Transition 2 Home

Independent Review May - June 2022

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INDEX

1. Executive Summary
2. Background
3. Purpose
4. Objective and scope
5. Methodology

6. **Report Outcomes**

6.1 Governance

6.1.1 Strategic service model

6.1.2 Operational governance

6.2 Compliance with the key NDIS Quality and Safeguarding standards

6.2.1 Rights and Responsibilities

6.2.2 Governance and operational management

6.2.3 Risk Management

6.2.4 Quality Management

6.2.5 Information Management

6.2.6 Feedback and complaints management

6.2.7 Incident management

6.2.8 Human resource management

6.2.9 Provision of Supports

6.2.10 Safe environment

6.2.11 High Intensity Daily Personal Activities

6.2.12 Specialist Behaviour Support

6.3 DHS response to the HCSCC recommendations

6.4 Service delivery: Processes, practices and systems impacting quality outcomes

6.4.1 Intake assessment and decision making

6.4.2 Establishing support arrangements for T2H clients

6.4.3 Processes for monitoring and reviewing T2H clients and escalating key issues

6.4.4 Service cessation processes

6.4.5 Staffing model

6.4.6 Environment

7. Attachments

- Documented Feedback – Clients / Family
- Documented Feedback – Staff
- Reviewers – Short CV

Disclaimer

This Report is prepared by C Dennis and G Adey ('the Reviewers') who were engaged by the Department of Human Services (DHS). The Report is solely for the use of DHS and is not intended to and should not be used or relied upon by anyone else.

The Report has been prepared for the purpose set out in the Engagement Letters between DHS and the Reviewers. The Reviewers understand that DHS may provide a copy of this Report to the Health and Community Services Complaints Commissioner (HCSCC), the Department of Health and Wellbeing (DHW) and other key stakeholders. We agree that a copy of our Report can be released publicly on the basis that it is published for general information only and that we do not accept any duty, liability or responsibility to any person (other than DHS) in relation to this Report.

Information contained in the Report is current as at the date of the Report and based on information obtained and communicated to the Reviewers over the months of May – June 2022. The information may not reflect any event or circumstances which occur after the date of the Report.

Acknowledgements

The Reviewers sincerely thank those that have contributed with honesty and integrity to this review. People have willingly stepped forward to share their experiences, their constructive comments, and their ideas regarding opportunities for improvement.

Thanks to Helen McGeoch, Principal Advisor Office of the Chief Executive, DHS for her timely response to multiple requests and her ongoing support throughout the review.

1. Executive Summary

Change management is a challenge in any organisation. It is widely recognised that approximately 50% of all organisational change initiatives are unsuccessful and that multiple reviews will not magically change systems and process and will not, in themselves, deliver improved client outcomes.
As part of this review process, we obtained copies of reviews and reports undertaken over the past 12 months. These have included:

DHS Internal Audit

- July 2021 — Transition to Home (T2H) Program Review (DHS/21/05806) commenced.
- Sept. 2021 — Draft audit report for DHS/21/05806 issued for comment.
- February 2022 — Finalised audit report for DHS/21/05806 issued.
- February 2022 — T2H Service Follow-up Review (DHS/22/01021) commenced.
- April 2022 — Interim audit report for DHS/22/01021 issued, focusing on HCSCC findings.
- May 2022 — Draft audit report for DHS/22/01021 issued for comment.

Health and Community Services Complaints Commissioner Investigation Report — February 2022

Community Visitor Scheme

- Daw Park (T2H South) — 16 March 2022 and 17 May 2022
- St Margaret's (T2H West) — 16 February 2022 and 19 May 2022

SA Police Adult Safeguarding Unit — 28 March 2022

This report has considered all the work that has been undertaken above; reviewed all the suggestions, recommendations and opportunities for improvement. We have met with key stakeholders including clients and their families and staff.

While it is common to list the recommendations as part of an Executive Summary, we have decided not to do that. Instead, we are encouraging the report be read in full (including the appendices where detailed client feedback is recorded) and that Executive, with organisational and operational expertise, immerse themselves in the report and collectively prioritise what should be addressed immediately, in the next 3 months and in the next 6 months.

We can confirm that none of the targeted *NDIS Practice Standards* for T2H were rated as Not Met. Practice Standards have been rated as 'partially met' based on gaps in core T2H processes and practices. Where Standards are only 'partially met', they are currently low risk, but they have the potential to deteriorate unless effective systems are implemented and monitored.

'NEEDS TO BE MORE THAN JUST ANOTHER BED'

We will also recommend that a longer-term strategic view for T2H is considered. Our opinion is that given an ever-increasing length of stay, there will be a cohort of clients

who will remain as very long stay clients and it is important that their care and services ensures independence is maintained or re-developed and, that the rights of people with disability are continuing to be upheld when working on any policy, procedure or program change.

The T2H clients cannot continue to live in (quote) "*no man's land*" as this, in addition to potentially impacting on functional decline may also impact on their mental health and wellbeing.

The value is in the story: where learning meets understanding

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2. Background

2.1 The Department of Human Services (DHS), in partnership with the Department of Health and Wellbeing and the National Disability Insurance Agency (NDIA), established Transition to Home (T2H) to address the issue of patients with disability in hospitals who were ready to be discharged but had nowhere to be discharged to (July 2021)

2.2 This issue directly impacts the wellbeing of people with disability. The issue is due to both a shortage of appropriate Specialist Disability Accommodation (SDA) in the sector and NDIS processes and/or lack of funding that delays home modifications or the coordination of supports to enable a person to return to the community.

2.3 T2H currently operates from two sites, the Repatriation Health Precinct -T2H South (**28 beds plus 2 additional robust units**) Daw Park and, St Margaret's Rehabilitation Hospital – T2H West (**25 beds**) Semaphore.

2.4 At the T2H sites, supported independent living (SIL) is provided to around 40 clients. T2H is not a hospital setting and does not provide nursing or medical care but facilitates access to such care needs through a client's National Disability Insurance Scheme (NDIS) plan.

2.5 T2H is funded through an in-kind funding agreement between the South Australian Government and the Commonwealth Government as part of the bilateral agreement for transition to full scheme NDIS. T2H clients who are not eligible for SIL under NDIS are funded by SA Health

2.6 Since its establishment, the Health and Community Services Complaints Commissioner (HCSCC) has received complaints about the supports provided at T2H which have raised potential systemic issues.

3. Purpose

3.1 The overall purpose of the T2H review was to evaluate whether the current processes and staffing model ensures SIL supports are provided in line with relevant NDIS standards and that a suitable level of care and supports are being provided in line with a human rights model of disability. This involved identifying gaps and systemic issues and making recommendations on how the gaps and systemic issues can be addressed.

4. Objective and Scope

4.1 The processes and practices at both T2H sites (Repatriation Health Precinct and St Margaret's) were included within the scope of the review.

4.2 The key objective of the review was to evaluate whether the current processes, practices and staffing model ensures SIL supports are provided in line with relevant NDIS standards, noting SIL is usually provided within community accommodation and not large congregate settings. The review has included the following key activities:

- reviewing the services provided at T2H against the NDIS Quality and Safeguarding Commissions key criteria for the provision of supported independent living including:
  - inviting feedback from all clients of T2H and their family/guardians about their experiences at T2H
  - reviewing complaints/feedback received about T2H
  - reviewing the actions DHS has taken to date in response to the findings and recommendations made by the HCSCC in relation to the complaint about supports provided to "*Mr D*" at T2H (Hampstead)
  - reviewing the findings and recommendations of the review undertaken by DHS's Internal Audit
- Identifying the processes, practices, gaps, or other factors that may affect the quality of supported independent living supports provided at T2H, including processes and practices in relation to:
    - Intake assessment and decision making
    - Establishing support arrangements for T2H clients
    - Processes for monitoring and reviewing T2H clients and escalating key issues
    - Service cessation processes
    - Staffing model

4.3 Identifying how the environment of each T2H site influences how SIL supports are provided and the expectations of staff, clients, and their families/guardians.

5. Methodology

5.1 Two reviewers were appointed to undertake the review of T2H - Associated Professor Christine Dennis and Mr. Greg Adey (Short curriculum vitae for both reviewers are available in the attachments section).

5.2 The review occurred between 1 May 2022 and 30 June 2022.

5.3 Mr. Greg Adey conducted an audit against targeted relevant National Disability Insurance Scheme (NDIS) standards to ensure that a suitable level of care and supports are being provided in line with a human rights model of disability

5.4 The Expert Reviewer considered the findings already made by the HCSCC and the Internal Audit team within the Department of Human Services.

5.5 The Expert Reviewer ensured clients of T2H and their families/guardians were provided with the opportunity to provide feedback about their experience at T2H and answer questions that will help inform the review. Due to COVID lockdowns, the client / family forum was held virtually on 20 June 2022 with communications regarding the forum including:

- A letter for the Office of the Public Advocate (several past and current clients are under the guardianship of OPA)
- An email invitation (for those with email contact details)

- A letter invitation (for those with only postal contact details)
- Content for a text message (for those with only a mobile number).

In addition to the 20 June 2022 forum, clients and their families were also given the opportunity to directly communicate with the reviewers.

5.6 The Reviewers considered how the environment of both T2H sites influences how supports are provided and the expectations of staff, clients, and families. Both sites were scheduled to be visited.

- T2H South visited on 16 and 23 May 2022
- T2H West scheduled for 6 June and then the 20 June 2022 however COVID lockdowns prevented both attempts to be on site. Associate Professor Christine Dennis however is very familiar with the site.

