



CHESTER HILL NEIGHBOURHOOD CENTRE INC.

AGED CARE POLICIES AND PROCEDURES

DRAFT

PENDING MANAGEMENT COMMITTEE APPROVAL

AUGUST 2020

COMBINED TABLE OF CONTENTS

Combined Table of Contents	1-14
Overview.....	15
1.1.1 Consumer Outcome	15
1.1.2 Organisation Statement	15
1.1.3 Our Policy	15
1.1.4 Responsibilities	15
1.1.5 Monitoring Consumer Dignity and Choice	16
1.1.6 References	16
1.1.7 Definitions.....	17
Term	17
Meaning.....	17
1.2 Services Provided.....	19
1.2.1 Overview	19
1.2.2 Access to Services.....	19
Equal access	19
Prioritising services	19
1.2.3 My Aged Care	19
Home care	19
1.2.4 Subcontracting Service Delivery.....	19
1.3 Dignity and Respect for Consumers	20
1.3.1 Service Delivery Principles.....	20
Charter of aged care rights	20
Home care	20
1.3.2 Cultural Safety of Consumers	22
1.3.3 Spiritual Support.....	22
1.3.4 Emotional and Psychological Support	23
1.3.5 Support for Carers	23
1.3.6 Consumer Rights and Responsibilities	24
Consumer rights	25
Consumer responsibilities	25
Consumer rights under consumer law.....	25
1.3.7 Consumers with Special Needs.....	26
Special needs groups.....	26
Strategies for meeting the needs of consumers with special needs.....	26
Strategies for particular consumer groups.....	27
Ensuring the safety of special needs consumers.....	29
1.4 Consumer Choice and Independence	30
1.4.1 Support for Consumers	30
1.4.2 Consumer Preferences	30
1.4.3 Fostering Choice and Independence.....	31
Consumer directed care	31

Consumer management of home care packages	32
Consumer choice and risk	32
1.4.4 Inclusion in Community	32
Consumer participation in community.....	32
Strategies to support community participation	32
Referrals to other agencies.....	33
Chester Hill Neighbourhood Centre Inc community involvement.....	33
Community resources information.....	34
1.4.5 Consumer Communication.....	34
1.5 Information for Consumers.....	35
1.5.1 General.....	35
1.5.2 Consumer Handbook	35
Changing the consumer handbook	35
Content of the consumer handbook.....	35
Home care specific:.....	36
1.5.3 Consumer Agreements.....	36
Home care agreement HCP	36
Commencement of service letter CHSP	37
1.5.4 Service Commencement	37
1.5.5 Other Information	37
Home care - keeping appointments.....	37
1.6 Privacy and Confidentiality	38
1.6.1 Principles for the Collection of Consumer Information	38
1.6.2 Privacy plan.....	38
1.6.3 Confidentiality of Complaints and Disputes	40
1.6.4 Consumers Right to Access Information	40
1.7 Security of Tenure and Change to Services	40
1.7.1 Home Care Packages	40
Security of tenure for HCP consumers	40
HCP consumers moving to another home care provider	41
Consumers leaving the HCP program.....	42
Factors affecting security of tenure in home care	42
Process for Termination, Withdrawal or Change of Services.....	43
1.7.2 Business Continuity	43
1.8 Leave Provisions	45
1.8.1 Maintaining Community Links	45
Home care packages	45
Commonwealth Home Support Program.....	45
2.1 Overview.....	46
2.1.1 Consumer Outcome	46
2.1.2 Organisation Statement	46
2.1.3 Our Policy	46
2.1.4 Responsibilities	46
2.1.5 Monitoring Assessment and Planning	47

2.1.6 References	47
2.1.7 Definitions.....	48
Term	48
Meaning.....	48
2.2 Receiving Consumer Referrals	50
Commonwealth Home Support Programme (CHSP)	50
Home care packages	51
2.2.2 Receiving Consumer Referrals Process	51
Commencing CHSP services	51
Commencing a home care package	51
2.3 Assessment and Planning Processes	53
2.3.1 Overview	53
Wellness and reablement.....	53
2.3.2 Partnering with Consumers.....	54
2.3.3 Delivering Safe and Effective Services	54
Action in the event of a consumer not responding to a scheduled visit	55
2.3.4 Consent	56
Principles of consent.....	56
Valid consent.....	56
Types of consent.....	57
Seeking consent	57
Consent procedure.....	57
2.3.5 Substitute Decision-Makers	58
Representative	58
Supported decision-making	59
Advance health directive (AHD)	59
Enduring guardian and enduring power of attorney	59
Community guardianship	60
Hierarchy of decision-makers	60
2.3.6 Assessment and Support Planning Process	60
Consumer advocates in assessment and planning	62
Service commencement meeting	62
Key assessment and planning process steps and timelines.....	62
Planning consumer care and support requirements	62
2.3.7 Support Plans	63
General	63
CHSP.....	64
Consumer access to support plans	65
Consumers requiring clinical support	65
Support plan review schedule.....	65
Identifying deterioration and escalation	65
Care conferences	65
Clinical review	66
Handover.....	66
2.3.8 Advance Care Planning	66
2.4 Consumer Reviews and Reassessment.....	68
2.4.1 Review and Reassessment Process	68

CHSP consumers.....	68
HCP Consumers.....	69
Upgrades to home care packages.....	71
2.5 Referral to Other Providers Processes	73
2.5.1 Referral Process.....	73
Home care	73
2.6 Consumer Documentation and Information Sharing	74
2.6.1 Consumer Documentation	74
2.6.2 Access to Support Plans and Other Documentation.....	74
Home care	74
Home care file contents	74
2.6.3 Progress Notes	75
Home care	75
2.6.4 Consumer Access to Information.....	75
2.6.5 Information Sharing	75
Requests for information.....	76
2.7 Infection Prevention and Control	77
2.7.1 Infection Prevention and Control Overview	77
2.7.2 Standard Precautions.....	78
2.7.3 Transmission-Based Precautions	79
2.7.4 Routine Hand Hygiene	79
2.7.5 Use of Personal Protective Equipment (PPE)	79
Home care	79
2.7.6 Waste Management.....	79
2.7.7 Environmental Controls.....	79
Pest control (centre, offices)	79
Procedure for decontamination of blood and body fluid substance spills (centre, residential care)	80
2.7.8 Cleaning of Reusable Equipment/Single Use Equipment	80
Handling and disposal of sharps.....	80
2.7.9 Hygiene and Cough Etiquette.....	80
2.7.10 Aseptic Technique	80
2.7.11 Surveillance of Health Care Associated Infections (HAI)	81
Home care – antimicrobial stewardship.....	81
2.7.12 Communicable Diseases	81
Managing communicable diseases	81
Outbreak management	81
Staff and volunteer vaccination.....	83
Consumer and significant other vaccination.....	83
Home Care.....	83
Sharps injury and body fluid exposure.....	83
COVID-19 responses	84
Overview.....	86
3.1 Personal Care and Clinical Care Guide.....	86
3.1.1 Consumer Outcome	86

3.1.2 Organisation Statement	86
3.1.3 Our Policy	86
3.1.4 Responsibilities	86
3.1.5 Monitoring Personal Care and Clinical Care	89
3.1.6 References	89
3.1.7 Definitions.....	89
Term	87
Meaning.....	87
3.2 Delivering Personal Care and Clinical Care	92
3.2.1 Principles of Delivering Personal Care and Clinical Care	92
3.2.2 Risk Assessment: Minimising Harm	92
Screening for risks and minimising harm.....	93
Support planning	93
Referral	93
3.2.3 Personal Care	94
Scheduling.....	94
Support plans and documentation.....	94
Equipment and materials	94
3.2.4 Clinical Support.....	95
Home care	95
3.2.5 Documenting Advance Care Planning	95
3.2.6 Monitoring Health and Wellbeing in Natural Disasters	95
3.3 Minimising Potential Harm: Care Policies	97
3.3.1 Overview	97
3.3.2 Consumer-Focused Care Policy	97
3.4 Medication Management Policy	99
Definitions	99
Responsibilities.....	99
Home care	100
Consumer medication assessment.....	101
Documentation requirements for the provision of medication.....	101
Limits to medication management practices	102
Categories of medication	102
Staff training for medication support	103
Policy review	103
3.5 Restraint Minimisation and Use Policy	104
Home care	104
Overview.....	105
4.1.1 Consumer Outcome	105
4.1.2 Organisation Statement	105
4.1.3 Our Policy	105
4.1.4 Responsibilities	105
4.1.5 Monitoring Services and Supports for Daily Living	105
4.1.6 References	106

