

ANNUAL REPORT

OF

COMMUNITY VISITORS

FOR YEAR ENDED 30TH JUNE 1989

INTELLECTUALLY DISABLED PERSONS' SERVICES ACT 1986

WESTERN PORT REGION

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The Western Port Region comprises thirteen municipalities (seven shires, five cities and one borough). It covers an area of 3,351 sq kms, making it the largest of the metropolitan regions.

Community

OIDs facilities within the Region consist of fifteen Community Residential Units and Kindilan Private Training Centre.

Visitors
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To provide the required number of visits by Community Visitors it is estimated that ten people need to be appointed.

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The following report of activities has been submitted to the Community Visitors Board by Community Visitors appointed to the Region. Names of appointees are listed in Table 3 to this Annual Report.

Community Visitors in Western Port are somewhat disappointed to report that there does not seem to have been sufficient progress with respect to the implementation of the objects, ideals and philosophies of the Intellectually Disabled Persons' Services Act 1986 within the Region.

The St Nicholas Hospital has been closed for some five years and the concept of moving its residents into small community homes seemed positive and had general support. However, Visitors are concerned that the closure of St Nicholas should not lead to setting up of "mini institutions" within the Region.

The Community Residential Units in the Region are generally of a physically high standard but there are a number of underlining issues of concern.

Staffing

Almost without exception, the staff of the CRUs appear to have the best of intentions regarding the care and well being of residents. However, in many instances visits to the CRUs have

left Community Visitors with the impression that staff attitudes and approaches are very clinical and too closely allied to a medical model of providing care.

At the Walpole Street, Rosebud CRU for example, the house is spotlessly clean with nothing out of place. However, non ambulatory residents have always been positioned in the same place in the lounge when visited by Community Visitors. There is no evidence that teenagers live in the house e.g. there are no posters, no records or tapes on display, no trendy clothes and no evidence of friends who visit.

The clinical approach was more apparent among those staff who had a nursing or psychiatric nursing background. Enquiries made by Community Visitors indicate that the main reasons appear to be related to staff selection procedures and appropriate training. This attitude is not general to all staff, however, those with a more flexible and positive attitude appear to be powerless to make an impact in this area.

The Office of Intellectual Disability Services has produced a publication entitled "Community Residential Units - Policies, Procedures and Resources Manual." Some 30 pages of the Manual are devoted to staffing topics including:

- . staff selection
- . conditions of employment.

Discussions with staff at all levels in the organisation raise great doubts in the minds of Visitors that OIDS have actually followed their own guidelines.

Community Residential Units in the Region

The houses are generally clean and well maintained, however, this has been taken to extremes in two of the houses. Green Island Avenue and Walpole Street, Rosebud gave the impression of being sterile in both atmosphere and appearance with little to suggest that they are occupied by groups of teenagers.

The CRU at three adult and have been of being in the house. that a group placed in the Visit accommodated difficult children who help to deal with residents. after three

The four houses are situated in resources house have responsible as the over

Given the programs are non-existent considerations, residents, behavioural

The right their own little evidence not appropriate another person

Community Visitor proportion

ANNUAL REPORT

COMMUNITY VISITORS APPOINTED UNDER THE INTELLECTUALLY DISABLED PERSONS' SERVICES ACT 1986

For the Year Ended 30th June 1990

Toorak Road CRU is situated in Baxter and is designated and staffed as a Behaviour Management House. Four of the six residents have challenging and difficult behaviours in excess of what might be expected of most teenagers or young adults. An extra staff person is allocated to the house between the hours of 4 pm to 8 pm because of these problems. During 1989 Community Visitors formed the view that the additional staff person was being used to assist with the accomplishment of routine bathing and meal time management rather than in helping to expand the after school/work recreational activities of residents to give them a more interesting life.

Community Visitors felt that expanding the after school / work activities would have general beneficial effects on the residents' general behaviour, possibly leading to to less need for negatively oriented behaviour modification.

Visitors also believed that staff, though very caring, would benefit from further training to help them appreciate the positive as well as the negative aspects of Behaviour Modification.