5.7 Discussion, feedback and input was also obtained from

- Executive / Leadership Group (DHS)
- Wellbeing SA (WBSA)
- DHS Internal Auditors – 6 June 2022
- Office of the Public Advocate Report (received 14 June 2022)
- HCSCC Associate Professor Grant Davies and Andrew Threadgold (22 June 2022)
- Keith Driscoll, SA Ambulance Service (24 June 2022)
- Jayne Lehmann RN, Community Visitor Scheme
- Tim Baker, NDIS Quality and Safeguarding Commission

5.8 Document / Report Review

The following key documents contributed to the review process:

- Health and Community Services Complaints Commissioner Report February 2022
- Internal Audit Report – T2H Program Review 10 February 2022
- Community Visitor Scheme Reports (Scheduled Visit) February and May 2022
- Adult Safeguarding Unit Report dated 28 March 2022
- Internal Audit – Interim Report dated 7 April 2022
- Internal Audit Report 19 May 2022
- Terms of Reference – Transition to Home and Coordination and Assessment Team Steering Group and the NDIS Hospital Oversight Group
- Disability Services Internal Audit Plan: Jan 2022 – December 2024
- NDIS Practice Standards and Quality Indicators November 2021
- DHS Accommodation Services – Quality, Practice and Safeguarding Framework
- DHS Accommodation Services – Complaints and Feedback Procedure
- Numerous DHS policies and procedures

6.1 T2H Governance

6.1.1 Strategic Service Model

- The initial strategic intent of the *Transition to Home* (T2H) program was to:
  - provide a better service environment for vulnerable disability clients awaiting long term supports (noting that prolonged hospital stays contribute to functional decline, escalation of behaviours and social isolation)
  - address bed demand challenges in the hospital sector, exacerbated by COVID outbreak management requirements.
- Effective management of the T2H program by DHS requires the ongoing development and embedding of new areas of governance oversight and operational expertise as the de facto 'provider of last resort' for many complex clients not accepted by NDIS Providers
- DHS is constrained by the lack of long-term disability service options for this high-risk client cohort who have special care and accommodation needs. Routine disability service delivery systems are not always suited to this higher risk T2H operating context. There is a need to continuously risk assess, evaluate and reset the T2H operating systems – it can't be a 'set and forget' service model.
- The current T2H program would benefit from a revised long term strategic service and business model to address persistent barriers to achieving timely transition to long term care and accommodation solutions for clients unsuitable for routine NDIS and Disability SA accommodation.
- A vision for the future may be that the T2H service is not required, with people being able to go straight home from hospital however given the delay with NDIS decisions and actions this is some way off and the concept of interim accommodation will need to continue for the foreseeable future.
- With many other jurisdictions moving into the transitional accommodation space and the commitments by the Commonwealth Government regarding hospital discharges (https://www.dss.gov.au/sites/default/files/documents/06_2022/communique_-_17_june.pdf) there may be opportunities however to further refine and develop the model. There may be benefit to consider offering settings for people not suited to the larger group living arrangements of the current sites.

Opportunities for Improvement

- The T2H program would benefit from a revised long-term strategic service and business model.
- Given the diverse mix of T2H clients with a range of risk profiles and different transition pathways, a service planning consideration could be the designation of T2H South and West to each focus on specific client cohorts, with the environment and staffing model matched to those different client profiles. For example, these cohorts could be identified as short-term readiness for transition; awaiting home modifications; no discharge pathway identified; behaviours requiring small group living.

  The business case for any decision requires a structured approach including data analysis that can contribute to forecasting future demand, and the development of several cost-effective integrated pathways and tiered accommodation options.
- The position of the Robust Units within the integrated T2H service model requires greater clarity, with a lack of formal documented systems and protocols addressing client eligibility, risk management, operating

protocols, Robust environment-specific Positive Behaviour Support Plans and discharge pathways.

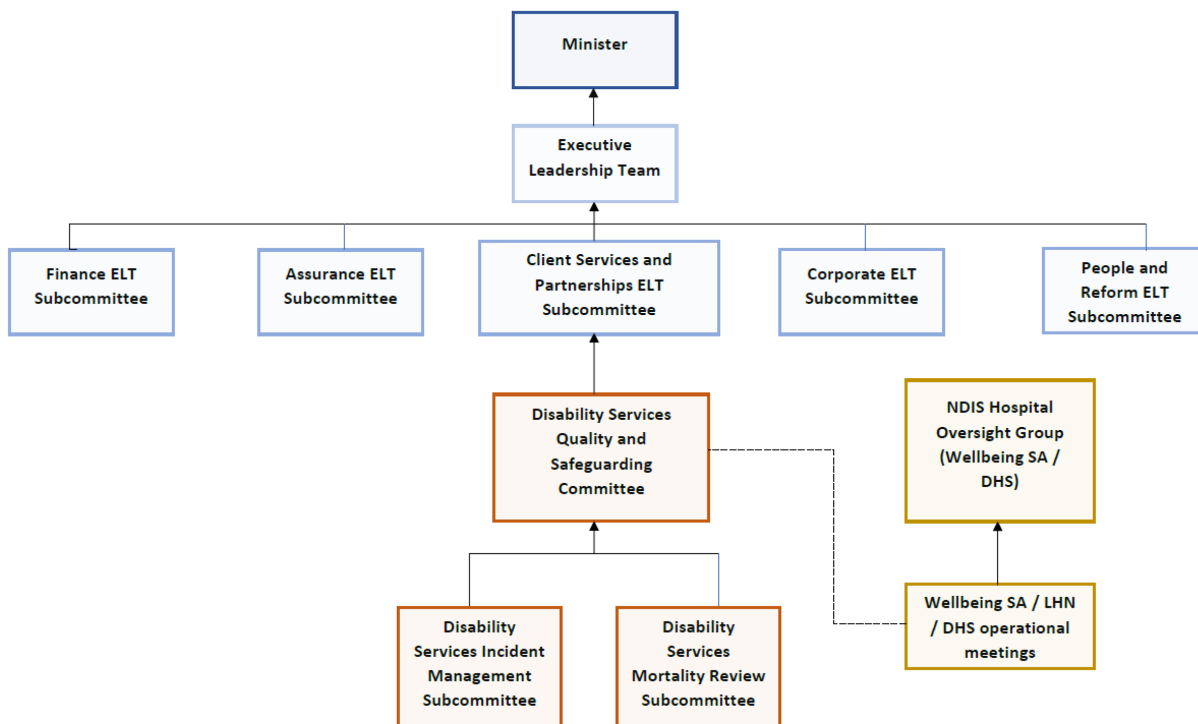
- Noting that a large number of high-cost occupied bed-days for T2H are consumed by clients awaiting home modifications to be funded by NDIS, it could be cost-effective for DHS to undertake those home modifications under terms agreed with NDIS. Many of these modifications are minor such as ramps and rails.
- Feedback from stakeholders confirmed the need for the strategic intent of T2H to be clarified:

> - Is the primary objective *disability best practice* or *acute bed demand management?*
> - Is the program *transition from hospital* or *transition to home?*
> - The service needs to ensure it is client centred and not hospital centred

6.1.2 Operational Governance

The T2H program is jointly delivered as a partnership between the Department of Human Services (DHS), the Department of Health and Wellbeing and the National Disability Insurance Agency (NDIA). In addition to the various government departments, there are also multiple NDIS (privately engaged) providers which further adds to a complex model of governance, service delivery and accountability.

DHS Governance Framework (as of 11 May 2022**)**



The **Transition to Home and Coordination and Assessment Team Steering Group** was initially established to provide oversight of the T2H program including quality and safety, participant experience and interface with other key partners including the Local Health Networks, Wellbeing SA and NDIS.

This committee was replaced by the **NDIS Supported Discharge Steering Group** *(also referred to as the NDIS Hospital Oversight Group).* The terms of reference state that this Committee reports to the various departmental Chief Executives. T2H is included as one of a range of initiatives to support the discharge of NDIS participants. It is noted that the terms of reference are required to be reviewed in June 2022.

The key difference between the role of these committees is scope. The Transition to Home Steering Group was focused on T2H whereas the NDIS Supported Discharge Steering Group addresses multiple initiatives. Membership is the same and operational matters continue to remain out of scope.

Of concern is that many of the challenges associated with the T2H service model are out of scope for the NDIS Supported Discharge Committee i.e., staffing matters, *'clinical management'* and matters related to the day-to-day service. This is in contrast the stated purpose of the committee which is quality and safety, incident management, participant experience and outcomes.

There are a range of operational committees however it is unclear where quality and safety metrics are discussed:

- T2H Daily Update (DHS and WBSA) – Daily catch up to provide updates on referral/eligibility assessment progress as well as movement out of the service (admission to hospital/discharge to long term arrangements)
- T2H Nominations meeting (DHS, WBSA and LHNs) – Weekly meeting to enable further discussion between DHS/LH\Ns on participants that have been nominated for access to T2H
- Metropolitan Referral Unit (MRU) T2H meeting (DHS, WBSA and MRU) – Scheduled to discuss participants that MRU are currently supporting through the SA Community Care service
- T2H Non SIL Participants (DHS/WBSA) – fortnightly meeting to discuss participants that are not eligible for SIL and therefore cannot be funded through in-kind arrangements. Discusses next steps for participants in terms of accessing funding support/discharging from service.

Related to gaps in the T2H operational governance and management structure, discussion with DHS staff identified a number of unresolved concerns which constrain their ability to achieve high quality outcomes for this important T2H program:

- achieving the right safe balance between supporting appropriate hospital discharge strategies while ensuring effective, achievable discharge to home objectives
- lack of long-term care, accommodation and funding options for diverse disability clients with very complex psychosocial needs, compounded by gaps in the NDIS model
- developing and embedding new systems and workforce expertise required to support complex clients who are being refused by mainstream NDIS Providers
- achieving and maintaining effective clinical governance and risk management oversight
- effective risk management and operational protocols for 'shared care' service delivery which DHS can only

influence but not control
- addressing barriers and risks caused by some NDIS Service Coordinators who are less motivated or skilled
- the core competencies of disability care workers needed to support very complex clients.
- Increased vulnerability of clients when large numbers of complex clients are grouped together

Despite raising these concerns, it became evident during the review that corrective actions by management in response to key reports and investigations (e.g., Internal Audit reports, HCSCC reports) lack appropriate timeliness and effective resolution of the gaps and risks that were identified.

Services Agreement / Memorandum of Administrative Arrangement (MOAA)/ Budget

A Minute dated 17 September 2021 from the Chief Executive Wellbeing SA outlines the funding and associated services that will be available to support the program. The funding detailed in the correspondence is for the Coordination and Assessment Team as per Table 1.

The Minute also states that the initiatives are funded through a commitment to *improve the management of hospital demands* and that a Steering Group will provide strategic oversight and that there will be weekly reporting on progress.

Table 1	**Funding allocation**
Infrastructure upgrades	$3.5M
Coordination Assessment Team (8 FTE)	$1.201M
Expansion to existing initiative	$2.0M (with $1.505M allocated to the LHNs)
Mental Health Specific	$1.5M
Hospital Avoidance (includes one robust unit at Minda as a ‘step up’ model.	$1.0M
Disability accommodation for non T2H	$1.0M

Advice from Wellbeing SA (07/06/22) confirmed that Wellbeing SA has been approved funding by DHW for July-Dec 2022 to support non-SIL eligible participants to access T2H along with other discharge supports.

