and injury. Community Visitors reported one DHS house where this has escalated to unacceptable levels with little apparent support given to the residents living there. All residents are aged between 23 and 55 years and have significant and complex behaviours of concern. Four of the men live in the main house and the fifth man has been moved to an Independent Living Unit (ILU) in the backyard of the property. Numerous incidents have required police attendance at this house. During these incidents staff are instructed to lock themselves in the staff-room and leave the front door unlocked for the police. The high level of incidents has resulted in a significant turnover of staff.

Staff changes have led to further inconsistency in support, adding to and perpetuating unresolved issues for the residents. Because of the residents' behaviour there is minimal furnishing, pictures are high up on walls, there are no homely or personal items in the general living areas and all sharp implements are locked away. The escalation of the violence can only be detrimental to the residents' health and wellbeing and has also had an impact on the ability of staff to provide support. The outbursts appear exacerbated by numerous interrelated factors, including the amount of time the residents spend together in the house, their differing levels of capacity and functioning, competing and conflicting personalities, sexuality issues, rivalries, jealousies and, most significantly, the lack of a regular full-time supervisor and experienced and trained staff. This situation shows a fundamental disregard for the rights of these residents to adequate support and care.

In another DHS house, an external consultancy group was engaged to review the resident mix following issues caused by the inappropriate placement of a resident. The report recommended several strategies to try to improve the quality of life for the residents. It also outlined that introducing a new resident, whose needs or behaviour would be disruptive to the routine of the unit, would reduce opportunities to support this fragile resident, aggravate his sensory sensitivities and be detrimental to his wellbeing. Despite this, DHS introduced a new resident with many complex behaviours of concern that added to the complexity of care already provided in this house. The new resident was very noisy particularly at night as he was wandering, entering other residents' rooms and vocalising loudly. He requires supervision when in the backyard as he has the condition 'Pica', which has also resulted in the back door being locked to the detriment of the other residents. Parents of these residents are very involved and DHS has been meeting with them to address any issues caused by the new resident's introduction to the house. Community Visitors continue to monitor this situation.

Community Visitors reported a CSO on the incompatibility of residents in some houses. The CSO agreed that this was an issue and informed Community Visitors it would be reassessing the individual needs of a number of its residents with a view to providing more compatible groupings. To date this has been inconclusive. In the meantime, Community Visitors are concerned for a number of these residents. One appears to be in a serious state of depression. They frequently express their dislike of some of their co-residents and rarely leave their room. On many mornings they are reluctant to get out of bed unless they know they are going out with their respite or recreation support people. Two other residents enjoy going outdoors but are effectively prevented from doing so due to access to the backyard being restricted by the behaviour of a co-resident. Community Visitors request the completion of all assessments, and the outcomes implemented as soon as possible. Long delays in this process are seriously affecting the emotional wellbeing of these residents and exacerbating their behaviours of concern.

Respite

There are many examples of respite accommodation being used as long-term accommodation for homeless people. There are at least 20 adults in this region in respite houses long-term and it is difficult to place them elsewhere. One resident has lived in respite for over two years. These situations place further constraint on the available places in respite services for other people.

Many existing houses visited provide caring and homely environments and meet the needs of their residents. However, there still remain too many situations where resident health and wellbeing are not being met. Again this is not reflective of principles of the Disability Act. These are primarily houses where most, if not all, residents have complex behaviours of concern. Despite having high staff-to-resident ratios, such houses tend to be highly volatile settings with limited capacity to provide a safe and positive environment for people.

Inefficient use of ILU with two or more bedrooms housing just one person contributes to the inadequate and unmet need for accommodation for people with a disability who are homeless or need to move from their present accommodation. There continues to be a demand for access to respite, however, we acknowledge that the 2009-10 State Budget does provide additional access for respite based on individual needs and circumstances of residents. This commitment would need to continue.

Restrictive interventions and compulsory treatment

Restrictive practices

Community Visitors reported on the introduction of a resident to one DHS house who requires staff supervision at all times while outdoors. External doors are required to be locked which restricts access for other people who may wish to use the backyard. Community Visitors would like to see alternative support arrangements for these people.

In the past 12 months in this region, Community Visitors have found many instances where the Office of the Senior Practitioner has conducted comprehensive reviews for people who are subject to the use of chemical restraint, mechanical restraint and seclusion strategies to manage behaviours of concern. The outcome has been a reduction in the use of medication for some people and more positive strategies for improved lifestyles being introduced.

Mental Health

North and West (north) Metropolitan Region mental health services are managed by Austin Health, Melbourne Health and Forensicare.

They consist of two adult acute units (one incorporating mood and eating disorders with a 'mother and baby' unit), one veterans' adult acute unit, one secure extended care unit (SECU), one brain disorders unit, one adolescent unit and the state-wide child unit, one aged persons acute unit, one aged persons mental health residential unit, one community care unit (CCU), seven forensic mental health units and two emergency departments.

250 visits were made to these facilities by Community Visitors.

Environment

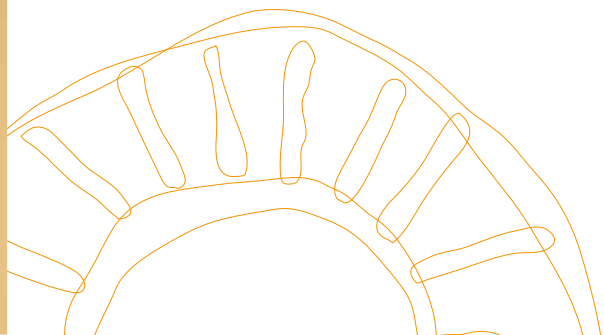
Significant improvements in the physical condition of some units have resolved long-standing issues. Overall, there has been a noticeable reduction in negative issues regarding maintenance. Instead, there has been an increase in positive reports of clean, comfortable and well-maintained units.

In the SECU and adult acute unit at Austin Hospital, problems originating from their construction in 2006 have caused concern. The ill-fitting exterior doors of the mother and baby areas allowed draughts in that affected the temperature of the unit. The consequent use of rolled-up towels across doorways to block draughts created a safety risk. In the SECU, the bedroom doors were insecure and easily opened thus affecting privacy and safety. While solutions were eventually found, these were construction problems that should never have occurred.

At The Northern Hospital, there was a significant improvement in the standard of cleaning of the adult acute unit following action by the unit's management. However, certain deficiencies, e.g. poor sight lines, easily-damaged walls, inadequate bedroom furniture, worn carpets and the generally drab and unattractive environment, continue as a concern, particularly as no funding has yet been provided for the renovation of this unit when the new, adjacent adult acute unit is opened in 2010.

At the Northern CCU, preparatory work on a PARC unit is at an advanced stage. The building of the Centre for Trauma Related Mental Health (replacing the existing Veterans' Psychiatric Unit) is to begin in mid-2009. However, funding has not yet been provided for work to proceed on the proposed 120-bed Mental Health Rehabilitation Centre for extended care and forensic health patients.

> Mental health facilities need to have a welcoming entrance.



Staffing

Shortages of medical, nursing and allied health staff were noted at a number of units from time to time. At the forensic mental health facility, some consumers reported frustration because, at times, there were insufficient staff to provide the necessary escorts for leaves granted. However, the hospital management is active in recruiting staff, including from overseas.

