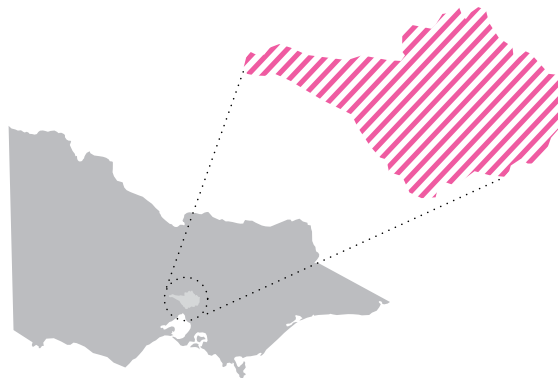


North and West  
Metropolitan Region



> North  
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.

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# North & West Metropolitan Region

Northern Metropolitan Region mental health services are managed by Austin Health, Melbourne Health and Forensicare.

There are 18 mental health units in this region visited by Community Visitors: two adult acute inpatient units (one incorporating mood and eating disorders and mother and baby unit), a veterans' adult acute inpatient unit, one secure extended care unit, a brain disorders unit, an adolescent unit and the statewide child unit, one aged persons acute unit, one aged persons mental health residential unit, one community care unit and seven forensic mental health units at Thomas Embling Hospital.

A total of 237 visits were made to these facilities.

Community Visitors report that, in general, the quality of care and the standard of facilities are very good. Improvements in practice and in the physical environment have been observed.

Community Visitors report positive comments by patients and frequently note that units are clean and well-maintained with suitable activities offered. However, especially in acute units, some patients complain that staff are slow in responding to their requests. Delays in actioning on maintenance requests are also noted.

## **Accommodation needs**

At Austin Health, planning is well-advanced for the Centre for Trauma Related Mental Health that will replace the aged and dilapidated Veterans Mental Health Unit. Improvements to units include further redevelopment of the gardens at the brain disorders unit and at the child and adolescent units, although the safety issue of access to adjacent main roads remains. In the adult acute inpatient unit, a newly established female patient lounge will provide a quiet retreat. A statewide initiative to improve conditions for females in mental health units made this possible.

Planning for a second adult acute inpatient unit at the Northern Hospital is well advanced and staff are very positive about a better designed unit but also highlight the need for an upgrading of the existing unit.

## **Environment**

At the adult acute inpatient unit at the Northern Hospital, Community Visitors have constantly reported concerns about the drab and shabby appearance of this unit, cleanliness issues and slow responses to maintenance requests. In recent months, there has been action on some issues but efforts to implement changes requiring greater accountability to the unit manager have been frustrated by industrial issues. This is a unit where the risk of damage is significant but the structure and furnishings are inadequate for its purpose and the cost of maintenance is high.

## **Least restrictive environment**

At Thomas Embling Hospital, a year's project implementing changed practices in the care of agitated patients has been completed with positive results and reductions in seclusion. One aspect has been the development of 'soothing rooms'. In one unit, two of the three seclusion rooms have been converted into such a space where an agitated patient can go to relax. At the adult acute inpatient unit located at the Northern Hospital, a nursing-led research project has demonstrated positive results from increased engagement with patients showing signs of distress or increasing agitation; at Austin Health, training of new staff in a similar approach that had been introduced last year continues, including involvement of hospital emergency department staff.



At Thomas Embling Hospital, the installation of a new intercommunication system in all seclusion rooms is a positive development. This allows a staff member at the observation window to speak quietly to the patient rather than shouting through the door – a more appropriate and humane way to communicate before entering the seclusion room.

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

At Thomas Embling Hospital, a trial structured day program, that provides all patients with four hours of activities each weekday, has been completed and will be extended to all units during 2008. Activities include educational and vocational courses, physical education and sporting programs, unit information and therapeutic sessions and clinical interviews. Community Visitors report positive reactions from patients.

#### **Safety**

At the child unit at the Austin Hospital, the replacement of unsafe bedroom furniture has been an urgent issue throughout the year. Recently, DHS provided \$652,000 that will assist renovation and provision of built-in furniture. Funded electrical and air-conditioning works will remedy the problem of overheating of bedrooms in summer.