Other funding sources:
- Non SILS support e.g., Consumables, equipment, assistive technology, nursing, allied health support, CP, dietary supplements and other non-SIL support, must be organised by the LHN and the participant’s Support Coordinator funded from their NDIS plan prior to the admission to T2H and on-going.
- 50% of the Disability Support Pension to cover daily living costs, like rent, food, and electricity

Staff have suggested that clients’ expectations regarding the funding of services such as transport and some *special event meals etc.* are that the DHS should be providing and funding these services. This could be due to the client still considering that they are in a government funded facility and due to no client service agreement that clearly sets out service provision and funding arrangements.

Based on the outcome of discussions regarding the service as a long-term strategy, consideration will need to

be given to sustainable funding arrangements given the current non-SIL funding ceases in December 2022.

Policies / Directives

The Internal Audit Report dated 10 February 2022 discussed 'T2H Governance and Processes'. In the report it was noted that 'there are currently no published directive or guidance documents relating specifically to the T2H program'. Additionally, it was noted that 'no formal quality assurance process was established when the T2H Program was introduced to evaluate the effectiveness of the service; identify improvement opportunities; the quality of outcomes for clients; or to monitor or report on the transition of clients through the service and against the 90-day target timeline.

Discussed also in section 6.2.

Opportunities for Improvement

- A service agreement or MOAA between the various departments that describes governance (corporate and clinical) and accountabilities should be developed and endorsed.

  The Office of the Public Advocate (OPA) also noted the lack of governance clarity (Feedback to the Review of T2H *June 2022*) stating:
    - *Due to the unique arrangements for this T2H service, the clinical governance and operational accountabilities are complex and not clear.*
    - *The OPA would benefit from a greater understanding regarding roles and responsibilities of the range of service providers.*

- The formal reporting requirements for the NDIS Supported Discharge Steering (Hospital Oversight) Group should be reconsidered. There are no minutes kept although it is noted that an action list is recorded and monitored and, as evidence by the Governance Framework (page 8) there is no clear reporting line. A documented monthly report addressing key performance indicators should be provided to the respective departmental Chief Executives.

- Governance and operational management oversight of T2H would benefit from:
    - a suite of performance KPIs and quality outcome metrics, and
    - a proactive risk management framework.
    - clarity regarding where such information is monitored and reported.
    - affording participants with the opportunity to contribute to the governance of the service and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights. This is a requirement of NDIS Practice Standard Outcome 2.1, Governance and Operational Management.

6.2 Compliance with key NDIS Quality and Safeguarding Framework

DHS is not currently a NDIS Registered Provider and is not subject to NDIS Quality and Safeguards Commission (NDIS Commission) regulatory oversight.

The assessment of the T2H program against the *NDIS Practice Standards and Quality Indicators* ('PS') focuses only on the Standards with a high impact on T2H client care outcomes and service risks.

Key considerations related to this compliance assessment include:

- recognising that T2H is a unique 'shared care' operating model with complex interdependencies between diverse health and support services, each with their own priorities and constraints. Nevertheless, DHS has operational accountability for the program (systems and outcomes)
- balancing the overarching DHS systems with the current status of the T2H-specific processes. Where relevant, this compliance assessment treats T2H as a 'standalone' service for the purpose of understanding its own quality compliance performance
- using a triangulated methodology based on (a) service policies and protocols, (b) observation of practices and client documentation, and (c) client feedback and service outcomes
- an understanding that the Practice Standards only address minimum compliance requirements, and not higher quality thresholds or best practice
- noting that the compliance assessment is limited to a narrow point in time, and that subsequent practices and processes will directly impact T2H's ongoing compliance status. This timing risk can be mitigated by DHS undertaking scheduled and unannounced internal audits against the *Practice Standards* and against other potentially high-risk issues related to specific T2H practices and process.

<u>Summary of key findings:</u>

- There are several strengths inherent in T2H which support the intent of the NDIS Practice Standards, most notably the objective to transition clients from an unsuitable hospital environment to a more home-like experience while sustainable NDIS care and support pathways are finalised.
- There is a positive organisational culture of client-centred care and support across DHS executives, managers and staff, underpinned by a commitment to continuous improvement.
- The recent NDIS Certification audit undertaken by *Certifi International* as part of DHS's application to become a NDIS Registered Provider found that DHS 'conformed' with the core modules of the Practice Standards (PS). This independent *Certifi* audit focused on policies and procedures, as well as a number of client and staff interviews to assess implementation and outcomes. T2H was listed by DHS as 'in scope' but was not selected by the assessors for specific auditing.
- The PS compliance assessment conducted as part of this Review included both generic DHS systems as well as specific T2H systems and outcomes. In addition to the Reviewer's analysis, evidence was drawn from auditing undertaken by *Certifi International*, the Community Visitors and DHS Internal Audit.
- Compliance was assessed using the ratings of Met / Partially Met / Not Met.

  No *NDIS Practice Standards* for T2H were rated as Not Met.

- Practice Standards have been rated as 'partially met' based on gaps in core T2H processes and practices (refer to Table 2). Where Standards were only 'partially met', they are currently low risk, but they have

the potential to deteriorate unless effective systems are implemented and monitored. A number of required improvements have already been noted by DHS and are a 'work in progress'.

- For NDIS sector comparisons with Registered Providers, under the NDIS Commission regulatory options it is probable that the Commission would issue a "Corrective Action Request" (the lowest level of regulatory action) in relation to a number of current T2H PS systems and outcomes, with a required timeframe for improvement based on proportionate risk.

The following table summarises the current compliance ratings identified in this Review

Table 2: T2H *NDIS Practice Standards* Compliance Rating – June 2022

Met	Partially Met	Not Met

Key Practice Standards	Compliance Rating
Rights and Responsibilities	
Governance and Operational Management	
Risk Management	
Quality Management	
Information Management	
Feedback and Complaints Management	
Incident Management	
Human Resource Management	
Provision of Supports	
Safe Environment	
High Intensity Daily Personal Activities	
Specialist Behaviour Support	

Recommended opportunities for improvement under the key 'NDIS Practice Standards'

6.2.1 Rights and Responsibilities

- While the T2H service provides a better everyday living experience than a hospital, the repurposed Timor accommodation at the Repat precinct compromises client privacy and dignity. The St. Margaret's living arrangements are of a much higher standard, although a number of shared rooms impact client privacy and dignity. This is discussed further under 6.4.6 *Environment*.

6.2.2 Governance and operational management (discussed also under 6.1)

- As previously discussed, the governance of T2H is supported by collaborative consultation processes

between DHS and SA Health, with Wellbeing SA providing a key liaison role between the two parties.

- The governance arrangements (such as Terms of Reference for the newly formed "NDIS Supported Discharge Steering Group") and the scope of formal operational KPI reporting and outcome evaluations would benefit from more robust systems.
- T2H is strongly supported by the DHS's comprehensive operational management systems, however there are a number of gaps in key T2H operational protocols. Several of these are currently being addressed. These gaps will be discussed under 6.4 *Service Delivery: Processes, practices and systems impacting quality outcomes*.
- T2H is a unique 'shared care' service, however there is no Letter of Understanding or MoU between T2H and NDIS Providers who attend the T2H site to provide regular NDIS care and support to clients. This MoU would need to recognise the direct relationship between the client and their NDIS provider, and the right of the client to make their own choices.
- Consistent understanding and application of the T2H intake and eligibility criteria remains an operational management concern. The revised intake assessment and risk screening protocols are still in **draft form**, and they require a number of improvements to appropriately address roles, responsibilities and clearly defined processes.
- Although the first Robust Unit is now operational at the Repatriation Health Precinct (Repat), there are no documented protocols addressing such things as eligibility criteria, client intake assessment, risk management, communal and community participation, evaluating the impact of the Robust Unit environment on the client, and reassessment criteria for transition and discharge from the Robust Unit. **This is a significant concern and requires priority attention.**

6.2.3 Risk Management

- Effective risk identification and mitigation needs to be strengthened and embedded in the operational service delivery culture. This does not require a medicalisation of the DHS operational model, but rather an everyday mindset which continuously observes for and responds to potential or actual risks to client safety, health and wellbeing.
- The Internal Audit Report (19 May 2022) identified that of 20 client files that were reviewed only 8 had risk assessments. A number of other risk mitigations were not implemented as per T2H policy, related to completing Positive Behaviour Support Plans and recording of substance abuse issues.
- Where NDIS 'high intensity daily personal activities' (clinical care) are provided, or where DHS carries operational accountability for clinical and care outcomes such as at T2H, a specific "high risk client management" framework should be implemented. This should include an initial high-risk client census, high risk screening criteria (e.g. deterioration, multiple incidents, significant care refusal), weekly monitoring/evaluation meetings, decision-criteria to add or remove clients, and documented communication of actions to staff and service partners.
- Direct clinical governance oversight of T2H will be strengthened by the appointment of a Clinical Nurse (CN) with a T2H 'Health Monitor' role. This will support the risk management of clients with 'high intensity daily personal activities' (e.g., stoma, catheters) and other clinical care needs such as diabetes, wounds, dysphagia and seizures. Although a general Position Description has been developed, the detailed systems, processes and templates to be used by the CN are still to be developed. Additionally, while this position was a recommendation from the February 2022 HCSCC report, the position (as at 24 June 2022) is yet to be filled and is being 'overseen' by the Director of Nursing, DHS.

- Effective risk management systems need to be developed to address the inherent risks associated with a 'shared care' service model such as T2H. As the accountable agency operating T2H, it's essential that DHS has direct line of sight into potential and emerging risks for matters where care and support are provided by 'shared care' services such as NDIS providers.
- As a priority, specific protocols should be developed to escalate for an appropriate clinical response in a situation where a client repeatedly exercises their right of refusal to receive care and when those choices directly impact the health and wellbeing of the client. There is a risk of an emerging workplace culture which simply normalises refusal as a client's choice without fully reassessing the escalating risks and re-evaluating the triggers. Client refusals account for over 47% of reported T2H incidents (see 6.2.7)
- There are no specific documented protocols addressing risk-based decisions determining how the new Robust Unit operates at the Repat site. There are no risk assessment proformas to (a) guide decisions regarding the client's ability to participate periodically in the communal areas of the Tobruk wings; (b) respond to escalating behavioural incidents triggered by the stark isolation of the Robust Unit; (c) commence a trial of community outings, and (d) step down from the Robust Unit.
- The DHS COVID-19 Outbreak Management Plan (OMP) has not been updated since April 2020, and consequently provides no reference to current COVID management protocols or sector learnings. However, DHS has implemented a number of contemporary pandemic practices such as workforce continuity, PPE training, vaccinations and Rapid Antigen Testing.