A letter was sent to W.RES.A. expressing Visitors' concerns and supporting the idea of further staff training.

On their last visit to the house, Visitors were pleased to note that programs were being implemented with concentration on the positive as well as the negative means of behaviour management. The House Supervisor has been to two training courses over the past six months, adding to her basic training and experience and another staff person is currently receiving further training.

Overall, the house had a much more positive atmosphere.

Walpole Street CRU is situated in Rosebud. During the course of the year a number of major concerns became apparent with regard to the operations of this house.

Community Visitors were originally approached by a parent in July 1989 to make enquiries concerning some unexplained bruising on her daughter. In the course of their enquiries the Visitors were informed that :

- . some residents were allegedly given unauthorised medication
- . some residents were allegedly given soap suppositories
- . there was alleged falsification of incident reports
- . there was alleged unauthorised use of and failure to report restraint as required by the Act
- . there was alleged misuse/misappropriation of residents' funds
- . there was alleged falsification of time sheets/rostering irregularities

The allegations were brought to the attention of the Manager of Intellectual Disability Services at Western Port IDS in August 1989.

The Regional Convenor of Community Visitors was invited by the Acting Regional Director to be part of a Panel of Inquiry which Community Services Victoria had convened. The Panel of Inquiry consisted of a Chairperson (an officer of CSV), the Manager IDS Western Port and the Regional Convenor of Community Visitors. One of the Community Visitors involved in the original enquiries was given permission to attend as an observer, with no voting rights or rights to ask questions.

The terms of the Enquiry were to :

"...enquire into the allegations made in the Community Visitors report and establish whether there is a case to answer and make appropriate recommendations"

Evidence was taken from a number of people who had made various statements concerning the operations of the CRU over a considerable period of time. Although officially a member of the Panel of Enquiry, the Regional Convenor was precluded from asking any questions or from participating in the decision making process.

The Inquiry Panel was established on 30 August 1989 and the Regional Convenor was provided with a summary of the Panel's major recommendations, by the Acting Regional Director in a letter dated 3 October 1989. The summary of recommendations provided stated that:

- . a thorough and intensive review of the CRU be established, including
 - administration of medicine
 - management of client behaviour problems
 - developmental activities for clients
 - a number of physical care matters
 - the review to commence shortly and be completed within three months
- . the Manager IDS to immediately ensure that staff are instructed in proper procedures where there appears to have been inappropriate practices, including
 - use of restraint
 - various physical care practices
- . immediate attention is given by Manager IDS to a range of staffing issues, including
 - duties and responsibilities of staff but particularly the House Supervisor and the Relief House Supervisor
 - communication systems within the CRU and between the CRU and the regional office of IDS

a range of issues be clarified associated with the relationship between the IDPS Act, the Community Visitors Program and other relevant legislation, particularly

- matters where staff disciplinary processes may be involved

Referring to the Findings of the Inquiry, the Panel summarised the allegations under four headings, namely :

- . Administration of non-prescribed medication
- . Unauthorised use of restraint
- . Practices not consistent with proper care of residents
- . Forgery related to the payment of casual hours

In summary, the conclusions reached by the Panel included :

- (a) Administration of non-prescribed medication
- * "...there is cause for concern about the administration of medication at the Rosebud CRU"

- (b) Unauthorised use of restraint

- * "...it is clear that non-programmed mechanical restraint is being used on two residents"

- * "...it is clear that the administration of Largactil to (resident) is an integral part of the resident's program"

- * re the alleged use of seclusion

"..It is unfortunate that this was not approached in a programmatic manner, given the apparent regularity of the practice, that proper observation and measures were not used"

- * re aversive therapy in the form of hitting and/or slapping with an open hand

"..(the) claim requires further investigation in a programmatic sense"

- (c) Proper care of residents

- * re the alleged use of soap suppositories

"..the use of soap suppositories appears to have been a practice"

The matter of soap suppositories was formally raised with the Principal Nursing Advisor IDS who stated "the soap can cause burning of the mucosa.. ..The length of the soap and the texture could lead to perforation of the anus or rectum.