In the adolescent unit at the Austin Hospital, safety has been improved with the removal of ligature points, enclosing of electrical equipment, better personal alarms for staff, and intercommunication systems at the main entrance. Shortly, rebuilding to improve the nurses' station and the high dependency unit will begin.

# Health Services

In 2007-08, Community Visitors conducted 83 visits to 19 SRSs in the Northern Metropolitan Region. Nine of these facilities were pension-level, with the remaining 10 being above-pension facilities.

## Accommodation need

While there are a number of facilities that provide quality care and service, there are others where Community Visitors have reported this does not occur.

It is important to acknowledge that there has been assistance for SRSs to improve their facilities and service through the SAVVI funding. At the same time, there are a number of issues raised by the Community Visitors indicating that SRSs are experiencing difficulties managing residents with challenging behaviours and complex clients. This is an area that requires consideration and provision for further support, given the lack of alternative supported accommodation options for the vulnerable and disadvantaged in the community.

Community Visitors also noted the temporary closure of Executive Disability Care SRS that was registered to provide accommodation and support for 43 residents. The closure, although temporary, has further reduced the number of supported accommodation places in the region, at a time when greater availability is required.

## Compatibility

There have also been a number of reports of facilities unable to manage residents with challenging behaviour, impacting on other residents and staff. In one instance, behavioural difficulties were reported to Community Visitors in relation to three separate residents between July and October 2007. In another reported incident, two residents were requested to leave the SRS due to their inappropriate behaviour.

## Environment

Community Visitors have reported improvements in a number of facilities, utilising SAVVI funds. For example, the construction of pergolas and raising of garden beds at one facility had provided residents with further opportunities for external recreational activity.

Community Visitors reported that a number of facilities were well-maintained, particularly above-pension facilities. Two facilities were reported as providing a high standard of meals.

Community Visitors have also reported a number of matters of concern relating to a number of facilities. These concerns relate to health and personal care, maintenance and cleaning, safety and amenity issues.

The nutritional quality and lack of variety in the food being served to the residents at a number of SRSs was raised as an issue. At one SRS, there was no visible menu, despite a number of requests.

## Health care needs

Community Visitors reported significant concerns regarding health and personal care of residents at a number of SRSs. In one incident, it was alleged that a resident was wearing an incontinence pad from the previous evening. On another occasion, it was reported that a resident was found unconscious in the street in the early hours of the morning. Community Visitors also expressed concerns about the medication management at a particular facility when it was reported that two residents missed their medication.

## Individuality

At one SRS, Community Visitors reported concerns in relation to the quality of some care plans. At another facility, it was reported to the Community Visitors that the lights and power were being turned off in the lounge at 8pm.

## Safety

A number of issues were raised in relation to fire safety in a particular facility. On two occasions, fire exits were reported by Community Visitors to be blocked by rubbish and, on two separate occasions, a fire escape door was found locked.

Community Visitors also reported that on two occasions garbage and other garden clippings were piled up in the front yard of one facility, presenting a safety hazard to the residents.



# Disability Services

Within the northern area of the region, there are 134 Shared Supported Accommodation services (SSAs) managed directly by DHS's Regional Disability Accommodation Services. Community Visitors undertook a total of 249 scheduled, unannounced visits. A further 54 facilities are managed by 18 Community Service Organisations (CSOs). Community Visitors undertook a total of 105 scheduled, unannounced visits.

The area also consists of the Statewide Forensic Services (SFS). Community Visitors undertook a total of 14 visits across the facilities that comprise the service.

Comprising five dedicated units, four of which are located at SFS, and one on the grounds of Plenty Residential Services (PRS). There are a further 25 units at PRS, where the Community Visitors conducted 92 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.

An ongoing concern for Community Visitors in this region is service-provider responsiveness to reported issues. In some cases, responses have taken months and, in others, have not occurred at all.

## Appropriateness and standard of facilities

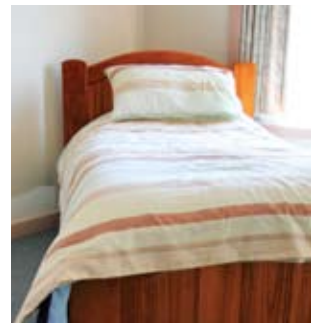
### Environment

The Community Visitors have reported that many of the houses are clean and well-maintained. A number of houses have had updated kitchens and bathrooms and interior painting, with long-standing repairs completed. This is also evident within the unit of PRS.

