



## Secretary

Department of Health and Human Services

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BAC 7726

Rachel Nicol  
Coroner's Registrar  
Coroners Court of Victoria  
65 Kavanagh Street  
SOUTHBANK VIC 3006

Dear Ms Nicol

**Re: Investigation into the death of Adele Di Quinzio COR 2016 004948**

I refer to your letter dated 31 January 2020, received by my office on 6 February 2020, which included the Coroner Jacqui Hawkin's Finding without inquest into the death of Adele Di Quinzio on the 17 October 2016, and the recommendations made by the Coroner to the Department of Health and Human Services (the department).

At the time of her death, Mrs Di Quinzio was a resident of Adare supported residential service (SRS), 1405 High St, Wantirna South VIC 3152. As noted within the Coroner's report, SRS are privately operated businesses registered and regulated by the department under the *Supported Residential Services (Private Proprietors) Act 2010* (the Act) and accompanying regulations.

The Coroner made four recommendations in total; recommendations two (2) and three (3) were to the department. I write to inform you that to date, recommendations two and three have been largely implemented, with some further interventions still to be implemented.

The department accepts the recommendations.

Recommendation two to the department is that "*DHHS regularly monitor Adare SRS in relation to their service delivery to their residents to the prevention, identification and management of pressure injuries in their residents*"

SRS are generally low-support congregate living facilities that provide accommodation and support. They do not provide the types of clinical service delivery found in the Commonwealth funded residential aged care sector. The types of support most commonly provided to SRS residents includes meals, medication management, cleaning and washing, and behavioural guidance and emotional support.

Under the Act, an SRS proprietor must prepare an on-going support plan for every resident in consultation with a resident's health service providers. The intention of support plans is

to document the on-going health and personal support needs of residents, and the services to be provided to assist with those needs. SRS are responsible under the Act for ensuring that the relevant health services identified in a resident's support plan are being accessed appropriately in order to manage any health conditions.

Under the Act, a proprietor must also monitor the changing health care or personal support needs of a resident. When a resident's health status changes, SRS personal support coordinators need to facilitate access to health care professionals. Health care professionals may advise the SRS on a resident's support needs, and assist to update personal support plans if required. A proprietor must ensure that any changed needs and services for the resident are communicated and integrated with the support plan. If an appropriate level of health care cannot be sourced for a resident, there is a provision under the Act for a proprietor to notify the department of this.

It is the resident's clinical treatment team (for example, general practitioner, nursing, or allied health such as physiotherapy etc) who are responsible for the active service delivery of managing and treating health conditions such as pressure injuries. An SRS may provide some of the necessary management of health conditions at the direction and guidance of the treating health practitioner; for example, carrying out physiotherapist instructions on positioning.

The department's regulatory compliance and enforcement function monitors SRS compliance with these obligations under the Act. Authorised officers regularly inspect SRS, conduct compliance audits, build capacity of SRS proprietors to meet compliance through guidance, and can impose sanctions for continued non-compliance.

There are three compliance audits in particular that are relevant to this case: *Support planning; Health and wellbeing support for ageing and frail aged residents; and Proprietor responsibility: Lifestyle standards*. These three audits all aim to ensure that proprietors are meeting their obligations to ensure appropriate health care and personal support is provided to meet resident needs. The *Records management systems* audit also contributes by promoting good record management systems in SRS, which contribute to proprietors meeting their obligations under the Act and ultimately contributing to the safety and wellbeing of residents.

In the last three years (October 2017 – March 2020), the department has conducted three of these four audits at Adare SRS. The *Proprietor responsibility: Lifestyle standards* is the only audit to not be conducted in this period. The department has also conducted other inspections at Adare as part of its regular monitoring regime. The *Proprietor responsibility: Lifestyle standards audit* will be conducted within the next 12 months at the SRS in order that the full complement of resident health related audits have been conducted.

The department will continue to routinely monitor Adare's compliance with all of their obligations under the Act.

Recommendation three to the department is to “*develop and distribute educational material to SRS with the aim to inform them about the importance of the prevention, identification and management of pressure injuries in their residents*”.

As outlined above, an SRS is responsible under the Act to monitor the changing health care or personal support needs of a resident, and secure the health care necessary for the resident. For this relationship between SRS and the health service system to work, SRS support staff should have a good general understanding of the types of common health conditions that can affect their residents, and be able to competently identify when a resident is in need of medical care.

This requirement is provided within the Act, which requires SRS proprietors to ensure staff are appropriately trained to meet the support needs of residents. This includes ensuring staff are able to recognise when a resident's health status or support needs have changed and report this appropriately.

The department has funded Leading Aged Services Australia (LASA) to deliver a Supported Residential Services proprietor and staff training program since 2008-2009. The suite of courses within this program aim to build proprietor and staff capability to meet the objective of the Act – to protect the safety and wellbeing of residents.

In 2018, the department funded Latrobe University to deliver a new training package called *'Recognising and reporting changes in residents' health: A workshop for Supported Residential Services (SRS) staff'* as part of the of the SRS training calendar. This two-day course of eight modules aimed at improving the ability of SRS staff to identify changes in a resident's health status and to report this appropriately. The course includes training on specific health conditions including pressure injuries.

The department has monitored attendance at this training and has followed-up with all SRS who have not attended. Adare SRS has had strong staff attendance at this training.

The department also regularly communicates with the SRS sector on important information via a newsletter, and I will advise that further information and education on pressure injuries should be included in an upcoming edition of this. This information will be emailed to all SRS as well as mailed in hardcopy.

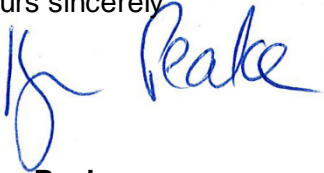
Finally, I would like to note that although the fourth recommendation relating to the discharge of aged patients into SRS is directed to Eastern Health, this is a sector wide issue to which the department can contribute.

In 2017, the department developed a referral guide called *Mental health services and supported residential services: A guideline to promote collaborative support of residents* which promoted better understanding between mental health services and SRS. I will recommend that the department work with the acute health sector on a similar guide, aimed at promoting better understating of the SRS sector for acute health staff with responsibility for discharging patients. In particular, the guide should take into account the limited skill set of SRS staff, and give discharge planners the information required to assess whether an SRS is an appropriate option for their client.

The relevant contact within the department regarding the response contained within this letter is:

Helen Dickson, A/Manager Supported Residential Services Regulation,  
Human Services Regulator, Regulation Health Protection and Emergency Management  
Phone: 9096 7113 or email: Helen.Dickson@dhhs.vic.gov.au

Yours sincerely



**Kym Peake**  
Secretary

23/04/2020