..It is not considered by me to be appropriate nursing practice"

- * re the standard of Residents' clothing

"This matter bears further investigation"

- * re the cutting of residents' hair by a staff member rather than a qualified hairdresser

"It is not possible to ascertain the facts on this matter on the basis of the claims made"

* re toileting programs

"It can therefore only be concluded that (witness) allegation on this matter is exaggerated and does not hold up to proper scrutiny"

* re activities outings

"This is not the picture from reading the communication books for the CRU"

"..The lack of life enriching activities of a constructive nature appears to underlie the concern raised by the interviewees"

* "On the basis of the limited information available the residents of the Rosebud CRU are in receipt of basic physical care with some clear problems existing in

i) Administration of Medication

ii) Dealing with self injurious bahaviours

iii) Maintenance of "regularity" of certain residents, and

iv) Various behavioural problems

(d) Forgery related to payment of casual hours

"There is no clear evidence to suggest that (staff member) was employing (staff member) as a "ghost".."

"..It is of some very real concern to the Panel that this practice (of using a spouse for emergency relief) has been operating for some time. Such a practice leads to suspicion, views of favouritism and is open to abuse"

In the words of the report of the Inquiry "The enquiry into the allegations raised in the Community Visitors Report has raised a plethora of issues."

The Inquiry Panel concluded that the "CRU at Rosebud from a program point of view is dysfunctional as it does not hold together in meeting more than the basic needs of the residents. In some instances already cited there is the potential for real risk to residents through ignorance, lack of proper practice and extremely poor intra house communication. In some instances residents appear to have been harmed." "..The Regional Team appears to have had little influence on the CRU operations above the basics." "..There must follow some questions about the level of supervision, liaison and support given to Rosebud CRU by the Regional Team."

The Inquiry Panel also concluded that "The role of the Community Visitors in this matter is of grave concern in as much as they have clearly moved into areas in which they appear to have no jurisdiction nor should they seek to have jurisdiction."

The Inquiry Panel went even further with respect to their recommendations to the Acting Regional Manager in that consideration should be given to "...an agreed code of conduct for Community Visitors."

The decision of the Department, having considered the findings of its own Panel of Inquiry as detailed above, was to indicate that the operations of the CRU would be monitored and that various review processes would be implemented. No action was taken in relation to any staff member.

The Acting Public Advocate wrote to the Minister on 20 December 1989 in the following terms :

"...it is of some concern to this Office that on pages 28 to 30 of the Panel's report to the Regional Director, significant criticisms are made of the conduct of Community Visitors in this matter and that recommendations refer to the Department considering a review of the Intellectually Disabled Persons' Act 1986. Of even greater concern is that the report does not appear to in any way substantiate these criticisms and recommendations.

In order that this Office may properly address the above issue it would be appreciated if you would arrange for me to be provided with any material which led to the Panel's views as expressed in the pages referred to above.

You will appreciate that these matters are most important to the Office of Public Advocate and indeed all Community Visitors."

In a reply dated 14 February 1990 the Minister indicated that "...I am advised that this (the criticisms) centred on the investigation by Community Visitors of claims which had broad and significant implications on the responsibilities of CSV including legislative and management responsibilities under the provision of the Public Service Act."

On 7 March 1990 the Public Advocate wrote again to the Minister advising that the Co-ordinator of the Community Visitors Program from OPA and Community Visitors had met with the Acting Regional Manager and the Manager IDS to discuss the unsubstantiated criticisms of Visitors and also the development of an agreed process for investigations. Referring to this meeting the Public Advocate stated

"...no material was put forward for consideration and the impression gained was that the Inquiry Panel had not fully appreciated the scope and functions of Community Visitors as set out in the legislation."

With respect to the findings of the Inquiry Panel the Public Advocate stated that "...it quite clearly substantiates the concerns raised by Community Visitors and this Office to yourself with regard to the operations of the Rosebud CRU. Under the circumstances, I

would be grateful if you would arrange to provide me, as a matter of priority, a status report concerning the main recommendations of the report."

