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06/12/2013

Ms Paresa Spanos
Coroner
Coroners' Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000



Dear Ms Spanos

COR 2011 000883 Investigation into the death of Cassilla Dooley

We refer to your Honour's findings and recommendations dated 4 September 2013 regarding the investigation into the death of Cassilla "Cassie" Dooley. We confirm that HomeGround Services (HomeGround) has implemented your Honour's recommendations.

As a result of Cassie's death, HomeGround has undertaken a review of the Welfare Checks Procedure (Procedure) in place at Elizabeth St Common Ground (ESCG). HomeGround and the Royal District Nursing Service (RDNS) have also formally agreed on a revised Procedure that incorporates all of the Coroner's recommendations, as follows.

- The Procedure requires that RDNS and HomeGround staff communicate the nature and frequency of any welfare checks required via a written and signed Welfare Check Request Form (Form). The Form is lodged in the Welfare Check Folder which is kept at Front of House and is required to specify:
 - o the start time of the welfare checks;
 - o the frequency of the welfare checks;
 - o the purpose of the welfare checks;
 - o the time period over which the welfare checks are required; and
 - o a sign off when the welfare checks cease.

HomeGround has also implemented a revised intoxicated persons procedure that is aimed at assisting staff in decision-making around the management of ESCG tenants who may be at risk of harm due to intoxication.

After a process of consultation with staff and key stakeholders that commenced in June 2013, the Procedure and the intoxicated persons procedures were introduced on-site at ESCG on 1 October 2013.

The Procedure and the intoxicated persons procedures will be the subject of ongoing review. The operational application of the Procedure and the intoxicated persons procedure are likely to be the subject of review via the incident debriefing process on a very regular basis (e.g. at least every three months). Following a specific incident which directly involves the application of the Procedure and/or the intoxicated persons procedures, a review will be conducted to ensure that the relevant procedures were adhered to, that they were logical and able to be applied. Where the review identifies gaps or inconsistencies, the procedures will be modified accordingly.

In the unlikely event that there are no incidents that prompt a review of the Procedure or the intoxicated persons procedures, they will be reviewed in line with HomeGround's three yearly quality accreditation cycle.

All ESCG and RDNS staff have been trained in the revised Procedure and the intoxicated persons procedures. All new staff receiving training in relation to these procedures as a part of the ESCG induction process.

Our staff also participate in monthly clinical supervision with their direct supervisor where compliance with policies and procedures is a regular agenda item. We also maintain records of Welfare Check Request Forms, which are reviewed by management in order to ensure compliance with the Procedure and monitor the well-being of tenants.

We enclose, for your information, the following material, which has been implemented at ESCG:

- Welfare Checks Procedure;
- Welfare Check Request Form;
- Intoxicated Tenants;
- Intoxicated Client Flowchart; and
- Intoxicated Clients Assessment Index.

We are deeply saddened by the death of Cassie, who was a valued member of the ESCG community, and well known to many of our staff across the whole organisation. We are confident that the new procedures implemented at ESCG are appropriate and will address the concerns raised by your Honour during your investigation into Cassie's death.

Yours sincerely



Heather Holst
CEO
HomeGround Services

WELFARE CHECKS PROCEDURE

Linked to policy:	Duty of Care
Content owner:	Client Services Managers
Effective date:	November 2012
Review date:	November 2015

1. What the procedure is for and what it does

HomeGround has a duty of care towards all program participants, many of whom are at high risk of harm due to health, substance use or other factors. Where there is a reasonable cause for concern with regard to a client's wellbeing, the program will instigate a welfare check to confirm the client's welfare and/or ensure an appropriate response is provided.

As welfare checks involve a considerable invasion of a client's privacy, they should only be carried out as a last resort and when all other avenues of reasonable inquiry have been exhausted.

2. Detail/Content/Rules of Procedure

When do we do Welfare Checks?

Welfare checks are:

- Based upon our knowledge of the Client.
- Carried out after making observations such as repeated absenteeism during scheduled home visits or by noting the presence of service cards left from previous visits.
- Carried out following discussion with other related services, neighbours or friends who may also have had contact with the individual concerned.
- Carried out when HomeGround staff have tried all other avenues to contact the individual and holds reasonable fears for the safety of the individual concerned.
- Carried out if we believe the Client may have collapsed, become unconscious, is immobile but unable to come to the door, seriously injured or may have passed away.
- Carried out following discussion with the Manager, Coordinator, Senior Worker or other team members. Decisions about when to conduct a welfare check should not be made by an individual worker without consultation.