4.1.7 Definitions.....	106
4.2 Ensuring Safe and Effective Services.....	107
4.2.1 Delivering Safe and Effective Services	107
4.2.2 Promoting Consumers’ Cultural, Spiritual, and Emotional Wellbeing	107
4.2.3 Consumer Participation in Community.....	107
4.2.4: Communication of Consumer Information	107
4.2.5 Consumer Referrals	107
4.2.6 Equipment Safety and Maintenance	107
4.3 Commonwealth Home Support Program Services	108
4.3.1 Social Support – individual	108
i) Overview	108
ii) Planning.....	108
iii) Conducting activities.....	108
4.3.2 Transport	108
i) Overview	108
ii) Arranging transport.....	109
iii) Recording transport	109
iv) Drivers.....	109
4.4.1 Consumer Directed Care	110
4.4.2 Services Provided.....	110
i) (Chester Hill Neighbourhood Centre Inc.).....	110
Overview.....	111
5.1.1 Consumer Outcome	111
5.1.2 Organisation Statement	111
5.1.3 Our Policy	111
5.1.4 Responsibilities	111
5.1.5 Monitoring Service Environment.....	111
5.1.6 References	111
5.1.7 Definitions.....	112
5.2 A Welcoming Environment for Consumers	113
5.2.1 Facilities – Guide Hall	113
5.2.3 Special Needs Consumers	113
5.2.4 Consumer Input on Environment.....	113
5.2.5 Maintaining the Environment	113
5.3 A Safe Environment.....	114
5.3.1 Commitment to Safety.....	114
5.3.2 Facilities Inspections and Safety Audits.....	114
5.3.3 Accidents, Incidents and Hazards	114
5.3.4 First Aid and Emergencies	115
i) First aid	115
ii) Emergencies.....	115

5.4 Safety in the Home and Other Venues.....	116
5.4.1 Overview	116
i) Role of the consumer	116
ii) Role of care worker	116
5.4.2 Home Safety Audits.....	117
5.4.3 Safety Audits External Venues	117
5.5 Asset Management.....	118
5.5.1 Approved Suppliers and External Contractors	118
5.5.2 Asset Recording	118
i) CHSP assets	119
5.5.3 Insurance.....	119
5.5.4 Equipment Register (Consumer Loans)	119
5.5.5 Staff and Volunteer Vehicles	120
5.5.6 Monitoring and Maintaining Equipment and Facilities.....	120
i) Equipment register.....	120
ii) Maintenance requests	120
5.5.7 Vehicle Policy.....	120
i) Key points.....	120
ii) Motor vehicle accident procedures.....	120
5.5.8 Fire and Emergency Procedures	121
i) Displaying emergency procedures.....	121
ii) Staff responsibilities	121
Overview.....	123
6.1.1 Consumer Outcome.....	123
6.1.2 Organisation Statement	123
6.1.3 Our Policy	123
6.1.4 Responsibilities	123
6.1.5 Monitoring the Complaints and Consumer Feedback Process.....	123
6.1.6 References	123
6.1.7 Definitions.....	124
6.2 Consumer Complaints	125
6.2.1 Open Disclosure and other Principles in Managing Complaints.....	125
i) Be open and timely	126
ii) Acknowledge	126
iii) Assess	126
iv) Respond.....	126
v) Follow up	127
vi) Consider	127
6.2.2 Process for Managing Complaints	127
6.2.3 Disputes between Consumers and Care Workers	128
6.2.4 People with Special Needs	128
6.2.5 Use of an Advocate	129
6.2.6 Confidentiality of Complaints and Disputes	129

6.2.7 Working with External Complaints Agencies.....	129
6.3 Consumer Feedback	130
6.3.1 Formal Feedback.....	130
6.3.2 Informal Feedback	130
6.4 Advocates	130
6.4.1 Use of Advocates	130
6.4.2 What is an Advocate?	130
6.4.3 Appointing an Advocate	131
6.4.4 Guidelines for Advocates	131
6.4.5 Advocacy and Complaints Investigation Contacts	131
7.1 Overview.....	133
7.1.1 Consumer Outcome	133
7.1.2 Organisation Statement	133
7.1.3 Our Policy	133
7.1.4 Responsibilities	133
7.1.5 Monitoring Human Resources.....	133
7.1.6 References	133
7.1.7 Definitions.....	134
7.2 Workforce Planning.....	135
7.2.1 Human Resource Support.....	135
7.2.2 Planning the Workforce.....	135
7.2.3 Retaining Staff.....	135
7.2.4 Workforce Risk Management	136
7.3 Workforce Recruitment	137
7.3.1 Recruitment Policy	137
7.3.2 Equal Employment Opportunity and Anti-Discrimination	137
7.3.3 SACS Modern Award.....	137
7.3.4 Process for Filling a Vacant Position	138
i) Review the position	138
ii) Advertise the position	138
iii) Set up a selection panel	138
iv) Shortlist applicants.....	138
v) Interview applicants	139
vi) Conduct pre-employment checks.....	139
vii) Offer of employment.....	139
viii) Advise unsuccessful applicants	139
7.3.5 Procedure for New Staff	139
i) Orientation.....	139
ii) Supervision of new staff.....	140
7.3.6 Position Descriptions	140
7.3.7 Staff Code of Behaviour	140

7.3.8 Policies and Procedures.....	141
7.3.9 Staff Files.....	141
7.3.10 Employment Checks	142
i) Reference check	142
ii) Police check.	142
iii) Drivers licence and vehicle registration checks	144
7.4 Staff Development	145
7.4.1 Staff Supervision and Support	145
7.4.2 Performance Development Reviews	145
7.4.3 Staff Education and Training.....	145
i) Education and training strategies	145
ii) Mandatory training	146
iii) Non-mandatory training	147
iv) Competencies	147
v) Staff development opportunities	148
vi) First aid	148
vii) Staff training records	148
7.5 Staff Performance Management and Disputes.....	149
7.5.1 Staff Underperformance.....	149
What is underperformance?	149
Process for dealing with underperformance	149
7.5.2 Employer/Employee Dispute Procedure.....	149
7.5.3 Serious Misconduct.....	150
7.5.4 Employee Assistance Program (EAP).....	Error! Bookmark not defined.
7.6 Staff Timesheets, Leave and Exit	151
7.6.1 Staff Timesheets.....	151
7.6.2 Leave	152
i) Application for leave.....	152
ii) Sick leave	152
iii) Personal, carers and compassionate leave	152
iv) Domestic Violence Leave.....	152
iv) Recording annual leave.....	152
7.6.3 Employee Exit Procedure.....	152
7.7 Workers' Compensation	154
7.7.1 Notification of Incident/Accident.....	154
7.7.2 Claims	154
7.7.3 Rehabilitation and Return-To-Work Programs	154
i) Overview	154
ii) Obligations.....	154
iii) Management Committee / Centre Manager responsibilities	155
iv) Employee responsibilities	155
7.8 Volunteers and Temporary Staff	156
7.8.1 Volunteers.....	156
i) Volunteer policy.....	156
ii) Volunteer management.....	156

iii) Reimbursement of costs	156
7.8.2 Temporary Staff.....	156
i) Temporary staff shortages	156
ii) Agency staff	156
iii) Staff access to support.....	157
8.1: Organisational Governance Guide	158
8.1.1 Consumer Outcome	158
8.1.2 Chester Hill Neighbourhood Centre Inc. Statement.....	158
8.1.3 Our Policy	158
8.1.4 Responsibilities	158
8.1.5 Monitoring Chester Hill Neighbourhood Centre Inc. Governance	159
8.1.6 References	159
8.1.7 Definitions.....	160
Term	160
Meaning.....	160
8.2 About Chester Hill Neighbourhood Centre Inc.....	162
8.2.1 Overview	162
8.2.2 Our Vision	162
8.2.3 Our Objectives.....	162
8.2.4 Our Philosophy	162
8.2.5 Partners with Consumers	162
8.2.6 Aged Care Sector Statement of Principles.....	162
8.2.7 Target Group.....	163
8.2.8 Services Provided.....	163
8.2.9 Key Result Areas.....	163
i) Ensure continuous improvement.....	163
ii) Funding and other accountability requirements are met	163
iii) A skilled and efficient workforce is maintained	163
8.2.10 Our Staff	164
8.2.11 Incorporation Requirements.....	164
Key requirements of companies limited by guarantee	164
Rights of members of companies limited by guarantee	164
The constitution.....	165
Meetings.....	165
Role of the Management Committee.....	165
Code of behaviour for Management Committee members.....	168
Orientation for Management Committee members	169
8.2.12 Approved Provider Responsibilities.....	169
i) Key personnel	169
Disqualified individuals	170
Material change of circumstance of approved provider.....	171
Financial disclosure obligations	171
Pricing review.....	172
Department monitoring of compliance and other access.....	172