The Acting Regional Director responded to the Public Advocate's letter on 27 April and enclosed a copy of the evaluation report, an instruction booklet concerning restraint, seclusion and aversive therapy and instructions provided by the Manager IDS to staff based on the Enquiry Panel's recommendations. The still unsubstantiated criticisms of Community Visitors were not addressed.

On 21 May 1990 the Public Advocate wrote to the new Minister. With reference to the letter of 27 April, he stated

"..(the) letter of 7 March does not give, in my view, a satisfactory response to my concerns." With respect to the criticisms of Community Visitors he stated "In one sense I am pleased to note that no material has been brought forward which in any way substantiates the criticisms of the Visitors, however, it is disappointing that the criticisms have not been retracted."

The Public Advocate went on to say "Given the concerns raised...I consider there should be total commitment by the Department to its responsibilities with respect to the implementation of procedures to ensure that similar situations will not arise again in future."

At the time of writing, no further response has been received.

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Goff Street, Beaconsfield, CRU

Staff have recently painted the interior and up to date maintenance is completed. The facility is spotless, and alive.

Community Visitors were informed that all staff will be updating their first aid qualifications in the future.

At the time of the last visit only two residents were at home. One of the residents invited the Community Visitor into his room where he was watching T.V. His diabetes is apparently under control, he looked extremely well and acted very confidently.

One of the other residents was in hospital. His visits there have been less frequent and staff have noticed improvement.

Two of the residents still require support for travel in terms of a staff member to accompany them on outings.

The staff member on duty works only at weekends but showed great interest in all residents and was able to answer all the Community Visitor's questions.

Walpole Street, Rosebud, CRU

During a visit in January Community Visitors found that the swimming pool was out of order and had been in that condition for some weeks. Staff stated they had been told no funds were available to fix it.

One of the Community Visitors wrote to the CSV Manager IDS expressing the Visitors' concerns, especially since recreational activities are so limited for these residents.

A reply was received within just over a fortnight stating that money was not available in budget but an alternative source was being sought.

On a visit in March Visitors found that the pool had been "fixed" by a pool doctor but could not be used because algae had not been cleaned off the sides. Staff were unsure of how to go about this. One of the Visitors telephoned the Manager IDS the next day and he said he would see to it that the pool became operational.

On the next visit in June, the pool was clear and instructions to staff had been posted nearby as had been suggested by Visitors on their previous visit. Staff said a few residents still had a few swims on warm Autumn days.

Community Visitors reported last year that they had serious concerns about a range of issues at this CRU. As a result of the Visitors raising the concerns CSV convened a Panel of Inquiry and this Panel found the majority of the concerns justified.

An evaluation was carried out at the request of the Regional Director Western Port CSV IDS, in order to provide a broad and comprehensive analysis of the procedures and functions of the Rosebud CRU. The CSV IDS document standard for Residential Services (1989) was used as the baseline, and reference for this process.

Comments on the report were requested from staff within the CRU, Regional Office Staff, parents and Community Visitors. All comments were considered in the development of a specific plan to address the report's recommendations.

Such a plan will include the identification of priority goals, strategies, timelines and assignment of responsibilities for their tasks.

In addition, the support provided by the Regional Office to the CRU has been strengthened.

Throughout the course of the past year, Community Visitors have monitored the various strategies which CSV implemented as a result of the Panel's findings. Visitors are pleased to report that there have been changes for the better and that they will continue to monitor the situation to ensure the recommendations are fully implemented.

Case Study - Pam

Pam is a young woman aged 23, residing in a Rosebud CRU, who uses a wheelchair because she cannot walk. However, she can move about the house by rolling, something she appears to enjoy. Pam has some behavioural problems which emerge such as self destructive head banging and she has regular medication for this.

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Community Visitors saw one resident activating a radio using a switch program and another active on a colour program using a computer to identify colours from a book.

Visitors were informed that there had been problems in purchasing computer software suitable for residents.