  In March 2022 Internal Audit identified that there was currently no COVID-19 specific risk recorded in the Disability Services Risk register, and also that staff COVID on-line training has not been tracked. The DHS OMP includes a requirement to undertake a formal debrief following an outbreak, however after the COVID outbreak at the Repat Precinct service in late December 2021 only an informal discussion was held.

  Discussion with T2H management at the start of the June 2022 COVID-19 outbreak at St. Margaret's identified that they were not aware of the DHS OMP, nor what structured steps should be taken at the commencement of an outbreak. It would be expected that a congregate living service such as T2H has an individualised OMP with service-level work instructions consistent with the overarching DHS OMP.
- No formal client smoking risk assessments are done with regard to the client's independent capacity, cognition, manual dexterity and safety compliance. The documented risk management of client smoking should also include considerations of fire safety in a communal living environment.

6.2.4 Quality Management

- Currently no audits are undertaken of the T2H service to assess compliance with the *NDIS Practice Standards.* A new audit framework is currently being rolled out to address this, after some delays related to COVID risk management. These new generic audit templates would be improved by individualising the expected processes and outcomes specific to T2H.
- Although there are a number very professional and robust quality management and service improvement systems supported by the DHS Internal Audit unit, there are implementation delays in the corrective actions which result in risks to achieving or maintaining quality outcomes. For example, a number of key policies and procedures remain as drafts (Client Intake Policy, Client Intake and Health Monitoring Procedure, T2H Intake flowcharts and, the detailed tasks, KPIs and templates related to the CN Health Monitor role).
- Quality management systems would benefit from a shift from primarily measuring process *inputs* to a

greater focus on client *outcomes*. For example, this would include evaluating service outcomes such as lived experience and objective measures of individual client safety, health and wellbeing against best practice standards.

- There is a need to strengthen and integrate the audit framework specifically addressing high quality clinical and care management in T2H. It would be beneficial to review the specific clinical governance audit framework applicable to T2H, including such things as:
    - care practice outcomes related to 'high intensity' client supports such as stomas, catheters, dysphagia, wounds and seizures
    - use of Issue/Action/Outcome style documentation to ensure that care risks are identified and resolved
    - documentation reviews to ensure full reporting of incidents, timely referrals to health professionals, risk escalation and support plan updates
    - compliance with the DHS 24-Hour Reporting and Recording requirements, including clinical care charting.
- More comprehensive root cause analysis and trend analysis would drive system-based improvements.
- T2H management were uncertain about the status of a number of DHS quality management initiatives related to self-assessment and compliance with the NDIS Practice Standards (PS), and how T2H is to be engaged in activities such as the 'Monthly Compliance Schedule 2022' and alignment processes with the NDIS PS.
- It is noted that a number of continuous improvement initiatives are underway, including establishing local service Quality and Safeguarding Officers to conduct compliance checks. If this new role works closely with the T2H Clinical Nurse 'Health Monitor' position, then high quality client outcomes will be strengthened.
- All continuous improvement initiatives should be formally evaluated to ensure that the objectives have been met. In particular, this evaluation process should be applied to priority improvements such as the T2H CN Health Monitor role, and the revised T2H Intake Assessment protocol.

6.2.5 Information Management

- A more stringent approach to integrating all relevant client assessment information (e.g., referrals, transfer checklist, Support Coordinator checklist) is required to ensure that assessment and intake decisions are appropriate. Relevant assessment information is not always completed in detail, and the proformas do not always adopt a risk management approach.
- A review of client records by Internal Audit in May 2022 indicated that:
    - significant duplication between proformas creates risks that critical client information is missed
    - there is no clearly documented process to ensure consistency, completeness and timeliness of key client information needed for intake assessment
    - checklists and proformas don't include clear links to T2H eligibility criteria
    - intake assessments and checklists being completed by staff are frequently incomplete, inconsistent, undated and contain information randomly noted in the margins of the template
    - risk assessments are incomplete
    - planned or expected discharge dates are not recorded
    - there is incomplete information related to the SILS funding.

- The notes of client JB were reviewed following his recent admission to the new Robust Unit at the Repat.

Inconsistencies and gaps related to behavioural aggression and refusal of care were identified in the various client personal notes, the general 24-Hour reports, and logging of incidents in the DHS incident management software.

6.2.6 Feedback and complaints management

The DHS's policy regarding Customer Feedback and Complaints (due to be reviewed **June 2022**) provides a succinct summary of recent independent investigations that have considered agency systems and processes in relation to complaints management (i.e., February 2018 – Independent Commissioner Against Corruption Oakden Report, October 2018 SA Ombudsman *Audit Survey Report).* The policy details complaint management principles, roles and responsibilities.

Additionally, there is an Accommodation Services Complaints and Feedback Procedure (A21091828) which requires *where possible* operational staff to seek to resolve the complaint locally and log the compliant in the MySAFETY system and, there is a MYSAFETY System Work Instruction (WIN-STR-003-2021) that details over some **30 pages**, how to log a complaint, compliment or suggestion.

It is noted that the MySAFETY System has been decommissioned and is being replaced with the GovSAfety system.

For any complaints management system to be effective, it requires:

- a clear complaints pathway that is well communicated to all users
- independent oversight to improve transparency and accountability and ensure the community has confidence in the integrity of the system
- a feedback loop that includes confirming if the complaint / issue has been resolved from the complainant's perspective or requires escalation.
- staff to be trained regarding how to support the complaints and feedback systems and processes
- ease of use

The above dot points are evident in the DHS policies and procedures; however, they are not evident in practice.

- During the period 8 August 2021 to 24 April 2022 (approximately 9 months) there were only six (6) complaints registered in the MySAFETY system. Anecdotally, this reflects possible under reporting.

- The summary report provided to the reviewers stated that three (3) are resolved and three (3) are not resolved. Two are reported as open and four are reported as closed. There is no comment in the summary report or the individual MySAFETY records regarding if the complainant was satisfied with the outcome or if the complaint was escalated.

While DHS staff have a view that the low numbers *may* be as a result of complaints being addressed locally and therefore believed to have been 'closed' without the need to log, such a view was not shared by external regulators.

In discussions with the HCSCC (22 June 2022), it was stated that they have received eight (8) contacts regarding issues / concerns regarding T2H over the past 12 months. The concerns raised related to:

- Poor hygiene
- Poor wound care
- Inappropriate admissions resulting in staff not being able to provide an appropriate level of care
- No proper clinical assessment of need prior to admission
- Poor coordination between T2H and the NDIS Service Provider

HCSCC comments related to the complaints management processes within T2H related to:

- the lack of complaints pathway clarity
- lack of independence
- lack of staff training

The requirement for staff to undertake training in complaints and feedback is stated as a responsibility in the DHS Procedure A21091828 (page 17 of 21) however the document titled **Orientation for Accommodation Services Direct Support Staff, Agency Staff and Contractors** does not address complaints management and the reviewers have not been able to confirm any training for staff related to complaints and feedback.

There are two complaints which we will draw attention to:

FB417 – (27 November 2021) complaint regarding alleged toxic leadership. The complaint (as per the MySAFETY record) states closed *but not resolved*. There is no further information.

FB 502 – (**6 April 2022**) Poor client hygiene / client left unattended and found by external support worker / negligence. NB: This client had previously been brought to the attention of the Adult Safeguarding Unit (**25 March 2022 – 12 days earlier**) by SA Police. In conversations with the client's partner it was stated that *(he) 'attempted on a number of occasions to have the matters addressed prior to the Police Report being submitted to no avail'*

The outcome as per the report FB502 is stated as follows:

Complaint referred to Incident Management Unit for further investigation - Staff member placed on suspension under investigation. Clients NOK and external worker advised of actions taken. TS welfare check and chart checks hourly 3hourly overnight implemented. Director of Nursing and TL visited clients for welfare check.
Record being closed as part of MySAFETY decommissioning – 10 Jun 22.

Opportunities for Improvement

- While monitoring of and responding to individual complaints is essential, complaints management would be enhanced by incorporating robust analysis of the cause and circumstances of events and importantly, detailed trend analysis. Management also needs to assure themselves that complaints have been addressed appropriately and feedback regarding the outcome is provided to the complainant. Standardised reports should be provided to T2H management to drive continuous improvement.
- Management needs to consider whether there is a good reporting culture across T2H or if staff, *due to lack of training,* are tending to minimise complaints and under report, or direct the complainant to Executive, the Minister's Office, or other external agencies.

6.2.7 Incident Management

Incident management has been discussed in the DRAFT Internal Audit Report (19 May 2022 – T2H Service Follow-up Review (DHS/22/01021)). The report confirms a total of 1,238 incidents during the period 20 September 2021 to 5 April 2022 with 47.8% of total incidents recorded as client's refusal of their medication.

The report notes that as it is within a client's Human Rights to chose to refuse their medication, classifying these incidences as 'incidents' is a misnomer, since it is a conscious choice by the client. The analysis also found that of the 'refusal' incidents, 75.5% were from just 12 clients.

In conversation with the Internal Auditors**,** they confirmed that in reading the details of the incident reports, if one client generated multiple 'medication refusal' incidents, there **was** evidence of proposed actions of making appointments with the client's GP or prescribing specialists to review the medication situation and potentially find alternative solutions (e.g., liquid instead of tablet). Management need to assure themselves that this continues to be the case.

Medication Refusal must be monitored (not just reported) with follow up discussions with clients and their GPs.

Feedback from clients suggests there is conflict between facilitating and promoting independence (as would be in a home environment and in accord with the T2H purpose / model of service), ensuring the security of medications in a shared accommodation environment and having staff (quote from client) *''with no understanding of what the medication is standing over me demanding I take it even if it's 8pm and it's supposed to be taken with meals!''.*

MW was ordered medication to help with her bowels as she was often constipated but when she suffered from diarrhoea, the staff continued to give her the medication which made the situation worse!

The Internal Audit Report (DHS/22/01/01021) provides an excellent summary of other incidents (Page 8 of 18) where a lack of risk assessment and risk mitigation strategies have led to repeated incident reports.

While not always considered as an incident, it is suggested that attendances by SA Ambulance Service (SAAS) be monitored and reported in quality and safety data. SAAS have indicated they are willing to provide such reports to management.

Table 3 provides a broader overview of incident classifications and volume for the period 2 May 2021 to 30 April 2022.

