

TRANSCRIPT OF PROCEEDINGS

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERERA MLA, Chair
MR J. SCHEFFER MLA, Member
MRS J. POWELL MLA, Member
MS M. WOOLDRIDGE MLA, Member
MR B. FINN MLA, Member

**INQUIRY INTO SUPPORTED ACCOMMODATION
FOR VICTORIANS WITH A DISABILITY OR
MENTAL ILLNESS**

WITNESSES:

**MR GERARD LEEHANE AND MRS BEVERLEY LEEHANE,
PROPRIETORS, HILLVIEW LODGE**

**BALLARAT
THURSDAY 20 NOVEMBER 2008**

THE CHAIR: Thank you very much. Gerard and Beverley, is it? Gerard and Beverley. Introduce yourself for the Hansard.

MS LEEHANE: I'm Bev Leehane from Hillview Lodge.

MR LEEHANE: I'm Gerard Leehane from Hillview Lodge in Moola Street.

THE CHAIR: Thank you.

MR LEEHANE: I just want to correct some of the anomalies that you've been hearing this morning. We're the proprietors of Hillview Lodge, which is an SRS. We are in a situation where we have built our facility to the standards that is required by the Department of Human Services. We are a pension only facility, and the standards that we had to achieve satisfy the above pension requirements because of the fees that they can charge. We had a valuation done on our facility prior to coming here. The people from Melbourne – I can't, I don't know their name, I haven't got it off hand – indicated to us that our facility is better than is required for pension only people.

How they determine that, I do not understand, because the standards that we have at Hillview Lodge are an acceptable standard for anyone, I believe, whether they be above pension or below pension. It's the minimum standard that should be achieved. But he said to us that the standards that we've achieved is greater than is needed in other areas, and we just find that hard to believe, so – but it's made it difficult for us in that we can't further our business, because we can't borrow against it, because it's not as valuable as we thought it was going to be.

MS LEEHANE: And we can't charge the residents any more than what they're already paying, because - - -

MR LEEHANE: Because they're pension only.

MS LEEHANE: - - - they're pension only.

MR LEEHANE: And so they can't – the standards the department have set for us are far too great than what we can get remuneration from for the rooms and stuff like that.

MS LEEHANE: Because we can only – we've got the 12 square room area, and we were only allowed to put one resident in that room, where other SRSs allow two and three to a smaller room than what we are allowed, because we were in after 2001, so therefore we go by the new regulations, and they're letting some of the others run with 68 residents - - -

MR LEEHANE: In 30 bedrooms.

MS LEEHANE: - - - in 30 bedrooms.

MR LEEHANE: Which is - - -

MS LEEHANE: It's got no - - -

MR LEANNE: It makes us unviable in that we have twice the area, say, in the heating and the cooling, so therefore we have twice the expense that the other facilities have. We believe we're doing a good job, reflected in the statement earlier this morning, that we are achieving what we set out to do, but if we weren't so hamstrung, then we would be able to provide a better service and, you know. We believe that our facility could take – going on other facilities in Ballarat, we believe that we could house another 20 people tomorrow.

MR SCHEFFER: Can I just ask – what are the – when you say you're hamstrung, what are the factors that tie you up?

MR LEEHANE: What ties us up is that we have to achieve the standard which we believe is too high.

MR SCHEFFER: I see, yes.

MR LEEHANE: For pension level facilities – and I – on the other hand, we don't believe that we should have anything less. You know, people have – that's what we believe, that people should be – that's the standards they should live in anyhow. But the remuneration we can get from the pensional level facility, we need some support from the government other than SAVI. SAVI has been a godsend to us.

MS LEEHANE: Yes.

MR LEEHANE: It's kept us afloat. It's minimal money, but without the SAVI, we would have been closed by now, I believe. Because we just can't – we can't maintain the standards on the remuneration that we're getting at the moment.

MS LEEHANE: But you know, we have five staff on every day.

MR LEEHANE: Which is – yes.

MS LEEHANE: And like the fellow from Melbourne said, well, "You don't need five. Clean the place once a week."

MR LEEHANE: "Once a week." Well, you know, that's - - -

MS LEEHANE: Well, we don't - - -

MR LEEHANE: That's disgusting as far as – even that mindset is just not acceptable as far as we're concerned, but there's other facilities that do operate on that mindset, and that's what we've got to compete against. We're up against those sort of things, and it's just not a level playing field. It just makes it very difficult for us to compete in the industry.