Compatibility

At the forensic mental health facility, some women consumers raised issues of privacy, human rights and the management of relationships between male and female consumers. This concern was discussed with senior staff and will continue to be monitored.

Good practice

A long-term safety issue was finally resolved with the completion of a child-proof fence where the child and adolescent units are located at the Austin Hospital.

The redevelopment of the adolescent and statewide child inpatient units at the Austin Hospital has provided a safer, more spacious and attractive environment with air-conditioning throughout.

At the Northern CCU, enhanced group activities, better garden care and improvements to the consumers' common room are commendable.

Renovations, new furniture and provision of 'hands-free' phones for residents are improvements reported at the aged persons mental health residential unit.

Consumers comment positively about the quality of care, activities and rehabilitation programs in all units and the attentive interaction of staff with consumers has been observed and noted. An example of best practice is an Obesity and Healthy Living Program at the forensic mental health facility.

Also at the forensic mental health facility, the structured day program has been extended to all units with positive responses from consumers and excellent unit activities, which complement the educational programs provided, by Kangan Batman TAFE and the health and wellbeing activities of the YMCA.

Non-smoking policy

The non-smoking policy has been introduced at all sites. There have been complaints raised about 'rights' from some consumers and this will continue to be monitored.

Least restrictive practice

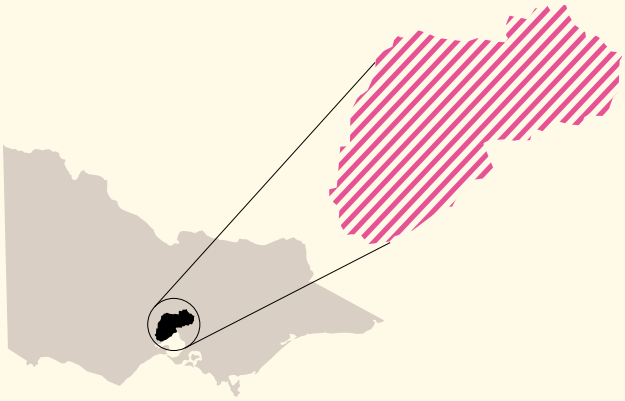
At the forensic mental health facility, a 'beacon' site for the Reducing Seclusion project, the provision of quiet withdrawal areas continues and the analysis of events leading to the need for seclusion in specific cases provides insights that help inform best practice.

Accommodation

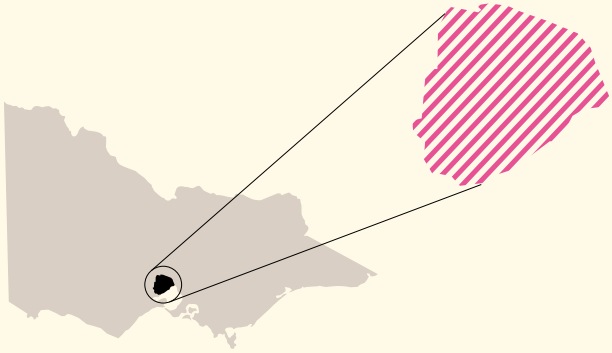
There are continuing concerns about the number of consumers, particularly those with a dual disability, in the SECU at the Austin Hospital who have been there for many years and were identified in the Long-stay Patient Project reported in 2007-08. CCU beds are urgently needed for these consumers and others ready to move to a more community-based environment. There is also a long-term waiting list for SECU beds.

Complaints

In response to complaints, consumers have been advised about their rights and provided with information on Mental Health Review Board hearings, seeking a second opinion, support and advice from Legal Aid and the Mental Health Legal Centre. In particular, some consumers complained of "not being listened to" by staff nor informed of their status, diagnosis or treatment plans.



North and West
Metropolitan Region



West
Region

North and West (west) Metropolitan Region

The west part of the region comprises eight municipalities of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley, Moreland and Wyndham.

This region has a population of approximately 818,656, which represents 17 per cent of the Victorian population.

Health Services

Community Visitors conducted 121 visits to 12 SRSs in the western part of the region. Six of these facilities were pension-level, and the remaining six were above-pension facilities. In the past year, one above-pension facility closed and another opened. All of the facilities in this region have less than 40 residents: the largest is a pension-level facility with 38 people.

Residents mix

In this region, there have been issues in relation to severely disabled residents living in an SRS. While the residents generally receive a great deal of support, the Community Visitors do question the appropriateness of these placements. The compatibility of residents has also been an issue with aggressive younger residents, including recently paroled prisoners housed with the frail aged.

Case managers

Many residents in SRSs need case managers. The workload of case managers is of concern to Community Visitors as there often appears to be some delay when case managers are asked to respond to issues.

Safe storage of medications

The safe storage of medications was an issue in one facility, where filled syringes were stored in an unlocked refrigerator. Staff and proprietors would benefit from further education about safe handling and storage of medications.

Quality of food

The quality of food in one service has been an issue for some time, with residents often being served donated stale bakery goods for dessert. There have also been occasions where residents have been served unsuitable food such as tough meat that is difficult for elderly residents to chew.

Care plans

Community Visitors have found that care plans vary considerably between facilities. In some homes they are difficult to follow and are not always up-to-date. This has the potential to compromise resident care, particularly when casual staff are used as they do not have appropriate information in delivering resident care.

Environment

The distribution of SAVVI funding has resulted in significant environmental benefits for residents in SRSs. In one facility, residents took much pride in showing Community Visitors how they were involved in selecting the curtains, carpet and paint colours for their home.

The proprietor of one pension-level facility had been identified as having such an excellent activities program that they have been asked to address other SRS proprietors to help them improve their activity programs.

Disability Services

Within the western part of the region, Community Visitors undertook 112 scheduled, unannounced visits in DHS Disability Accommodation Services and Community Service Organisation facilities.

Appropriateness and standard of premises

Environment

The standard of houses varies across the region. As expected, newer, purpose-built homes are generally more appropriate for resident needs compared to older homes.

Maintenance and fabric issues continue to be reported at a high level. The time taken to resolve issues reported by Community Visitors seems to be excessive. For example, it took over three weeks to replace a toilet door and more than one year to replace a bath. Other unresolved issues during the period were the removal of a mattress from the backyard of a house, the removal of a second bath in a bathroom where a new one had been installed and a lack of heating in an extension of a house.

Many of the issues reported about the standard of facilities relate to safety and privacy. A man who complained about a window lock not working was concerned for his personal safety, as easy entry was possible. This is a continuing source of anxiety for him as this issue was first reported in October 2008 and remains unresolved.

Opportunities for inclusion in the community

Individuality

Community Visitors have reported previously that a married couple was supported to have a room of their own in a shared house and commended the CSO for negotiating this outcome. However, it is unfortunate that due to the slow response from the Office of Housing, the CSO's request to build a wall to afford the couple complete privacy, has not been addressed. This is an unsatisfactory situation in terms of the couple's dignity and right to privacy.

> ...it took over three weeks to replace a toilet door and more than one year to replace a bath...

Service quality

Compatibility

Community Visitors believe that careful consideration must be given to finding suitable homes for people.

Case Study – Compatibility

A resident was moved into a house where compatibility with the settled resident group became a major problem. The new resident's regular instances of aggressive and destructive behaviour made other residents fearful for their own safety. A number of changes were made to the house including locked doors and window shutters to prevent the newer resident threatening violence. This limited the freedom of all residents to move in and around in the house. In addition, they constantly complained about feeling unsafe.

