

Disability Services Commissioner

# Key themes and implications for service provision from the inaugural Review of disability service provision to people who have died 2017-18

To read the Review in full, visit  
[www.odsc.vic.gov.au/abuse-prevention/review-of-disability-service-provision/](http://www.odsc.vic.gov.au/abuse-prevention/review-of-disability-service-provision/)



The inaugural Review of disability service provision to people who have died 2017–18 (the Review) by the Disability Services Commissioner (DSC) reveals significant failures by some disability service providers to meet their obligations under the Disability Act 2006.

**These are the four main themes and issues of concern highlighted in the Review and the implications for all Victorian disability service providers.**

**DSC encourages people with disability, their friends and family, advocates, and staff in disability services to make sure that the right support is being provided and to raise any concerns they may have to their service provider or to our office.**



## Safe mealtime assistance

### Key themes

1. Poor management of choking and aspiration pneumonia risks, including lack of supervision during mealtimes
2. Poor compliance with food plans
3. Lack of mealtime management plans altogether

### Implications for service provision

1. How does the service identify people with disability who may need swallowing assessments or customised nutrition plans, or require mealtime assistance?
2. How are staff trained and kept knowledgeable on individual diet plans and need for mealtime assistance?
3. Are records or charts kept up-to-date detailing meals and the consistency of meals provided, and are they reviewed regularly to ensure compliance with individual assessed needs?
4. How often are reviews and audits done of existing swallowing assessments and meal plans?
5. How does the service communicate with other service providers and ensure continuity of care?

### Why is this important?

People with intellectual disability are well known to be at higher risk of choking, due to physical factors such as difficulties with chewing and swallowing. Proper assessments and adoption of adequate measures by service providers to mitigate the risk are needed.

## Communication support

### Key themes

1. Lack of adequate communication plans or other supports for individuals who are non-verbal or require support to communicate

### Implications for service provision

1. When was the last time existing communication plans were reviewed by a professional?
2. When was the last time people with disability without a communication plan were assessed to see if they required one?
3. What communication aids are available to service users and staff?
4. If the organisation has a large number of transient or casual staff – how are they trained to communicate with people with disability in an individually meaningful way?

### Why is this important?

It is a fundamental human right to have freedom of expression (United Nations Convention on the Rights of Persons with Disabilities). If a service user isn't supported to communicate in a way that works for them, how can they let people know when they are unwell, in pain, or require medical attention?

## Quality and existence of health plans

### Key themes

1. People with complex health and disability supports did not always have detailed health documentation and plans.
2. Poor compliance with obligations under the Disability Act 2006, the Health Records Act, and more.

### Implications for service provision

3. Are medication records kept up-to-date? Is medication dispensed accurately in correct quantities at the correct time?
4. How often are management reviewing health records for inaccuracies and key themes?
5. How are staff managing a health issue in the absence of a detailed plan?
6. When is it imperative for staff to call an ambulance, Nurse on Call, or the Hospital Emergency Department?

### Why is this important?

When plans are absent, staff are unlikely to know what actions to take for a special health issue. For example without accurate records and a bowel management plan, staff are unlikely to know when constipation needs to be escalated as a medical emergency.

## Quality of record keeping

### Key themes

1. Evidence of out-of-date or absent records
2. Evidence of missing or illegible case notes, contradictory or non-contemporaneous case notes

### Implications for service provision

1. Are there simple and clear handover processes to ensure that key information is transferred between shifts?
2. Do staff understand their obligations regarding record-keeping and information transfer?
3. How are general observations recorded in a meaningful way?
4. How are records shared and key information shared between service providers to ensure continuity of care?

### Why is this important?

Clear, accurate information in case records is an essential component of a service provider's privacy obligations as well as their duty of care obligations to take reasonable steps to prevent reasonably foreseeable injury. This includes ensuring that critical information about individual support needs are understood by all staff.

I must emphasise that the findings of the Review are relevant for all disability service providers, not just those subject to our investigations. We expect service providers to respond by increasing their focus on identifying and implementing appropriate supports for the people they are supporting.

**Arthur Rogers**  
**Disability Services Commissioner**

We acknowledge and send our condolences to the families, friends and carers of people with disability who have died. We are grateful for their valuable input, at a difficult time in their lives, to assist in informing areas of service improvement for others.

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