



THE SOUTH AUSTRALIAN
**COMMUNITY
VISITOR SCHEME**

THE ADVOCATE

5th EDITION December 2018

CVS Year in Review – 2017-2018

Welcome to the fifth 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 - 2017-2018

I had great pleasure in submitting my Annual Reports to Parliament in September 2018. The Mental Health Services Annual Report of the Principal Community Visitor 2017-18 was presented to the Hon. Stephen Wade, MLC, Minister for Health and Wellbeing. The Disability Services Annual Report of the Principal Community Visitor 2017-18 was presented to the Hon. Michelle Lensink, MLC, Minister for Human Services.

The reports represented the work of the South Australian Community Visitor Scheme (CVS) for 2017-18 and was prepared on behalf of the great team of Community Visitors that I have the pleasure to work with, and alongside of, as well as our very committed 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 the Annual Reports and is without doubt, the culmination of combined efforts of all our Community Visitors and staff.

Full copies of the Annual Reports can be read and downloaded from our website under publications at www.communityvisitorscheme.sa.gov.au

I am pleased to say that we have received very positive feedback from a range of stakeholders both in SA and from other States and Territories.

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 2019.

Maurice Corcoran AM
Principal Community Visitor
South Australian
Community Visitor Scheme

Disability - 2017-2018 in Review



During the 2017-2018 financial year, there was a concerted effort to undertake more regional visits, and visits to facilities that had never been visited before. Between March and June 2018 our Community Visitors conducted 44 regional visits and 31 houses were visited for the first time.

The total number of disability visits conducted this year was 503 which was a 9% increase over the previous 12 months.

The reports to the Principal Community Visitor by Community Visitors, focussed on five main categories:

- » Communication – resident and staff interaction/respectful communication
- » Environment – suitability of facilities and their maintenance
- » Quality of client services and access
- » Safety and Rights – least restrictive practices, and
- » Treatment and Care planning

Communication between staff and clients, and staff responsiveness to client needs rated highly with positive comments noted in reports with examples such as:

3 of the clients had limited verbal abilities, but seemed to communicate their needs and understanding of our visit well, and the relationships seemed warm, facilitative and understanding. The 4th resident was very verbal, welcomed us, showed us around. Staff seemed warm and understanding with her, while also setting limits to some of her exuberance

Environment including suitability of facilities and maintenance were rated on average as being very good and meeting the needs of the client group. Positive comments included:

Each client had the privacy needed and the building was observed to be neat and well maintained. The houses are clustered but felt very homely and personal suitable to individual client and their choices. The houses have gardens and fence surrounding them. Each house has 2 bedrooms and open spaces.

Quality of client services and access is for a range of people with disabilities is important. Report data in relation to this aspect of service delivery indicates that in general this is at a high or appropriate standard. Report comments include:

Excellent choice of activities, from active sport based activities such as playground equipment, with adequate sail/sun protection, to a fortnightly disco, watching the footy, listening to music, watching TV, to quieter, less active pursuits such as jigsaws, toys, dolls and the like. Clients participate in the gardening activities. A full range of age appropriate activities are offered.

Safety and Rights and least restrictive practices remains a key area of interest and is regularly a point of discussion at the CVS Advisory Committee meetings. This year the CVS undertook a two-month focus on consumer safety with a strong sense of comfort within the accommodation sector that individuals feel safe. Where restrictive practices were being implemented, there was supporting documentation in place.

Treatment and Care plans (Individual Care Plans) have been developed and implemented in 80% of situations with a large percentage of client participation and knowledge of their plans.



As a means of continuous improvement, the Community Visitor Scheme will:

- » continue to monitor interactions between staff and residents and report on whether these observations are either positive, sensitive and respectful, or to the contrary
- » look at strategies to increase unannounced visits so more natural house interactions can be observed
- » continue to report on any environmental concerns or inadequacies, especially where this has an impact on the provision of client centred care
- » continue to monitor personal safety of both residents and staff
- » check on the use of restrictive practices and report undocumented or unusual practices to the Senior Practitioner at the SA office of the NDIS Quality and Safeguards Commission
- » report on lifestyle/person centred plans and NDIS plans being in place, the involvement of residents and where appropriate families and guardians in their compilation, as well as continuing to seek evidence of regular monitoring and reviewing.