Community Visitors made regular reports about the situation. One resident advocated independently for change by contacting senior management of DHS to demand that action be taken to relieve what he viewed as an untenable situation. The resident who had been moved in was transferred to alternative accommodation and given extra staff support.

Community Visitors believe that careful consideration must be given to finding suitable homes for people.

Mental Health

North and West (west) Metropolitan Region mental health services are managed by Western Health, Mercy Health Services and Melbourne Health.

They consist of four adult acute units, one secure extended care unit (SECU), two aged persons acute units, four aged persons mental health residential units, two child and adolescent acute units, three specialist units (eating disorders, neuropsychiatry, mother and baby), four community care units (CCUs) and three emergency departments

292 visits were made to these facilities by Community Visitors.

> There are often delays of several months in the repair of what are usually fairly simple things.

Environment

Some facilities have a comfortable and homelike environment. Others have carpets that are worn out and dirty along with furniture that has been damaged and not replaced in 18 months. There are often delays of several months in the repair of what are usually fairly simple things.

Ambient temperature is usually well-controlled but both consumers and staff complained about excessive heat in one unit in April. When this issue was raised with management, it was addressed promptly and to the satisfaction of consumers and staff.

Safety

Generally mental health units have good fire safety practices. Extinguishers and other fire equipment are accessible but at one unit it was noticed on two consecutive visits that an armchair blocked access to a fire extinguisher. This was brought to the attention of the staff and was only rectified after the second visit.

Another facility recently had several boxes and some rubbish left in one of the corridors. At the next visit it was noted that the corridor was clean and tidy and back to its former clean condition.

Female consumers have reported feeling unsafe because they are unable to prevent intrusion into their rooms by other consumers. In some units this is seen as a significant issue and consumers are able to lock their own doors to prevent access by other consumers, ensuring a greater sense of personal safety and security. However, in another unit, locks on bedroom doors were requested by female consumers in October 2008 and have still not been fitted. This lack of consistency in responding to safety concerns raised by female consumers is an issue that needs to be addressed.

Good practice

There have been some innovative developments in activity provisions in some units. For example, a Men's Shed at an aged persons mental health residential unit has given some of the male residents an interest and an opportunity to participate in practical activities. The development of a greenhouse and vegetable garden at one CCU has also given consumers recreational and educational involvement.

A 'Wii' entertainment unit was purchased in one unit and has proven to be of great benefit to the consumers' physical and mental wellbeing.

Least restrictive practices

Generally there is good awareness of the need to maintain an environment that is the least restrictive possible. Occasionally this does not occur. In one instance at an adult acute unit, 16 consumers were locked in the unit because of one consumer requiring constant supervision. In these situations, consideration must be given to additional staffing resources to reduce the need for the unit to be locked and allowing for 1:1 supervision when required.

Accommodation

The issue of a shortage of long-term accommodation continues. This results in consumers being placed in facilities that are not designed to meet their needs. It is still often difficult for consumers to be transitioned into suitable accommodation on discharge.

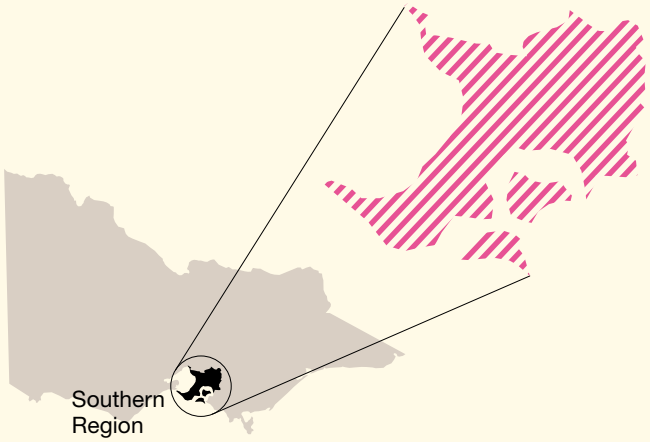
Complaints

In general, it is found that consumers in the western region have access to information on their rights and responsibilities. Complaints processes are in place and most consumers are aware of how to raise a complaint. Occasionally consumers will ask why they are in care or they may complain that staff do not take any notice of them. It is ensured that information pamphlets are visible and available for consumers to access. Most facilities offer consumers a Mental Health Review Board application form soon after their arrival and, if necessary, assist them to complete it.

On occasions, treatment plans haven't been developed for several days. Where a consumer's assessment is complex or where there is an associated medical condition, the plan can be further delayed while the mental health team decide what course of action to follow.

Occasionally there are long delays in transferring consumers from emergency departments to suitable accommodation. For example, two consumers waited in the emergency department for 14 hours. This occurred because of a lack of access to a mental health registrar and a shortage of staff in the mental health unit.

Staff shortages at times, have been difficult to fill due to a general shortage of appropriately trained mental health staff.



Southern Metropolitan Region

Southern Metropolitan Region extends from inner-urban suburbs such as Port Melbourne to the Mornington Peninsula, eastward across suburban and industrial areas through to Pakenham and numerous small towns on the metropolitan and rural fringe.

The region's communities are diverse and include rapidly changing inner-urban communities and outer suburbs with enormous growth.

This region has a population of approximately 1,126,223, which represents 23 per cent of the Victorian population.

Health Services

Community Visitors conducted 373 visits to 56 SRSs in the Southern Region. Twenty-four of these facilities were pension-level and 32 were above-pension facilities, and resident numbers ranged from 14 upward with larger facilities accommodating about 30-35 residents. Occupancy rates have fallen somewhat in the region, and while above-pension facilities have maintained good standards despite lower occupancy rates, for financial reasons pension-level facilities were not able to be as selective when considering new residents. Community Visitors believe this situation has led to the inappropriate placement of residents with high support needs in the region.

Environment

Community Visitors are concerned for the residents who live in facilities that compromise their health, safety and wellbeing. Maintenance issues include generally dilapidated building stock, fixtures and fittings as well as poor amenities: dirty bathrooms, mouldy shower curtains, gardens littered with mattresses and old furniture awaiting disposal. Some issues were reported more than once before they were attended to by proprietors. Conversely, there were also facilities in the region complimented for their cleanliness.

Community Visitors acknowledge a number of facilities in the region have made significant improvements, for example, new carpets, fresh paint, and new curtains, lounge and bedroom furniture. Several facilities built gazebos. Community Visitors attribute many of these improvements to the financial support pension-level facilities have received from SAVVI funding.

Community Visitors reported issues that related to residents with complex needs or difficult behaviours in a significant number of facilities in the region. These issues sometimes resulted in injury or other negative outcome for the resident concerned, and in two cases the behaviours led to resident evictions. More commonly, the behaviour upsets or disturbs other residents and may even place them in physical danger. Examples reported by Community Visitors in the past year include an unwell resident smashing windows and a television. Police were called to attend an incident involving residents consuming drugs and alcohol, and residents complaining about another resident's disruptive behaviour.

Health care needs

Resident care plans were deficient in detail or required revising in at least six facilities. This increases the risk that residents will not have their health care needs met because staff are not aware of the individualised care they require.

A few issues involving inappropriate storage and distribution of medication were noted in the region. These included two examples of medication not stored securely and one example of a resident taking medication left on the dining table that was intended for someone else.