MS LEEHANE: And we – and like, with the government allowing boarding houses to operate - - -

MR LEEHANE: Without any regulation.

MS LEEHANE: - - - without any regulations. Now, they're taking from all SRSs - this lady that is running a boarding house, this new one, has taken residents from other SRSs who need care.

MR LEEHANE: Medication. Medication, supervision, and stuff like that. And putting those people into boarding houses which aren't regulated, and we've got to compete against that, now. That is another sector that we have to compete against. Department of Human Services' hands are tied, because they are unable to enter these facilities and inspect them, so therefore they don't know what's going on. We only know it because we're in the industry, and we know the clients. We know the residents. We know their needs, we know their medication needs and stuff like that, and – so we know that way, but yes, no, it's just making it very, very hard to compete. And I think without the SAVI, the little bit of SAVE that we got, we'd have had to close the doors 12 months ago.

MS LEEHANE: Yes, and we would have then had to go sort of like look for above pension to get our costs back, but where are these people below pension, or pension level, where are they going to go? You know, the government needs our facility, but they really need to give us a little bit more.

MR LEEHANE: To compensate us a bit, you know, help us out a little bit. We need that assistance. We just can't keep going. And it's all right for the other residents, the other facilities pre-2001 that have got 60, you know like in a 30 bedroom facility. We're a 30 single room facility. We operate with 30 residents. In other facilities, they have 15 and they have 30 residents. So we're up against that. 50, you know, half of the costs to heat the places and, you know, in Ballarat to keep them warm and stuff like that. Very difficult.

THE CHAIR: How do people get to – how do they get the referral for the boarding houses? How do people get this privately operated one?

MR LEEHANE: Yes, they've - - -

THE CHAIR: If they're not that good, why would they - - -

MR LEEHANE: Well, they white-ant – they – what they do is they say, “Yes, you can come to our facility, we'll charge you less.” It's not a great deal less, but the \$10 to a person in an SRS is a lot of money, so if they can get a \$10 reduction in their fee, they will chase that. Not all people. I was listening to the people, they were talking about transient people. There are people that - - -

MS LEEHANE: That move from - - -

MR LEEHANE: - - - run from SRS to SRS, but that upsets – we might have a genuine person that wants that long term accommodation. We make the wrong decision, we put the transient person in . They're two weeks, the other person is without accommodation and then they're swapping around, so you end up with that sort of problem going on.

MS LEEHANE: But there is no regulation. I think City of Ballarat's the only one that can regulate the boarding house - - -

MR LEEHANE: Boarding houses.

MS LEEHANE: - - - but I think they only just go and make sure that the kitchens are up to standard. I don't think they're looking at the level of care that these people in the boarding house need, and therefore they're slipping back. And then you'll find out then that they're wanting to come back because they're unwell, because they haven't had the proper care that they were getting in the boarding house. And we can't have anyone sort of like drugs or alcohol, because - - -

MR LEEHANE: It upsets – it upsets the harmony in the house.

MS LEEHANE: - - - it upsets the whole lot.

MR LEEHANE: We might have 30 people – say we've got 30 people in our facility. We get one that's disruptive and the whole house will lift – the level of the house, you know, and because of the nature of the illness of some people, they react adversely to crisis and stuff like that, and they get very upset. So then in the interest of 29 people out of 30, we have to then look at that other person and say, "Look, you're disruptive. You're unable to live in this facility. Please vacate." We don't do it because we don't want them because they're disruptive. It's just we can't have harmony within the house, and that is what we're up against.

MR FINN: Setting aside your own particular situation for a moment, do you think, from what you've been telling us today and what you've seen and heard, that the standard of care is seriously compromised in Victoria?

MR LEEHANE: Yes.

MS LEEHANE: Yes.

MR LEEHANE: Definitely.

MS LEEHANE: Yes.

MR LEEHANE: Definitely. We believe that the facilities that are running two to a room and the staff, the staffing issues – we don't believe that they're operating in a respectful way to the residents, yes.

MS WOOLDRIDGE: Can I ask – we've heard from the mental health services this morning that, essentially, the discharge from the secure extended care, the discharge from the CCU, the discharge, really, from anywhere, is into the SRS system, which – and if they've been in the acute system, they've probably got some significant clinical needs and those sorts of things. What have you seen, I suppose, in the change of your client group? And how are you, or other SRSs, equipped to be able to support those residents and their needs.

