



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.

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# Grampians Region

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

They consist of one adult acute inpatient unit, one secure extended care unit, one aged persons acute unit, one aged persons mental health care unit and a community care unit in Ballarat. There are six aged persons mental health beds in each of two general nursing homes, one in Stawell and the other in Nhill.

A total of 87 visits were made to these facilities.

### **Accommodation need**

Community Visitors were pleased with the recent announcement that \$5 million has been allocated towards the redevelopment of the adult acute inpatient unit at Ballarat.

There continues to be a significant issue with long-term accommodation options for people with a mental illness in the region and Community Visitors have intermittently reported on a number of cases where patients have reported significant concern about their accommodation on discharge.

### **Environment**

Community Visitors have continued to report on the shortfalls of the current unit, with regard to its physical environment. In particular, as reported by Community Visitors last year, there remain restrictions placed on patients, with the adult acute inpatient unit always being locked. Community Visitors acknowledge the positive improvements to the environment, for example, garden beds being added.

Community Visitors commend the team at Ballarat Health Services for the provision of best possible treatment and care. In general, patients have reported satisfaction with their medical care and nursing treatment. Further, cleaning and maintenance issues are addressed quickly in this region, and Community Visitors have been impressed with an ongoing program of reviewing and replacing equipment.

### **Individuality**

Community Visitors have been impressed with the innovative and individualised programs that have been developed to support residents at the community care unit in Ballarat. For example, a computer is available to assist several residents undertaking tertiary study, a soccer coach supports residents and residents' families are supported to participate in the rehabilitation process.

### **Opportunities for recreation, occupation, education and rehabilitation**

Community Visitors have continued to report concern about the lack of activities for patients in some facilities, particularly the adult acute inpatient unit in Ballarat. Although Community Visitors acknowledge the importance of engaging patients in treatment, consideration must also be given in providing activities that can enhance their quality of life in both the short and long-term. For example, Community Visitors have observed that patients in the MacPherson Smith Nursing Home in Stawell have benefited from the employment of a leisure and lifestyle worker to assist them to participate in enjoyable activities. Similarly, following the appointment of an activities officer, a number of patients at the Steele Houghton Unit in Ballarat have enthusiastically told Community Visitors about the many and varied activities on offer. Access to transport continues to be an issue in some facilities, and has a negative impact on patients' ability to participate in activities in the community.

# Health Services

In 2007-08, Community Visitors conducted 83 visits to 14 SRSs in the Grampians Region. Ten of these facilities were pension-level, with the remaining four being above-pension facilities.

## Environment

SRS residents in this region are a highly diverse group with differing needs. Community Visitors in the region have reported concern at the growing number of younger residents living in this form of accommodation, because they have limited alternative accommodation options. This is problematic as SRSs were not originally designed to meet the needs of younger residents, who often have complex support needs.

Community Visitors have observed positive changes in some pension-level SRSs as a direct result of SAVVI funding. At one SRS in Ararat, access to additional funds has allowed the proprietor to replace lounge room furniture and purchase a larger television set, so that all residents can now watch television in an improved level of comfort.

## Individuality

An ongoing concern for Community Visitors is the lack of meaningful activities available to residents. In one pension-level SRS, where residents pay as much as 95 per cent of their pension in fees, some residents have been forced to cease their participation in community activities due to lack of income. DHS does not have a role in regulating SRS fees. Community Visitors have reported on the case of a resident with an intellectual disability at another SRS, who has been waiting for over 12 months to attend a suitable day program, despite several requests for assistance to DHS Disability Services.

The quality of resident documentation varies across facilities. In particular, Community Visitors are frustrated by the lack of consistency in resident care plans. However, Community Visitors commend one proprietor, who has developed a system for residents' medical documentation. In this SRS, each resident's health and medical information has been collated into a single file with the resident's photograph, ensuring that doctors have access to all relevant information when making decisions regarding the resident's health.

# Disability Services

## Appropriateness and standard of facilities

### Staffing

During peak holiday periods, when regular staff were on leave, staff with less training and experience were left to support residents. In some situations, where residents have complex needs, this led to an escalation in difficult behaviour by residents and an increase in incident reports. Community Visitors were pleased that DHS management acknowledged that this is an issue and improved its planning to address this problem.

### Compatibility

Community Visitors continue to report issues with resident compatibility. There is a tendency to group residents with complex needs together in one SSA. However, Community Visitors have discussed with DHS alternative models where residents with complex needs may be better supported in facilities with residents whose needs are not as complex, leading to their integration into the house and subsequent reduction in their difficult behaviour.

## Opportunities for recreation, occupation, education and rehabilitation

### Individuality

Community Visitors report ongoing inconsistency in individualised support planning under the Disability Act. Community Visitors have also raised concerns that progress against the goals in individual plans is not always regularly reviewed. However, Community Visitors have been pleased to see some excellent examples of person-centred approaches, which are integrated within the broader context of an individual's support plan. For example, Community Visitors congratulate the staff of a CSO house, which has developed excellent person-centred approaches which are linked to support plans to implement residents' goals and aspirations. Community Visitors also acknowledge a commitment to best practice in the region, with the development of a DHS-led Practice Leadership Group, consisting of management from various service providers.

Within the Grampians Region, there are 58 Shared Supported Accommodation services (SSAs) managed directly by DHS's Regional Disability Accommodation Services. A further 19 facilities are managed by five Community Service Organisations (CSOs).

Community Visitors undertook a total of 207 scheduled, unannounced visits.

Further visits were also made as a consequence of individual requests to the office.

Regional Conveners and Community Visitors also attend regular meetings with CSO service providers and quarterly meetings with regional DHS management.