Community Visitors acknowledge the efforts of proprietors who have been proactive in accessing preventative health services for residents, including eye tests and health assessments conducted by physiotherapists and the proprietors who have established links to services to meet the needs of individual residents, for example, palliative care.

Safety

Building maintenance has the potential to impact significantly on resident safety. While many proprietors responded promptly to maintenance issues identified by Community Visitors, there were at least four facilities in the region where this was not the case and resident safety was compromised for an extended period. These issues included an exit door that required repair and was difficult to open for at least five months, a bathroom floor so deteriorated that holes were covered with large pieces of wood, garden paths cracked by tree roots, and a handrail that was not repaired for five months.

Case study: Serious burns

Community Visitors were disappointed by a proprietor's inaction following an incident that resulted in serious burns to a resident after a seizure in the shower.

Community Visitors believe that the resident's injury was exacerbated because staff did not know how to open a bathroom access lock in an emergency and the high temperature of the water. The resident fell against the shower's sliding door, further delaying staff access.

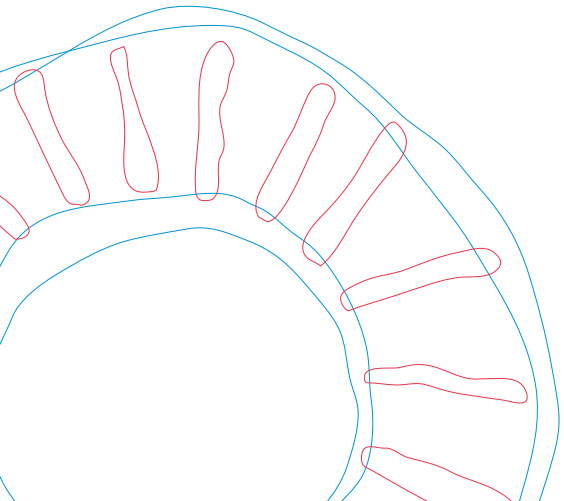
Visiting after the incident, Community Visitors demonstrated how to open the door in an emergency and discussed with the proprietor their concerns about the water temperature. The proprietor had the water temperature reset by a plumber 19 days after the incident and a month later DHS investigated Community Visitor concerns that the water was still too hot and found that the water temperature was, in fact, at an acceptable level (39ºC).

The facility had documented three falls by this resident in the month before the incident: one requiring a trip to hospital and another requiring hospital admission. Following the last hospital stay prior to this incident, the resident's General Practitioner wrote to the hospital stating the resident was too unsteady to be cared for at the SRS. It is concerning that the hospital, nevertheless, discharged the resident back to the SRS. It is noted that the proprietor discussed the resident's condition with the hospital prior to discharge and believed that the resident had improved.

Community Visitors acknowledge that floor plans showing fire exits are present in many facilities. Community Visitors are aware of two fires that occurred in pension-level facilities in this region this year. While both fires were contained to the room where they started and residents sustained no injuries, the incidents highlight the potential for catastrophic consequences of a fire. The importance of fire preparedness for staff and residents must be emphasised. Community Visitors are also very concerned about the fire risks posed by residents smoking in their rooms.

Opportunities for recreation

Good practice examples of activities and outings for residents were reported in both pension-level and above-pension facilities in the region, for example, art and craft classes; a disco organised by a mental health support service; and a trip to the zoo. An outing led by Alcohol Related Brain Injury Australian Services (ARBIAS) to a trout farm which culminated in SRS staff preparing the fish that had been caught for the residents' evening meal was a particular success. Community Visitors also noted that one resident who was quite socially isolated had started attending the local community centre a few times a week. However, Community Visitors report that these examples are not reflected in the activity programs of many facilities in the region. In a number of facilities Community Visitors report that there are few activities and outings available to residents.



Disability Services

Within the Southern Metropolitan Region, Community Visitors undertook visits to 205 residential services. Seventy-five of these are managed by DHS Disability Accommodation Services and a further 130 are managed by 21 different CSOs.

Community Visitors undertook 569 scheduled, unannounced visits.

Appropriateness and standard of premises

Environment

Progress with the redevelopment of Wallara residential services has been delayed due to circumstances outside the organisation's control. There are currently six people still living in the old congregate-care home, possibly until the end of 2009. Other people, who have moved to either permanent or temporary houses, are experiencing better opportunities from living in smaller homes.

Community Visitors report that, overall, houses in the region present a positive approach to ensuring people enjoy all aspects of living in their own home. There is evidence of dedicated staff endeavouring to create this environment.

Community Visitors have reported many minor maintenance issues during the period, which are usually dealt with in a timely manner. However, there are ongoing problems with general maintenance with long delays for painting and updating of older houses and in replacing essential household appliances such as washers, dryers and stoves.

Non purpose-built houses pose numerous problems for people who use wheelchairs. Although the supply of aids and equipment has improved, there are still some unacceptable delays with funding, and obtaining shortfalls, due to people's financial constraints.

The ambience of some houses and gardens is unsatisfactory but Community Visitors also report many nice internal touches and innovative gardens. There are several examples of staff improving the ambience of homes, for example, the installation of water tanks and, to quote from one Community Visitors' report, the "care taken by management and staff to maintain the house in 'as new' condition".

Opportunities for inclusion in the community

Support planning

Community Visitors are concerned that individual planning is not being progressed in some houses. In at least four houses, person centred plans could not be located and, in two others, the plans were outdated. In one house, a resident was unhappy with the day placement provided. In another, a resident, for whom a placement was not found, was at home for several months with nothing to do. In other houses, there is no evidence that people are able to make choices such as menu selection, owning a pet or being able to do the gardening.

Individuality

Community Visitors are pleased to report that some residents enjoyed interesting holidays, both locally and overseas. Holidays have included travelling on The Ghan, visiting India with family, the Tamworth music festival and a trip to Tasmania.

Community Visitors are concerned, however, that limited finances or lack of access to transport mean that, for many residents, opportunities for vacations or getting out into the community are limited.

Community Visitor's noted that movement of Wallara residents from congregate care to a smaller facility has greatly improved access to the community and to independence. In other houses though, withdrawal of transport to day placements has had an impact on the financial, and the ability of residents to manage with limited resources.

Many dedicated staff in both DHS and CSOs have taken great efforts to support the needs and rights of residents. For example, some people have been assisted to maintain family contact, gain independent living skills or encouraged to participate in the operation of the house. Other residents have learned to travel independently on public transport, had choice in redecorating their home and been encouraged to participate in community events, such as singing with the Salvation Army choir.

Community Visitors were particularly pleased to report this year that, after five years of advocacy, a footpath has been provided which enables those residents who use wheelchairs to access the community. Residents, staff and families have appreciated this.

Service quality

Community Visitors also reported their concerns that, in many houses, they could not locate the residential statements.

Staffing

Community Visitors observe that insufficient funding for adequate staffing levels is restricting the opportunities for residents to develop independent skills. One house has only one staff member on duty from 5pm until 7am. This has an impact on the five residents and poses a safety risk because of inadequate support.

Community Visitors note that there are some excellent Disability Act information kits in resident's rooms. However, some support staff lack knowledge of the Act and the requirements regarding documentation. For example, some staff are unaware of the requirements of the legislation to allow Community Visitors access to a wide range of records pertaining to the care and support of residents.