Parent involvement has continued and was apparent. Each night a parent assists at meal time and staff also involve them in decision making.

Community Visitors have been informed that negotiations are taking place between Western Port Residential Association (W.RES.A) and CSV for the purchase of a bus. There are plans for a camping trip to Buchan involving staff and residents.

The previously reported problems concerning a neighbour's complaints about noise were resolved to all parties satisfaction.

Scott Street, Mornington, CRU

Visitors considered the routine at this home to be flexible and that it met the needs of the residents.

The ratio of staff to residents ensures maximum participation of residents with all daily tasks. Visitors noted that residents helped to prepare and choose their meals.

There have been discussions about the possibility of an independent flat being built in the garage. However, at present, it appears there is enough room in the house which will help to retain outside space for ball games and barbeques.

Cosmos Street, CRU

There are six very active young men who live here. The house is relatively isolated and it is possible that information available to staff about resources and supports is not always easily accessible. Ways of dealing with this need to be considered.

The residents were well cared for but need suitable aids from the Independent Living Centre (ILC). Community Visitors believe more activities should be organised for residents after work and at weekends.

A bus is available on a fortnightly basis for trips.

Walpole Street, Rosebud, CRU

Visitors feel that staff need every support available. On most visits it was noted that only casual day staff were on duty.

Lifting equipment for residents is provided and this allows them to be more easily moved or placed.

Most of the residents are in wheelchairs and one of them is exceptionally active. Another has some difficulty in walking.

Community Visitors consider more use should be made of physiotherapy as most of the residents could afford to pay for this service.

On each visit it was noted that residents were always in their wheelchairs. Visitors asked if cushions or beanbags could be utilised at times, to break the monotony.

Heritage Avenue, CRU

The home appeared to be running smoothly. Residents take part in the preparation of meals and snacks after work.

Thanks to the caring staff, the house always looks good and has a "homey" atmosphere.

Visitors expressed some concern that there were no regulators on the three showers and that one resident who suffers from severe epilepsy may be at risk.

Bay View Street, CRU

Community Visitors noticed that this residence had been renovated and that staff were involved in painting the house. This home is one of the few respite houses in the Region.

At most times the house is fully occupied causing overcrowding both for the residents and staff.

Staff indicated a difficulty they encountered was that on occasions a client of forty years of age had to be in residence with young children.

The house is in a fairly isolated area and being a very busy house, transport is a priority. Unfortunately, transport for outings can only be made available every second weekend.

Like many other homes visited, no programs appeared to be in place for after work activities.

Staff appeared to be the main ones involved in preparing meals. Thus residents were left to their own devices, when in the opinion of Community Visitors, some of them could have been involved.

Green Island, Mount Martha, CRU

At present, four of the residents are in wheelchairs and one is ambulant. Community Visitors consider this home as a "high needs house" as residents are unable to walk and are non-verbal.

It appears none of the four wheelchair residents have access to a physiotherapist, despite the fact that most of them could afford to pay privately for this service.

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to seek attention, and they have high support needs. Community Visitors consider that in order for the residents to achieve a better quality of life, more time must be spent on program development for them. When contacted by Community Visitors in June 1993 the Area Manager indicated he saw no way of resolving the problem in the foreseeable future.

The isolation of this house causes staffing problems, particularly with respect to filling casual shifts. Public transport is unavailable and the house is a considerable distance from the township of Rosebud. Community Visitors realise it is not possible to do anything about the positioning of the house, however, they do believe the problem could be partially overcome by reviewing the existing staff rosters. Fewer, but longer shifts should be considered for this location. Community Visitors' views have been put to the Area Manager, however, no response had been received at the time of writing.

Walpole Street, Rosebud, CRU

This CRU houses long-term residents whose ages range from seventeen to twenty-three. The residents all have high support needs and Community Visitors have suggested on a number of occasions that physiotherapy be made available, given that the residents spend most of their time in wheelchairs. DH&CS have indicated that physiotherapy is provided at the residents' day placements.

