

Department of Human Services, Disability Services, Questionable Activities
in Official Denial by DAS Management, but for which they and staff are well aware.

It should be noted that the following list is not exhaustive, and is not exclusive to any one location.
Many of these practices, directly or indirectly, restrict the residents' quality of life.

1. Many direct care staff roorting their rostered hours..... Arrive late, leave early!
2. Many direct care staff roorting work hours on private business (phone calls, etc), watching TV, chatting and drinking coffee with other staff for long periods, etc, etc.
3. Direct care staff rostered on a shift where there is no specific work, as a result of some questionable HACSU agreement.
4. Direct care staff lore negating management's right and role to manage service within departmental care policy, standards and values.
5. Erroneous bullying claims on House Supervisors by staff as a work avoidance tool.
6. Direct care staff "Factional Division and In-Fighting".
7. Direct care staff peer pressure to work at the lowest common denominator.
8. Direct care staff using "Client Choice" as a work avoidance tool.
9. Poor man-management of direct care staff by unsuitable managers and house supervisors.
10. Managers not adequately supporting House Supervisors.
11. Managers (above house supervisor) rarely visiting the houses.
12. Managers (above house supervisor) failing to ensure the house staff are compatible and work as a team.
13. Managers (above house supervisor) failing to ensure all staff in an "Active Support" house are fully supportive, in practice, of the defined "Active Support" principles for the residents.
14. Managers (above house supervisor) have insufficient "Industrial Training and Experience" to support the House Supervisor to fully implement departmental care policies, standards and values, in the face of HACSU supported staff lore.
15. DAS management issue avoidance and sweep-it-under-the-rug tactics when facing families questioning service level and quality.
16. Families having to continually repeat their stories on questionable service provision, in the face of revolving door DAS management (above house supervisor).
17. Direct care staff withholding from, or claiming client refused to take their (psychotic) medication, so the client's behaviour gets worse, and the staff can persuade the doctor to prescribe a higher dose.
18. Food items in house, going missing.
19. Staff having Bistro food at client expense.
20. Little accountability for pharmacy items.
21. Time sheets signed for every day, at the start of the week.
22. Residents' personal cash vulnerable to pilfering, and management not concerned as the department is responsible for its replacement.
23. Direct care staff at PRS allowed to do 12 hour shifts. They could not possibly provide QOL care after 8 hours!
24. House Supervisors say the residents are no problem, it's the staff who create most strife.

25. Staff have been known to bring their dogs to work and bath them in the resident's facilities.
26. Staff seeking increased medication for sitting residents, to give staff more time to cope with an incompatible client forced on them by client services.
27. Related staff working in the same house – potential conflict of interest, cronyism and nepotism.
28. Staff refusing to use CERS credit cards to get housekeeping and the resident's expenses.
29. Staff refusing to drive department vehicles despite having a current drivers licence.
30. Staff watching "Foxtel TV" that is paid for by the residents, whilst the residents are in bed by 6:30pm.
31. Ghost Shifts. Shifts where staff sign on, usually the previous day, but don't do the shift.
32. Staff stealing the residents' PRN medication. Easy to do, as this is often not used often.