Classification	*2021* ***242 days***	*2022* ***119 days***	*Grand Total*
Motor vehicle or Travel	1		1
		2	2
Infection Control	3		3
Property	2	1	3
Emergency Codes	2	2	4
Care Concern	20	7	27
Client Status Change	42	8	50
Injury	30	23	53
Falls	33	23	56
Aggression / Assault	45	50	95
Health Issues	51	53	104
Behaviour	125	108	233
Other	188	80	268
Medication / Drug Error (Includes client refusal)	405	525	930
	947	**882**	**1829**

Opportunities for Improvement

- The current classifications need to be reviewed to better reflect incident types. The reviewers have noted a number of reports that identify the client has pressure sores but this is not reflected above and is a significant care concern.
- The above categories would benefit from sub-categories i.e.

Category:		Sub-Categories:	
	Communication		Attitude, Interpreter / Special Needs
	Cost		Lack of Information, Billing Practices
	Care Concern		Pressure Ulcers, Hygiene Needs Not Met
	Medication		Refusal, Missed, Wrong Medication

- What is unclear, is whether any of the 1,238 incidents were incidents required to be reported as per the

NDIS Serious Reportable Incidents Policy (National Disability Insurance Scheme (incident management and Reportable Incidents) Rules 2018; Part 3.) *What are DHS's legislative reporting requirements?*

- While the monitoring and reporting of individual incidents is essential, incident management would be enhanced by incorporating root cause analysis and importantly, detailed trend analysis. Standardised reports should be provided to T2H management to drive continuous improvement.

6.2.8 Human resource management (see also 6.4.4 Staffing model)

T2H is predominantly resourced by Disability Service Officers whose roles are to:

1. Provide support to individuals in accordance with the Person-Centred Active Support model, which promotes people being actively engaged in their own lives.
2. Deliver a service in accordance with National Disability Standards and established organisational policies and procedures, which includes Dignity in Care principles.
3. Provide tailored personal care services by supporting or assisting the individual in activities such as bathing, manual handling, exercising, dressing, grooming, continence management, fitting and removal of aids and appliances.
4. Assist individuals to develop and maintain an awareness of high personal standards, and encourage positive and socially appropriate behaviour
5. Provide domestic assistance and involve the individual insofar as is practicable in all aspects of daily living by supporting them in activities such as cleaning, dusting, washing, ironing, preparation and cooking of meals, sweeping paths, minor maintenance jobs, gardening, transportation and other tasks of a domestic nature.
6. Administer and monitor each individual's medications in accordance with medical instructions and provide basic first aid when required.
7. Maintain accurate documentation and case file information, including reporting any incidents or changes in the individual's mood, conduct, activity level and general health/physical appearance

Feedback from staff forums:

- staff feel well supported but believe staffing numbers are not sufficient to enable them to adequately fulfil their roles
- as such it feels more like an aged care facility – not enough emphasis on self-care and building independence. Quicker to step in and *do for the client! We are not promoting independence.*

Feedback from the OPA:

- the OPA recommends T2H staffing reflect the SIL environment and structure of support, where staff have a smaller number of clients that they manage. It is acknowledged that funding for this should be facilitated through the NDIS plan.

Staff Ratios and Turnover:

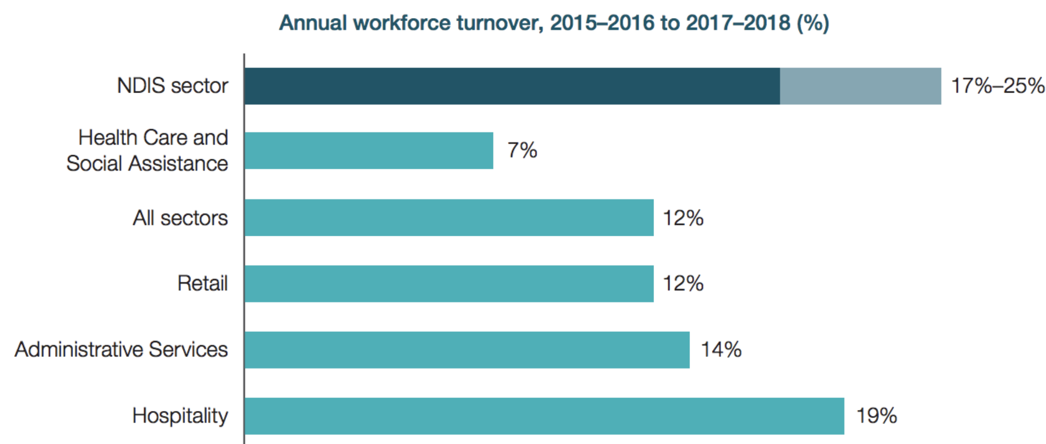
Workforce retention can save organisations considerable cost in recruiting, on-boarding and training employees. Other benefits include continuity of service and strengthening participant relationships. Positive early workplace experiences, delivery on the employee value proposition, healthy culture, quality supervision,

learning and career opportunities all contribute to workers choosing to stay with an organisation (https://www.nds.org.au/images/resources/NDS_Disability_Workforce_Resources_iPDF_-_Fin.pdf)

Current T2H staffing and turnover data:

1 May 2021 Workforce	2 May 2022 Workforce	Average Workforce	Separated	Turnover %
23	81	52	5	9.6

Benchmarking data (source: https://www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf)



The data January – June 2021 (released December 2021) indicates the turnover rate for casual employees remained volatile, increasing from 18% to 22% while the turnover rate for permanent employees declined from 11% to 10%.

T2H staff feedback indicated that despite the challenges of the environment and often feeling like they are not meeting client expectations, they enjoy *coming to work.* They stated that they *feel supported,* and that management *listened to their suggestions for improvement.* This is also evidenced in the benchmarked workforce turnover data.

- Information and evidence of T2H staff training for 'high intensity' care needs was requested no response was provided, therefore the Reviewers assume that this essential training does not occur.
- Training in mental health and substance abuse will be rolled between July 2022 and the end of year.
- Training in substance abuse client support is not yet developed.
- Although infection prevention and control training has been provided to staff, the Internal audit identified that detailed records of online training had not been maintained.

6.2.9 Provision of Supports

- A 'T2H Client Service Agreement' hasn't been developed for use with clients. This document should include the nature, scope and type of services and supports provided; funding arrangements; and expectations, planning and timing regarding transition to home options.
- To address client and family confusion about the different roles and responsibilities of the various service providers, it would be beneficial that this 'T2H Client Service Agreement' referred to support being provided by NDIS Registered provider, where the client gives that permission.

6.2.10 Safe environment

- Developing a Letter of Understanding or MoU between T2H and NDIS Providers who attend the T2H site to provide regular NDIS care and support to clients would support compliance with the PS requirement to "work with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences".

6.2.11 High Intensity Daily Personal Activities

- Specific protocols and templates still need to be developed to embed direct clinical governance oversight by the new CN 'Health Monitor' of T2H clients requiring support with 'high intensity daily personal activities', whether those care needs are provided by T2H staff, in-reach SA Health staff, NDIS Providers or external health care professionals.
- Information and evidence of T2H staff training for 'high intensity' care needs was requested but no response was provided therefore the Reviewers assume that this essential training is not provided.

6.2.12 Specialist Behaviour Support

- Although the eligibility criteria for T2H requires that a Positive Behaviour Support Plan (PBSP) is in place for relevant clients, this requirement is not always adhered to. It was also identified that when this was not implemented prior to admission then it's associated with an elevated number of reported incidents.
- Admission notes for three clients sampled suggest that although behavioural issues were evident, PBSPs were not implemented during their time at T2H.
- Two of the 20 clients reviewed by Internal Audit had restrictive practices in place, but had no PBSP implemented, breaching the requirements of the *'Restrictive Practices – Assessing, Planning and Using Restrictive Practices, Safety and Therapeutic Practices / Devices Guideline'*.
- There are no specific documented protocols addressing risk-based decisions and behaviour management support regarding how the new Robust Unit operates at the Repat site. There are no risk assessment proformas to (a) guide decisions regarding the client's ability to participate periodically in the communal areas of the Tobruk wings; (b) respond to escalating behavioural incidents triggered by the stark isolation of the Robust Unit; (c) commence a trial of community outings; and (d) step down from the Robust Unit.
- Client JB was discussed with T2H management following his recent admission to the new Robust Unit at the Repat. The client's PBSP has not been updated to assess risk management strategies while living in the Robust Unit, nor to guide T2H staff seeking to gradually introduce JB into the communal T2H setting. JB also does not have a documented discharge pathway.

6.3 DHS Response to the HCSCC Recommendations (From 02/22 report)

Recommendation (abbreviated)		Status
152	Recommend T2H apologise to Mr D and his family for inadequate care	**Met** Confirmed that this has occurred
153	Hygiene care is assessed on admission for all consumers of T2H	**Met** (based on sample documentation)
154	Regular assessment of hygiene needs occurs during the consumers stay at T2H and the care provided is adjusted accordingly	**See 6.4.3 (second dot point)**
155	Should hygiene care needs exceed those offered at T2H, transfer to a more appropriate setting be arranged as a matter of priority	**Not Met** Nil evidence that this is occurring. Incident data reflects this is not being met
156	Review eligibility criteria to include consideration of the level of a person's disabilities and assistance required to ensure T2H is adequately resourced to meet a person's needs	**Not Met – see 6.2.4 and 6.4.1** Eligibility criteria are clearly articulated. Recorded as Not Met due to clients still be admitted who exceed / do not meet eligibility criteria. The DRAFT Internal Auditor Report (May 2022) page 4 of 18 also discusses progress against this recommendation. It also notes a client admitted to T2H who did not eligibility criteria which indicates this is still occurring.
157	Review entry procedure to ensure when receiving a person, all of the needs of the person are identified and documented, and a documented care plan is put in place	**Partially Met** Records are variable in terms of completeness
158	Ensure a person's supports are in place before agreeing to receiving the client to T2H	**Partially Met** Not fully or consistently 'enforced', and this could potentially be due to the tension between, *on the one hand* the need to 'dot all the 'I's and cross all the 't's' from a T2H intake perspective, and on the other hand the pressure to free up beds on in the health system. Feedback is that there has been improvement - there is a better and documented understanding of what the undotted 'I's and uncrossed 't's are when accepting a client, and that management have a better understanding of the risk they are accepting (see 6.4.1).
159	The Care Plan include a section titled 'Ongoing Clinical Care' which is used to detail any ongoing clinical care requirements to be undertaken at T2H after a consumer's hospital discharge and document how these will be met and by whom.	**Partially Met** Not completed to the required level.
160	T2H assign the function of Health Monitor with the function of conducting regular and documented health and welfare checks of each person admitted to T2H	**Partially Met** The Health Monitor role has not been filled as at 22 June 2022. The reviewers were advised the position was advertised and candidates shortlisted, but they then withdrew. **Interim:** The Director of Nursing – DHS Disability Services
161	The T2H Health Monitor function be assigned to someone with clinical nurse training	
162	The person assigned Health Monitor function be able to backfill in the event of their absence	

163	The T2H Health Monitor conduct documented health and welfare checks within 24 hours of a person first being admitted to T2H and on Day 3 of their admission and then on a weekly basis	confirmed that she is providing weekly visits and online sessions as interim 'Health Monitor'. Community Nurses are also reviewing admissions to ensure eligibility criteria have been met. The DON is authorised to backfill the duties of Health Monitor in her absence.
164	The T2H Health Monitor function be authorised to take any action they see fit to immediately remedy any deficiency they see in the care of a person admitted to T2H	

6.4 Service Delivery

It is noted that several key policies and procedures related to T2H operational processes, practices and systems are currently undergoing review to address gaps and incorporate required improvements.

