

# THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

# THE ADVOCATE

3<sup>rd</sup> EDITION December 2017

## CVS Year in Review 2016 - 2017

Welcome to the third edition of *The Advocate*, the Community Visitor Scheme newsletter. The aim of this publication is to ensure our key stakeholders are kept informed of the significant issues, policy work and good news stories as a result of work done by the Community Visitor Scheme.

The Community Visitor Scheme was established in 2011, as a Statutory Body reporting to the Minister for Mental Health and the Minister for Disabilities, with the purpose of providing protection of the rights of people with a disability or mental illness.

### Year in Review 2016 – 2017

In my 2016-17 Annual Report that was tabled in Parliament, I offered apologies to those who have appreciated our reports and how both quantitative and qualitative information have both informed and told a story about our visits and the issues that have emerged.

This year's reporting template and requirements of Premier and Cabinet Circular *PC013 Annual Reporting* compelled us to produce a vastly different report that is also reduced in the number of pages that we can discuss or raise issues of concern. However, I have produced Special Reports for both the Minister for Mental Health and Substance Abuse, and the Minister for Disabilities that aligns with our previous Annual Reporting format and includes narrations from those we have met and issues we have encountered. The report also draws comparisons with previous years.

The Year in Review represents the work of the South Australian Community Visitor Scheme (CVS) for 2016-17 and is prepared on behalf of the great team of Community Visitors that I have the pleasure to work with and alongside of, as well as an outstanding team in the office who coordinate and manage the Scheme as a whole.

This edition of the Advocate will give you a quick synopsis of information included in the Special Report of the Principal Community Visitor, which is without doubt, the culmination of combined efforts of all our Community Visitors and staff.



I take this opportunity to wish our Community Visitors and all those supporters of the Community Visitor Scheme a safe and enjoyable festive season and a prosperous 2018.

*Clients from the Berri Hospital mental health unit enjoyed getting into the festive spirit by decorating the doorway.*

## Disability 2016-17 in Review

During the 2016/17 financial year, of the total 813 reported comments during this reporting period, it is pleasing to note that 566 (70%) were positive comments that highlighted innovative and positive actions that have taken place in homes for which we have been able to commend staff and organisations.

The vast majority of positive observations were in relation to the *Treatment, Services and Care* provided to residents with residents being supported to live as independently as possible being highlighted and the provision of activities and structured programs given to residents that they require to enjoy a fulfilling life.

Under *Environment and Residence Services*, the majority of facilities visited were assessed as having suitable facilities and the food provisions were of a high standard.

*Communication* was also a highlighted positive with observations of respectful interaction and communication between residents and staff being made.

*Rights and Responsibilities* indicated that family/guardian involvement was positive and this was observed during many of the visits with the increased presence of family members at a number of the visits being noted.

It should also be noted, of the reports prepared by CVs this reporting period, 144 highlighted a varying number of points of concern/issues raised at visits. The numbers varied from 1-6 points of concern per report. At the time of writing this article, 89 of the reports had the issues resolved or completed, 30 required advocacy assistance and 25 (17%) remain ongoing/outstanding. The Disability Coordinator will continue to monitor the outstanding issues and follow-up with the respective services.

Review and analysis of the 2016/17 trends resulted in a number of significant recommendations, which included:

- » The CVS to continue to monitor interactions between staff and residents and report on whether these observations are either positive, sensitive and respectful or to the contrary. Issues of concern to be raised and followed up with senior management within the relevant organisation.
- » CVs continue to inspect all areas of the facilities they visit and report on any environmental concerns or inadequacies, especially where this has an impact on the provision of client centred care.
- » That CVs continue to monitor and report on activities and structured programs that residents are involved in and that they are consistent with the preferences and capability of residents.
- » That CVs continue to monitor and report on Lifestyle/Person Centred Plans being in place, the involvement of residents and where appropriate families and guardians in their compilation, and they seek evidence that the Plans are being implemented and regularly reviewed.
- » The CVs continue to check on the use of restrictive practices and report undocumented or unusual practices to the PCV who will report to the Senior Practitioner.
- » That the CVS continues to monitor personal safety of both residents and staff and that a focus on this aspect be undertaken in the next reporting period.

# Mental Health Services 2016-17 in Review

In Mental health there were 647 reported comments with 306 (46%) being positive highlighting innovative and positive actions that have taken place in units, for which we have been able to commend staff/units.