8.3 Management Structure and Governance Processes	173
8.3.1 Reporting Process	173
8.3.2 Clinical Governance	173
i) Anti-microbial stewardship	173
8.3.3 Management Meetings	174
i) Management Committee meetings	174
ii) Clinical governance meetings.....	174
iii) Team meetings	174
8.3.4 Management Reports.....	174
8.3.5 Corporate Calendar	183
8.4 Financial Management	184
8.4.1 Roles and Tasks	184
i) Management Committee	184
ii) Treasurer	184
iii) Centre Manager	184
iv) Coordinator	184
v) Administration team	184
8.4.2 Financial Management Practices	185
i) Accrual based accounting	185
ii) Bank accounts	185
iii) Signatories	185
iv) Budget.....	185
v) Books of accounts	185
vi) Reports.....	185
vii) Income	185
viii) Payments	185
ix) Recurrent payments	186
x) Supplier accounts.....	186
xi) Petty cash	186
xii) Reconciliations and ATO reports	186
xiii Audit	186
8.4.3 Delegations of Financial Authority	187
8.4.4 Applying for Funds	187
8.5 Consumer Fees.....	188
8.5.1 Fees Policy	188
CHSP fees policy	188
8.5.2 Home Care Package Fees	189
Types of fees.....	190
Compensation	191
Supplements	191
Means not disclosed	191
Annual and lifetime caps.....	192
Pricing schedule.....	192
Individualised budget	194
Monthly statement.....	194
Unspent HCP funds	195
Fee management.....	196
8.5.3 Residential Care Fees	197

Basic daily fee	197
Means-tested care fee	197
Accommodation costs	198
Fees for extra and additional services	198
Consumer financial assessment	198
Fee notification letter	199
Residential respite care costs	199
Financial hardship assistance.....	199
Annual and lifetime caps.....	199
8.6 Funding Reports and Monitoring	200
8.6.1 Funding Provider Accountability Reports.....	200
8.6.2 Monitoring Funding Requirements and Service Delivery.....	200
8.6.3 Funding Provider Acknowledgement	200
8.7 Planning	203
8.7.1 Consumers as Partners	203
8.7.2 Annual Report.....	203
8.7.3 Improvement Plan and Strategic Plan	203
8.7.4 The Planning Process	203
8.7.5 Annual Planning Meeting Consumers	204
8.7.6 Annual Planning Day.....	204
i) Planning day process.....	205
8.7.7 Implementing the Plans	205
8.8 Regulatory Compliance	206
8.8.1 Identify Relevant Requirements	206
8.8.2 Monitoring Changes to Legislation	207
8.8.3 Implement Changes	208
8.8.4 Monitor and Evaluate Changes.....	209
8.9 Continuous Improvement	210
8.9.1 Overview	210
8.9.2 The Improvement Committee	211
i) Role of improvement committee	211
ii) Improvement committee membership	211
iii) Improvement committee meetings	211
iv) Improvement committee agenda.....	211
8.9.3 Continuous Improvement and Risk Management.....	211
8.9.4 Improvement Plan.....	212
8.9.5 Improvement Process	212
i) Plan	212
ii) Do.....	213
iii) Check	213
iv) Act	213
8.9.6 Continuous Improvement Forms	213
i) Tell us what you think form.....	214
ii) Consumer complaint form	214

iii) Staff accident incident report	214
iv) Adverse event report	214
v) Hazard report	215
vi) Medication error report	215
vii) Maintenance request.....	215
viii) Survey audit report.....	215
8.9.7 Other Continuous Improvement Information Sources.....	215
i) Informal consumer feedback	215
ii) Consumer meetings.....	215
iii) Chester Hill Neighbourhood Centre Inc. meetings	216
iv) Safety audits	216
v) Policies and procedures reviews	216
vi) Responsive audits	217
vii) Quality reviews	217
8.9.8 Processing Continuous Improvement Forms and Other Improvement Information	218
i) Processing forms	218
ii) Communication of improvements.....	218
iii) Evaluating improvements	218
8.10 Risk Management.....	219
8.10.1 Overview.....	219
8.10.2 Risk Management and Continuous Improvement	219
8.10.3 Risk Management Plans.....	219
i) Risk management plans.....	219
ii) Risk management plan information	220
8.10.4 Identifying Risks	221
8.10.5 Identifying Controls	221
i) Recording improvements	222
8.10.6 Risk Rating Matrix	222
8.10.7 Consumer Choice and Risk	222
8.10.8 Abuse and Neglect.....	223
i) Strategies to minimise the risk of abuse and neglect	223
ii) Consumers	224
iii) Staff	225
iv) Minimising the use of restraint.....	225
8.10.9 Business Continuity Plan	225
8.11 Information Management Systems	227
8.11.1 Communication Strategies.....	227
8.11.2 Policies and Procedures.....	227
i) Structure of the policies and procedures	227
ii) Access to policies and procedures.....	228
iii) Updating the policies and procedures	228
iv) Review minutes of management meetings.....	229
v) Control of the policies and procedures	229
vi) Review of policies and procedures	229
8.11.3 Consumer Information	229
Principles for the collection of consumer information	229
Management of consumer information	229

Consumer access to information	231
8.11.4 Recording Service Delivery Information.....	231
8.11.5 General Information	231
i) Staff records	231
ii) Minutes of meetings	231
iii) Other administrative information.....	232
8.11.6 Archiving.....	232
i) Archive management	232
Aged care act responsibilities	232
ii) Timelines for maintaining records.....	232
iii) Archiving consumer records.....	233
iv) Managing superseded policies and procedures	233
8.11.7 Information Technology	233
i) Standard operating environment (SOE)	233
ii) PRODA.....	234
iii) Data storage.....	234
iv) Backups	234
v) External programmes	234
vi) Passwords	234
vii) Email	234
viii) Internet.....	234
ix) Getting help and reporting problems.....	234
x) Social media.....	235
Responding to data breaches.....	235

OVERVIEW

1.1.1 CONSUMER OUTCOME¹

"I am treated with dignity and respect and can retain my identity. I can make informed choices about my care and services and live the life I choose."

1.1.2 ORGANISATION STATEMENT²

Chester Hill Neighbourhood Centre Inc:

- Has a culture of inclusion and respect for consumers
- Supports consumers to exercise choice and independence
- Respects consumers' privacy.

1.1.3 OUR POLICY³

- Each consumer is treated with dignity and respect, and their identity, culture and diversity is valued
- Care and services are culturally safe
- Each consumer is supported to exercise choice and independence, including to:
 - make decisions about their own care and the way care and services are delivered
 - make decisions about when family, friends, carers or others should be involved in their care
 - communicate their decisions
 - make connections with others and maintain relationships of choice, including intimate relationships
- Each consumer is supported to take risks to enable them to live the best life they can
- Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice
- Each consumer's personal privacy is respected, and information is kept confidential.

