



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.

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# Loddon-Mallee Region

Loddon-Mallee mental health services are managed by Bendigo Health except the adult acute inpatient unit at Mildura Base Hospital, managed by Ramsey Health Services.

There are two adult acute inpatient units, one aged persons acute unit, one aged persons mental health residential unit, one secure extended care unit and one community care unit.

A total of 74 visits were made to these facilities.

Community Visitors report that the quality of care in most units is good, particularly in the aged persons mental health units.

## Accommodation

Community Visitors welcome the opening of the Prevention and Recovery Care (PARC) facility in January 2008 and believe this should make a positive contribution to the care of people with a mental illness within the region.

## Environment

While there has been some improvement in the response to maintenance issues for facilities managed by Bendigo Health, Community Visitors remain concerned at the significant delays in having minor works and maintenance issues addressed by Bendigo Health. It would appear to Community Visitors that these delays are not necessarily the consequence of the mental health program delaying the reporting but the response of the broader Bendigo Health's business units.

Bendigo Health and all providers should be alert to the needs and care requirements of their patients and residents – especially those whose placement is medium to long-term. At Alexander Bayne Centre, the adult acute inpatient unit, the frequently dirty garden area with cigarette butts and graffiti has been reported by Community Visitors and is an on-going maintenance issue.

Community Visitors were concerned when alerted by two calls to the Office of the Public Advocate's Advice Service that the Alexander Bayne Centre, and the Marjorie Phillips Unit, the aged persons acute unit, both at Bendigo Hospital, experienced failures in their central heating systems resulting in the patients being without heating for days in the middle of winter. During this delay, patients in the Alexander Bayne Centre were issued with six additional blankets each and the patients in the Marjorie Phillips Unit had restricted access to their rooms to enable the rooms to be heated by stand-alone heaters. Problems with the heating and cooling of both units have been reported by Community Visitors for several years. The Alexander Bayne Centre cannot be rectified until the planned redevelopment occurs.

## Opportunities for recreation, occupation, education and rehabilitation

Community Visitors constantly report that the existing activities program as it currently operates at Alexander Bayne Centre is not adequate. Community Visitors frequently observe patients smoking and not engaged in any obvious formal activity.

The need for a purpose-built room for activities highlights the importance of government funding to allow the first stage of the hospital redevelopment to proceed.

The newly furnished and decorated lounge room for the use of female patients is a welcome improvement.

## Patient rights

In one unit at Bendigo, there appears to have been a serious failure in the implementation of the defined reporting and investigative process in an alleged assault of a patient. The failure of staff to follow the defined process, including notifying police, resulted in delays in advising relevant parties, including the appointed guardian, about the alleged incident.

Community Visitors were alerted to the matter through a call to the Office of the Public Advocate's Advice Service six weeks after the incident with concerns expressed that management was not appropriately addressing the incident. As a result, the Community Visitors visited the unit. Senior management has taken action including staff education, to address concerns arising from this incident.

This year, Community Visitors in the Loddon-Mallee region undertook 47 visits to eight SRSs. Three of these facilities were pension-level, and the remaining five facilities were above-pension.

## Environment

Community Visitors reported that above-pension facilities in this region presented few concerns. Standards of buildings and personal care remained high as did the residents' level of community integration, residential statements and care plans.

Community Visitors welcome SAVVI funding. However, Community Visitors would like to see greater information sharing between DHS and Community Visitors concerning the allocation and purpose for which funds have been allocated. Through such co-operation, Community Visitors would enhance DHS's monitoring of the direct benefits to residents of the funding. Community Visitors report that they have seen minimal changes to residents' lifestyle and level of care as a consequence of SAVVI funding.

Notwithstanding the opportunities provided through the SAVVI funding, pension-level SRSs in the region continued to struggle in providing appropriate physical environments and levels of care to diverse residents with increasingly complex needs.

For several years, there have been concerns about the management of one SRS in this region. Concerns have heightened this year; the facility provides a microcosm of policy issues that require addressing by DHS. The proprietor operates a pension-level SRS and private boarding accommodation in the same building, as well as a dog-breeding program. The fundamental issue is whether it is appropriate for a registered SRS to have other activities operating from it. Community Visitors believe that the demands of the three activities within an SRS environment overlap and interfere with the appropriate care and enjoyment of the SRS residents for which the service is their home. Community Visitors ask that the procedures for residents being placed in boarding houses and SRSs be clarified. The need for clarity was evidenced by a recent complaint by the office when a guardian reported that a person was admitted to the boarding house when they had consented to an SRS placement.

Community Visitors have raised concerns with DHS that private boarders walk through the SRS to reach their own accommodation, join the SRS residents at meal times and have been observed to enjoy the facilities of the SRS and take on a supervision role

with SRS residents. Community Visitors believe that this arrangement is inappropriate and an invasion of the privacy and security of the SRS residents who are more vulnerable than those boarding on the premises.

In addition to these issues, there have been continued concerns about the inadequate condition and amenity of the building to care for residents with complex needs and age ranges. As at 30 June 2008, the residents' ages ranged from 19 to 81 years. The facility has 24 registered beds and the only way this occupancy can be achieved is through the multiple occupancy of rooms. For example, two rooms have three residents each. Not only are the rooms inadequate for the number of persons living in them, they afford little, if any, privacy and no sense of home.

Community Visitors have requested that DHS require better compliance from the proprietor to its requirements and that DHS consider reducing the number of beds at this registered facility. Community Visitors will continue to monitor the safety and welfare of residents at this facility.