Mental Health - 2017-2018 in Review

The 2017-18 financial year saw the expansion of the CVS in to the Community Mental Health setting, which provided great opportunities for the CVS to see the continuum of a person's journey through the mental health system and to provide greater advocacy to clients receiving care through a community mental health facility.

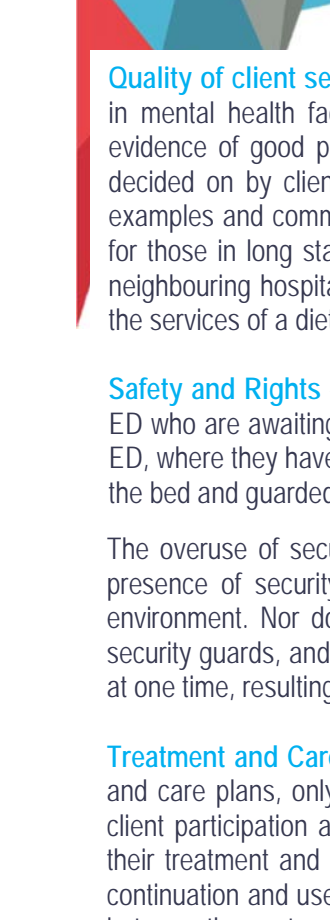
During this period there have been significant learnings gained by the CVS from the Oakden enquiry and especially the ICAC investigation that examined how and when the CVS escalated issues of concern to Ministers or senior officers within the Northern Adelaide Local Health Network (NALHN). This has also highlighted the importance of our monitoring of issues raised through visits and it has been an area that has been significantly improved over the past 2 years through our internal and external processes that communicates issues to service providers and seeks responses.

The reports to the Principal Community Visitor by Community Visitors, focused on the same five main categories as above:

Communication – The observations of communication and responsiveness between staff and clients highlighted the positive interactions in a large number of units and the morning client meetings held in some units were observed to be a good forum for communication and enhance the responsiveness of any issues raised by clients.

Environment – The 2017-18 year saw the opening of four new facilities or units that provided a welcome update to the standard of building facilities, equipment and grounds and in particular, the Jamie Larcombe Centre and Ward 18V at Flinders Medical Centre must be commended for the impressive design and layout of the new units, undoubtedly a result of the consultation and input of the staff and clients from Wards 17 and 18.

The mental health unit in the new Royal Adelaide Hospital has had some 'teething problems', including the major issue of the malfunctioning duress alarm system, which has resulted in the Psychiatric Intensive Care Unit (PICU) being unable to open and security guards needing to be stationed throughout the wards. Other issues raised in regards to mental health unit building facilities and grounds, included lack of outdoor or courtyard spaces, shared bathrooms, generally tired and run down wards and informal smoking areas littered with cigarette butts, often at the entrance to the building.



Quality of client services and access – Quality and choice of food is an important contributor to wellbeing for those in mental health facilities and while visiting the Intermediate Care Centres and Rehabilitation Centres, CVS saw evidence of good practice in regards to meal planning and preparation, where dinner menus are often collectively decided on by clients at a morning meeting and clients participate in the cooking. Whilst there has been positive examples and comments on quality and choice of meals, negative comments still continue to be reported, particularly for those in long stay facilities, where a one-week rotating menu is not only repetitive, but are often sourced from a neighbouring hospital and are reheated at the site, lacking any genuine nutrition. The CVS continues to advocate for the services of a dietician to review the menus and develop a wider nutritional menu.

Safety and Rights – Of concern is the ongoing use of handcuffs and shackles for forensic and corrections clients in ED who are awaiting transfer to a secure mental health unit. The CVS was contacted by numerous concerned staff in ED, where they have had these clients in their care for up to five or six days, during which they have been restrained to the bed and guarded by two DCS guards and in some instances, denied access to the bathroom for basic needs.

The overuse of security guards in the mental health units has also been raised at various visits by CVS, as a high presence of security guards can be intimidating to clients and certainly does not assist in creating a therapeutic environment. Nor does it help with alleviating stigma. A DCS client in a mental health unit is required to have two security guards, and the CVS heard of a recent experience where a unit had five corrections clients admitted to the unit at one time, resulting in 10 guards stationed in the unit.

Treatment and Care planning – CVS reported that while 98% of visits indicated that clients have individual treatment and care plans, only 78% reported there is evidence of the plans being implemented and 77% reported evidence of client participation and matching the expectations of clients. Whilst evidence of client knowledge and participation of their treatment and care plans may be harder in a PICU environment for example, the CVS is interested to see the continuation and use of treatment and care plans in the community mental health setting, and how well these transition between the acute and community services.