There are examples of good practice. One CSO is providing training for staff in applying the 'learnings' of the Office of the Senior Practitioner's Mindfulness Project to enable them to support residents with complex needs and behaviours of concern. Community Visitors commend a children's respite service, which now has an outside area for the childrens' enjoyment and parents' involvement.

Health care needs

Good preventative health care measures are adopted by staff in both DHS and CSO houses. People are having regular medical and dental examinations, flu vaccinations and follow-up or further treatment such as hydrotherapy. In many houses staff are now charting people's weights and introducing healthier diets and exercise programs.

Ageing

The provision of appropriate day activities for ageing or frail people who want to reduce their attendance at the regular, full-day program remains a concern.

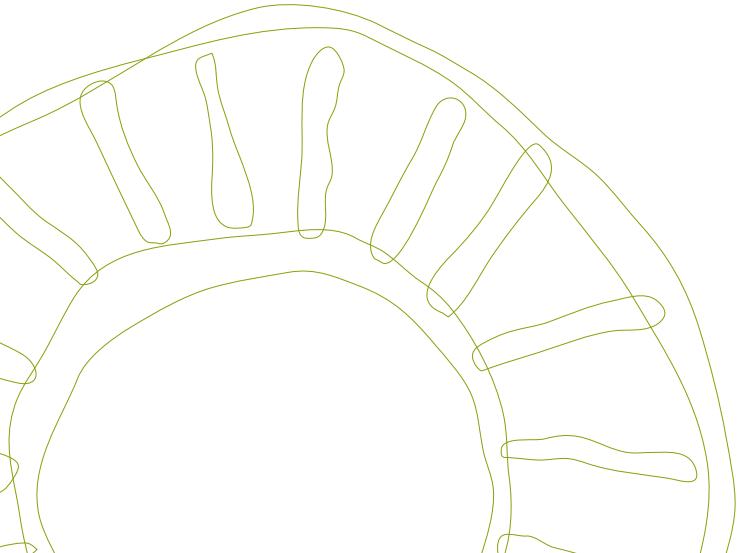
A policy that allowed for ageing in place to occur and that takes into account an individual's needs associated with the medical care is required.

Although some progress has been made on providing more daytime staff to allow elderly people to spend time at home, Community Visitors are concerned that there are still examples where some, including one who is aged 75 years, are required to continue to attend day placement during the week.

Community Visitors commend those organisations that have committed resources to enable rostering of daytime support staff. This ensures that some older residents have been able to lead more relaxed lives and enjoy activities in their homes and local communities.

Financial

Community Visitors are aware of one case where a resident was denied permission to spend the federal government's economic stimulus payment. In other cases, encouragement to spend the money on much-needed special activities, equipment or holidays has not been forthcoming.



Compatibility

Community Visitors are concerned that inappropriate placements are causing distress in some homes where risk-taking behaviours of some residents exposes their co-residents to emotional and physical abuse. In most cases, no satisfactory outcomes have been achieved as service providers advise that no suitable accommodation alternatives are available.

Community Visitors consider that longer transition processes and the opportunity for existing residents to have more input into the selection process should occur. Community Visitors have reported their concerns about a young resident placed in a house where all the other residents are ageing and non-verbal. This could hinder his ongoing development and social interaction.

Respite

Community Visitors have reported that a respite house in the area has become better maintained and efforts are being made by staff to increase the use of this facility especially during the week. There is still a shortage of respite for children with autism.

Restrictive interventions and compulsory treatment

Restrictive practices

Community Visitors note with great concern that there are a number of locked houses in the region. In many instances, behaviour support plans do not record physical restraint and plans are forwarded to the Office of the Senior Practitioner.

Complaints

Community Visitors have been alerted that families are reluctant to raise complaints for fear of a negative reaction from the accommodation service provider. Although there are complaints processes in place they can be frustrating to residents due to delays in follow up.

Mental Health

Southern Metropolitan Region mental health services are managed by Peninsula Health, Southern Health and Bayside Health.

They consist of seven adult acute units, four aged persons acute units, six aged persons mental health residential units, four community care units (CCUs), one secure extended care unit (SECU), one adolescent unit, one mother and baby unit, one eating disorder unit and five emergency departments.

174 visits were made to these facilities by Community Visitors.

Environment

Facilities were reported to be mostly clean and it was noted that several facilities were refurbished. Additionally, some have scheduled upgrades to bathrooms and kitchens for late 2009.

Safety

It is concerning to note at one aged persons acute unit it took six months for locks on doors to be attended to. At another aged persons acute unit, uneven paving was reported over several visits.

Staffing

Several instances of shortages in facility staff were reported throughout the year, for example, at one aged persons mental health residential unit there was a shortage of staff reported over a period of months. However, this did not affect access to social workers, dieticians and interpreters, by residents at most facilities.

Another aged persons mental health residential unit reported it was without a lifestyle coordinator for several months; this position was eventually filled and resulted in an improved range of activities offered.

Individuality

It was pleasing to observe most facilities offering a range of activities for consumers to participate in.

Good practice

A positive initiative at one aged persons acute unit was the appropriate serving on food on crockery rather than in plastic containers.

It was reported that efforts were being made to reduce seclusion times across the region. One adult acute unit reported a significant reduction in the use of seclusion. It was also noted that a designated staff member was supervising a consumer, which may have reduced the use of seclusion.

Accommodation

There remains a significant lack of suitable accommodation for people with a mental illness in the region. Consumers are often accommodated in facilities which are not designed to meet their specific needs. Further progress in the redevelopment of a mental health site is welcomed.

Complaints

Some consumers have inquired as to their rights and some have had concerns about the medications they were being prescribed and the side effects.

Welcoming recreational spaces are important in mental health facilities.

Facilities visited by Community Visitors 2008-09

Shared Supported Accommodation (SSA) Providers*

Able Australia
AGAPI Care
Alkira Residential Services
Annecto Inc.
Araluen Centre
Ashcare Incorporated
Australian Community Support Organisation Inc (ASCO)
Australian Home Care Services Pty Ltd
Brighton & District Branch Helping Hand Association for Intellectually Disabled Inc.
Carinya Society
Central Access Ltd.
Colac-Otway Disability Accommodation Inc. (CODA)
Community Access & Accommodation Support Services/ Merriwa Industries
Community Connections (Victoria) Limited
Community Living and Respite Services Inc.
Cooinda Hill Association for Intellecftually Disable Inc or Cooinda-Terang Inc
Deaf Children Australia
Disability Opportunities Victoria
E W Tipping Foundation Inc
Family Plus Inc.
Focus Individualised Support Services
Gateways Support Services
Gellbrand Residential Services Inc.
Golden City Support Services
Golden Valley Centre Disability Services
Healthscope Limited
Helen Schutt House Association Inc.
Independence Australia -
"Ivanhoe Diamond Valley Community Centre Inc"
Jesuit Social Services Limited
Jewish Care (Victoria) Incd
Karingal Inc.
Kirinari Community Services Inc
Knoxbrooke Inc.
Maccro, Mansfield Adult Autistic Services Limited
MacKillop Family Services
Mallee Family Care Inc
Marillac
McCallum Disability Services Inc
Melba Support Services Inc
Melbacc Respite Service
Melbourne City Mission Inc
Merriwa Industries/CAASS
Mirridong Services Inc
MOIRA Inc
Monkami Centre Inc
Multiple Sclerosis Limited
Murdoch Community Services Inc
Murray Human Services
Nadrasca
Nepean Centre for Physically Handicapped Inc
Northern Disability Services Inc
Northern Support Services for People with Disabilities Inc
Noweyung Centre Inc.
Oakleigh Centre For Intellectually Disabled Citizens Inc
Plenty Valley Community Health Services
SCOPE (Vic) Ltd
Southern Way Direct Care Service Inc
St John of God Services Victoria
Statewide Autistic Services Inc
STAY Residential Services Association Inc
Sunraysia Residential Services Inc
The Richmond Fellowship of Victoria
The Salvation (Victoria) Army
Victorian Deaf Association
Villa Maria Society
Wallara Aust Ltd
Wesley Disability Services
Wesley Mission Melbourne
Woodbine Inc
WRESACARE Inc
Yooralla

*Visits were also made to facilities run by the Department of Human Services including Disability Forensic Assessment & Treatment Service (DFATS).