MR LEEHANE: Because we are only required to be personal care assistants – I’m a qualified chef. My wife’s a PCA. We are not - - -

MS LEEHANE: Nurses.

MR LEEHANE: - - - nurses, so therefore, we can’t handle nursing issues. They bring – they’re sending people to us with chronic - - -

MS LEEHANE: Illnesses.

MR LEEHANE: - - - illnesses and stuff like that where we’re not really trained to deal with those. They say “support”, yes. They’ll send you there with support. We had one come to us with support. It took us six weeks before we could contact the person to give us that support, and when we did contact that person to give us the support, they said, “We didn’t say that.” Okay? So we’re dealing with those sort of issues.

MR FINN: But what did you do in the meantime?

MS LEEHANE: We had to - - -

MR LEEHANE: We soldiered on as best we could.

MS LEEHANE: We had to deal with it the best we could.

MR LEEHANE: And we dealt with it the best we could. We brought experts, you know, and dealt with it that way. But that is not the way we were led to believe, that we were there with support. And that was the reason we - - -

MS LEEHANE: We had one resident from the hospital sent to us, and they said, “You know, any problems, give us a ring.” Well, we had him laying on the road. Now, we’ve sort of got a hill coming down and a hill – and a corner coming around. Now this resident was standing, laying, sitting, in the middle of the road. I rang the unit, the acute unit, and told them what was happening. They said, “We’ll be out straight away.” Gerard had to go and try and get him off the road, and every time he got him off the road, he got back on. I re-rang them, and they said, “Yes, someone’s coming out.” An hour later, they turned up.

MR LEEHANE: So the support is lacking.

MS LEEHANE: They say the support is there.

MR LEEHANE: They just don’t have the staff. It’s as simple as that.

MS LEEHANE: Yes.

MR LEEHANE: It just boils down to: they mean well, their intentions are well, but they just don’t - - -

MR FINN: So who are the group that were sending the people out that took an hour to get there?

MS LEEHANE: The hospital.

MR FINN: The hospital. Okay.

MS LEEHANE: Yes.

MR LEEHANE: Yes, so - - -

MS LEEHANE: And like, you know, we find that when we have problems with the resident, we find we get better results by ringing the family, and bringing the family in. And then – we then, as a group, can say, “Well, this – what you’re saying, your service isn’t providing.” They tended not to listen - - -

MR LEEHANE: But they listen to us now.

MS LEEHANE: They never used to listen to the SRSs proprietors, because they had a track that they were going down, and they’re all clinical. We used to have groups running from the department. They’ve stopped all that now. And they’re going down this clinical path, thinking, “This is the best way.”

MR LEEHANE: But in practice - - -

MS LEEHANE: But it’s not working.

MR LEEHANE: It sounds good in theory, but in practice, it’s not working.

MS LEEHANE: It’s just not working.

MR LEEHANE: It’s especially when you come to the – we’re the care provider – no, not the care providers, we’re the accommodation providers. We don’t believe – unless we’re Div 1 nurses, which they go into hostels and stuff like that, we’re not trained to deal with that type of thing. I heard a gentleman there before talking about his severely disabled person. We can’t deal with that. We’re not in a position to be able to accept a person like that, so he’s going to find it very difficult, unless he can get into a government institution or somewhere like that. Another thing we’re up against too is the payment, the salaries that are being paid in government facilities.

We find it very hard to attract people. We’ve put numerous people through traineeships. As soon as they’re trained up, they go and work for the government facility that has got the extra money and stuff like that. We can’t compete with that sort of thing, because our fees are just not there. We just can’t do it. We can’t compete against the government, for the want of its saying, unlimited purse. We just can’t compete against that sort of thing.

MS WOOLDRIDGE: Can I just ask a question on what you’re talking about there. We heard Mr and Mrs Tregale talk about, you know, most elderly parents want to, when they pass away or get too old to be able to look after their son or daughter who

is older – they want them to go into a safe and secure place. You’re saying that you would not allow somebody that was disruptive, and that is really great. What happens – if a community visitor program that comes around to areas and actually gives you some support and says, “Yes, this person is a person that you shouldn’t be having or housing in your accommodation.” - do you get any support about that at all?

MR LEEHANE: No. No, no support whatsoever.

MS LEEHANE: Not at all, no.