Following is a summary of the key issues/comments raised in reports from monthly visits and inspections which have been highlighted in this years annual report:

## **Access to services**

The CVS was pleased to report that implementation of the Governments policy that no mental health consumer should wait in Emergency Departments (EDs) more than 24 hours has in general been successfully implemented. While the rapid transition of mental health patients through ED's has been positive, staff have identified that this has created problems downstream, most notably patients in closed wards unable to transition to open wards as priority of admission to these wards is given to ED patients and, according to some of the mental health nurses we spoke to, the early discharge of patients to free up beds for admissions is creating a revolving door situation. CVS raised concerns about the policy to apply \$1,000 fines on units if they did not free up a bed for admission resulting in a breach of the 24 hour ED target. We highlighted the added pressure this places on clinicians, questioned how this improved clinical practice and emphasized that a culmination of fines would simply take more resources out of the unit.

The lack of appropriate community accommodation for discharge adds to the pressure on inpatient beds. It is presented by staff that this is leading to re-admission. In addition, the lack of Allied Health specialists available for clients, as well as the lack of other supporting roles such as Activities Coordinators remains a significant issue.

## **Treatment and Care Plans**

Given that Care plans are integral to the adopted recovery model it was identified as a concern that there remains inconsistency across treatment centres regarding the development, review and implementation of Plans. In many EDs and acute wards, staff advised that the development of Treatment and Care Plans was not a priority as the focus is to stabilise the client in order to relocate them to a ward to progress their treatment.

## **Personal safety**

It is important that staff and patients in all mental health units feel safe as these are therapeutic environments aimed at assisting patients to recover. There is much publicity around the growing workplace violence in hospitals which became more evident for the CVS when one of its visitors was subject to an assault during a visit. The challenge for MHS is to ensure there is balance between providing safety and a therapeutic environment. Excessive focus on safety and the over application of safety controls can at times heighten anxiety for all concerned, increase observation and increase containment. Gender safety remains an area of concern including the delivery of segregated areas within units. While the CVS has had opportunity to comment on the draft gender safety guidelines, their finalisation and implementation remains uncompleted.

## **Restrictive Practices**

Restrictive practices are potentially harmful non-therapeutic interventions, and their use must be a last resort after alternative strategies to manage a client's behaviour have been exhausted or there is an imminent risk or threat to the patient's safety. The CVS has again raised concerns about the overuse of restraints on Corrections and Forensic clients experiencing a mental health episode.

## **Activities and Stimulation in Treatment Centres**

Consumers and families continue to articulate that activities and structured programs within acute inpatient and rehabilitation centres are essential for people to learn and develop skills in moving towards wellness. Ward function and design and reduced staffing continues to present barriers to the delivery of such programs resulting in the ongoing expression of frustration by many. The impact of vacancies in positions such as OT's and activities coordinators is having on access to services. In contrast, many CVS reports indicate that there continues to be evidence of good practice in terms of activities and stimulation. Activities designed to develop everyday skills and responsibilities in clients are noted to be implemented in some units and there is evidence of strategies to communicate to patients what activities are available.

## Mental Health Services 2016-17 in Review (continued)

Most notably, there is evidence of staff engaging with the consumer group to determine what they would prefer and there is a move to provide sensory rooms or areas to provide clients with a calming environment and calming tactile products.

### **Oakden Older Persons Mental Health Facility**

In last year's Annual Report the PCV highlighted significant concerns regarding Oakden Services for Older People which had arisen from both visit reports and a range of individual investigations that had been undertaken in response to specific complaints raised by the CVS on behalf of individuals and families.

The PCV continued to raise these concerns with management and in a letter to the Minister expressed his belief that given the number of issues and incidents that had arisen that a further investigation was required to understand the current operations and management of Oakden. A review has since been undertaken with the report delivering a strong and positive path to improving the delivery of services to older persons with mental health concerns in SA. During this period, the CVS played an important role in advocating and supporting the Spriggs family whose concerns about the treatment provided to their husband/father was a key catalyst to highlighting the need for an urgent reform of the service and the model of care.

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### **Congratulations Barbara Spriggs**

On the 30th of October 2017, Barbara Spriggs was awarded, The 2018 South Australia Senior Australian of the Year. Barbara won the award for her work as a passionate campaigner to prevent abuse of aged care patients. Being the South Australian winner Barbara is now in the running for Senior Australian of the Year, which is due to be announced on 25th of January 2018.