Mental Health Service Providers

Austin Health
Ballarat Health Services
Barwon Health
Bayside Health
Beechworth Health Services
Bendigo Health Group
Eastern Health
Forensicare
Goulburn Valley Health
Latrobe Valley Health
Mercy Health Services
Melbourne Health
North East Health
Peninsula Health
Ramsay Health Services
Southern Health
South West Health Care
St Vincent's Health
Western Health
Wodonga Health Services

Supported Residential Services

Aaron Lodge
Abbey Court
Absalom
Acacia Gardens
Acacia Place
Achmore Lodge
Acland Grange
Adare Supported Residential Care
Airlie
Alexandra Gardens Donvale
Allbright Manor
Alma House
Ascot House
Ashley Manor
Athenrye
Austin Court
Bacchus March - Browen Lee
Ballarat - Browen Lee House
Balmoral
Balwyn Manor
Bamfield Lodge
Barwon Valley Manor
Bayview Waters
Belair Gardens
Bellarine Court
Bellden Lodge
Belmont Lodge
Bentleigh Grange
Bentleys Aged Care
Berwick House
Bignold Park
Blue Dolphin on Bayside
Blue Willows
Brighton Lodge
Brooklea
Brooklyn House
Brunswick Lodge
Buninyong Lodge
Burke Lodge
Burwood Lodge
Camberwell Manor
Camberwell Terrace
Cameron Gardens
Carrington Court
Casa Serena
Caulfield House
Caulfield Manor
Chatsworth Terrace
Chesterfield
Chippendale Lodge
CooRondo Home SRS
Corandirk House
Cottisfield
Covenant House
Cranhaven Lodge
Crofton House
Crosbie House
Crosbie Lodge
Crystal Manor
Darebin Lodge
Delany Manor
Domain Gardens
Doncaster Lodge
Doncaster Manor
Dorset Lodge
Dunelm
Edwards Lodge
Elgar Home
Eliza Lodge
Eliza Park
Eltham SRS
Fermont Lodge
Ferntree Gardens
Ferntree Manor
Finchley Court
Footscray House
Galilee
Glen Waverley Lodge
Glenhaven Special Care
Glenhuntly Terrace
Glenville Lodge
Glenwood
Golden Gate Lodge SRS
Grace Manor
Gracedale Lodge
Gracevale Grange
Gracevale Lodge
Grandel
Green Ridge
Greenhaven
Greenslopes
Hamble Court SRS
Hambleton House
Hampton House
Harrier Manor
Hawthorn Grange
Hawthorn Terrace
Hawthorns Victoria Gardens
Hazelwood Boronia
Heathmont Lodge
Hepburn House
Highgrove
Hillview Lodge SRS
Hollydale Lodge
Home Residential Care SRS
Homebush Hall
Iris Grange
Iris Manor
Janoak Villa
Jasmine Lodge
Kallara Residential Care
Karinya
Kiah
Kilara Retirement Home

Kingsley
Kooralbyn Lodge
Kyneton Lodge
L'Abri
Lake Learmonth Resort
Lansell Lodge
Lilydale Lodge
Lisson Grove Manor
Malon House
Malvern Manor
Manalin House
Mayfair Lodge
Meadowbrook
Melton Willows
Mentone Gardens
Milford Hall
Moara Shira Lodge
Mont Albert Manor
Mornington House
Mt. Alexander
Mt. Eliza Terraces
Mulvra
Mulvra Place
Nepean Gardens
Oakern Lodge
Parkland Close
Penrose House (Temporarily Closed)
Pineview Retirement Home
Princes Park Lodge
Queens Lodge
Queenscliff Lodge
Raynes Park Court
Reservoir Gardens
Riversdale Manor
Rosewood Downs
Rosewood Gardens
Royal Avenue
Sandhurst Lodge
Sandy Lodge
Schofield
Seaview House
Sheridan Hall - Brighton
Sheridan Hall - Caulfield
Sheridan Hall - Malvern
Southcare Lodge
St James Terrace
Stewart Lodge
Strabane Gardens
Sunnyhurst Gardens
Templestowe Manor
Templestowe Orchards
The Connault
The George
The Heights
Themar Heights
Trentleigh Lodge
Vermont Gardens
Veronica Gardens
Victoria House
Viewbank House
Viewmont Terrace
Waldreas Cottages
Warranvale
Warrina Retirement Village
Wattle Lodge
Wattle-Brae SRS
Waverley Hill SRS
Westley
White Haven Retirement Home
Windermere Lodge
Woodford Gables
Wynalla House
Wyuna Supported Residential Service

Community Visitors 2008-09

AARONS Susan
ABRAHAM Chrys
ADAIR, Ian
ADES, Deanne
ADLER, Simon
ALCOCK, Joana
ALEXANDER, Ian
ALLAN, Julie
ALLISON, Susie
ARGENT, Janet
ARMITAGE, Shirley
ARNOLD, Lyn
ATHAN, Sophy
ATKINSON, Joel
AU, Karina
BAKER OAM, Ruth
BALL, Joyce
BARBAGALLO, Josie
BARBER, Alan
BARKER, Helen
BARRACLOUGH, Georgina
BEARD, Jane
BECHAZ, Vicki
BELLESINI, Margaret
BENJAMIN, Rodney
BERNATH, Robert
BINK, Judith
BIRKETT, Ann*
BLYTHMAN, Marion
BODENHAM, Margaret
BOLAND, Dominic
BORG, Myra
BORG, Sam
BOWEN, John
BOWMAN, Lisa
BRADBURY, Ellen*
BRAGGE, Kathleen
BREWSTER, Ted
BROWN, Max
BRUBACHER, Marc
BRYAN, Peter
BRYANT, Ian
BUCKLES, Ian
BURBIDGE, Andrew
BUTTERFIELD, Beverley
CAHILL, Pamela
CAPLAN, Eve
CARMAN, Rodney
CASBOLT, Robert
CASTANELLI, Ken
CESAL, Julie
CHAPMAN, Chris
CHEARY, Patricia
CHESHIRE, Ric
CHESTERMAN, John
CHEW, Siok
CHIANG, Peter
CHILTON, Sophie
CHUA, Peng
CHUNG, Anne
CHURCH, Thelma
CLARKE, Warren
CLOSS, Bernadette
COATE, Bruce
COLLINS, Maxwell
CONNOR, Danny
COOK, Gavin
COOKE, Lance
COOLEY, Peter
COOPER, Sandra
COOZE, Christine
CORRONE, Josie
COSTA, Cathy
COX, Douglas
COX, Suzanne
CRACKNALL, Sharon
CRAIGE, Geoff
CROSS, Patricia
CULL, Robert
CUNNINGHAM, Robyn
CUNNINGHAM, Cheryl
DABKE, Kishor
DALRYMPLE, Doreen
DALY, William
DANAHER, Jaclyn
DAVIES, Dorothy
DAVISON, Pat
DE PETRO, Lucy
DEAN, Rebecca
DIMER, Christine
DIMOTAKIS, Helen
DINNER, Stephen
DOBSON, Noel
DODD, David
DODD, Rebecca
DOHERTY, Diane
DONKER, Robert
DRAYTON, Robert
DUELL, Liz
DUGGAN, Gerry
DUNN, Ian
DUNN, Rita
DUNSTONE, Carmel
DWYER, Robert
EDGE, Rosalie
ENGLISH, Carole
EVANS, Donn
EVANS, Jennifer
FAIMAN, Marilyn
FAULKNER, Pamela
FERGUSON, David
FERGUSON, Iris
FERREIRO, Oscar
FISHER, Bill
FITZPATRICK, Frank
FLETT, Lyn
FONTANA, Maureen
FORSTER, Rohan
FORSYTH, Alison
FOSTER, Peter
FRANC, Pauline
FRASER, Robert
FRICSONS, Robyn
FULLER, Bronwyn
FUNG, Joseph
FUNKE, Emily
FUREY, Dale
FURTADO, Gemma
GALATI, Frank