Others, however, remain in need of repair, with the condition of a number of houses raised, particularly in many of the Singleton houses. There were a number of reports from Community Visitors of bathrooms requiring repairs, with rotting floor covering and mildew sighted. At one of the houses, Community Visitors have raised issues about a cracked hand basin that remains in the same state, despite being reported for the last two years. This is also evident in the units of PRS.

Community Visitors have also observed that a number of houses are not appropriately configured to meet the needs of frail older residents, with narrow bathroom access and steep staircases reported. At one house, older frail residents are confined to the ground level as they are unable to access the next level which is only accessible by a staircase. At another house, two residents with vision impairment reside in a house with a steep backyard. Community Visitors have questioned this arrangement, when there are a number of other houses in the surrounding area that have relatively flat backyards.

A number of houses are also reported as being cramped, with insufficient space and residents having to share small bedrooms.



A new facility comprising four houses is on one site for people who require medical ventilation. People with other disabilities who require similar medical assistance now also live in the reconfigured facility either full-time or for periods of respite.

The residents have celebrated having their own bedrooms and increased opportunities for independence and decision-making, such as determining their menu. The residents have told Community Visitors that they are very satisfied with the new service which is a major improvement compared to previous accommodation provided.

A house reported last year as the most institutionalised ever seen by an experienced Community Visitor has been altered in such a way as to allow for a much-improved living environment for the needs of the residents. The residents will soon return to their new home after seven months living in temporary accommodation.

### Staffing

Staffing arrangements are of concern to Community Visitors, with many houses and units at PRS not having regular staff. In some houses, Community Visitors observed two casual staff rostered for the shift. These arrangements disadvantage clients, as access to activities is limited. Community Visitors observed instances where residents with special needs were unable to participate in community activities due to staff shortages.

The process of implementing organisational change and establishing new lines of accountability can take time and may take longer than originally planned. Community Visitors are concerned that a CSO in the region has gone through this process with no apparent advantage to its residents. Staff also report poor morale and incapacity to provide appropriate care and support for residents. Community Visitors' concerns have not been resolved by the agency and the matter is now to be referred to DHS.

Community Visitors have observed that there is a need for staff to be trained to work with residents with special needs, in particular those who use Auslan (Makaton) for communication and who have complex care needs.

Community Visitors are pleased to note that there are many staff committed to providing community access for residents in the majority of the CSO houses. Community Visitors have observed that staff provide many opportunities as possible to ensure residents have a fulfilling life.

### Compatibility

Community Visitors have raised concerns about the compatibility of residents, in particular, issues relating to violence and aggression. Community Visitors observed that a homeless young person with a history of violence was placed with four vulnerable residents.

These arrangements raise issues about placement options for clients with behaviours of concern, and the need for skilled, trained staff that can provide the appropriate levels of support. There are also implications for residents who have lived in this accommodation long-term as this impacts on their day-to-day living. Community Visitors, however, acknowledge the consideration given by DHS of residents at PRS when addressing incompatibility issues.

Community Visitors were also concerned about planning when a new resident is relocated. There have been a number of instances where the transition has been viewed as hasty, with Community Visitors reporting six residents being moved a number of times as a result of unsuccessful placements.

### Case Study: Compatibility

Several phone calls were made to the office regarding concerns about the compatibility between residents.

A new resident had moved into the facility and both staff and family members had expressed concerns regarding aggressive and violent behaviour. This resulted in parts of the facility being restricted to other residents. There were reports of a number of assaults on residents and staff by the new resident. One resident was reported as being quite fearful and reluctant to enter the house when the new resident was present.

While there was a transition plan, this was not adhered to, resulting in great distress for all parties concerned. This raises the importance of transition planning and the impact when this is not followed. The end result was that one of the residents was moved to another facility.





There are a number of instances and examples of respite accommodation being used as long-term accommodation for homeless people.



## Opportunities for recreation, occupation, education and rehabilitation

### Individuality

Individual support plans are in various stages of development and use. The quality of such plans varies depending on the manner in which the plans have been developed and written. Community Visitors are concerned about the variation and monitoring by DHS to ensure that plans meet appropriate DHS standards.