1.1.4 RESPONSIBILITIES

- Management ensures processes and practices are in accord with consumer dignity and choice and provide the resources to support staff and consumers including staff development and supervision
- Staff follow policies and procedures, participate in development opportunities, treat consumers with dignity and respect at all times, work to maintain an environment that is culturally safe, support consumers to make informed choices about their care and ensure the privacy and confidentiality of consumers
- Consumers and/or their representatives make their choices known to staff and let us know when they feel they have not been treated with dignity and respect or have not been supported or permitted to express their choices about their care and services.

¹ Australian Government Office of the Australian Information Commissioner (OAIC) Guide to Health Privacy September 2019

² Ibid p4

³ Ibid p4

1.1.5 MONITORING CONSUMER DIGNITY AND CHOICE

Consumer dignity and choice processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) in Forms/Governance Documents and 8.9 Continuous Improvement).

1.1.6 REFERENCES

- Australian Government Aged Care Sector Committee *Aged Care Sector Statement of Principles* 2015
- Australian Government *Charter of Rights and Responsibilities Home Care* 2017
- Australian Government Department of Health *Charter of Aged Care Rights* (Effective 1 July 2019)
- Australian Government *Competition and Consumer Act 2010*
- Australian Government Aged Care Quality and Safety Commission *Guidance and Resources for Providers to Support the Aged Care Quality Standards* April 2019
- Australian Government *Commonwealth DSS Comprehensive Grant Agreement* 2014 Clause 28 Subcontractors
- Australian Government Department of Health Advisory email: *Home Care Providers – Know your Rights and Obligations* 6 August 2018
- Australian Government Department of Health *Changing Home Care Providers* 5 January 2017
- Australian Government Department of Health *CHSP Funding Extension 21 July 2018* (web document)
- Australian Government Department of Health *Commonwealth Home Support Programme - Program Manual* 2018 - 2020
- Australian Government Department of Health Aged Care Sector Committee Diversity Sub-Group *Aged Care Diversity Framework* December 2017
- Australian Government Department of Health *Home Care Packages Program Operational Manual* March 2020
- Australian Government Department of Health *Information for Aged Care Providers Newsletter Issue 12 August 2018*
- Australian Government Department of Health *mai example – calculation of unspent home care amounts* 2017
- Australian Government Department of Health *Maximising Independence – Wellness and Reablement Approaches (Pertaining to CHSP)* June 2018
- Australian Government Department of Social Services *Living Well at Home: CHSP Good Practice Guide Commonwealth Home Support Programme* July 2015
- Australian Government Federal Register of Legislation *User Rights Principles* 2014 Division 2 – Responsibilities of Approved Providers of Home Care – General 17: Security of Tenure 27 February 2017
- Australian Government My Aged Care *Actively Managing Unspent Funds*
- Australian Government My Aged Care <http://www.myagedcare.gov.au/help-home/home-care-packages/home-care-agreement> February 2017
- Australian Government Office of the Australian Information Commissioner *Protecting Customers Personal Information* Accessed 8 August 2019
- Australian Government *Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012*

- Meaningful Ageing Australia *National Guidelines for Spiritual Care in Aged Care* 2016
- Williams, Robyn *Cultural safety: what does it mean for our work practice?* Australian and New Zealand Journal of Public Health. 23(2): 213-214 2008 Cited in Aged Care Quality Standards Standard 4: Services and Supports for Daily Living June 2018 p 82

1.1.7 DEFINITIONS⁴

Term	Meaning
Carer	A person who provides personal care, support and help to a consumer. This doesn't include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Consumer	A person we provide or intend to provide aged care and services for and their guardian and/or their representatives nominated by them.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It's also how a person's identity is respected so that who they are and what they need, isn't questioned or denied.
Dignity of risk	Dignity of risk is the concept that all adults have right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Respectful	Being respectful includes understanding a person's culture, acknowledging differences, and being actively aware of these differences. It is about understanding that each consumer is unique and has a right to be treated in an inclusive and respectful way.
Special needs groups	People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i> , are listed below: <ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged • Veterans • People who are homeless or at risk of becoming homeless • Care leavers

⁴ Adapted from Australian Government Aged Care Quality and Safety Commission *Guidance and Resources for Providers to Support the Aged Care Quality Standards* January 2019

Term	Meaning
	<ul style="list-style-type: none">• Parents separated from their children by forced adoption or removal• Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Care Worker	All staff involved in delivering services and care to consumers. Includes unregulated healthcare workers.

1.2 SERVICES PROVIDED

1.2.1 OVERVIEW

Chester Hill Neighbourhood Centre Inc provides:

- Commonwealth Home Support Services (CHSP)
- Home Care Packages (HCPs)

Details of the services provided under these programs are included in the [Directory of Funded Programs](#).

1.2.2 ACCESS TO SERVICES

Equal access

No consumers are excluded from access to Chester Hill Neighbourhood Centre Inc on the grounds of their gender, marital status, religious or cultural beliefs, political affiliation, particular disability, ethnic background, age, sexual preference, inability to pay or circumstances of their carer.

Prioritising services

All other things being equal, priority access to services is given to people with special needs. (See 1.3.7 Consumers with Special Needs.)

1.2.3 MY AGED CARE⁵

Home care

The My Aged Care provider portal is used by Chester Hill Neighbourhood Centre Inc to maintain information about the CHSP and HCP services we provide, including special needs groups we cater for and type and availability of services. To ensure CHSP referrals from My Aged Care and the selection of Chester Hill Neighbourhood Centre Inc by HCP consumers, the information on the portal is kept up to date by the Aged Care and Volunteer Coordinator.

Consumers can access information about service providers through the My Aged Care website and the My Aged Care Contact Centre. My Aged care also provides a 'match and refer service' with consumers making the final decision.

Home care service notification form (for HCP approved providers)

The Home Care Service Notification Form is completed by approved providers within 28 days of a change in the name or address of the home care service or of any new home care services to ensure correct payment of subsidies.

1.2.4 SUBCONTRACTING SERVICE DELIVERY⁶

Chester Hill Neighbourhood Centre Inc subcontracts some CHSP, HCP and residential care services that we do not provide in-house staff for consumers. (See 5.4.2 Subcontracting Service Delivery.)

⁵ Refer to the Australian Government Department of Health [My Aged Care](#) Guidance for Providers and [My Aged Care Provider Portal](#) User Guide. These documents provide Grant Recipients with detailed information on the My Aged Care system.

⁶ Australian Government Commonwealth DSS Comprehensive Grant Agreement 2014 Clause 28 Subcontractors p 21

1.3 DIGNITY AND RESPECT FOR CONSUMERS

All staff are provided with a copy of this section of the Policies and Procedures Manual (see Staff Volunteer Orientation Checklist), and with opportunities to discuss the way we relate to and work with consumers, through meetings, training and ad-hoc interactions.

(See also 1.4.3 Fostering Choice and Independence.)

1.3.1 SERVICE DELIVERY PRINCIPLES

Charter of aged care rights

The Charter of Aged Care Rights provides the overarching principles of our service delivery, irrespective of program funding. Chester Hill Neighbourhood Centre Inc is committed to the service delivery principles underpinning the CHSP and HCP program and reflected in the Charter of Aged Care Rights and ensures these principles are implemented and followed in practice by ensuring they underpin:

- Our policies and procedures in all aspects of service management and service delivery
- Position descriptions and other role specifications
- Checklists, forms and other documents
- Senior management and staff training
- Information to and engagement with consumers including working in partnership with consumers
- The implementation and evaluation of improvements to our services and organisation.