Other significant issues and challenges impacting the mental health sector that CVS highlighted were:

- » Forensic Mental Health Services and a lack of available and appropriate forensic or secure mental health beds
- » Accommodation shortages and discharge
- » Pressure to discharge early and readmissions
- » Impact of drug and alcohol use and specialist services

Supported Residential Facilities & Day Options programs - 2017-2018 in Review

Supported Residential Facilities

During the 2017-18 financial year the CVS undertook 29 visits to Supported Residential Facilities (SRF).

At the end of this reporting period, there were 21 'pension only' SRFs in South Australia, the majority of which are privately owned commercial enterprises. Of these, all but two are located within metropolitan Adelaide and represent the facilities visited and inspected by the CVS. As of July 2017, the SRF sector provided accommodation and low level support services to approximately 790 individuals. Closures of two SRFs during this time – Amber Lodge and Mandeville Lodge – reflected a reduction in sector capacity of 72 licenced 'pension only' beds.

The CVS continued its participation in the sector through attendance at Regional SRF Network meetings. In August 2017 the CVS hosted a '*CVS and Local Government Forum*', providing an opportunity to explore the respective roles of



each within the SRF sector and consider networking opportunities to enhance service provision to SRF residents. As an outcome, the CVS was invited to the Environmental Health Officer SRF Special Interest Group meetings.

Reports to the Principal Community Visitor by Community Visitors noted many of the SRFs are located in large, older style houses or sites that were previously used as aged care facilities or private hospital. Reports have at times commented on interiors being aged and 'tired' with some yards not being well cared for. Reports have also acknowledged the continued upgrading that is occurring at some sites and that physical limitations can be somewhat mitigated when the site is clean and tidy and homely. However, there are still some settings that are not providing a level of accommodation that is considered optimum.

The quality and choice of food was generally been reported positively through CVS reports. Given the majority of SRFs do not involve the residents in food purchase or preparation, choice with regard menu options for example and provision for specific dietary needs takes on additional significance. Further, as some SRFs serve dinner early, flexibility regarding supper would also enhance a sense of choice and take into account the requirements of certain health conditions such as diabetes. There have however been some issues noted regarding food. Some residents have indicated that the menu plan does not always coincide with what is served and a number of reports noted that no menu was displayed.

Other identified issues and challenges impacting the SRF sector include:

- » NDIS and My Aged Care and a changing accommodation model
- » Role of Local Government
- » Review of relevant legislation including the *Supported Residential facilities Act 1992* (the Act)
- » Boarding (Rooming) Houses.

Day Options Programs

During the 2017-18 financial year 93 visits were conducted to Day Options programs, a 4.5% increase on the previous year. This included 12 Day Options programs in regional areas, five of which were visited for the first time.

The Day Options component of the Scheme is now well established and has ensured a more comprehensive service provision to the disability sector. The CVS currently has 23 organisations on its data system, providing Day Options programs across 66 sites. Some organisations manage activities across multiple sites while others are smaller operations with one or two programs.

The CVS is aware that the NDIS has potential to significantly impact Day Options programs given the provision of individual packages as opposed to the historical block funding. The style and delivery of programs are where the most obvious changes are likely to be observed. However, the actual definition of what constitutes a Day Options program will also no doubt evolve, potentially becoming quite different to the model that operates today.

The vast majority of reports to the Principal Community Visitor by Community Visitors noted positive and respectful communication between staff and clients and staff responsiveness to clients' needs. Low staff turnover was mentioned on a number of occasions as a positive contributing factor, enabling an understanding of individual clients to be established over time and a sense of trust and safety to be generated for the clients. Clear and consistent communication between Day Options programs and disability accommodation providers and family is essential in supporting seamless and appropriate service provision for clients. The importance of the individual clients' Communication book was highlighted and to date has played an integral role in ensuring quality control is maintained for clients.

CVS visits identified many of the Day Options sites are not 'built for purpose' but are regular houses that have been modified to accommodate program requirements. The most frequently mentioned shortcomings relate to the internal layout of the building which can impact accessibility (particularly for wheelchair users) and also potentially reduce the range of available activities due to a lack of adequate and appropriate outdoor areas; and buildings that are in a 'tired' or

rundown condition. However, the majority of reports highlight the modifications – both internal and external – have enhanced opportunities for clients. Examples have been provided that describe complete rebuilds, repurposing of existing facilities and development and beautifying of gardens and patio areas.