Community Visitors have reported that many residents access and enjoy community activities. This has been enhanced by a new shopping centre that has opened close to PRS, providing residents with greater opportunities.

### Case study: Outings

Staff in a house have made some changes to their shopping practice.

Several afternoons when residents return from placement one resident is taken to the nearby shops to buy the meat for the evening meal. This gives the resident extra involvement in the community and a pride in contributing to the welfare of the household. This also provides extra exercise for the residents and staff report that there has been a decrease in behavioural issues.

In the same house, the staff have commenced a practice of taking some of the residents to a restaurant for a meal of their choice as a one-to-one activity. There have been some very encouraging results with the residents who have complex needs and the effort is commended. (This is partly due to the structure of the adjoined houses and the staff levels.)

### Health needs

Community Visitors reported that, in many of the DHS houses, the residents' health care needs are generally well met and local services are used. The Community Visitors reported that documentation was completed in a number of houses for yearly flu injections and regular medical and dental check ups. However, there have been long delays with accessing the dental hospital. At one house, Community Visitors reported that five of the male residents have been on the waiting list for urgent dental care since September, 2003 (raised last year). Community Visitors were informed that residents at Statewide Forensic Services, were having problems accessing general medical services, with one clinic not accepting residents on the basis that it was a family practice.

In several houses there are on-going problems with funding for incontinence aids. In a number of cases, Contenance Aids Scheme funding and a resident's disposable income are not adequate to cover their costs. At one facility, Community Visitors reported that residents were not provided with adequate protection overnight and were sleeping in wet beds.

Community Visitors have found that Northern Support Services provides a particularly high level of support to its residents. However, early in the reporting year, Community Visitors raised issues such as medication for menstrual suppression, contraception and the amount of anti-psychotic medication prescribed for some individuals. Community Visitors are pleased to report that management undertook a serious investigation of these concerns with external professionals. On meeting some months later, all concerns had been addressed for each person involved.

### Case study: Medical care

Staff are unable to make appointments for clients at a local medical centre even in emergencies even though it is in the same street as the facility. The staff, however, were able to make appointments for themselves as anonymous members of the public within 24 hours. There is no other medical service in the immediate area.



## Other

### Accommodation need

There are a number of instances and examples of respite accommodation being used as long-term accommodation for homeless people. This raises concerns in relation to a lack of appropriate accommodation options. At one respite facility, Community Visitors have reported that one of the residents has lived there for two years. These arrangements place further constraints on placement availability for those requiring respite as noted by a Community Visitor: "...which reinforces the inadequate and unmet needs of both the homeless and those of highly stressed families in need of respite care provision".

### Ageing

Another important issue concerns the need for facilities to meet the particular needs of ageing residents. A large number of central metropolitan houses have residents over the age of 55. Community Visitors have reported favourably on the recent opening of a new, purpose-built aged facility at Crispe Street, Reservoir.

Community Visitors have reported that day programs also need to offer age-appropriate programs and have raised concerns where older residents are placed in programs that are not age specific.

The longer-term planning project undertaken this year by a CSO with a number of ageing residents is continuing. In the meantime, the organisation has taken some action to relieve some of the serious needs they had within their services.

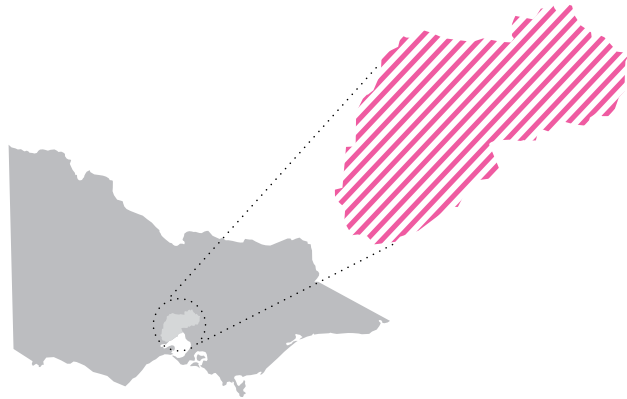
### Community Visitors

Community Visitors have reported positively on their working relationship with PRS staff and management over the past 12 months.