(See 1.3.6 Consumer Rights and responsibilities)

Home care

The Australian Government has identified three principles that underpin home care programs. These principles are:

1. Senior Australians should have access to care and services that support them to live in their own homes for as long as they can and choose to.
2. Senior Australians can and should make decisions on the care and services they receive under Commonwealth Government subsidised aged care programs.
3. The best care outcomes come from senior Australians and home care providers working in partnership.⁷

Commonwealth home support programme

The service delivery principles identified by CHSP are:⁸

- Establish consumer consent to receive services as a prerequisite for all service delivery.
- Promote each consumer's opportunity to maximise their independence, autonomy and capacity and quality of life through:

⁷ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) What is the philosophy underpinning Home Care? p 9 (Click on link for latest version)

⁸ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 p 9

- being consumer-centred and providing opportunities for each consumer to be actively involved in addressing their goals
- focusing on retaining or regaining each consumer's functional and psychosocial independence, and
- building on the strengths, capacity and goals of individuals.
- Provide services tailored to the unique circumstances and cultural preference of each consumer, their family and carers.
- Ensure choice and flexibility is optimised for each consumer, their carers and families.
- Invite consumers to identify their preferences in service delivery and where possible honor that request.
- Ensure services are delivered in line with a consumer's agreed support plan to ensure their needs are being met as identified by the Regional Assessment Service (RAS).
- Emphasise responsive service provision for an agreed time period and with agreed review points.
- Support community and social participation opportunities that provide valued roles, a sense of purpose and personal confidence.
- Develop and promote strong partnerships and collaborative working relationships between the person, their carers and family, support workers and the RAS.
- Develop and promote local collaborative partnerships and alliances to facilitate consumers' access to responsive service provision.
- Have a consumer contribution policy in place which is publicly available.
- Establish the consumer contribution for services delivered with the consumer prior delivering any services.

Consumer directed care

The following (taken from the Home Care Packages Programme Operational Manual 2020) reflects Chester Hill Neighbourhood Centre's approach to the provision of CDC packages:

All packages are delivered using a CDC model. The aim of this approach to planning and managing care and services is to give consumers choice and flexibility in the supports they access, based on need, and how they are delivered.

Care recipients should be actively involved in deciding how their package funds are spent. A package, however, is not a source of income that people can use completely at their own discretion. Providers need to work in partnership with care recipients to ensure that funding is used appropriately. This includes due consideration of the legislated exclusions from a package (discussed at Section 9).

Different people, and their support networks, will want different levels of involvement in planning and managing their package, including self-management. At every level, providers will need to work with consumers to balance their duty of care with an individual's right to make choices that take reasonable risks. This right is known as 'dignity of risk'.⁹

(See 1.4.3 Fostering Choice and Independence/Wellness and reablement; Consumer directed care; Consumer management of home care packages.)

⁹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 2.2 What is the intent of the Home Care Packages Program? p9 (Click on link for latest version)

1.3.2 CULTURAL SAFETY OF CONSUMERS

Culturally safe care can be defined as care provided in an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.¹⁰

To ensure that consumer assessment, planning and service delivery for consumers is conducted in a culturally safe manner the following strategies are utilised:

- All staff receive training in ensuring cultural safety from an individual perspective and an organisation perspective
- Cultural considerations that may apply to the consumer are identified from the referral, from the consumer in the Service Commencement Meeting and ongoing, and from other people the consumer has identified as involved in their care including family or others
- Explore for any other key issues that may be relevant to the consumer's cultural background
- Requirements to ensure cultural safety are implemented as appropriate during assessment, support planning and service delivery
- Information is provided to staff and
- Service delivery is monitored to ensure cultural safety.

The organisation is working to develop a Reconciliation Action Plan (RAP). A RAP is a strategic document that supports an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates.

For further information on cultural safety see 2.3.6 Assessment and Support Planning Process/Service commencement meeting.

1.3.3 SPIRITUAL SUPPORT

We are committed to providing spiritual support to consumers through our understanding and adoption of the principles outlined in the National Guidelines for Spiritual Care in Aged Care.¹¹ We understand that spirituality is not just religion or pastoral care, but a philosophy that supports the delivery of care and support that provides:

- Respect and acceptance
- Compassion and empathy
- Inclusion and diversity and
- Dignity.

We explore consumer's spiritual needs in the assessment and planning process, and where we can, we support people to access resources that promote spiritual comfort and development such as audio-visual resources, churches, other places, groups and other contacts. (See also 2.3.6 Assessment and Support Planning Process.)

¹⁰ Williams, Robyn Cultural safety: what does it mean for our work practice? Australian and New Zealand Journal of Public Health. 23(2): 213-214 2008. Cited in Aged Care Quality Standards Standard 4: Services and Supports for Daily Living June 2018 p 82

¹¹ Meaningful Ageing Australia National Guidelines for Spiritual Care in Aged Care 2016

1.3.4 EMOTIONAL AND PSYCHOLOGICAL SUPPORT

Chester Hill Neighbourhood Centre Inc believes that emotional and psychological wellbeing of consumers is facilitated through the provision of safe and effective services through:

- Providing access to services that support consumers to develop their confidence, make social connections and participate in their community (see 4.3 Programs and Services/Social Support - Group)
- Seeing consumers as a partner in the service (see 2.3.2 Partnering with Consumers)
- Recognising a person's spiritual needs and supporting them in their achievement (see 1.3.3 Spiritual Support)
- Recognising a person's emotional and psychological needs and supporting them in their achievement.

All staff involved in direct contact with consumers participate in discussions at staff meetings on strategies to promote consumer's emotional, spiritual and psychological wellbeing. We believe emotional and psychological needs include the need for:

- Recognition
- Self-esteem
- Connection
- Security
- Variety
- Growth and
- Sexuality (if expressed by the consumer).

We explore consumer's emotional and psychological needs in the assessment and planning process, and where we can, we support people to fulfil these needs through our interactions and through the provision of care and services in ways that respect these needs. For example, recognition of a person's strengths can enhance self-esteem, make a person feel recognised and facilitate connection. Our service delivery supports security and variety and our focus on independence supports growth.

1.3.5 SUPPORT FOR CARERS

Chester Hill Neighbourhood Centre Inc recognises the crucial role that carers play in supporting consumers to live in the community and in residential care and has adopted the principles incorporated in the *Statement for Australia's Carers* under the *Carer Recognition Act 2010*, including the following:

- All carers have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.
- Children and young people who are carers have the same rights as all children and young people and are supported to reach their full potential.
- Carers are acknowledged as individuals with their own needs within and beyond the caring role.
- The relationship between carers and the persons for whom they care is recognised and respected.
- Carers are considered as partners in the provision of care, acknowledging their unique knowledge and experience.
- Carers are treated with dignity and respect.

- Carers are supported to achieve greater economic wellbeing and sustainability and, where appropriate, and are provided with opportunities to participate in employment and education.
- Support for carers is timely, responsive, appropriate and accessible.¹²

These principals underpin all of our care and interaction with carers and specifically apply to our Centre Based Respite program that provides carers with a break from the caring role and time where they can focus on their own needs knowing that the person they care for is in a stimulating and caring environment.

1.3.6 CONSUMER RIGHTS AND RESPONSIBILITIES

Consumers are the focus of Chester Hill Neighbourhood Centre operations and it is important that their rights are acknowledged and promoted at every opportunity and that they are aware of their responsibilities as consumers. Consumer rights are implemented in the same ways within Chester Hill Neighbourhood Centre as are the service delivery principles. (See 1.3.1 Service Delivery Principles.)

Information on rights and responsibilities is included in the Consumer Handbook and the consumer Agreement. These documents are updated as per 8.8: Regulatory Compliance, whenever advice is received from the Department of Health that the Charter has been revised. In addition, consumers are provided with a copy of the Charter of Aged Care Rights before they enter into a home care agreement. The copy of the Charter that is provided:

- Is signed by a staff member providing it
- Includes the signature of the consumer or their authorised person if they have signed it
- Includes the date on which the consumer or their authorised person was given reasonable opportunity to sign the Charter, if they have not signed it
- Sets out the full name of the consumer
- Sets out the full name of the staff member who was present at the time the copy of the Charter was given to the consumer, if relevant, and
- Sets out the date on which the copy of the Charter was given to the consumer.