Many staff demonstrate a commitment to supporting residents to achieve individual goals. In one DHS house, staff reacted quickly when one resident requested a new day program, arranging a trial at an alternative program that would better meet the resident's identified interests.

Positive changes have also been seen in a CSO house which have resulted in increased resident confidence and self-advocacy. Similarly, Community Visitors have been pleased to see two DHS residents who have been supported to develop independent living skills and are now ready to move into the community.

Community Visitors have observed variable practice regarding the development and implementation of behaviour management strategies. For example, Community Visitors observed two examples where staff punished residents for their difficult behaviour, rather than examine the triggers for the behaviour.



In one example, a resident at a DHS house was punished by having his allowance reduced whenever he ‘misbehaved’. In another house, a resident was not allowed to visit friends because he was refusing to eat. As this was atypical behaviour, Community Visitors were more concerned that there may have been underlying health problems. Community Visitors are pleased to report that DHS management promptly resolved these issues once brought to their attention by Community Visitors.

Community Visitors also cite several instances where a lack of consistent support across service providers, such as an individual’s home and day program provider, has led to an escalation in difficult behaviour.

### **Police intervention – Yes or No?**

Community Visitors were alarmed to learn of a situation in one CSO house where police were called in response to an incident in which a resident was alleged to have pushed a staff member in the back.

Although this was uncharacteristic of the resident, the CSO management reported that to call the police was standard procedure when a staff member was ‘attacked’. However, Community Visitors had the view that police intervention was another factor that could have been perceived by the resident as reinforcement that they were in trouble, and subsequently observed the significant negative impact of the action to the resident.

Community Visitors requested counselling and review by the Behaviour Intervention Support Team.

Similarly, in a DHS house, police were called in to interview residents over alleged abuse by a staff person.

In another situation, police attended a DHS house to interview residents over alleged abuse by a staff person, without an Independent Third Person (ITP). An ITP is a volunteer who facilitates communication for people with a cognitive impairment with Victoria Police, present. Community Visitors have asked all service providers to ensure that residents have access to an ITP whether they are an alleged offender or victim.

Residents in some CSO houses have very little disposable income, as the majority is consumed by rent, maintenance and food costs. It is important to note that reliance on private transport in rural and regional areas is a significant problem. Further, higher living costs restrict residents’ ability to participate in the community which impacts on their choices about their lives.

### **Health care needs**

Community Visitors observe that, across the region, residents are well-supported by staff in their medical and health needs. In one DHS house, staff have shown a commitment for over two years in caring for a resident with cancer to continue living in their home with the assistance of additional supports.

There are other circumstances where an individual’s health is compromised due to difficulties accessing aids and specialist skills. One resident, living in a rural residence, needs specialised equipment to manage their specific health needs. For the last two years, the resident has been required to travel to Ballarat to use this equipment. Community Visitors supported an application for special funding for this resident to purchase the equipment which has now occurred.

### **Least restrictive environment**

#### **Restrictive practices**

Community Visitors continue to witness restrictive practices such as the use of locks to address the behaviour of one resident to the detriment of the others. This has a significant impact on the other residents’ ability to learn important skills, develop greater independence, or simply feel at home.

Community Visitors in the region are aware of two facilities where individuals were denied their dignity. In both situations, staff were reported to be using institution-like and controlling practices. However, Community Visitors worked cooperatively with management who addressed the issues immediately and sensitively, and ensured that all residents had access to counselling.



Community Visitors also observed one resident in a wheelchair being used by staff to block the kitchen from other more active residents. Community Visitors were successful in advocating for staff to implement more suitable strategies to ensure that the resident's dignity would not be compromised like this again.

Where the Office of Senior Practitioner has been directly involved, Community Visitors have observed clients being reviewed by specialists, resulting in positive outcomes, including the withdrawal of long-term medication.

## Other

### Accommodation need

There continues to be an unmet need in accommodation throughout the region.

Community Visitors reported last year on a completely unsuitable facility in Ballarat. Community Visitors have been informed that DHS was actively taking steps to replace this facility and has purchased land for a new residence.

A number of facilities in the inner Grampians are not purpose-built and there are difficulties with amenities. In an outer Grampians SSA, six residents share one bathroom which includes the toilet, shower and bath all in the same room, allowing no privacy for residents. However, in outer Grampians, many purpose-built and older houses have had additional extensions or rebuilds and others are planned.

As a result of the shortage of facility-based respite across the sector, Community Visitors are aware of families in rural and remote areas who have difficulty accessing respite, particularly in emergency situations. There have been instances of individuals remaining in respite for extended periods, sometimes years. Improved coordination and communication between service providers is vital. A respite forum has been initiated in recent months to discuss unmet needs and planning with productive discussions appearing to occur between these service provider.

### Financial

Community Visitor advocacy led to positive outcomes in two residencies where residents were reimbursed after being expected to pay for accidental damage. In one situation, a resident accidentally broke a staff member's dentures. In another, curtains were pulled down. In both cases, DHS acknowledged damage was not intentional.

### Ageing

As in many other regions, Community Visitors have reported concern regarding planning for the changing needs of ageing residents as an important issue. Community Visitors are pleased that this has been recognised as a significant issue by DHS, which conducted a one-year pilot project on ageing, to determine if and when residents required aged care. A comprehensive set of criteria was identified to determine an individual's need for further assessment. Community Visitors acknowledge that once nursing care becomes the first priority, a resident may need to be moved, however, Community Visitors expect that, in all other cases, residents would continue with ageing-in-place. They will monitor with keen interest to see if and how this evolves.

A purpose-built, eight-bed facility for ageing residents has been completed in Ballarat and one is currently being built in Ararat. Community Visitors are concerned that this does not become a new form of congregate care and that comprehensive plans are in place for all residents based on individuals' needs and choices.