Who should do Welfare Checks?

To decrease the amount of possible trauma experienced by workers, welfare checks should only be carried out by police, ambulance staff or RDNS workers who have existing relationships with Clients.

Preparing Clients for the possibility of a Welfare Check

If we have reasonable concerns for a Client's safety in advance (due to frailty or an existing medical condition) then we should have a discussion with Clients about our duty of care requirements and raise the possibility of a Welfare Check.

Clients must be made aware that it is a policy of last resort and the reasons why it is carried out by police or ambulance officers. Any objections that Clients have to this course of action should be noted and discussed with the Client and within the team, and any decisions made documented.

Duty of Care to Services carrying out Welfare Checks

Any possible safety concerns for police or ambulance officers (such as pre-existing animosity towards police AND the existence of fire-arms) should be documented and will be passed on when requesting the welfare check.

If a staff member is in possession of a copy of a Client's key, then it should be explained to a Client that these keys may well be given to police or ambulance staff in the advent of a Welfare Check. The rationale for this is that it prevents the trauma and cost of a door being broken down.

Variation to the above - Elizabeth Street Common Ground (ESCG)

ESCG is a residential accommodation building that is staffed 24 hours. At times staff deem it necessary to conduct a 'routine welfare check' as a tenant has presented as 'unwell'. These checks are scheduled, conducted and documented by staff and typically take place on a daily basis for a period of time. If staff in an After Hours capacity feel unsafe to conduct the scheduled check emergency services should be contacted.

The staff member/members conducting a 'routine welfare check' should be a Manager, Coordinator, RDNS or the most senior worker/workers on site.

Additionally, if a tenant residing at ESCG has not been sighted for a couple of days a 'welfare check' will be conducted. A system is in place to alert staff of this. The Manager, RDNS nurse or the most senior worker on site will conduct the 'welfare check'. Once conducted, the outcome is documented and communicated.

Variation to the above – Tenancy and Property Services

There are three common scenarios that will require property access without the tenant's prior permission:

- A welfare check by Emergency Services, usually arranged by the Support Worker;
- Contractors have not been able to gain access by the tenant to undertake URGENT repairs; or
- The Police want to gain access with a Warrant.

Welfare Checks¹

Support Workers may contact Tenancy and Property (TP) to request a welfare check usually because they haven't heard from their client for some time or have grounds for concern for their client's welfare, and wish to access the property to ensure that their client is alright. On occasion, it may be another third party, e.g. a family member or friend. TP Workers should not enter the property alone as the suspicions of suicide/self harming, etc., could be realised and will require an emergency response.

In such situations, there are two options:

1. If the Support worker deems the situation to be an emergency, the TP worker requests that they contact the relevant emergency services. The TP worker(s) should:
 - Meet them and the emergency services' personnel at the property to provide access, on the same day.
 - Prepare a Landlords Notification of Entry without prior notification form with the relevant details to leave in the property – (see documented process for Landlord Entry without prior notification in the TP Service Manual).
2. If it is not deemed an emergency, e.g. some time has lapsed since the tenant last contacted, the TP worker arranges a time to meet the other party at the property, no less than three days in advance.

The TP worker should complete a Landlords Notice of Entry (24-hours Notice of Entry) for Support Worker access. When this occurs, it is expected that the support worker will meet the TP worker at the property.

¹ Procedures for welfare checks are outlined in the TP Service Manual, under "Access to Properties without prior notice."

3. Other policies or procedures that may be relevant, related or require compliance

Related policies

OH&S Group of policies

Procedures

Duty of care: Threats to Safety of Child

Duty of care: Client is at risk of self harm or threat to safety of others

Duty of care: Client unable to adequately care for themselves

Duty of care: Notification of authorities

Incident and Emergency Management Procedure

Working with Families, Children and Young People – Housing Services,

Working with Families, Children and Young People Procedure – Support Services

Information Privacy: Dealing with Police

Duty of care: Working with clients Tip Sheet

Duty of care: Contact Information

DHS Standards

Standard 1 Criteria 3.5: Services are delivered in a safe environment for all people free from abuse, neglect, violence and/or preventable injury.

4. Review process

The default review period for this document is three years. Unless there is a specific reason why this document needs to be reviewed more frequently (for example, annual regulatory or legislative changes are anticipated).