6.4.1 Intake Assessment and Decision Making

T2H is too heavily weighted as a hospital discharge strategy rather than a transition to home strategy

The Internal Audits (10 February 2022 and the DRAFT Report 19 May 2022) identified that there is no service agreement in place or currently required, between T2H clients and DHS in relation to the terms and provision of services. Recommendation 2.1 (10/02/22) stated:
Develop and implement formal Service Agreements between DHS and clients to facilitate clear and common understanding of key elements of the T2H service including but not limited to:

Expected duration of a client's stay with the T2H program
Responsibility for provision and nature of clinical supports
Provision of Service Coordination services
Facilitation of and funding for a client's community participation activities and
Fees payable during a client's stay within the T2H program

The recommendation was repeated in the DRAFT 19 May 2022 report.

<u>Eligibility Criteria</u>
All participants require the below eligibility to ensure that the Department of Human Services (DHS) can be paid for the delivery of the support provide through T2H:

a) Nominated for T2H need to be NDIS eligible (access met) and:

- have completed their assessments required to support a Home and Living form (in progress); or,
- submitted their Home and Living form to NDIA for approval; or,
- have an approved Home and Living form including SIL; or,
- have SIL funding in their NDIS plan; or

- have been identified as returning home with modifications/support and/or equipment (but these arrangements have not yet been finalised in their NDIS plan) and the requirement for additional funding to support the cost of the participant whilst in the service has been identified on the nomination form

b) Discharging to T2H need to be NDIS eligible (access met) and

- have an approved Home and Living form including SIL; or,
- have SIL funding in their NDIS plan; or
- are awaiting a return home with modifications/support and/or equipment needs and the LHN has formally approved the use of patient support funds (or alternative funds have been formally approved e.g., from Wellbeing SA) to support the cost of the participant whilst in the service.

Additionally, the client needs to be:

- over 18 years of age
- a current inpatient in an SA Public Hospital
- have a Positive Behavioral Support Plan
- discharge ready with a clinical assessment that describes the support required and a discharge pathway

Exclusion Criteria

- Clients who are undertaking active rehabilitation services.
- Clients who require ongoing clinical care that cannot be met via an in-reach service.

Findings:

- Although the eligibility criteria are clearly articulated and communicated to the LHN and clients, there are examples as identified in the report by the Health and Community Services Complaints Commissioner (HCSCC) February 2022, that clients have been admitted to the service and were not appropriate. Feedback from multiple stakeholders (including healthcare providers, clients and family members) confirms that there is significant confusion about the role and function of T2H due to the service sitting in a *hospital.* Despite evidence of communications material etc. it is believed this problem will continue and unfortunately links to expectation of service and care availability.

- Neither the "T2H Referral Form"" nor the "Client Intake Assessment Report" provide adequate risk-based assessments or client risk mitigation plans. They also don't identify 'shared care' service relationships and responsibilities, the source of service funding or the discharge pathway and timeframes.

- The 'T2H Client Intake and Health Monitoring Procedure' and related flowcharts have been developed as drafts. An analysis of these drafts indicates that further work is required to clearly define roles and responsibilities, the sequence of decision-making, and specific detail of the scope of risk assessments and related templates. The Reviewer's feedback has been provided to the T2H manager.

- Intake screening must ensure that the proposed hospital discharge supports for T2H are sustainable during the individual client's transition pathway, especially when a confirmed discharge pathway has not been achieved or is currently without a viable solution.

- There is a need to clarify the application of the agreed eligibility criteria. While the DHS Internal Audit report in April 2022 (Interim Report DHS/22/01021) responding to the HCSCC findings strongly advocated "strict adherence" to the eligibility criteria, the May 2022 report recommended allowing a ''controlled degree of flexibility" to support hospital bed demands, with appropriate risk mitigations. The Reviewers strongly caution that this 'flexible' decision-making must only be delegated to a DHS Executive applying documented exemption criteria, supported by robust risk management systems. However current DHS and T2H operational risk management systems are not sufficiently mature to provide the DHS Executive with the required decision-making information.
- There is a further 'intake' risk that the appointment of a CN Health Monitor will be viewed as justification to flexibly admit clinical conditions which are currently excluded.
- Clients, families and advocates routinely communicate their confusion and frustration at the gap between their T2H expectations and the reality, particularly due to ongoing uncertainty and delays in resolving NDIS support and accommodation.
- Refusal of care is identified as a significant risk within the T2H program, but it is not always adequately assessed during the referral and intake process.
- Risks associated with the lack of a documented and realistic discharge pathway are not sufficiently identified during the referral and intake process, resulting in clients being admitted whose length of stay in T2H will most likely be static, long stay or permanent
- Although interim funding is provided by DHW for clients who do not have an NDIS approved SIL Plan on admission, this causes later problems if it's determined by NDIS that the client is ineligible for this funding.
- Close engagement with the client's NDIS Service Coordinators is required from the outset, particularly when SA Health in-reach support is for a limited period.
- There are no specific assessment and intake criteria for clients being recommended for admission to the Robust Units.
- The T2H manager also has oversight of admissions to suitable DHS Disability Services accommodation options. All relevant referrals and client information is maintained in a DHS portal.

Opportunities for improvement:

- The revised draft intake protocols and risk assessment need to be finalised as a priority.
- Transparent communication with clients and families prior to transfer to T2H is required to ensure their realistic understanding and expectations of what interim supports, equipment and funding are available, and the likely discharge pathways and timeframes. Client misunderstandings about ongoing access to hospital level care and facilities are exacerbated at T2H South by the hospital setting. This outcome would be supported by a detailed and individualised "Welcome" pack and T2H "Client Service Agreement".
- Specific assessment and intake criteria for clients being recommended for admission to the Robust Units should be developed as a priority.

6.4.2 Establishing support arrangements for T2H clients

- T2H is a unique 'shared care' service, however there is no Letter of Understanding or MoU between T2H and NDIS Providers who attend the T2H site to provide regular NDIS care and support to clients. This MoU would need to recognise the direct relationship between the client and their NDIS provider, and the right of

the client to make their own choices.

- Where relevant and approved by the client, T2H maintains a folder of client's NDIS Providers' support activities and contact details. External Providers are requested to submit their Participant Activity Schedule and to complete relevant treatment notes.
- Managers advised that although external NDIS Service Coordinators are critical partners in the T2H program, they have not been a strong focus of engagement. External Service Coordinators find it difficult to connect with LHNs.
- Interim NDIS plans created prior to transfer of a client into the T2H service often don't consider provision or costs for ongoing medical management needs.
- External services provided when a client transitions from hospital cease when NDIS funding is exhausted, with T2H Service Coordinators then being expected to make arrangements for these services to continue.
- Clients are often admitted with no functional assessment, no support plan and no Positive Behaviour Plan, potentially due to contact with an External Support Coordinator not being established on the client's behalf prior to the client entering T2H.
- Clients commonly move into the T2H program with no planned funded lifestyle activities and limited funding for suitable transport. This inhibits a client's ability to participate in community activities as part of their transition to a life outside hospital.

Opportunities for improvement

- The T2H 'Client Service Agreement' and the T2H 'Letter of Agreement' with NDIS Providers should clearly articulate that T2H is a 'shared care' service model, and explicitly state the collaborative roles and responsibilities, and shared accountabilities. The template could also identify potential funding opportunities within the client's NDIS plan to support 'shared care' management, or cost-effective DHS-funded regular 'shared care' client management meetings.
- Formalised structured 'case management' engagement with the client's NDIS Service Coordinators should be implemented pre-admission and during the T2H stay, particularly if there is a change of circumstances or delayed transition. These meetings should be used to regularly update the client's planned discharge pathway.
- Feedback from the Office of the Public Advocate (OPA) indicates that improved communication and understanding of the role of the OPA and Public Trustee would improve service delivery outcomes. This communication should include consent arrangements, participation in NDIS planning meetings and notification of incidents and concerns.
- Staff feedback advised that there is not enough emphasis on rebuilding and maintaining clients' independent capacity to manage everyday living self-care functions, and that clients often expect things to be done for them like it was in hospital.
- Staff recommended that having a concise one-page summary of each client's PBSP with a focus on specific triggers and interventions would improve how they establish behaviour supports for their clients.
- DHS should review current T2H GP and pharmacy service procurement arrangements which are either influenced or initiated by T2H to ensure that practices are transparent and appropriate.