(photo courtesy of ABC Adelaide)

## Supported Residential Facilities & Day Options programs 2016-17 in Review

**The Day Options Programs** component of the Scheme commenced in July 2016 and was included in the Disability Annual Report for the first time in 2016/17.

Inclusion of visitation to Day Options programs has provided CVS with opportunity to gain greater awareness of the overall provision of care to people with disabilities.

During 2016/17, the CVS conducted 89 visits to 57 Day Options programs. Of the comments provided in Community Visitor reports during this time, 82 % were positive and 18% were negative.

When comments are received, they are assessed using a two tiered classification system. The classification level most strongly represented was *Treatment, Services and Care*, with the majority of positive comments being received within *Activities and Structured Programs*. In contrast, the classification level *Access* recorded the most issues, particularly in relation to *Transport and Service availability*.

Care Plans were represented positively in reports, with comments identifying the involvement of family as well as initiatives being undertaken by some organisations to more specifically develop values and goals as a means of providing greater focus on skill development. Other organisations are also moving towards the creation of Behavior Support Plans in keeping with the focus on least restrictive practice. The launch of the Restrictive Practices Reference Guide for the South Australian Disability Services Sector in July 2017, will ensure the progression of this focus.

Identified issues and challenges impacting the Day Options programs include:

- » The NDIS transition, and monitoring the number of Day Options program providers to be visited by the CVS
- » Communication between accommodation sites and Day Options programs
- » Identification of restrictive practices and promotion of the development of Behaviour and Support Plans
- » Limitations of the current Day Options model – exploration of models that more truly reflect a more natural 'rhythm of life'
- » Transport – both the amount of time some clients spend in transit to and from the program and access to transport to enable participation in community based activities
- » Hygiene and personal care for clients requiring high levels of support

**The Supported Residential Facilities (SRFs)** component of the Scheme was consolidated during this reporting period, with 41 visits being undertaken to 25 'pension only' SRFs, representing an increase of 61%. Of the comments received 54% were positive and 46% were issues.

Utilizing the classification system, the classification level most strongly represented was *Environment and Residence Services*. While the majority of comments were positive, this classification also recorded the most issues. In contrast, the classification that received the least responses was *Grievances*. This does not indicate that residents have no grievances, but rather that grievances stated by residents are represented in other classifications.

The NDIS transition has been the key focus over the past 12 months. There is concern that the predicted closures of multiple SRFs will displace a growing number of people – already at risk of homelessness – into unregulated boarding houses. The CVS has continued to advocate for the specific support requirements of SRF residents throughout this transition process and refer any identified issues of concern to the appropriate forum.

One SRF closed during this reporting period, with other closures likely as a result of the NDIS transition.

(Please note: As of 10 November 2017 four SRFs will have closed, resulting in a reduction of 140 licensed beds across the sector).

## Supported Residential Facilities & Day Options programs 2016-17 in Review, (continued)

Identified issues and challenges impacting the SRF sector include:

- » Concurrent system wide changes – NDIS, Aged Care Reform and Transforming Health
- » The devolving in July 2018 of the regional local government social programs which have been a valued and respected presence in the SRF sector for well over a decade
- » Strengthening the relationship with local government Environmental Health Officers
- » The ongoing need for legislative review that includes SRFs and Boarding Houses
- » The premature discharge from hospital, on occasion, of SRF residents without appropriate care provisions being available or in place

The CVS hosted a 'CVS and local government SRF Forum' 9 August to consider the distinct role each plays within the SRF sector and protocols for the sharing of information when responding to issues that are raised within the SRF sector.

## Recruitment & Training 2016-17 in Review

It has been another busy year recruiting interested people to become Community Visitors, and taking them through the process of training and orientation visits before they are appointed.

Two hundred and twenty-eight (228) Expressions of Interest were received during the reporting period. This was an increase of 83% compared to the previous year. Of these, forty-six (46) applications were received; an increase of 53% on the previous year. Eighteen (18) applicants did not proceed to training due to withdrawing or being unsuccessful after interview.