Community Visitors were informed the residents regularly make use of the heated swimming pool.

Community Visitors have asked to see menus on a number of occasions, but to date, none have been produced.

The bathroom is too small, particularly when residents in wheelchairs need to be bathed. Two staff members are needed to assist with bathing and the area becomes very cramped. Community Visitors believe that DH&CS should give consideration to the installation of a hoist in the bathroom to help to overcome the crowding and lifting problems.

Community Visitors are aware that DH&CS is undertaking an investigation into certain aspects of the management of this facility, and have requested that they be fully informed of the outcomes. It is of some concern that the investigation has been underway for some time and there has been no indication of when it will be completed.

Heritage Avenue, Frankston, CRU

Six residents, all of whom are ambulant, live in this house, and it seems to run fairly smoothly. Community Visitors were informed all the residents enjoyed two weeks holiday at Sorrento over the Christmas break.

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In last year's Annual Report Community Visitors provided details of submissions made to the H&CS Regional office outlining their concerns about a number of residences which, by their location, prevented residents' normal community involvement and socialisation. Community Visitors asked the H&CS Manager Disability Services whether there was a capacity to address the problem through budget priorities and allocations. The Manager's response was that the 1994/95 budgets were at that stage unknown and that the matter should be more appropriately addressed with the Disability Services Branch. At the time of writing this situation remains unchanged.

ACCESS TO ACTIVITIES AND DAY PROGRAMS

During the year Community Visitors became increasingly concerned about the lack of activities available to the elderly residents at **Mashie Court, Rosebud CRU**. Community Visitors deplore the fact that these residents appear to have little input into the functioning of their house. Community Visitors acknowledge that the residents are elderly, but they believe that H&CS must take appropriate action to encourage them to be active. They should not be wandering around with nothing to occupy their time.

Many of the residents at the **Kindilan Training Centre** attend day programs held at the Adult Training Centre on the property. Some travel to other local centres, such as Wongabeena in Rosebud, or Kankama in Mornington.

It is disturbing to report that Community Visitors consider that, on the whole, there is little evidence of appropriate programs available to H&CS clients on the Mornington Peninsula. One exception is at **Walpole Street, Rosebud CRU** where staff had initiated a number of innovative activities for residents in wheelchairs.

RESTRICTION OF FREEDOM

For most of the year there were two female and two male residents at the Toorak Avenue, Baxter CRU. Community Visitors enquired why the doors of the facility were kept locked and were told by staff that one of the male residents has a tendency to abscond. When asked why less restrictive measures that would not affect the other three residents were not adopted, staff indicated that staffing levels prohibited this option. For part of the year the house had a fifth resident, thus making the staffing situation even worse. Community Visitors have requested H&CS not to place a fifth person at this house, but H&CS has indicated there is no guarantee this will not happen.

While visiting one of the houses at **Kindilan Training Centre**, Community Visitors noted that the refrigerator and pantry were locked. They were informed that this had been done because one of the residents had diabetes, and that it only occurred during "sleeping hours." Community Visitors consider that had more staff been available this would have allowed residents access to the refrigerator and pantry and at the same time enabled the resident with diabetes to be supervised. The Chief Executive Officer of Kindilan stated (in part):

"I reiterate my earlier comments about locked refrigerators being a necessary procedure. It is my view that if staff require the refrigerators to also be locked during 'on duty' periods, then this is a matter of judgement which takes into consideration the known risks to certain clients, compared to the possible disadvantages to other clients. As you are well aware, the staff ratio at Kindilan is far from ideal, and therefore, until such time as we receive additional funding to improve this situation, there will be a need for some compromise in order to properly exercise a duty of care. Such compromise may well involve a level of 'inconvenience' to some clients which would not exist in an 'ideal world'."

BEHAVIOUR MANAGEMENT

Community Visitors considers the Behaviour Intervention Support Team (BIST) undertakes a valuable and important role in the Region. However, there are real concerns that having due regard for the incidents that have occurred during the year, that the BIST is understaffed. There were numerous examples of the need for BIST intervention. For example, at **Heritage Avenue, Frankston CRU** a female resident constantly scratches her legs causing sores that do not seem to heal.