6.4.3 Processes for monitoring and reviewing T2H clients and escalating key issues

- The T2H program will occasionally present high-risk situations for DHS as the 'provider of last resort' when admitting complex long term hospital patients who have been continuously declined by NDIS providers.
- Arrangements have been introduced at both T2H sits which assign responsibility to the Team Leaders to visit clients daily to monitor whether their needs are being adequately met and to identify any issues for escalation. The appointment of the CN will be an important addition to this process.
- T2H's processes for monitoring and reviewing clients are guided by the DHS Accommodation Services "24 Hour Reporting and Recording Requirements". This document outlines the roles and responsibilities related to client supports, handover of information, formal reporting and follow-up of incidents.
- Each client has a comprehensive "Client Record" which includes Personal Environment Risk Assessments, Progress Records, the Medical Records of health professionals, Clinical Correspondence and Charting such as behaviours, bowels, continence, and wound care.
- It was observed that a sample of "Client 24 Hour Reports" were not routinely completed fully, and that the information in the daily "Team Supervisor Report" did not always identify all relevant information (e.g., incidents reported in the progress notes).
- Achieving and maintaining effective clinical governance and risk management oversight of the T2Hprogram is still a 'work in progress'. This includes risk management systems and operational protocols for 'shared care' service delivery which DHS can only influence but not control. This includes the client right to choose that their NDIS Support Plan is not shared with T2H staff.
- The DHS internal Audit Report (19 May 2022, pg.5-6) identified a number of significant concerns with the T2H processes related to Positive Behaviour Support Plans. This is discussed under section 6.2.12 'Specialist Behaviour Support'.
- The following case studies demonstrates the challenging management and escalation of health care issues at T2H:
  - BJ is an NDIS client with complex clinical and behavioural care needs (cancer, unresolved wounds, and refusal of care). On 22 April 2022 it was noted that "urgent medical treatment through a hospital setting may be more appropriate for her needs right now" and that a report should be made to the NDIS Quality and Safeguards Commission. BJ's health status and risk of wound deterioration was monitored for over a month, including her ongoing refusal of care or medical attention, other than wound dressings by the NDIS Provider. On 22 May 2022, a LMO signed a Community Treatment Order, and she was transferred to FMC for assessment and treatment.
  - A client's enteral feeding tube was blocked, requiring re-insertion in hospital. Because it was a new type of PEG tube, T2H declined to readmit the client until staff training had been completed, while understanding the hospital was under pressure for beds. In-reach support was offered in the interim but was not available to fully cover the 24-hour period, so T2H declined. The LHN sent the client back in an ambulance, but T2H returned the client to hospital until staff training had bene completed.
  - A diabetic client was found by to be stockpiling food in her room. The food was not stored correctly i.e., not refrigerated and presents a food safety risk plus there had not been any consideration regarding the consequences of how her intake may impact on her diabetes *"Staff are not trained to think about consequences"*
- Refusal of care is a significant challenge in the T2H program, accounting for over 50% of incidents.

- As noted in DHS Internal Audit Report (19 May 2022) the Clinical Nurse role description does not currently include specific instruction on the requirements, expectations or outcomes in relation to the 'health monitor' responsibilities. The systems and templates needed for this role are to be developed.
- To protect DHS's operational risk, the CN 'Health Monitor' role will need to be proactive and assertive with external NDIS Providers in advocating for T2H's clients facing actual or potential deterioration of their health and wellbeing. This will remain a challenge because the regulated relationship is directly between the client and the NDIS Provider, not DHS. The CN will need to be supported by clear and consistent DHS protocols addressing:
    - escalating concerns to the NDIS provider
    - escalating concerns to the NDIS Commission where appropriate.
- From a consumer perspective, the following has been communicated:
    - there are inadequacies in training, day-to-day practices and supervision resulting in substandard care in areas such as hygiene, continence management and infection control
    - external NDIS Service Coordinators do not always regularly engage with clients, impacting on T2H client outcomes and satisfaction
    - long delays in successful transition result in a poor impact on both client and staff morale.
- Information on the following was requested but no response was provided and so the Reviewers assume that these reports and protocols do not currently exist:
    - any clinical data / clinical governance reports reported (routinely or ad hoc) by T2H to the 'DHS Quality & Safeguarding Committee'
    - detailed T2H procedures for managing (a) 'exit seeking behaviour/absconding' and (b) 'refusal of care'
    - detailed T2H procedure for escalation of client care concerns (inc. responding to deterioration)
    - detailed T2H procedure for managing clients who are no longer appropriate for the T2H program.

Opportunities for improvement:

- DHS should comprehensively review client concerns related to management monitoring of client outcomes and staff practices, and promptly implement actions to address the required improvements.
- T2H should have formal systems to monitor that external NDIS Service Coordinators regularly engage with their T2H clients and have formal protocols and systems to address inappropriate delays in transition to home.
- DHS is continuing to develop and embed the new systems and workforce expertise required to support complex clients who are being refused by mainstream NDIS Providers, and who require long term support in T2H living environments which are not fit for purpose.
- DHS should prioritise the development of Integrated consistent protocols to assess, risk rate, manage and escalate 'refusal of care'. This would include mandatory staff competency training, and an expert DHS resource to work with clients, staff and shared care NDIS Providers to optimise client health and wellbeing when dealing with refusal of care.
- The clinical governance and advocacy role of the T2H CN 'Health Monitor' should be clearly documented in the T2H 'Client Service Agreement' and the T2H 'Letter of Agreement' with NDIS Providers working under the T2H 'shared care' operating model.

- The process and outcomes of the daily monitoring of client needs and identification of any issues for escalation should be independently audited on a regular basis.
- 'T2H Client Intake and Health Monitoring Procedure' and related flowcharts have been developed as drafts. It would be beneficial to separate *Intake* from *Health Monitoring* since they are two distinct processes. While clinical assessments form part of 'intake' eligibility, 'health monitoring' addresses ongoing clinical governance responsibilities to (a) protect T2H clients during their stay and (b) to meet DHS operational accountability for risk management.
- In an evolving program such as T2H, it's essential to continuously risk assess, evaluate and reset the operating systems – it's cannot be a 'set and forget' service model.

6.4.3 Service cessation processes

- **The expected Length of Stay is 90 days.**
- **The current Average Length of Stay is 207 days with the longest being 536 days (as at 08/06/22)**

As evidenced above, the length of stay for T2H clients is significantly longer than expected and with the current challenges as listed below, concerns are that what was initially considered as a short to medium term strategy, may end up being a long term 'last resort' accommodation option for many clients.

- **Lengthy NDIS processes**: For clients who need home modifications, they are required to get appropriate assessments to justify the modifications (e.g., OT assessment) and three quotes before the NDIA can provide funding approval. Once approval has been provided, the building can start. In the current post-COVID-19 market, obtaining three quotes can be tricky and time consuming and building work may not commence until trades are available. Quotes are also excessively high (*client feedback*)
- **Coordination and sourcing of appropriate SIL/SDA (Specialist Disability Accommodation)**: For some clients, finding the right SIL provider and house that meets their needs is very challenging in a market where housing options are significantly limited. Some clients also experience issues in that they may have the right funding for SIL but not SDA (and vice versa). For example, a client might have appropriate SDA funding, but if there is not enough SIL funding in their plan they are unable to transition to longer term accommodation.
- **Medium Term Accommodation (MTA)**: Some clients who are admitted to hospital are unable to return home because their circumstances have changed significantly. However, because they did not previously need SIL or SDA funding (because they were living in the family home) they are unable to access MTA until they have SIL/SDA funding organised under the NDIS. This can be a lengthy process because it requires the client to obtain assessments to evidence their increased need for supports. Hospitals do not discharge a person to homelessness. However, T2H enables hospitals to discharge this cohort to T2H (if they meet eligibility and are suitable) without having MTA funding in their NDIS plan.
- **Client choice**: Some clients who have capacity to make their own decisions exercise this right and decline housing options that have been presented to them. This can lengthen their stay at T2H.

Advice from Wellbeing SA

DHS and Wellbeing SA are working closely to support the transition of the current cohort within the service to their long-term arrangements including escalating delayed decisions to the NDIA and having the Coordination and Assessment team reaching in to support the DHS support coordination function within the service.

DHS and Wellbeing SA also are part of a group with Office of the Public Advocate, SA Housing Authority and the NDIA that focuses on people with extra-ordinary housing needs, addressing the barriers faced and working together on system and individual responses.

FINDINGS

- Discharges from the T2H program are guided by the "Transition Plan" template and the "'T2H Exit Checklist". These tools articulate how the client is to be transitioned to the NDIS Provider, how information is to be shared and risk are mitigated. Client consent and consultation is pivotal.
- It's evident from the escalating number of long stay outliers that barriers to effective and timely discharge pathways need to be addressed.
- The T2H Service Coordinator liaises with NDIS Service Coordinators on a fortnightly basis to discuss clients' discharge planning.
- Wellbeing SA provides a liaison role with NDIA to try to leverage solutions to long term delays in achieving client transition.
- While understanding the pressures on the acute, subacute and transitional accommodation systems with regard to maintaining bed capacity, the OPA is concerned about actions at times to transition clients out as quickly as possible without a comprehensive handover from T2H to NDIS SIL accommodation providers.
- Direct care staff advised that they perceived the main causes of discharge blockage for most clients are:
    - lack of information from NDIS Providers
    - inadequate NDIS funding
    - lack of accurate evidence (e.g., Out-of-date functional assessments) to support a claim for additional NDIS funding
    - long delays in completing home modifications - who is project managing?
    - Uncertainty about who is case managing?
- Long term discharge planning may be impacted by the client's right to choose that their NDIS Support Plan is not shared with T2H staff.

The concept of discharging people out of the hospital system will free up beds but the system chokes with the layers of different NDIS rules regulation input from different providers to achieve a simple outcome

Opportunities for improvement

- Trend data and root causes of the barriers to timely discharge pathways need to be formally analysed and used to inform more effective mitigations and new strategic initiatives.

6.4.4 Staffing model

- The master roster for direct care Disability Service Officers (DSOs) provides 24/7 cover with an average staff to client ratio of 1:3, which is aligned with standard SILS practices.
- Staffing levels are flexed up to 1:2 and even 1:1 when required to meet escalating individual client needs. This includes both short term needs, and higher staff ratios if they are appropriately funded. The financial capacity to maintain higher staff ratios is a key eligibility criterion.
- The operation of T2H is supported by the expected mix of management, Team Leaders, Team Supervisors, Service Coordinators, Intake and Transition Managers, Capacity Building Officers, Quality & Safeguarding Officer, DSOs, Business Performance Officers and Administration Officers.
- The staffing model is continuously reviewed and adapted for the specific requirements of the T2H program. Recent appointments include:
  - a Clinical Nurse to monitor clinical risk management
  - a Quality & Safeguarding Officer to support improved alignment with the NDIS *Practice Standards*
- The effectiveness of the staffing model is supported by a comprehensive approach to DHS workforce training. This includes:
  - induction with a comprehensive range of mandatory topics
  - a 'buddy' program supported by a mentor
  - probation period performance monitoring
  - an on-line training matrix
  - periodic refresher modules.
- Information and evidence of T2H staff training for 'high intensity' care needs was requested but no response was provided.
- Feedback from staff advised that on occasions they would prefer additional staff when Capacity Building staff are diverted to assisting with client's basic daily care needs (ADLs).
- The complex and diverse client mix requires that T2H staff develop additional competencies and expertise applicable the challenges of the work environment.