Consumers/authorised representatives are encouraged (but not required) to sign an acknowledgement of receipt of the Charter of Aged Care Rights and are provided with information and support to ensure they are aware of their rights. If a consumer/authorised representative does not wish to sign an acknowledgement of receipt of the Charter of Aged Care Rights, we record in the consumer record:

- Signature of a staff member
- Date on which the provider gave the consumer a copy of the Charter
- Date on which the provider gave the consumer (or their authorised person) a reasonable opportunity to sign the Charter
- Consumer (or authorised persons)'s signature and date (if they choose to sign) and
- Full name of the consumer (and authorised person, if applicable).¹³

¹²Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 p 12

¹³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 3.2 What responsibilities do I (as an approved provider) have in relation to the Charter of Aged Care Rights? P 15 (Click on link for latest version)

Consumer rights¹⁴

Consumers have the right to:

- Safe and high quality care and services;
- Be treated with dignity and respect;
- Have their identity, culture and diversity valued and supported;
- Live without abuse and neglect;
- Be informed about their care and services in a way they understand;
- Access all information about themselves, including information about their rights, care and services;
- Have control over and make choices about their care, and personal and social life, including where the choices involve personal risk;
- Have control over, and make decisions about, the personal aspects of their daily life, financial affairs and possessions;
- Their independence;
- Be listened to and understood;
- Have a person of their choice, including an aged care advocate, support them or speak on their behalf;
- Complain free from reprisal, and to have their complaints dealt with fairly and promptly;
- Personal privacy and to have their personal information protected;
- Exercise their rights without it adversely affecting the way they are treated.

Consumer responsibilities¹⁵

We value consumer input and participation in determining the services provided and how they are provided, and we also believe that all people involved in aged care including consumers, their families, carers, visitors and the aged care workforce, must respect and be considerate of each other. To support this principle, consumers are expected to:

- Provide us with the information we need to properly deliver care and services
- Comply with the conditions of your Agreement and pay the fees outlined in the agreement on time and
- Respect the rights of our workers to work in a safe environment. Any kind of violence, harassment or abuse towards staff or others is not acceptable.

Consumer rights under consumer law

In addition to our responsibilities under the Aged Care Act 1997 and other relevant legislation, we ensure the following under Australian Consumer Law¹⁶:

- We provide clear, honest and complete information about our services including information displayed on the My Aged Care website
- We provide time to consumers to make their decisions and ask for help if they need to

¹⁴ Australian Government Department of Health Charter of Aged Care Rights (Effective 1 July 2019)

¹⁵ Adapted from the Australian Government Charter of Rights and Responsibilities Home Care 2017. Note that consumer responsibilities are no longer specified as part of the Charter of Rights. They are considered good practice

¹⁶ Australian Government Competition and Consumer Act 2010

- We avoid pressuring consumers and adopting commission-based business models which might lead to pressure selling
- We make sure all the terms in our agreements are fair for all parties
- We provide a clear and easy dispute resolution process.¹⁷

1.3.7 CONSUMERS WITH SPECIAL NEEDS

Special needs groups can encounter barriers that reduce the capacity of individuals and/or communities to access home care and residential services and receive care appropriate to their needs. All Chester Hill Neighbourhood Centre Inc staff receive information and training, as appropriate, in understanding, valuing and working with people from special needs groups.

Special needs groups

People with special needs are identified in 1.1.7 Definitions.

Other people whose needs Chester Hill Neighbourhood Centre Inc believes need to be recognised and addressed include:

- People with dementia
- People with disability
- People with mental health issues.

Strategies for meeting the needs of consumers with special needs

Chester Hill Neighbourhood Centre Inc meets the needs of people with special needs through a range of strategies including:

- Identifying the special needs groups in the community including: people from Aboriginal and Torres Strait Islander communities; people from culturally and linguistically diverse backgrounds; people who live in rural and remote areas; people who are financially or socially disadvantaged; veterans; people who are homeless, or at risk of being homeless; people who identify as lesbian, gay, bisexual, transgender or intersex; people who are care leavers; and parents separated from their children by forced adoption or removal
- Training staff in understanding and respecting the special needs of consumers
- The provision of written information in key languages/spoken word (through My Aged Care) and the use of cue cards
- The use of interpreter services
- Ensuring family members are aware of key information and have a copy of written information
- Regular review and explanation of key service information from the Consumer Handbook, such as the assessment and review processes, services available, user rights, complaints and advocacy
- Referral to agencies who specialise in assisting particular people such as People with Disabilities for the provision of advocacy assistance or the Association for the Blind for people with blindness or vision impairment
- Arranging for relevant resources such as big number key telephones for people with impaired sight or the telephones suitable for people with hearing impairment
- Using specialist equipment where necessary
- Adjusting staff skill, numbers and staff times to best meet consumer needs.

¹⁷ Taken from Department of Health advisory email: Home Care Providers – Know your Rights and Obligations 6 August 2018

To effectively understand and meet the needs of consumers with special needs the relevant team member spends the necessary time to fully explore with the consumer and/or their carer/representative the above points throughout the assessment and support planning process.

In addition to the above Chester Hill Neighbourhood Centre Inc has committed to trialling the strategies for Achieving Outcomes for Consumers described in the Aged Care Diversity Framework¹⁸.

Strategies for particular consumer groups

Aboriginal and Torres Strait Islander consumers

Chester Hill Neighbourhood Centre Inc endeavours to provide Aboriginal and Torres Strait Islander consumers with culturally appropriate services, and where possible, services delivered by Aboriginal and/or Torres Strait Islander staff. We work closely with local agencies including the Aboriginal Liaison Officer at the hospital to ensure that services are culturally appropriate and that consumers are supported whilst accessing and receiving support.

The relevant team member ensures that the information regarding reviews, support plan and services is clearly explained and understood by the consumer and their family.

Consumers who do not speak English

If a person does not speak English the Translating and Interpreting Service (TIS) is used. If the person has a family member with them, they may be used as the interpreter if this is acceptable to the consumer; however, external translation services are always offered (as this is good practice). A team member may also be used (as a last resort) if available and acceptable to the consumer.

We utilise Department of Health translated information brochures and also translate other key documents to ensure our consumers are provided with information in a format understandable to them as applicable to their language.

In supporting these consumers, we have regard for each individual's diversity, by taking into account their individual interests, customs, beliefs and backgrounds. We use the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds to support our staff training and we ensure the cultural safety of people from CALD backgrounds (see 1.3.2 Cultural Safety of Consumers).

Consumers who do not read or write

In cases where the consumer does not read or write, the relevant team member makes sure that the information in the Consumer Handbook, and information regarding the assessment, reviews, service plans and services is clearly explained and understood by the consumer and/or their carer.

Consumers who are blind or vision impaired¹⁹

Consumers who are blind or vision impaired are provided with information in large text or recordings. Information is also conveyed verbally if needed and aids and equipment are individualised in consultation with the consumer. Our staff can support consumers who have support from an assistance or guide dog.

Consumers are also asked what their support needs are in relation to their vision and when necessary we work with specialist agencies such as Vision Australia with the consumer's consent.

¹⁸ Australian Government Department of Health Aged Care Sector Committee Diversity Sub-group Aged Care Diversity Framework December 2017 pp 9-10

¹⁹ Department of Health Information for Aged Care Providers Newsletter Issue 12 August 2018

Consumers living with dementia or cognitive impairment

To ensure effective services that meet a person's needs are delivered to people living with dementia and/or cognitive impairment we:

- Provide access to specialised training to relevant team members through www.dementiatrainingaustralia.com.au or other appropriate specialist organisations
- Make available resources such as Caring for Someone with Dementia – My Aged Care and information from the Dementia Australia website
- Provide information to staff on early warning signs of dementia and request staff to report any suspected signs to their supervisor or a clinician
- Provide information on capacity and determining capacity, including the information from the Home Care Packages Program Operational Manual 2020 (p78), and obtain specialist support and advice as required
- Utilise the services of Dementia Australia to provide client focused information, assessment and advice. Staff are advised and encouraged to contact Dementia Australia (DBMAS) (1800 699 799) or other specialist services if they have any questions about dementia or other special needs, or need some advice on the best way to support a consumer
- As with all consumers, but particularly with people with special needs, we work closely with the consumer and their representative/s to better know the person and develop some understanding of their needs and associated behaviours. Dementia is experienced differently by each person and we seek to recognise and respond individually to these changes. We make every effort to make sure that services are delivered in an appropriate and sensitive way to all people, and in particular, to people with dementia and cognitive impairment
- We maintain close links with the consumer's representative/s and encourage them to provide feedback to us and offer them information on the supports available.