MR LEEHANE: We will get them dumped on our facility. If we’re not very – if we’re not careful in our induction, they will dump people in our facility that are totally inappropriate.

MRS POWELL: Who’s “they”?

MS LEEHANE: DHS.

MR LEEHANE: DHS and Psych Services and all the – a lot of the referring agencies.

MS LEEHANE: Easternview, yes.

MR LEEHANE: What they do is they look at: if we take the resident – we usually do some searches before we even think about taking them, because we’ve been caught, because we were - - -

MR FINN: So do you get the feeling that DHS sees you as an opportunity to get rid of a problem?

MS LEEHANE: Yes. Yes.

MR LEEHANE: To get rid of a problem.

MS LEEHANE: We had one fellow on Friday night. We were away, and the staff rang and said that Ballarat Base Hospital rang to say that this fellow needs to go somewhere. We had a vacancy. There was no problems with him, and they said, they rang us, and we said, “Yes, take him, we’re going to be back on Tuesday.” He arrived Friday at 5.30.

MR LEEHANE: In a taxi.

MS LEEHANE: In a taxi. Pair of shorts on, nothing else. No shoes, no medication, no toiletries, no clothes.

MR LEEHANE: Nothing. Friday night.

MS LEEHANE: Then the staff member rang back the hospital. That person has left for the day, won’t be back until the following week because she went on leave. Now, we got – I rang – the staff rang us. We told them, they rang Uniting Care – Centacare

on the Monday, and they were good enough, they came up and took him and got him some clothes and toiletries and everything, and we still could not deal with the person from the base hospital until a week later. And he was in their facility. He was no problem, but the way that he arrived with nothing – and that is what they do. So we're sort of very wary of that.

MR FINN: I can understand that, yes. Now, you mentioned before that when there is a problem, you quite often ring the families. What happens to those people who don't have that family support? Are they severely disadvantaged?

MS LEEHANE: Unfortunately, yes.

MR LEEHANE: They , yes.

MS LEEHANE: There is – you know, like out of a group of 30, we've probably got about three that we can contact the family members. Other than that, we've just got to battle on with them.

MR LEEHANE: The unfortunate fact of life with people with mental illnesses don't have many - - -

MS LEEHANE: Visitors.

MR LEEHANE: - - - visitors and anything like that.

MS LEEHANE: Some families – like, we've got the three – are brilliant. They're there every week. They come to our functions, our Christmas break up, and we invite all the others, but the other families – yes, it's quite sad to see.

MR LEEHANE: I see under the current regulations – that under the rules and that, which we accepted, we adopted, but we've – we find it very difficult to house pension only people with the criteria that has been set by the Department of Human Services for the accommodation requirements. We find it very difficult to adhere to that under the current climate.

MS WOOLDRIDGE: There is obviously the review of the SRS regulations is happening under way, and a lot of what we've heard is that people feel there should be regulation, so you know, higher levels of accreditation requirements, you're talking about a higher enforcement of the building codes, and some of those sorts of things. At the same time, you're saying how financially stretched the pension only sector is, including yourselves. What's it going to – I mean, if we want higher level of accreditation and regulation, then there is a cost that comes with that. What would be, I suppose, your reflections on, you know, financially, what might the impact be and, you know, what the government has got to do if it wants to have that higher level of regulation?

MR LEEHANE: I've got no problems with regulation. I believe it's a good thing. But if you require us, as a body, to be regulated, then you need to compensate us appropriately. Not the way we've been compensated with the SAVI fund. In the SAVI fund – don't get me wrong, every little bit helps, but it's totally inappropriate

for what's been expected, because we've had to increase our regulations through the SAVI funding, which is – I've got no qualms with anything like that, but we're to the stage now where we, as proprietors, nearly need another person in the office, which is another wage, you see. We've had to put in extra staff to meet the SAVI funding requirements. So we need – we really need the way if they - - -

MS LEEHANE: Money. We need more money.

MR LEEHANE: Yes, to keep it going, because - - -

MS LEEHANE: And also, every time we have to do something like a statement or something, our fees are going up. You know, like a registration fee. That could go up \$100 from the last time.

MR LEEHANE: Yes, we've been regulated, and that's another thing that we have too. We have regulation from the department. We have regulation from the health department. We have regulations from the City of Ballarat. We have two audits on our kitchen annually, where I don't think anyone else would have that. We have an independent audit which is done, which is a requirement of the Health Act, and we have the City of Ballarat's audit, which is their requirement. But the fee is \$400 for the City of Ballarat, and for the department, the other bloke, is about \$320, independent or whatever. There's \$720 in fees.