The Office of the Public Advocate acknowledges and thanks Community Visitors in all streams who participated in the program during the financial year 2008-09.

GALE, Ken
GALGUT, Des
GARDINER, Bernard
GEORGE, Ian
GIBSON-KILPATRICK, Margaret
GILBERT, Liz
GILBERTSON, Edward
GLEESON, Kathleen
GLEESON, John
GLENN, James
GLOVER, Jill
GOLD, Una
GOUDIE, Graham
GOURLAY, John
GRACE, Audrey
GRAHAM, Bernie
GRAHAM, Eddie
GRAHAM, Barre
GRANT, Beth
GRAY, Deborah
GREEN, Avril
GREEN, Ernest
GREEN, Debbie
GREENFIELD, Martin
GREENING, Trevor
GREENLAND, Linda
GREENWOOD, John
GRIBBLE, Alison
GRIFFITH, Yvonne
GRIFFITHS, Geraldine
GRIGSON, Alan
GROSS, Kay
GROVES, Judi
GRUNDY, Jennie
GUGLIELMINO, Trish
GULIZIA, Donna
HABERL, Aileen
HACKETT, Julie-anne
HADLEY, Michael
HAMILTON, Debi
HAMMER, Garry
HANSEN, Raewyn
HAROLD, Diane
HARRAWAY, Susan
HARRISON, Lee
HARRISON, Kaye
HART, Cameron
HARWOOD, Russell
HARWOOD, Robin
HAWKINS, Gary
HAWKINS, Cliff
HAYNES, Carol
HEAFIELD, Margaret
HEALEY, Pamela
HENNESSEY, John
HEWETT, Sam
HINDS, Glenda
HISLOP, Ian
HOFFMAN, Ruth
HOYT, Rosemary
HUGHES, Miriam
HUMPHREY, Jim
HUMPHRIES, Sue
HUNTER, Helen
HUTCHENS, Carolyn
INGRAM, Chris
IRVINE, Terry
ISAACS, Dallas
JACKA, Dianne
JACKSON, Brenda
JACKSON, Terri
JACKSON, Adrian
JACOBS, Noreen
JAMES, Alison
JAMIESON, Rick
JANSINK, Emmy
JEANS, Bruce
JENKINS, Sandra
JOHNSON, Lyn
JOHNSON, Harry
JOHNSON, Alison
JONES, Mary
JONES, Catherine
JUDKINS, Lynda
KARZONS, Andrew
KEARINS, Terry
KELLY, Glennyce
KENT, Fred
KERR, Anne
KILEY, Brian
KILPATRICK, Bob
KINCADE, Joan
KINCADE-SHARKEY, Katrina
KING, Chris
KITZ, Wolfgang
KLAPPIN, Edward
KOTUR, Umesh
LAGERWEY, Tineke
LANE, Maureen
LANG, Maurice
LAWRENCE, David
LEI, Melissa
LESLIE, Jim
LIBBIS, Beverley
LIPPOLD, Margaret
LLOYD, Vashti
LOCKE, Ken
LOXTON, Kathleen
LUKE, Graeme
LURIE, Ralph
MAAKASA, Melissa
MACINTOSH, Brian
MACKENZIE, Keith
MALONEY, Susan
MANNING, Colin
MANNING, Lynda
MANNING, Barbara
MARCH, Arnold
MARRIOTT, Neville
MARRIS, Jan
MARSTON, Linda
MARTINI, Isabel
MARTYN, Robert
MARWICK, Dorothy
MATHIESON, Alan
MAUGEY, Julian
MAY, Kathy
MAYNE, Arthur
MAYNE, Arthur

Community Visitors 2008-09 cont.

MCALOON, Pat
McALOON, Pat
McBEATH, Ian
McCANN, Debra
McCREDDEN, Stan
McELVANEY, Carole
McFARLANE, Brian
MCGRATH, Maggie
McGRATH, Margaret
McKEE, Janelle
McKENZIE, Celia
MCLEAN, Lyndall
McLEISH, Heather
McLEOD, Geraldine
MCLOUGHLAN, Tracy
MCMINN, Brenda
McPHEE, Louise
McRITCHIE, Grant
MICHAEL, Neil
MIDDLEDITCH, Jan
MILGATE, Shirley
MIRAGLIOTTA, Frank
MORGAN, Irene
MORRIS, David
MORRIS, Faye
MORRISON, Susan
MORSE, Carol
MURPHY, Diane
MURRAY, Bruce
MUSGRAVE, Pauline
MYRONIUK, Myro
NAM, Keith
NANKERVIS, Wal
NELTHORPE, Michael
NESBIT, David
NEWMAN, Paul
NEWNHAM, Geoff
NEWSON, Sue
NEWTON, Lisa
NICHOL, Philippa
NINEDEK, Aaron
NUSS, Bert
NYIKOS, Paul
O'BRIEN, Belinda
O'CONNOR, John
O'DONOHUE, Peter
OLIVER, Richard
O'NEILL, Anne
ORMROD, Joan
OWEN, Barbara
PAGE, Doris
PAIN, John
PARKER, Dave
PATCHETT, Wendy
PEARSON, Loes
PENRY-WILLIAMS, Peter
PERERA, Stanley
PERRI, Nance
PERRY, Jennifer
PFEIFER, Wendy
PHILLIPS, Louise
PINDARD, Charles
PITRE, Aldo
PORTER, Allan
POYNTER, Denise
PRICE, Nancy
PRICE, Carol
PUMP, Stan
PURSER, Catherine
QUINN, Gwen
RAMSELAAR, Herman
RANKIN, Don
RAO, Sowmya,
RATNAYAKE, Rohantha
REA, June
RECOURT, Vimala
REESE, Harvey
REID, Helen
REIGO, Margaret
REYMENT, Joy
RICHARDS, Fay
RICHARDSON, Norman
RICHARDSON, Dawn
RIDGE, Venita
RIGONI, Nadia
RIMINGTON, Colin
RING, Valerie
ROBERTS, Arthur
ROBERTSON, Phil
ROBINSON, Ernest
ROBINSON, Margaret
ROBINSON, Kathy
ROCHE, David
ROSE, Clyde,
ROSE, Janet,
ROSIER, Mick
ROURKE, Robyn
ROURKE, Robyn
RUBINSTEIN, Linda
RUSSELL, Bruce
RYLES, Graham
SAMARAKKODY, Chaminda
SANTOWIAK, Jeanette
SAUNDERS, Cara
SCARFE, Janet
SCOTT, Bill
SCRACE, Rayjond
SEAVERS , Brenda
SEDGEWICK, Amanda
SEWELL, Paul
SHALLOW, Lois
SHAW, Rosemary
SHEARER, Laura
SHEPHERD OAM, Merrilyn
SHERGILL, Michael
SHOEBRIDGE, Colin
SHOEBRIDGE, Margaret
SHOLL, Eileen
SIMPSON , Margaret
SINGER, Lisl
SIVAKUMAR, Puvana
SLATTERY, Mike
SMITH, Jenny
SMULDERS, Wilma
SPARROW, Jim
STAFFORD, Meredith
STANNARD, Mary
STEADMAN, Ray
STEART, Alan
STEART , Jill
STERLUS, Erlinda
STEVENS, Esther
STONEMAN, Jenny
STRANEY, Suzanne
STRINGER, Karen
STUBBS, Frank
STUBLEY, Graeme
SULLIVAN, Bernadette

