

Inquest into the death of Raleigh Hoy

Raleigh Hoy died on 6 January 2007 at the Tarampa After Care Centre where he had been a resident for two years. An ambulance was called when Mr Hoy experienced difficulty breathing but he was unable to be revived. Mr Hoy died from dilated cardiomyopathy.

Coroner Donna MacCallum delivered her findings of inquest on 5 May 2009.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported.

Further information relating the implementation of recommendations can be obtained from the responsible agency named in the response.

Recommendation 1

Undoubtedly the community visitor fulfils a vital role in the enforcement of the regulations but I am of the view that the regulatory body also needs to be more proactive. I have mentioned above some matters in respect of the Tarampa After Care Centre which I thought were both good and bad in respect of the operation thereof.

Those matters which should be part of the regulation are as follows:

- a. The employment of sufficient and appropriately trained staff to ensure the comfort and safety of residents.
- b. Ensures that all staff employed in a level three facility are trained and competent in both first aid and CPR.
- c. Ensures that medications are appropriately stored and distributed.
- d. Ensures that procedures are in place for advising doctors etc. if the medications are not apparently taken.
- e. Ensures the appropriate training of staff in the particular facility is such that they are aware of emergency procedures and the whereabouts of emergency equipment.
- f. Depending on the size of the facility and type of residents whether the employment of a registered nurse is required to maintain accreditation.
- g. The installation of an emergency phone in close proximity to each of the residences and/or panic/alert buttons.

On 5 August 2015, the Minister for Housing and Public Works and Minister for Science and Innovation responded:

The Queensland Government responded to recommendations arising from Mr Hoy's inquest in the *Queensland Government's response to coronial recommendations 2010* report. The government advised recommendations 1a, 1f and 1g were not implemented.

Recommendation 1a, to employ sufficient and appropriately trained staff to ensure the comfort and safety of residents, was not implemented because mandating a universal minimum staff to resident ratio for the sector is likely to have an adverse impact on industry viability due to high wage costs. It is also difficult to have a universal minimum staff ratio for the sector given the wide range of support and care needs of residents. However, the accreditation process was amended to mandate a minimum staffing level in level three services so that there should be at least one staff member available on site at all times or available to attend the site within 15 minutes.

Recommendation 1f, to employ a registered nurse to maintain accreditation, was not implemented because the residents of a level three facility are not categorised as having high care needs and therefore specialist high care nursing facilities do not receive funding. The requirement for level three facilities to employ a registered nurse could therefore have a significant financial impact and potentially see the closure of level three residential services in Queensland, affecting approximately 1577 residents.

Recommendation 1g, to install an emergency phone in close proximity to each of the residences and/or panic/alert buttons, was not implemented because such action would require a change to Queensland Development Code MP5.7, which currently requires service providers to provide a landline telephone for residents to ring emergency services in the event of an emergency. The cost to service providers to install and maintain an emergency phone in close proximity to each of the residences and/or panic/alert buttons has not been modelled; however, it would be reasonable to expect that costs would significantly increase as compared to the current cost of maintaining a single landline. Level three services are not specialist high care nursing facilities that receive funding and residents are generally not frail or ill.

Recommendation 1b: all staff employed in a level three facility are trained and competent in both first aid and CPR.

Response and action: the recommendation is agreed in part and implementation is complete.

Responsible agency: Department of Housing and Public Works.

Adjustments to departmental practices have occurred to ensure that personal care staff are trained in first aid and CPR. It is not seen as appropriate or necessary to provide CPR or first aid training to administrative or domestic/cleaning staff who have no direct personal care duties.

Recommendation 1c: medications are appropriately stored and distributed.

Response and action: the recommendation is implemented.

Responsible agency: Department of Housing and Public Works.

Existing accreditation processes require that medication is stored appropriately. The distribution of medication, and instances where medication is refused, are currently required to be recorded in the resident's medication record.

A *Medication management guideline* was developed for consultation within the sector to further enhance the requirements for service providers around medication management. The intention of the guideline is for the process of medication management to be more comprehensive. For example, under the guideline a service provider will be required to inform the resident's doctor if the resident has refused to take their medication and ensure this medication is returned to the pharmacy which dispensed the medication on behalf of the doctor. Under the guideline staff

conducting accreditation audits will seek specific information from service providers about their medication management practices to determine if the guideline is being followed. It is envisaged that this accountability will augment practices already in place and foster improved practices where necessary.

Accreditation of a residential service is required at least once every three years under the *Residential Services (Accreditation) Act 2002* and the *Residential Services (Accreditation) Regulations 2002* and compliance with required processes is assessed at that time. Additional compliance checks do occur in response to any concerns raised by residents or their advocates.

The guideline is currently in the consultation phase.

Recommendation 1d: procedures are in place for advising doctors etc. if the medications are not apparently taken.

Response and action: the recommendation is implemented.

Responsible agency: Department of Housing and Public Works.

Existing accreditation processes require that service providers demonstrate that they record when medication is refused and that this is clearly noted on the resident's medication record. Notification of doctors in this respect is currently at the discretion of service providers, and staff conducting accreditation audits will note a service provider's practice. To further enhance the requirements for service providers around medication management, a *Medication management guideline* has been developed for consultation within the sector. It is proposed that the guideline will require service providers to notify doctors if medication is not taken. As part of the accreditation audit process, the guideline will formalise the notification practices of service providers. The guideline is currently in the consultation phase.

Recommendation 1e: appropriate training of staff in the particular facility is such that they are aware of emergency procedures and the whereabouts of emergency equipment.

Response and action: the recommendation is implemented.

Responsible agency: Department of Housing and Public Works.

Existing accreditation processes have been strengthened based on the coroner's recommendations to require service providers to ensure appropriate emergency procedures are in place and that staff are trained in these procedures. Adjustments to departmental practices have occurred to ensure that all staff are made aware of emergency procedures and the location of emergency equipment.