## Compatibility

Community Visitors continue to be concerned that individuals are inappropriately placed by DHS's Disability Client Services and Mental Health Services and that, once the residents are placed in the SRS, case management invariably ceases. While placement in a pension-level SRS might be viewed as being better than being homeless, this is no rationale for ceasing case management and alternative placement planning to take place. Community Visitors believe that, in a region the size of Loddon-Mallee, DHS could be trail-blazing innovative practices in integrated planning and placement of people with multiple and complex care needs.

## Safety

Community Visitors have received positive feedback from most proprietors regarding the Government's Fire Safety and Emergency Management initiative and training program.

# Disability Services

Within the Loddon-Mallee Region, there are 27 Shared Supported Accommodation services (SSAs) managed directly by DHS Regional Disability Accommodation Services including six units at the Sandhurst Centre. A further 28 facilities are managed by 10 Community Service Organisations (CSOs).

Community Visitors undertook 154 scheduled, unannounced visits.

Further visits were 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.

Regional management is also responsible for the statewide institution, the Sandhurst Centre. Community Visitors undertook a total of 78 visits to the centre.

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## The Sandhurst Centre

The Sandhurst Centre is a statewide institutional service that seeks to assist people with an intellectual disability who have complex needs. The centre comprises six units with resident numbers in units ranging from five to 10. When fully occupied, the centre can accommodate 50 residents.

Community Visitors commend the support provided by management and staff to all Sandhurst Centre residents, with a mixture of ages ranging from 20 to people in their 80s. Community Visitors report the active support program has been well received by staff and residents, every unit is participating in the program and many residents are very proud of their achievements.

Every resident has undertaken a holiday this year, both locally and interstate, as planned and supported by the staff. All residents attend day programs and/or participate in community activities, every day. Residents attend their own medical appointments as needed.

Within the units, bedrooms are small, especially when compared with a house in the community although staff should be commended for individualising each unit. One unit has undergone some renovations with a bedroom being made larger through the removal of a wall and also adding on an extra bedroom.

There are, however, increasing issues with the ageing building and physical infrastructure of the centre. Community Visitors have raised a number of concerns about constantly blocked toilets, especially in unit 5, lack of access to maintenance staff – especially over a weekend – poor attention to replacement of broken furniture and fabric all leading to an environment that is increasingly shabby and run-down.

Community Visitors understand that, for some residents, living in the structured environment does have some benefits through daily routines, scheduled time-tables, and a capacity to move around the site to visit other units and engage with other residents securely. However, Community Visitors advise that these circumstances only apply to a small number of residents and that the majority of residents would be more suited to more open community living and living closer to their families and broader community networks.

As they have reported in previous years, Community Visitors advise that the time has long-passed when plans for the closure of Sandhurst were developed and implemented.



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## Other accommodation services

### Appropriateness and standard of facilities

#### Environment

Community Visitors welcome the proposed redevelopment of the respite-care facility managed by Community Living and Respite Care in Echuca. The current building is inappropriate for the task and the level of staffing available. Community Visitors advise that, along with the physical redevelopment of the service, issues such as staffing and client mix should be addressed through enhanced funding of the service. These are critical if the service is to offer the most appropriate and stress-free service to clients and their families.

Community Visitors generally report a high standard of accommodation in most SSAs across the region. Unfortunately, maintenance is not always acted upon as quickly as Community Visitors would expect in order to ensure a safe and homely environment for residents.

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

#### Individuality

Community Visitors are pleased to report the general positive response by both DHS and CSOs to the individual support plans with a person-centred approach by DHS since the implementation of the new Disability Act. Implementing new processes that, initially, appear to involve additional work and the engagement of clients, not all of whom can be readily engaged, is often daunting and can meet with resistance by direct-care and other staff. However, individual support planning appears to have positively galvanised all those concerned. It has been pleasing to Community Visitors to see the involvement of residents, across most agencies, in working towards a finalised plan. Examples include the display

throughout a house of artworks concerning residents' goals for their plans and more private displays in their bedrooms of statements of plans. Community Visitors advise that the positive energy developed by this process should be built on in the realisation of the plans.

The introduction of active support has been adopted through the region. Community Visitors note that this appears to have been a positive experience for most residents and staff. Community Visitors reported significant positive changes in many supported accommodation services. Community Visitors have reported good practices where individual residents have been enabled to make choices for themselves. A healthy-living lifestyle has been adopted throughout many houses with residents having exercise plans and cook books purchased to plan well-balanced meals.

On visiting a house, Community Visitors were greeted with excitement from residents who had just returned from a shopping trip where they had purchased clothing and personal items. It was clear that the residents had made their own decisions concerning the purchases.

A significant barrier to greater community inclusion, resident autonomy and lack of spontaneous activity is the lack of appropriate transport. While Community Visitors believe that every house should have its own vehicle, they also believe that alternative forms of transport should be examined, notwithstanding limited access to public transport appropriate to the needs of people with a disability.

#### Health care needs

Community Visitors note that the majority of residents have annual health and dental checkups. Many residents have ongoing medical problems and these appear to be appropriately responded to by staff in both DHS and CSO houses.

### Other

#### Complaints

Community Visitors are pleased to report a significant improvement in DHS's response to issues raised with it by Community Visitors. There does, however, remain poor response times with some CSOs and Community Visitors look forward to the implementation of the proposed protocol, across both sectors, concerning response times.

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