Gay, lesbian, bisexual, transgender and intersex (GLBTI) consumers

The Australian Government is committed to ensuring services provided to older gay, lesbian, bisexual, transgender and intersex (GLBTI) people are provided with appropriate supports and provided inclusive care and services in an environment free from discrimination, oppression and abuse.

We follow the principles outlined in the GRAI (GLBTI Rights in Ageing Inc.) Best Practice Guidelines (2015) by providing:

- Inclusive and safe environment. We do this by:
 - Considering sexual orientation and gender identity during assessment and ongoing
 - Providing information to consumers and staff that outline our GLBTI inclusive environment
- Open communication. We do this by:
 - Avoiding assumptions of sexual orientation and gender
 - Encouraging open ended, non-gender specific, non-discriminatory questions and language
 - Including identified significant others in support planning as expressed by consumers
 - Speaking openly about GLBTI issues where appropriate
- GLBTI-sensitive practices. We do this by:
 - Including sexual orientation and/or gender (male, female, other) in assessment documentation and seeking permission to record this
 - Provide resources from GLBTI organisations and support groups
- Staff education and training. We do this by:
 - Providing staff with the GRAI Best Practice Principles and other resources as applicable

- We have GLBTI-inclusive organisational policies and procedures.

Ensuring the safety of special needs consumers

Strategies we employ to ensure the safety of special needs consumers include:

- Providing a safe and comfortable environment consistent with consumers care needs and staff/volunteer safety
- Making sure staff or volunteers are available who can effectively communicate with consumers with language or other communication issues
- Providing special equipment or facilities as required to meet individuals needs
- Monitoring the safety of consumer's homes appropriate to the support they receive
- The identification and monitoring of risks to vulnerable consumers such as bush fire risks and risks associated with heat and cold (see Section 3.2.6 Monitoring Health and Wellbeing in Natural Disasters).

1.4 CONSUMER CHOICE AND INDEPENDENCE

1.4.1 SUPPORT FOR CONSUMERS

Consumers are supported to exercise choice and independence and to live the best life they can, through:

- Providing them and their representative/s with written information on their rights (see Consumer Handbook)
- Reinforcing the information verbally on commencement with us and at reviews (see 2.3.6 Assessment and Support Planning Process/Service commencement meeting and [Service Commencement Practice Home Care](#))
- Inclusion in the Service Commencement Practices items that support choice and independence
- Consumer involvement in assessment and support planning (see Section 2. Assessment and Planning) and signed agreement to the support plan
- Obtaining consent from the consumer for receiving information from and providing information to other parties (See [Service Commencement Practice Home Care](#))
- Clear channels for consumer communication with our service (see 1.4.5 Consumer Communication)
- Staff training in supporting consumers (see 7.4.3 Staff Education and Training).
- Encouraging and supporting consumers to actively make choices and decisions around the care and services that will be provided

1.4.2 CONSUMER PREFERENCES

In the assessment and support planning process consumers are encouraged to express their preferences in how services are delivered, and we endeavour to meet their preferences as much as possible subject to organisational and staffing constraints and the requirements of the funding guidelines. Consumer preferences are explored with consumers in the development of the support plan and are noted on the support plan against each area of support. All care and services are delivered as per the support plan. Areas where consumer's preferences can be specifically met include:

- Care and services to be provided
- Preferred quantities of service
- Preferred days and times for services
- Cultural and personhood preferences (see 1.3.7 Consumers with Special Needs)
- Spiritual preferences (see 1.3.3 Spiritual Support)
- Dietary preferences
- Environmental preferences in residential care environments e.g. room colour and decorating preferences
- Care outcome preferences (with consideration to the provision of appropriate health professional advice and information regarding risks and support of consumers to exercise the dignity of risk)
- Choice of care worker – gender, cultural background, spiritual background where possible. We endeavour to recruit staff from a range of cultural backgrounds to assist in understanding and meeting cultural, linguistic and spiritual preferences relevant to our local consumer demographics
- Individual preferences in how services are provided – e.g. personal care, choice of activities that most suit the consumer's needs and preferences

- Connections with other people – support to maintain connections or establish new connections (see 1.4.4 Inclusion in Community)
- Involvement of other people in the consumer's care (see Section 2 Assessment and Planning).

1.4.3 FOSTERING CHOICE AND INDEPENDENCE

Chester Hill Neighbourhood Centre fosters choice and independence through the following practices and processes:

- Actively working towards embedding a wellness approach in our service delivery practices that focusses on consumer involvement and choice in decision making (see 2.3.1 Overview/Wellness and reablement)
- Delivering packages within a Consumer Directed Care framework (see below)
- Consumer involvement in the management of their package (see below)
- Reviewing the Consumer's assessment and support plan to ensure that service provision is targeted towards assisting consumers to achieve their identified goals (see 2.3.1 Overview/Wellness and reablement)
- Offering choice to consumers, where practicable, on their service delivery preferences (see 1.4.2 Consumer preferences)
- Accepting referrals to deliver short-term services as well as ongoing services
- Regularly reviewing the consumer's support services (see 2.3.7 Support Plans/Support plan review schedule).

Consumer directed care⁶

We offer Consumer Directed Care as part of our Home Care Packages to maximise the consumer's choice, control and decision-making opportunities; to foster wellness and reablement, and foster their connection with carers, family and their community (as they wish).

We consult with consumers regarding their preferences for support and care based on their own goals. If we cannot accommodate the consumer's preferences, we negotiate with the consumer and document the issues in their records. We may decline a request from a consumer when:

- The proposed service may cause harm or pose a threat to the health and/or safety of the consumer or staff (See 8.10.7 Consumer Choice and Risk.)
- The proposed service is outside the scope of the Home Care Packages Program
- We would not be able to comply with its responsibilities under aged care legislation or other Commonwealth or state/territory laws
- The consumer wants to access a service provider outside our preferred list of service providers and all reasonable effort has been made to broker an acceptable sub-contracting arrangement
- The requested service provider will not enter into a contract with us
- There have been previous difficulties or negative experiences with the consumer's suggested service provider
- Situations in which a consumer may want to go without necessary clinical services (resulting in a possible compromise of their health and/or wellbeing) in order to "save" for a more expensive non-clinical service

The cost of the service/item is beyond the scope of the available funds for the package. (See also 1.3.1 Service Delivery Principles/Home care packages program/Consumer directed care.)

Consumer management of home care packages²⁰

Consumers are encouraged to be involved in managing their Home Care Package. This can include the services they require, contacting service providers, negotiating fees, scheduling service provision and monitoring the quality of services provided. The level of consumer involvement and control that has been agreed is documented in the consumer's support plan. This may vary over time as the consumer's needs change and any changes are included in the support plan.²¹

We do not generally contract service provision to informal carers, family members or friends but if the consumer requests that support is provided by these people, the relevant Manager reviews the request with consideration to:

- Elder abuse safeguards
- Our responsibility for service quality, including the need to include the person providing the service in our employee, volunteer or sub-contractor systems
- Legal responsibilities, including ensuring that police check requirements are met
- Industrial implications
- Insurance requirements
- Workplace health and safety and
- Qualifications and training required to provide certain types of care.

A meeting is held with the consumer and/or representative and the relevant Manager to discuss these issues and, if appropriate and safe, consideration can be given to the consumer's request. If granted, the arrangements are regularly monitored as part of the case management process.

Consumer choice and risk

(See 8.10.7 Consumer Choice and Risk.)

1.4.4 INCLUSION IN COMMUNITY

Consumer participation in community

Chester Hill Neighbourhood Centre Inc recognises that an important strategy in maintaining and developing independence is for consumers to maintain their links in the community. This is explored with consumers at service commencement as part of the assessment and planning process (see 2.3.6 Assessment and Support Planning Process).

Consumers are encouraged to access support and maintain community links with family, friends, community groups and resources, as appropriate to their circumstances and needs. We assist consumers in identifying resources, contacting them and accessing them.