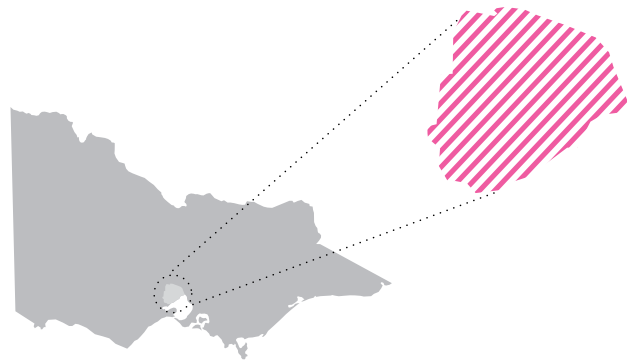
This is partly reflected in the approach by staff in their interactions with residents, which have achieved good outcomes.

The Community Visitors have reported that they have been received with courtesy and openness by staff and management, resulting in issues being resolved in a timely and effective manner.

Community Visitors wish to commend PRS on these achievements. This is an example of how collaboration can work well for the benefit of the residents in care.



North and West  
Metropolitan Region



> West  
Region

The Western Metropolitan 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.

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# North & West Metropolitan Region

Within the western area of the region, mental health services are managed by Western Health, Mercy Health Services and Melbourne Health.

There are 20 mental health units which consist of four adult acute inpatient units, one secure extended care unit, two aged persons acute units and four aged residential care units, two child and adolescent acute units, three specialist units (eating disorders, neuropsychiatry, mother and baby) and four community care facilities.

A total of 240 visits were made to these facilities.

### **Accommodation need**

Community Visitors emphasise the ongoing and serious issue of a shortage of appropriate accommodation and treatment for people with a mental illness leading to the long-term placement of patients in facilities not designed to meet their needs simply because there isn't anywhere else for them to go. These situations cause distress and pressure for not only the individual patients involved, but in some cases the other patients and also for staff, with an overall detrimental effect.

### **Environment**

Community Visitors report that mental health services visited in the region are generally well maintained and clean, however, response times for garden and ground maintenance issues are often lengthy. For example, a hazard identified at one of the facilities comprises two drainage outlets that sit approximately 150mm below ground level. These have the potential to cause injury and, although they have been consistently reported since February 2008, an acceptable outcome has only recently been achieved.

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

Varying levels of patient participation in activities occur in the different facilities. Community Visitors in this region have reported on a range of facility-based activities including art therapy, gym, gardening and bingo and are pleased to report on a range of community-based activities such as dog walking, ten-pin bowling and trips to the city and to concerts.

### **Least restrictive**

Community Visitors have regularly consulted with staff at various facilities to verify that the least restrictive treatment is provided to individual patients and that compliance with necessary checks and safeguards is maintained. A number of these enquiries have originated from Advice Service referrals to the Community Visitors Program.

### **Patient Rights**

Community Visitors are pleased to note the availability of information regarding complaints processes for patients.

### **Safety**

Community Visitors note that fire safety processes and procedures are in place in all facilities, with evacuation drills occurring regularly.

# Health Services

In 2007-08, Community Visitors conducted 122 visits to 14 SRSs within the western area of the region. Seven of these facilities were pension-level and the remaining seven facilities above-pension.

## Compatibility

Community Visitors note growing diversity within the resident population, including age, disability and mental health, particularly in pension-level facilities. This poses particular challenges for proprietors in ensuring a broad range of needs are met and that resident compatibility is maintained appropriately. Another emerging trend noted by Community Visitors in relation to the resident profile is increased use of SRSs for respite services.

## Complaints

The majority of SRSs in the region have well-maintained care plans and residential statement documents that identify agreed services and costs. Although Community Visitors acknowledge the availability of information for residents about how to raise concerns or make complaints about services provided, concerns remain about whether all residents are aware of their rights and of how to make a complaint, and whether all residents feel safe to do so without fear of retribution. Community Visitors make the observation that in one SRS, residents are particularly reluctant to discuss their concerns with Community Visitors.