Reports have also revealed some very innovative and entrepreneurial initiatives, providing clients with enhanced opportunity for community engagement and contribution and supporting independence and skill development. Unfortunately, there were also examples noted where regardless of the genuine care of staff, it appeared that clients just sat and were 'done for' rather than engaged as much as possible.

Other identified issues and challenges impacting the Day Options program sector include:

- » The Day Options model within NDIS
- » Transport and funding under the NDIS
- » NDIS packages

Recruitment & Training - 2017-2018 in Review

Our Community Visitors (CVs) are the major component of the Scheme and their ongoing recruitment, training and retention are integral to maintaining the core function of conducting visits and inspections.

It has been another busy year recruiting interested people to become CVs and taking them through the process of training and orientation visits before they are appointed. Two hundred and ten (210) Expressions of Interest were received during the reporting period. Of these, 38 applications were received.

Sixteen applicants proceeded to training after undergoing a successful interview, with training sessions held in August 2017 and February and May 2018. Ten applicants were appointed and six did not proceed to appointment after training or orientation.

As at 30 June 2018, there were 42 active CV's, all with impressive backgrounds, skills and passion who have helped to deliver the Scheme's key outcomes of monthly visits and inspections and associated reports at a very high level. They are aged between 25 and 82, come from a diverse range of cultural backgrounds, and can speak 17 languages between them.

Professional development needs are assessed and workshops are developed to ensure that CVs have the necessary skills and knowledge to effectively complete visits and inspections. "Personal safety of clients in Care" training was provided to 20 CVs in April 2018. This included 5 regional CVs.

CVs have access to ongoing training and professional development opportunities through the SA Mental Health Training Centre (Department of Health and Ageing) and other external agencies such as Volunteering SA&NT, Northern and Southern Volunteering, and local councils. CVs also had the opportunity to meet 5 times during the year to informally discuss their experiences during visits and provide group feedback for service improvement.

In addition, five CVs participated in the National Volunteer Week parade.

The Mental Health Services (TheMHS) Conference

The CVS was pleased to sponsor six of our Community Visitors to attend The Mental Health Services (TheMHS) Conference in Adelaide during August 2018. Those who attended were grateful of the opportunity and have since reported back to the wider group of Community Visitors to share the knowledge they gained.

INTERESTED IN BECOMING A COMMUNITY VISITOR?

Join 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: www.communityvisitorscheme.sa.gov.au

If you wish to apply to become a volunteer, please complete the application form, which can be found on our website, attaching a current resume and returning via email to cvs@sa.gov.au or post to South Australian Community Visitor Scheme, GPO Box 292, Adelaide SA 5001.



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

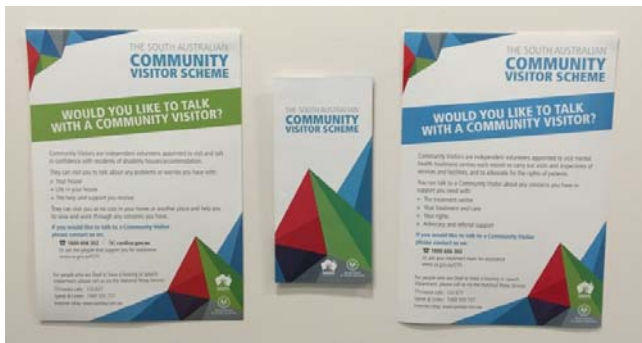
Need more brochures? The Community Visitor Scheme is always happy to supply your facility with more brochures as required. Trifold (DL) pamphlets, A5 flyers, A4 and A3 Posters are available for both Mental Health and Disability.

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 cvss@sa.gov.au



A3 & A5 Mental Health and Disability Posters



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

Please share this newsletter with anyone with a keen interest in advocacy and is passionate about the rights of South Australians with mental illness or disabilities. To join our mailing list or to request additional copies of this publication, please contact the office of 1800 606 302 or email us at cvss@sa.gov.au

The South Australian Community Visitor Scheme

GPO Box 292
Adelaide SA 5001

P 1800 606 302
F 08 7424 7239
E cvss@sa.gov.au
W www.communityvisitorscheme.sa.gov.au



Government of South Australia

Department of Human Services