MS LEEHANE: That we've got to sort of try and pass on to the residents, and they can't pay any more, and it's – they've either got to cut down their fees and give us some more funding.

MR FINN: But you said before there's no spot checks.

MS LEEHANE: Yes, community visitors come.

MR LEEHANE: Yes, the community visitors, they come.

MS LEEHANE: And so do the department.

MR LEEHANE: They visit us roughly monthly. The department can drop in any time they like. They do inspections. We've got no problems with that, because our facility is up to scratch.

MS LEEHANE: And the City of Ballarat, they come.

MR LEEHANE: And the City of Ballarat just drop in, usually prior to the annual fee renewal, you know. So you can just about – that's about it, but – yes.

MS WOOLDRIDGE: There was some discussion that the community visitors don't speak to the clients. Is that what happens in your facility?

MS LEEHANE: No.

MR LEEHANE: No, that's totally false.

MS LEEHANE: Well, that doesn't happen in – well, not in ours. We can only speak for us. But no, the community visitors come to the front door. We stay wherever we are, in the kitchen or the office.

MR LEEHANE: They have a free rein.

MS LEEHANE: And the community visitors just have a free range. They go right through the whole facility. They'll ask all the residents who are home. They'll speak to them. And then they'll come and speak to us, and then we've got to sign their form. But yes, they have a - - -

MR LEEHANE: They must do a thorough inspection, because there is reports, they might have a toilet seat loose, or a toilet seat broken, or a smoke detector that's been - they write little things, so they're obviously looking at the facility and given it a good once over.

MR SCHEFFER: Before, one of the previous witnesses spoke very highly of Hillview, and from said you know - - -

MR LEEHANE: Yes, well, we didn't – that wasn't orchestrated or anything.

MR SCHEFFER: No, I know you didn't – I'm not suggesting you orchestrated that, but that was, in fact, said. One of my questions to that person was – you don't have to answer this if you don't want to – was how is it you can do – and I understand the stresses that you've explained, you don't need to say those again – but if you do deliver good service, the others don't do that. That was the implication this morning. Could you talk a bit about that in general? You don't have to, you know, finger anyone.

MS LEEHANE: Well, we've got – Hillview Lodge is ours, and we're owner/managers. So what - - -

MR SCHEFFER: So you own it outright?

MS LEEHANE: Yes.

MR SCHEFFER: Yes, okay.

MS LEEHANE: So what we do is everything we get, we put back in to the business.

MR LEEHANE: We take a lot of pride on our residents. Our residents are part of our family. They are not just money maker machines, they are people that we care about. We want to see them looked after in the best possible way. We don't believe that their care should be compromised in any way, shape, or form, whether it be through funding or whatever. They live with us, they live under our care, and we treat them as we would treat our own children.

MR SCHEFFER: So is the essential – I accept that. That's good. But the essential point is that you're structured commercially, so you own, totally own your asset.

MS LEEHANE: Yes.

MR SCHEFFER: Whereas others are mortgaged, and so therefore there is a greater stress on them.

MR LEEHANE: No, sorry. We don't own - - -

MS LEEHANE: We don't own. We're buying it.

MR LEEHANE: We are on a mortgage.

MS LEEHANE: We're owner/buying it.

MR SCHEFFER: You are buying.

MR LEEHANE: We are on a mortgage, yes.

MS LEEHANE: Yes.

MR SCHEFFER: Okay, well so then that still doesn't explain why there is this disparity.

MS LEEHANE: Well, we don't draw a wage.

MR LEEHANE: We haven't drawn a wage in the eight years we've been there. We live - - -

MS LEEHANE: We just live off the - - -

MR LEEHANE: - - - from day to day, virtually.

MR SCHEFFER: Yes, okay.

MR LEEHANE: On the facility. That is the only reason.

MR SCHEFFER: Okay.

MR LEEHANE: We're looking at our building when we sell it – if we ever sell it - you know, like – as being our superannuation. That's the only way we can - - -

MR SCHEFFER: Sure, okay. Thanks for that, yes. That's fine.

THE CHAIR: All right, thank you very much.

MR LEEHANE: Thank you.

MS LEEHANE: Thank you.