During a visit to **Cedar House at Kindilan Training Centre** Community Visitors noticed that one of the female residents they knew was not present in the communal area. One of the Community Visitors went to the resident's room and the resident indicated she was pleased to see the Community Visitor. Shortly thereafter a staff member intervened stating that the resident had been placed in isolation for swearing at a staff member and that she was to stay there until she apologised. The resident became agitated and began sobbing, saying she would apologise. The staff member, however, said *"We will talk about this later."* The Community Visitor departed at this time, but could hear the resident whimpering. The staff member informed the Community Visitor that the resident *"liked to be by herself."* This remark surprised the Community Visitor as she had always found the resident to be a most sociable person. In responding to the Community Visitors' concerns the Chief Executive Officer of Kindilan stated (in part) :

"It is likely that with this particular client, the very presence of Community Visitors at that specific time would have provided the opportunity for an 'exaggerated' reaction on the part of the client."

MEDICATION PROCEDURES

Community Visitors were concerned about the practises adopted with respect to the dispensing of medication in some instances. While visiting **Oak House at Kindilan Training Centre** at 4.50 pm, Community Visitors noticed medication on a kitchen bench. The medication was left unattended until it was dispensed by staff at 5.40 pm.

Given the acknowledged low staff ratio, Community Visitors were concerned at the reduced capacity to supervise and ensure that medication is not inadvertently taken by a resident. In commenting on the situation the Chief Executive Officer of Kindilan stated (in part) :

"I do not consider that the presence of properly packed medication, in a convenient place for administration, is inappropriate, if this routine is followed a short time prior to administration, and the medication is able to be observed by staff during this time."

Community Visitors do consider that a period of nearly an hour is a "short time prior to administration."

RESPITE

There are two respite facilities on the Mornington Peninsula. Both are used extensively and both need a thorough overhaul. Community Visitors sympathise with the staff who are clearly under some stress. The lack of appropriate equipment and the range of ages of clients creates a stressful situation for both clients and staff. Mention has been made elsewhere concerning the lack of a changing table and the bath being too low at the **Rhoda Street, Dingley CRU**.

At a **Frankston respite CRU**, two young children have been residents for ten months. This has proven quite trying for both staff and the other residents. Concerns about these long-term placements have been raised with the Manager Accommodation Services. However, it appears H&CS considers it has no other options open to it.

Community Visitors are concerned that long-term placements in respite facilities may disadvantage people who qualify for "genuine respite" as distinct from people who have "genuine accommodation" needs.

ASSAULT

Community Visitors were disturbed to learn that a female resident of **Walpole Street, Rosebud CRU** had allegedly been assaulted by a staff member. It appears that in the course of disciplinary interviews conducted by H&CS two staff members made admissions about practises which were clearly inappropriate and another staff member was identified as allegedly having assaulted the resident.

Community Visitors have raised concerns about the practises at Walpole Street with H&CS over a number of years. Others have also raised concerns with senior officers of H&CS.

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During the course of the H&CS investigation staff members were moved to another facility where their work was supervised.

Community Visitors have been informed that three staff members faced disciplinary charges laid by H&CS in relation to duty of care issues. Charges against one of the staff were heard and proved. This person was on contract and that contract was not renewed. The second staff member faced twenty-three charges. This person resigned. It appears the third staff member allegedly admitted assaulting a resident and was subsequently charged by police. This person resigned from H&CS.

Community Visitors have been informed that H&CS offered formal debriefing to the resident via the resident's family, but this was declined on the basis that the resident would gain no benefit from the process. The family, however, did receive support through H&CS Client Services Branch.

Community Visitors are concerned that previous investigations and routine supervision by middle managers did not prevent the above situation.

It is important to realise that the issue is not about a single staff member responding inappropriately to a volatile situation. The residents of Walpole Street were, and continue to be, very dependent upon staff. The issue is really about the culture of this CRU becoming like an institution.