## Environment

Community Visitors report that the majority of SRSs in the region are well-maintained with suitable, homely, clean and well-maintained environments. Community Visitors are pleased to note various examples of improvements to most facilities including the installation of air conditioning, new furniture, painting and more staff, as a consequence of SAVVI funding. An innovative strategy adopted by a proprietor of one SRS has been the engagement of people doing community service to attend the facility and undertake a range of activities to enhance the environment.

## Opportunities for recreation

Community Visitors note that access to transport has a significant impact on the ability of residents to take part in community activities, particularly in Melton where the council withdrew transport support some years ago and residents continue to struggle to access the community.

The availability of recreation and community activities is variable across the region at both pension-level and above-pension SRSs as observed by Community Visitors.

## Staffing

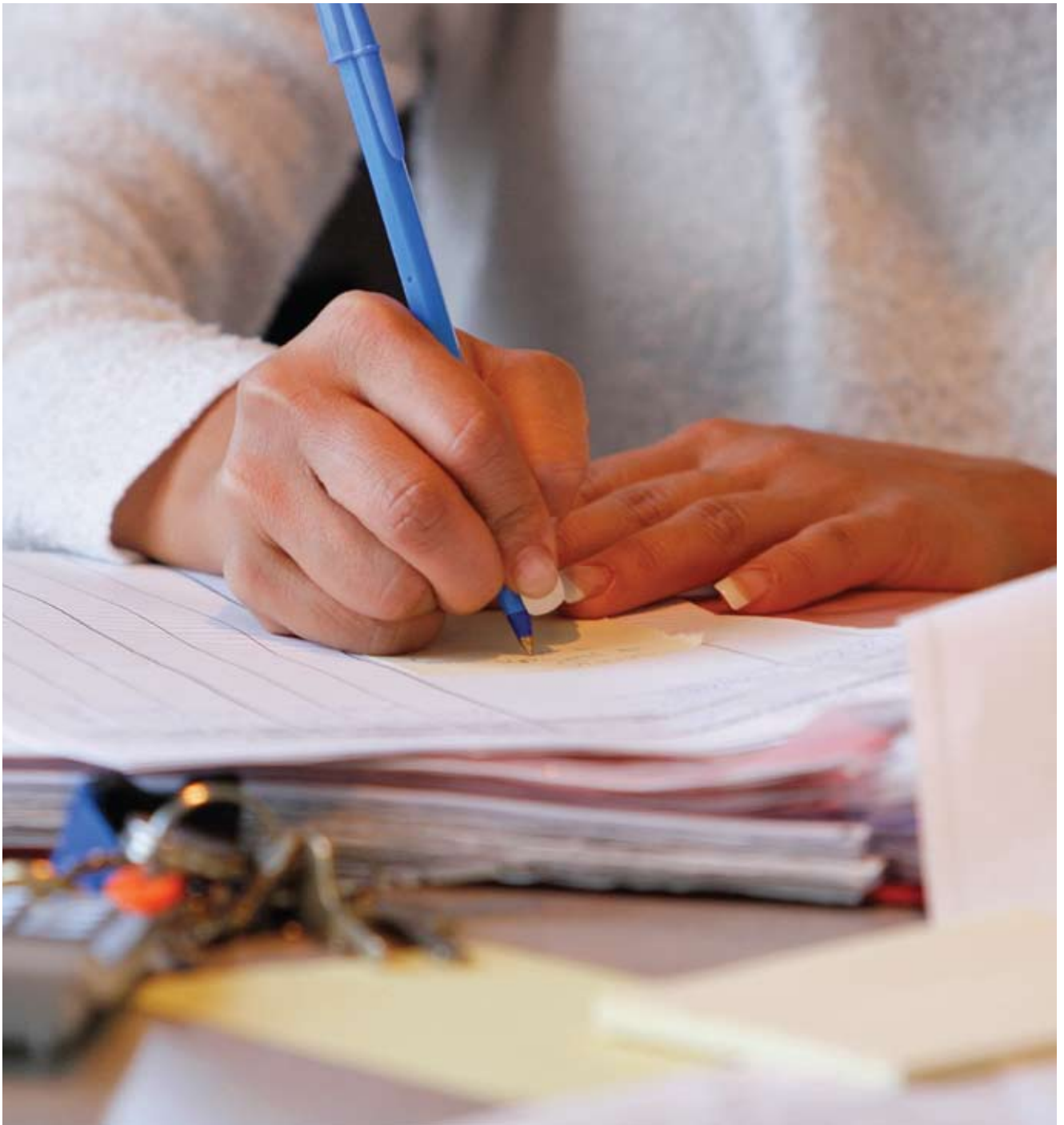
In general, staffing issues noted by Community Visitors in the region have been minimal. A recurring practice is that the designated cook performs a range of other support duties. This is of particular concern to Community Visitors in cases where residents have complex and varied behavioural support needs.