Opportunities for improvement:

- The unique program objectives combined with the complex client mix requires that T2H staff develop additional core competencies and expertise applicable to the challenges of the work environment. This outcome would be supported by a comprehensive needs analysis for both managers and all levels of staff to inform the provision of additional basic training and professional development.
- Feedback from the Office of the Public Advocate (OPA) recommends that an experienced staff member should be available at all times to manage conflict and complex matters such as client and family frustrations after being in hospital for weeks/months.
- Commencing July 2022 T2H Team Leaders and Team Supervisors will undertake Mental Health First Aid training, which will then become part of all staff training for T2H staff later this year. Training in substance abuse client support is not yet developed. Planning is underway to source the specialist support and linkage to specialist groups for relevant clients through the community mental health teams.
- For training related to 'high intensity daily personal activities' (e.g., Stoma, catheters, wounds) practical competency-based assessments would be preferred.
- Feedback from consumers identified that medication management requires improvements related to:

- inappropriate practices with regard to chemical restraint (e.g. Changes back to higher dosages without consultation)
- lack of appropriate protocols for time-sensitive medications (e.g. Parkinsonian medications)
- transparency around T2H-initiated service partnership with GPs and pharmacies due to client concerns about conflicts of interest
- inconsistencies related to client self-management of their own medications
- lack of clinical management oversight of medication-related care issues.

Consumers perspectives regarding staffing:

- Having a predominance of NESB staff results in communication problems impacting care outcomes (particularly for clients with dysphasia)
- The lifestyle and activity programs are inadequate and do not always reflect individual client preferences and the need for independent capacity building
- despite high staff ratios, inadequate observation of clients occurs
- inconsistent call bell protocols result in confusion about client independence and staff responsibilities.

Consumers Suggested Opportunities for Improvement re Staffing

- DHS should comprehensively review client concerns related to staff competencies and practices, and promptly implement actions to address required improvements.
- Although NESB workforce constraints are a sector-wide issue, DHS should develop effective workforce strategies to mitigate this.

6.4.5 Environment

- A homelike environment contributes strongly to client wellbeing in a time of uncertainty while appropriate accommodation and long-term disability supports are being sourced. The current re-purposed hospital facilities (particularly T2H South) have significant limitations, such as
  - lack of privacy in shared rooms, with only a curtain to separate clients
  - sparsely furnished rooms cluttered with client belongings and medical equipment
  - lack of furnishing which support client choice, e.g., Selecting their clothes from a wardrobe
  - hospital beds
  - lack of storage
  - no Wifi
  - limited access to outdoor area
  - lack of amenities such as kitchens and laundries to foster and maintain client independence and a normal everyday life.
- The new Robust Units at T2H South are stark and confronting, and the current bright white colour and fit-out are unlikely to contribute to calming a person with challenging behaviours.
- There are variations in policy re smoking acknowledging the T2H services are delivered on hospital sites; St Margaret's provides an onsite identified smoking area whereas the Repat site requires clients (accompanied by a staff member) to go offsite usually to the main road area.

Opportunities for improvement:

- There is an urgent need to address the lack of privacy in client rooms and the hospital-like fit-out of T2H South.
- The environment of the Robust Unit needs to be softened and personalized.
- The "NDIS SDA Best Practice Design Principles" should be used to audit the current T2H living environments and then be used to develop a cost-effective staged upgrade informed by the long-term strategic direction of the T2H program. These design principles include person-centred co-design, homelike, maximises independence and choice, balances private and communal spaces, and minimizes environmental behavioural triggers.
- Consideration could be given to repurposing the layout of the current T2H South and West sites to better fit the needs of specific client streams based on care complexity, behavioural risks, and discharge pathway timeframes.
- The investment in accommodation assets needs to be aligned with the future strategic direction of the disability transition service model.

Attachments

Client / Family Feedback

As stated in the body of the report, a communique was sent to all current and past clients of T2H for whom DHS had contact details. An online forum was held 20 June 2022 and follow up contact occurred with a number of clients and their families.

Clients raised numerous concerns regarding funding arrangements and charges for services (from private providers i.e., Occupational Therapists and from building contractors for minor works to enable them to return home).

Concerns were also raised regarding billing practices of locum medical services and changes to medication prescribing when the client or their GP was not consulted.

Comments / Feedback:

- I realised finally that I wasn't in a hospital – took ages for me to realise this. It's just a roof over my head.
- Staff stand over me to watch me take my medication. They say it's a procedure we have to comply with. They would not accept my opinions.
- Staff spend a lot of time playing on their phones.
- Client was taken out of the building when management did a walk through – it was because he is so noisy .
- T2H staff have different level of skill sets, some are qualified carers and do not wish to progress any further but some are in training to become registered nurses yet there needs to be an education program to encourage these staff members to be actively involved in client care
    - Wound care dressing changes
    - Education of medication and side affects
    - Symptoms for general health wellbeing
    - Administration and documentation protocols
    - Hygiene
    - General observations of temperature, blood pressure, oxygen level and pulse rate should be recorded to monitor any symptoms of ill health
- With time going way beyond expected, continuous rehab from the hospital to T2H should be incorporated into programs forwarded by SA Health. Most of the time it will require exercise routines which incorporate movement stretching for flexibility and weight training to promote strength. The equipment and rooms allocated are non-existence, medical professionals should be assigned to help generate daily routines and overview of general wellbeing of clients recording the development of physical, mental, and social connection with others.
- SA Health should maintain an investment into each and every individual passing through the T2H programme so that they are not returning through either paramedic care for observation by a doctor or another short-term stay choking hospital. This is because T2H do not have resident nursing staff to advise a medical practitioner.

- Hospital discharge was without notes of current condition and supplies for daily treatment, no coordination for nursing staff such as RDNS to attend to set guidelines of wound care or in my case a catheter clean and change weekly or fortnightly.
- I have no problem with people from other countries but to have staff who do not speak English well enough to be understood or to understand what is being said to them is not good enough. An example of this is I recently spoke to a staff member stating I thought X had an accident, I had been visiting for about 1 hour. He informed me 'no.. all good I checked, I checked' I told him he hadn't checked while I was there, and I wanted her checked and for him to get someone to help so she could be checked. He said, *all good all good*, left and did not see him again for the rest of my visit - another 3 hours.

For some time, Risperidone was given to X twice a day. After I had her taken to the doctor to reduce the amount, someone went on the same day and had it changed back without consulting me. I believe Risperidone was being used as a chemical restraint because at the time X was getting up at all hours and constantly trying to escape the facility.

- NDIS were prompt in organising a planning meeting date after receiving an OT report from the Hospital which indicated Complex Home Modification (CHM) were required and a list of support coordinator companies were available on their web site. I organised a meeting with one company and signed a service agreement within 10 days
  The next step is to organise the clinical assessment with a NDIS registered Occupational Therapist company - this delay was about 7 weeks. They also need complex home modification experience so that they can coordinate builders for home inspection and quote. This has taken 7 months and still not settled with builder scope of works what variations which is back on me the client to coordinate (60 days passed)
  - NDIS should have some KPI for these operators and they need transparency of
    - number builders they have used in the past so that delays for quotations do not impacting on progress
  - Complex Home Modifications are based on BCA guidelines {Building Code Australia}
    - all builders must operate by these codes
  - Under the NDIS guidance if CHM are required with a cost greater than $30k an BPM is appointed. An engineering company should be allocated for a scope of works and to supply engineered drawings of the modifications and a tender process for builders to quote and have the availability to commence within a short window time frame. This would allow for one interpretation of design and changes between the OT and builders quotes being revised by engineering firms to get consistent quality.

Staff Feedback

The first staff meeting was held Friday 3 June 2022 at the T2H Repat site. Twelve (12) staff attended the hour-long session, and the consultants were appreciative of the frank and fearless discussion. The second staff forum was held virtually on 20 June 2022 due to COVID restrictions at St Margaret's.

It was refreshing to meet with a group of staff who are clearly committed to their clients; who share their frustrations and, who endeavour to make the environment as home-like and welcoming as possible.

Their perspectives regarding **Barriers to Success**:

- Staffing > enabling clients to get 'out and about' is limited by the number of staff available. There are currently ten (10) wheelchair dependent clients which makes it difficult to take them out
- Client Expectations > *clients and families think this is a hospital – it looks like a hospital. We try to make it home-like but it's hard. The furniture is hospital furniture.*
- *They also think that there in one-on-one care.*
- Other health service providers expectations – by way of example; Paramedics arrive to transfer a client to hospital and ask *'where is the doctor or nurse'*
- *It feels like an aged care home – we do everything for them and there is not enough emphasis on self-care and maximising independence.*
- *Because it is a health facility we have to take clients out to the road to have a cigarette. When it's raining this is really difficult (Repat)*
- *Call bells – clients and families complain that there are no call bells although all clients have ways to summon assistance (Repat).* It is noted that at St Margaret's there are call bells!
- The facilities / environment – *there is no kitchen, no laundry, no garden, no TV and no wifi – it doesn't feel like a home (Repat)*
- *We have four clients who could leave immediately if their home modifications were addressed and we are not talking about major renovations!*
- Transport is a barrier – related to *who pays. 'clients don't want to use their money' 'they want to spend it on other things'*

Short CV of Reviewers

Christine Dennis:

Current positions:
- Associate Professor / Deputy Dean Rural and Remote Health South Australia
- Board Chair, FCD Health Pty Ltd
- Board Member. Community Living Options
- President Australasian College of Health Service Management SA Branch
- Chief Examiner, ACHSM Fellowship Program
- Independent Member, Northern Adelaide Local Health Network Board Clinical Governance Committee

Recent Previous Experience:
- Chief Executive, Australian Council on Healthcare Standards (ACHS) and ACHS International
- Chief Operating Officer, Top End Health Services and Acting CE, Northern Territory Health
- Chief Executive, Southern Adelaide Health Service
- Director Operations, Department of Health, SA

Qualifications:
- Bachelor of Nursing
- Master of Health Service Management
- Doctor of Business

Greg Adey:

Current positions:
- Director ***g88consulting***: national and international adviser to ageing well and disability service providers.
- Board Chair, CCH (ageing well NFP business).
- University of Adelaide *Industry Advisory Board to Ageing & Community Services.*
- Executive, 'Living Well International'.

Previous Positions:
- Chief Executive (CCH).
- Chair - Board Clinical and Services Governance Committee (Minda).
- Operations Executive (Southern Cross Care and ACH Group).
- Clinical Director (Special Medicine Unit, St Vincent's Hospital, Melbourne).

Qualifications:
- Graduate Australian Institute of Company Directors
- Master of Business Administration
- Bachelor of Nursing.