Training sessions were held in September and November in 2016 and February and May 2017. Twenty (20) attended training sessions. On completion of the training, an assessment of the two days is undertaken through an online attendee satisfaction survey. Each questionnaire is completed anonymously to ensure all attendees can be open and honest about their comments. Attendees are encouraged to provide some written feedback. Following are comments from this reporting periods four sessions:

*Very informative and enjoyable to listen and learn*

*The training content was very in formative and stimulated a very high level of interaction, as for me the training left me feeling very excited for the future. Thank you Leanne and team for such a great professional team effort in putting together such an excellent package*

*Really interactive which made it more interesting and loved the personal experiences.*

*I loved listening and talking to Anne and Michele. Really appreciated their feedback*

*It became very clear to me that because of the work done within the community visitors scheme, it would be pivotal in highlighting areas within the services areas that were in need of change and or further monitoring. Regular reporting lends itself to maintaining and improving standards across the board*

*Absolutely excellent!*

Overall, training session participants "strongly agreed", or "agreed" that the training sessions met their needs and objectives.

If successful after training and orientation visits, the applicant is nominated for appointment and a cabinet submission is prepared recommending the appointment of the applicant to the role of Community Visitor and endorsed by His Excellency, the Governor of South Australia.

Twelve (12) applicants were appointed; five (5) were awaiting appointment; and eleven (11) did not proceed to appointment after training and orientation due to not attending training, withdrawing, or being unsuccessful after training.

Each year the CVS is invited to participate in the National Volunteer Week parade. In 2017, 5 CVs joined us.



John, Jacy, Marianne, Sharon and Tony enjoy the sunshine in the grounds of Government House during the National Volunteer Week parade May 2017

## INTERESTED IN BECOMING A COMMUNITY VISITOR?

**J**oin a great team of Volunteers!

The Community Visitor Scheme is an independent statutory authority, which undertakes visits and inspections to Acute Mental Health facilities, Emergency Departments of hospitals, Disability Accommodation, Supported Residential Facilities (SRFs) and Day Options programs.

If you are passionate about the rights of South Australians with a mental illness or a disability and want to improve the care and treatment provided to patients and residents, then this could be the right opportunity for you.

You will receive comprehensive training and reimbursement for out of pocket expenses.

While no formal qualifications are required, you will need:

- » Good communication skills;
- » An understanding of advocacy;
- » To be able to show empathy for people living with mental illness and disability;
- » To possess objective report writing skills; and
- » To be computer literate.

Access to a mobile phone and a computer is essential.

So join us for a rewarding experience, which will enhance your skills and broaden your knowledge of the mental health and disability sectors in SA.

For further information about the Scheme, please visit our website: [sa.gov.au/CSV](http://sa.gov.au/CSV)

If you wish to apply to become a volunteer, please complete the online application form, which can be found on our website.

# Helpful Information

## REQUESTED VISITS

Individuals, their families, other key people involved in a person's life or service providers can, on their behalf, contact the Community Visitor Scheme office to request an individual visit or support with advocacy.

This requested visit may be managed through a phone discussion or may result in one of the Community Visitors attending in person to talk through the issues they are having.

It is optimal that the individual's consent has been sought or contact details are provided to enable communication with them for consent to a CVS visit or advocacy on their behalf.

However, it is recognised that at times people express concern about the potential for retribution when individuals raise issues about their standard of care or accommodation and therefore may want to remain anonymous. In these situations, CVS will discuss and explore avenues as to how issues could be investigated with non-disclosure of individual names.

Please call CVS on 1800 606 302 and you will be referred to the appropriate coordinator to assist with your concerns.

## PROMOTING THE COMMUNITY VISITOR SCHEME

**Need more brochures?** The Community Visitor Scheme is always happy to supply your facility with more brochures as required. Trifold (DL) pamphlets, A5 flyers, A4 and A3 Posters are available for both Mental Health and Disability.

**We are also** available to present updates to staff of mental health and disability organisations, as well as speaking to community groups about the CVS. Contact us to arrange a time.

Please contact the office on 1800 606 302 or email [cvs@sa.gov.au](mailto:cvs@sa.gov.au)



A3 & A5 Mental Health and Disability Posters



A4 and Trifold (DL) Pamphlets available from the CVS office

Want additional copies of this publication, or would like to be updated with future publications? Join our mailing list by contacting the office of 1800 606 302 or emailing [cvs@sa.gov.au](mailto:cvs@sa.gov.au)

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