SWAN, Peter
SWAN, Susan
SWEETLAND, Sue
TAFT, Leon
TAGELL, Annette
TANNER, Lorraine
TARRANT, Paul
TAYLOR, Katrina
TAYLOR, Will
TEMELKOVSKI, Diana
TESIMALE, Louisa
THATCHER, Aynne
THIELKING, Kristina
THIELKING, Kristina
THIMM, Margot
THOMPSON, Mark
THORNLEY, Jim
THORNTON, Barry
THRIPP, Helen
THURROWGOOD, Rosslyn
TIMMERMAN, Chris
TITMAN, Cherie
TOLHURST, Jennifer
TOMPKINS, John
TROMPF, Julie
TRUSCOTT, Ann
TUDDENHAM, Mary
TUNE, Marion
TUNSTALL, Merrill
TY , Melissa
TYBEN, Lana
UDORLY, Michael
UNDY, Leeanne
VAGO, Veronica
VALLANCE, Helen
VAN HEMERT, Ian*
VERGA, Charles
VOLK, Christine
WALKER, Darby*
WALLIS, Gary
WALTER, Rosemary
WARREN, Dorothy
WARREN, Bob
WARREN, Elizabeth
WATERS, Betty
WATKINS, Beverly
WATSON, Pamela
WATSON, Allan
WEBSTER, Joy
WEIR, Barbara
WELLWOOD, Marion
WEST, Graham
WHELAN, Noel
WHITE, Maureen
WHITE, Beryl
WIGHTMAN, Doug
WIJEKOON, Lalantha
WILDE, Dianne
WILSON, Carolynne
WINTER, Sheila
WINTER, Ross
WOODROW, Rhonda
WOODS, Helen
WOOLLAN, Ted
WRAITH, Junia
WRIGHT, Dawn
WRIGHT, Julie
WYSE, Trudy
ZAMMIT, Susan
ZAMMIT, Lewis

*Indicates deceased.

The office acknowledges the significant contribution of those Community Visitors who passed away during the year.

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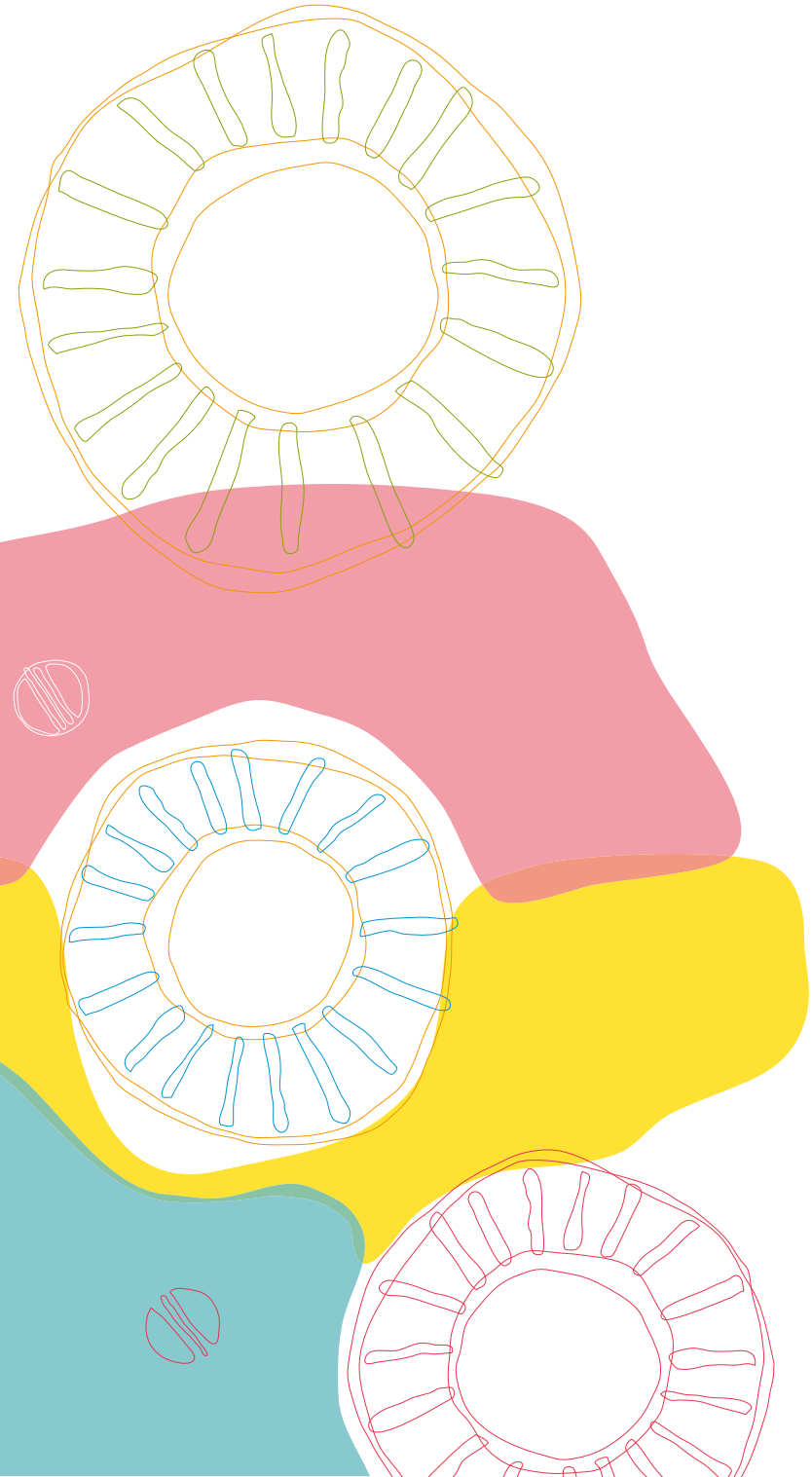

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