CARE AFFAIR

Group concerned about care service

By Kathleen Tonini, Riverine Herald, Monday, August 20, 2012

Parents have accused Murray Human Services of locking them out of communication, and failing to provide appropriate services to its disabled clients.

MHS is a non-profit disability service, providing training, accommodation and day services to 260 people with a disability across Echuca and other towns in the region. It has 240 staff members and a number of volunteers.

Parents and carers of clients, who did not want to be named, relayed stories of basic needs not being met by MHS.

One story involved a client leaving MHS premises without staff noticing. The parents of the client involved say they were not notified of the incident. Parents say they are not kept updated about changes to programs or what their child is doing while in the day program and believe there is an inadequate staff-to-client ratio.

Other issues included medication not being administered, and outings or activities staged that were not appropriate for certain individuals. “I don't want to have to fight for things all the time … I ’m fighting all the time and coming up against a wall every time," one parent said.

Another said: “I, as a parent, have a duty of care to (my son) to make sure that he is taken care of in a responsible way, and I don't see that happening”.

While their children are funded by the government, depending on the level of disability, parents also pay fees to MHS for the programs.

They are concerned that despite government funding and private fees, the organisation is still under-staffed and their children are the ones paying the price. They believe there is excessive administration and administration staff. and not enough actual staff on the floor.

They say their concerns are not being heard or discussed with MHS representatives. About 13 families are so concerned about the deterioration of the service and the chronic lack of communication, they have met to discuss their shared issues.

"I'm just concerned as we're getting older, as the years roll by, is it going to get any better?" one parent said.

A carer said it was understandable for parents to ask questions. I’d really like to see MHS change their old thought patterns and see that we (carers) can be a support rather than a burden to them, she said. "Parents will always fight for their children, no matter what age."

MHS chief executive officer Matt Wright said his organisation rostered as many staff as possible. “Our staff work very hard and we would love to have more of them, but, as it is, we are confident that the number and quality of staff on roster is appropriate to provide safe support," he said.

Mr Wright said each person who was supported by MHS was assigned a 'key worker' who was the main contact point for them and their families and carers.

People we support and their parents and carers often have extra meetings with the key worker and the team leader in the service they use to discuss particular support needs and answer any concerns or questions. These meetings happen as often as people ask for them”, he said.

"We know many parents are especially interested in regular discussions, so we run an open parent meeting bi-monthly where they can talk with the chief executive officer”.

"Between those meetings, the CEO and senior staff are also always available to answer calls and emails, which we do frequently." He said a newsletter was also distributed monthly to people MHS supports and parents and carers.

Mr Wright said MHS staff administered medication more than 150 times a week to people using the services, which was common practice for services like MHS, "All administration instructions are provided by the person's doctor, and we must have a record of the person (and/or their parents or carer) agreeing that staff will administer the medication," he said.

“Very occasionally, errors in medication are made. We do have policies and processes to protect against this happening, including requiring the most experienced staff member present to deliver medication, clear record-keeping and cross-checks by other staff. "These practices help ensure that errors are minimised and any errors that do occur are detected and rectified as quickly as possible."

Mr Wright confirmed there was an incident involving a client getting out of a building. "White the person was found within minutes and returned safety to the building, the incident was of significant concern to us as we take client safety very seriously, he said. He said after an investigation, the door timer was adjusted and clients’ access to exits reviewed.

“There have been no other incidents of this nature," he said. Mr Wright said MHS had to report to DHS on how complaints were responded to. It could be required to explain processes to the Victorian Disability Services Commissioner or the Minister for Community Services Minister and was also independently audited.

“Most issues that are raised by people we support, parents or carers are raised directly with support staff or key workers and are managed immediately by staff and managers,” 'Mr Wright said.

He said if people were not satisfied, the complaint went to the chief executive officer and then the board. The parents and carers' group has contacted Member for Rodney, Paul Weller, with a list of questions it wants answered, which he has passed on to MHS. Mr Weller said, MHS had indicated it would respond to them.

"While this group has those questions, I still very much value the good work MHS does in the community," he said.

Whereas, what the parent group approved was:

The Herald spoke to a number of concerned parents and carers about the frustration they feel about client/staff ratios and a perceived lack of transparency.

The parents, who did not want their names used for fear of retribution taken out on their disabled children, relayed stories of basic needs not being met by MHS.

Many are the parents of severely disabled or high-needs children, including some who are non-verbal.

Issues raised included clients who are funded to receive one-on-one care instead being placed in a group of 15, with two carers.

"At times, staff are working with one to seven or eight clients and staff morale is very low," one parent said.

"The high support needs clients attract the highest amount of funding and yet, it seems that they are getting very little for their dollars."

One mother said her son, who needs one-to-one care for feeding and personal hygiene, did not have his nappy changed and soiled himself.

Another parent told of her severely disabled son getting out of the MHS premises without staff noticing, and being found by another client.

The parents were not notified about the incident.

Parents say they are not kept updated about changes to programs or what their child is doing while in the day program.

Other issues include medication being forgotten to be administered and outings or activities that are not appropriate for certain individuals.

"I don't want to have to fight for things all the time... I'm fighting all the time, and coming up against a wall every time," a parent said.

"It's about responsibility of service, duty of care, all those things that we strive for that, we live our lives around," another said.

"I, as a parent have a duty of care to (her son) to make sure that he is taken care of in a responsible way, and I don't see that happening," she said.

While their children are funded by the government depending on the level of their disability, parents also pay fees to MHS for the programs.

They are concerned that despite government funding and private fees, the organisation is still understaffed and their children are the ones paying the price.

They also feel there is excessive administration and managerial staff and not enough actual carers. And there concerns are not being heard and discussed with MHS representatives.

Key to their problems appears to be the idea that because the clients are adults, parents and carers do not have to be directly involved and kept up to date with changes or problems relating to their son or daughter."(But) They cannot make informed choices and decisions," the parents said.

About 13 families are so concerned about the deterioration of the service and the chronic lack of communication they have met to discuss their shared issues.

"I'm just concerned as we are getting older, as the years roll by, is it going to get any better?" another said.

LISA Comment: Here we see DHS/DS Victoria, the primary body responsible for state government funding for disability services, failing to properly control those to whom it provides state government funds. This CSO clearly has complaints against its services, yet the department's reactive management is doing little to directly solve the bevy of complaints.

As with all captive market services, consumers fear intimidation if they dare to question service provision. Intimidation is especially rife in country communities, where service providers are the king-dog which must be respected and obeyed at all times.

It is not the consumer at the centre of service provision, as NDS promote, it is the service provider's management and staff.

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