In one case, DHS involvement was required in order to clarify the use of SRS staff and resources by tenants in adjoining residences that are also owned and managed by the proprietor.

“

Concerns remain about whether all residents are aware of their rights and of how to make a complaint, and whether all residents feel safe to do so without fear of retribution.

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# Disability Services

Within the western area of the region, there are 50 Shared Supported Accommodation services (SSAs). Community Visitors undertook 165 scheduled, unannounced visits. A further 47 facilities are managed by 12 Community Service Organisations (CSOs), Community Visitors undertook 118 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.

An ongoing concern for visitors in this region is service provider responsiveness to reported issues. In some cases, responses have taken months, and in others have not occurred at all.

## Appropriateness and standard of facilities

### Environment

The majority of houses visited in this region present as comfortable and home-like, with only a small number of exceptions. Community Visitors note that progress is underway to replace several DHS-managed houses that are in disrepair. Community Visitors reported, overwhelmingly, that houses are kept clean and generally well-maintained although continue to be frustrated by lengthy delays in non-urgent maintenance repairs.

Community Visitors note a particular house managed by Gellibrand Services that utilises a well-designed sensory room with significant benefit to residents.

### Safety

Inspection of incident reports by Community Visitors continues to be a subject of frustration due to various document management practices adopted by different organisations. While Community Visitors acknowledge the need for individual service providers to adapt their systems in accordance with their needs, there are regular examples of staff on duty not being able to access reports and other electronic records via computer when hard copies are not available.

Community Visitors question the ability of staff to provide individually tailored support, based on assessments if they are unable to access relevant information.



## Staffing

Community Visitors have raised several issues over the year that relate to inadequate staff ratios, ranging from safety concerns to the ability of staff to support all residents with regular community activities, and to support those with changing needs related to ageing. The inflexibility of staff rosters to accommodate the needs of residents who may not wish to attend a day placement is an example. Community Visitors advise that the full implementation of individual support plans should include planning for people with age-related support needs.

Particularly in DHS-managed houses, Community Visitors have observed an increase in staff administrative duties, resulting in less time for direct support. Community Visitors have also been concerned about the impact on quality care for residents when casual support staff are not familiar with individual needs or house processes. An example reported by Community Visitors was the case of a resident, in a CSO-managed house, who was sent to his day placement without his hearing aid, a simple requirement that was not known to casual staff but that had significant impact on the resident.

Community Visitors also advise that all staff should be trained to fully understand and implement individualised support plans with the emphasis on development of a person-centred approach. Community Visitors advise that these plans be subject to transparent review processes, and do not become duplicated information from one year to the next. At the end of the year, it is noted that not all residents have an individualised plan.

## Compatibility

There have been several issues reported by Community Visitors relating to the incompatibility of residents. Although these have eventually been resolved, at times the impact on a household, both residents and staff, has been particularly distressing. At one residence, Community Visitors have reported the negative impact on several residents due to the inappropriate support model for one person. This led to one resident being separated from the rest of the household in a detached unit on the same property.

## Opportunities for recreation, occupation, education and rehabilitation

### Individuality

There were many examples during the year of increased resident participation in recreation and community activities, including within networks of DHS-managed houses. However, these activities continue to be restricted by a lack of access to transport for some houses.

## Least restrictive environment

### Restrictive practices

Community Visitors report that, across both DHS and CSO sectors, restrictive interventions are correctly recorded and reported.

## Other

### Complaints

Community Visitors were impressed with the efforts of service providers to ensure information about complaints processes and the Community Visitor Program is made available to residents. However, Community Visitors also note that, in some CSO-managed houses, the Community Visitor Program posters are displayed in office spaces rather than in positions more accessible to residents.