Elizabeth Street Common Ground
Welfare Check Request Form

ESCG is a residential accommodation building that is staffed 24 hours. At times staff deem it necessary to conduct a 'routine welfare check' as a tenant has presented as 'unwell'. In some instances a tenant may request a welfare check. These checks are scheduled, conducted and documented by staff and typically take place on a daily basis for a period of time. If staff in an After Hours capacity feel unsafe to conduct the scheduled check, emergency services should be contacted. The staff member/members conducting a 'routine welfare check' should be a Manager, Coordinator, RDNS or the most senior worker/workers on site. Once conducted, the outcome is documented and communicated. Every attempt will be made to undertake the Welfare Check, however it is recognised that incidents may occasionally prevent a scheduled check. Staff will not be held liable.

Name of Staff Member/tenant requesting check:

Name of tenant requiring the welfare check:

Room Number of tenant requiring welfare check:

Reason for the welfare check:

Date and day the welfare check is to be conducted:

How often is the welfare check to be conducted?

Time/s the welfare check is to be conducted:

Who will reassess? (Full name of staff member)

When will the next assessment to cease or continue Welfare Checks will occur? _____

If there is no response when staff attend the tenant's apartment, staff are to clearly state their intent to enter on the basis of a Welfare Check.

Welfare Check Request received by:

Request documented in Communication Log & Footsteps: Yes No

Staff Member initiating Welfare Check:

Signature:

Date:

Time:

Staff Member receiving request for Welfare Check:

Signature:

Date:

Time:

Upon completion this form is to be lodged in the Welfare Check folder at Front of House.

Intoxicated Tenants Behaviour Management Hints & Tips

Supportive care will most often prevent an intoxicated tenant from becoming upset or frightened and/or disrupting other tenants, staff and visitors. When dealing with intoxicated tenants, it is recommended that you adhere to the following principles:

- Approach the tenant in a friendly and respectful manner
- Let other staff know, either directly or via two way radio, that you are dealing with an intoxicated tenant. Work with other staff to manage aggression; ask other staff for support and debriefing after any incident
- Provide the tenant with a seat in an uncluttered, quiet place
- If necessary, introduce yourself, giving your name and role
- Avoid information overload and repeat information if necessary
- When instructing the tenant or seeking cooperation, give clear, concrete instructions. If necessary, guide them to and from their destination, hand them things, etc.
- Reduce the possibility of accidents e. g. help to keep seated to prevent falls, clear space around tenant
- If necessary, ensure regular monitoring of tenant – see *"Intoxicated Tenants Flowchart"* for suggested monitoring times

Some specific substance-induced behavioural problems, and approaches the worker can use, are listed below.

Anxiety/ agitation/ panic

- Approach the tenant in a calm and confident manner
- Move and speak in an unhurried way
- Minimise the number of staff attending to the tenant
- Provide a quiet environment to reduce stimulation

Confusion/ disorientation or Altered perception/ hallucinations

- Provide frequent reality orientation
- Use/display some object familiar to the tenant, e. g. their own coat, dressing gown, slippers
- Correct auditory and visual hallucinations and/or perceptions
- Create an uncluttered, well-lit environment to avoid confusion for tenant.

Anger/ aggression

- Refer to *"Conflict Resolution Guide"* for further details
- Use space for self-protection, e.g. stay out of tenant's "strike zone", keep furniture between yourself and the tenant, make sure you can access an exit door, etc. This is especially important to be aware of in confined spaces, for example tenant apartments or small interview rooms.
- Keep own emotions in check. Speak in a calm, reassuring way, and use the tenant's name when addressing them. Do not challenge or threaten the tenant by tone of voice, eyes or body language
- Let the tenant air their feelings, and acknowledge them – remind them that you want to help them and keep them safe
- Be flexible within reason
- Advise and explain to them before you touch them and why this is necessary
- Call security or emergency services promptly if situation escalates and/or you feel anxious or threatened

If tenant refuses Ambulance assistance when they arrive:

- In the case of an ambulance attending and tenant refusing care/transportation to hospital, staff can ask ambulance staff for advice regarding recommended welfare checks until perceived risk has declined.
- However these recommended checks do not override Duty Of Care and should only continue if the presenting risk stays constant. Emergency services should be called if the risk heightens.
- On-call coordinator or nurse/doctor on call can advise situation if no coordinator is on site.
- Tenants are not able to refuse these checks as they are a response to a refusal to attend hospital with the ambulance.
- Try to convince tenant to sit in a communal area where they can be monitored closely

Managing alcohol or drug related overdose

Careful monitoring of the tenant will ensure that the worker is aware if they begin to move into overdose. To make this judgement the worker can watch for the following indicators:

- Increasing agitation or sedation
- Changing mental state — hallucinations, panic or deep depression
- Breathing difficulties e.g. slow and noisy breathing
- Seizures
- Lessening consciousness (increasing stupor) or coma
- Cold and clammy skin

**Use your judgement (and that of the On-Call Co-ordinator)
and call emergency services if any of these symptoms are occurring.**

Sources:

Clark, C., Connolly, K., Sullivan, C. (2003) *Work with tenants who are intoxicated: A competency within the Community Services Training Package Certificate IV in Alcohol and Other Drug Work*. Education and Training Unit, Turning Point Alcohol & Drug Centre, Department of Human Services, Victoria

Department of Health and Ageing (2007) *Alcohol Treatment Guidelines for Indigenous Australians*. The Australian Government Department of Health and Ageing, Canberra.

Intoxicated Clients Assessment Index "How to tell"

Please note: this Assessment Index is to guide whether emergency intervention is required ONLY. It is not a clinical assessment tool

Is the client intoxicated? Signs and symptoms of intoxication

Physical Signs

- Trouble walking (ataxia)
- Difficulty sitting on a chair
- Slurred or incoherent speech – is it difficult to understand what they are saying? (if English is not the client's first language, have they reverted to speaking their first language?)
- Reduced consciousness – are they getting drowsy or are they hard to rouse?
- Poor hand eye co-ordination
- Nausea and vomiting
- Reduced ability to feel or react to pain despite an obvious injury or illness
- Problems managing environment, and judging distance, time and/or other people's actions adequately

Cognitive Behavioural/Mood-related Signs

- Outbursts of unusual or unexpected behaviour, for example, laughing or crying inappropriately, or very happy and then suddenly angry or sad
- Loss of social inhibitions – are they saying and/or doing things that would usually be considered rude or inappropriate? Are they too relaxed or over confident?
- Disorientation and confusion
- Impaired judgement
- Impaired short term memory
- Impaired ability to understand complex conversation or the English language (if not their first language)
- Problems with their memory or thinking (cognition) or poor problem-solving abilities

Always consider conditions other than intoxication (e. g. head injury, psychosis, severe liver disease, etc.). Any client presenting as incoherent, disoriented or drowsy should be treated as per head injury until proven otherwise.

How intoxicated is the client?

Risk of alcohol/drug overdose	Low/Med	Medium	High
Likely effects	-talkative -relaxed -more confident -attention, judgment and movement impaired -less inhibited -aware of surroundings, people and time	-speech slurred -balance and co-ordination impaired -reflexes slowed -visual attention impaired -unstable emotions -nausea, vomiting -apathetic, sleepy	-unable to walk or move without help -loss of consciousness
Actions	Monitor every 2 hours	Consult with Management /RNDS or OnCall Coord (if after hours). Consult Nurse/Doctor Oncall Refer to individual's Case Plan	Call emergency services and remain with the affected client

If client does not open eyes to simple stimuli, does not respond to painful stimuli, or is unsure of who they are,

And/or cannot walk, stand or sit up from a chair:

Then this is an emergency - do not leave them alone or unsupervised, keep them on their side, check airway is clear, and call ambulance

If emergency services is called, please attempt to gather and record the following information if possible

Find out following from client or friends

- Have they been drinking in the last 24 hours? If so, when, what, how much, and over what period of time?
- Have they taken any other drugs or medicines (prescription or over the counter) or other legal or illegal drugs while they have been drinking in the last 24 hours?
- Have they recently been involved in any violence or had a fall? (to assess possibility of head injury)
- Has the client indicated or volunteered any suicidal thoughts?
- Do they have any known illnesses or allergies, or have they been unwell lately? If so, have they been taking or just started taking any medications for this?
- Has the client ever experienced alcohol withdrawal? If so, when and what happened? e.g seizures, hallucinations, delirium tremens (define)

It will not always be possible to gather this information, and staff should not feel that this is compulsory – it is merely to assist emergency services

On Call Co-ordinator: 0458-624-177
Nurse on Call 1300-60-60-24
Emergency Services: 000

Sources:

Clark, C., Connolly, K., Sullivan, C. (2003) *Work with clients who are intoxicated: A competency within the Community Services Training Package Certificate IV in Alcohol and Other Drug Work*. Education and Training Unit, Turning Point Alcohol & Drug Centre, Department of Human Services, Victoria

Department of Health and Ageing (2007) *Alcohol Treatment Guidelines for Indigenous Australians*. The Australian Government Department of Health and Ageing, Canberra.

Intoxicated Client Flowchart

"What to do"