Strategies to support community participation

Consumer participation in their community is achieved through Chester Hill Neighbourhood Centre Inc's Recreational and Social Activities Programs. To foster participation Chester Hill Neighbourhood Centre Inc:

- Identifies consumer interests and physical, social, emotional, psychological and cultural needs of consumers and updates this information on an ongoing basis in their file notes and/or on

²⁰ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 10.4 What happens if a consumer wants to self-manage their package? P 66 (Click on link for latest version)

⁶ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 7.7 Can I decline a consumer's request to sub-contract services ? P 43

their support plan so that all staff are aware of them and activities can be tailored to consumers preferences

- Involves consumers in identifying preferred activities and encourages activities that take place in the community and that establish new or maintain existing connections for consumers
- Provide support and services, within the parameters of the program, that promote participation in the community
- Develops programs that bring people together in a stimulating and interesting environment, both inside and outside of Chester Hill Neighbourhood Centre Inc, where they can freely choose from a variety of activities that meet their needs and preferences based on both small and large groups
- Involves consumers in providing feedback on activities on an ongoing basis through seeking feedback after each activity and encouraging new activities
- Ensures staff are aware of consumer individuality and their right to participate in things that are of interest to them and of their right to not participate
- Ensures staff are attentive to the consumer's level of independence and promote independence in activities and relationships
- Provides staff with flexibility, balanced against operational needs, where it facilitates participation in the community
- Promotes the development of relationships between consumers that may be maintained outside of our services in preference to staff/consumer relationships
- Provides information and assistance, within program boundaries, to connect consumers to other community events and resources which meet their needs, interests and preferences (see below Referrals to other agencies)
- Work with family members/representatives to identify and clarify their role in ongoing care and services (see 2.3.2 Partnering with Consumers).

Referrals to other agencies

(See 2.4.1 Review and Reassessment Process.)

Chester Hill Neighbourhood Centre Inc community involvement

Community involvement is important in promoting awareness and referrals to Chester Hill Neighbourhood Centre Inc, identifying resources relevant to our consumers and establishing relationships to facilitate referrals and links to the community. Team members network and liaise with other stakeholders including My Aged Care, the ACATs and RASs, other community care providers, referrers, hospitals, residential and transition care providers, allied health professionals, medical practitioners and others as relevant.

Chester Hill Neighbourhood Centre Inc staff also participate in the following community activities:

- Regional network meetings and
- Program forums and
- ACSA where we can contribute to ACSA policy positions in relation to community care.

The Manager and/or Coordinators regularly visit (at least twice a year) key service providers to:

- Promote the service
- Exchange information on community needs
- Discuss any issues and
- Explore areas for improvement in consumer coordination and the delivery of services.

Community resources information

We maintain information on community resources to ensure:

- Appropriate agencies/providers in the community are identified
- Agencies are provided with information about us and
- Staff have access to information on available resources to facilitate effective referrals and consumer links to the community.

The team members, through their networking activities are responsible for ensuring that the community resources information is complete and up to date. The administration staff are responsible for ensuring adequate supplies of current brochures, community information booklets etc.

1.4.5 CONSUMER COMMUNICATION

To ensure consumers feel comfortable about communicating their decisions, preferences, feedback and any other information to Chester Hill Neighbourhood Centre Inc staff and senior management, the following processes are in place:

- Consumers are encouraged by all staff and management to voice their decisions and any other concerns or feedback either directly to staff or in writing if preferred
- We adopt an open disclosure policy and processes to ensure open and timely communication with consumers (see 6.2.1 Key Considerations in Managing Complaints for information on Open Disclosure).
- All staff are required to attend training in encouraging and supporting consumers to communicate their decisions

Information conveyed verbally is documented and forwarded to relevant staff (see 7.4.3 Staff Education and Training/Non-mandatory training, 8.9 Continuous Improvement and [Service Commencement Practice Home Care](#)):

- On service commencement, at reviews and whenever appropriate, consumers are provided with written information and verbal explanations on their rights, including their right to exercise choice and independence, the feedback and complaints processes and advocacy processes (see Consumer Handbook, 1.5.3 Consumer Agreements).
- Assessment and support planning processes emphasise consumer input and the forms used include sections to record consumer preferences and choices (see Section 2: Assessment and Planning)
- Consumers are provided with Tell Us What You Think forms and are encouraged to use them to communicate any concerns or positive feedback (see 8.9.6 Continuous Improvement Forms)
- Consumers are provided with timely communication letting them know of any news about Chester Hill Neighbourhood Centre Inc including changes that affect them, improvements that have been made and future plans. The Administration Team are responsible for this
- For consumers in special needs groups we facilitate their communication with us through a range of strategies relevant to their needs and encourage them and their representatives to communicate their decisions, preferences and feedback (see 1.3.7 Consumers with Special Needs).

1.5 INFORMATION FOR CONSUMERS

1.5.1 GENERAL

Information is provided to consumers verbally as required and in written form. We include a copy of our Consumer Handbook on our website and can provide information resources (such as information on My Aged Care) translated into other languages or spoken word for those consumers who require it. This section describes the information resources provided to consumers.

1.5.2 CONSUMER HANDBOOK

Chester Hill Neighbourhood Centre Inc utilises a Consumer Handbook to ensure key information is available to all consumers and/or their representatives in an easily understood format. At a consumer's commencement of services with us, the relevant staff member provides the consumer and/or their representative with a Consumer Handbook and guides them through it whilst providing an explanation of key points.

(See 2.3.6 Assessment and Support Planning Process.)

A copy of the [Consumer Handbook](#) is also provided to all staff and Management Committee members to ensure they are familiar with the information.

Changing the consumer handbook

The Consumer Handbooks' currency is maintained by the relevant manager or delegate. When information in the Handbook changes the relevant authorised team member:

- Updates the Handbook
- Confirms changes with the relevant manager and decide if it is necessary to advise existing consumers of the changes and how to do so. Options include providing a copy of the updated Handbook, verbal advice, the newsletter or a letter advising of changes
- Advise staff of the changes through training, meetings and handover processes.

Content of the consumer handbook

The Consumer Handbook includes the following information:

- Overview of Chester Hill Neighbourhood Centre Inc
- Contacting Chester Hill Neighbourhood Centre Inc
- Available support
- How to access support and the intake process
- The consumer's right to be treated with dignity and respect and to be fully involved in making choices about the care and services they will receive
- Assessment including promoting independence
- Support planning
- Keeping well
- Reviews
- Changes to support
- Fees policy, schedule of fees, fee reductions and options for paying
- Privacy of information including rights and requirements of the Privacy Act
- Making a complaint or providing feedback
- Right to an advocate

- Rights and responsibilities of consumers
- Consumer rights under consumer law.

Home care specific:

- Keeping appointments
- Changing Home Care Providers
- Exit Amount
- Unspent Home Care Funds

1.5.3 CONSUMER AGREEMENTS

Home care agreement HCP

Home Care Package consumers are offered a Home Care Agreement as soon as possible after being welcomed as a consumer. The Home Care Agreement can be signed either by the consumer, or their representative if they are unable to sign as a result of physical incapacity or mental impairment, before HCP services are delivered.

The Agreement is explained to the consumer/representative at service commencement and we ensure the consumer has adequate time to review and understand the agreement.

The Home Care Agreement specifies, amongst other things:

- The details of what the package will provide
- Who will provide the services?
- How much the services will cost
- If an exit amount will be deducted from funds that are left in the package if the consumer chooses to leave Chester Hill Neighbourhood Centre
- Leave and how the consumer can notify them if they are planning to take leave (see 1.8.1 Maintaining Community Links/Home care packages)
- Other terms and conditions of service delivery
- Rights and responsibilities.

Details of what must be included in a Home Care Agreement are included in the Home Care Packages Program Operational Manual.²²

Consumer declines to sign the home care agreement²³

Wherever possible, both the consumer and Chester Hill Neighbourhood Centre should sign the Home Care Agreement and copy of the signed Agreement provided to the consumer.

If a consumer prefers to not sign the agreement, we keep a record of the reasons why to provide proof that an agreement is in place. Proof may include:

- A copy of the Home Care Agreement we offered to the consumer

²² Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 6.5 What should I include in a Home Care Agreement? P 33 (Click on link for latest version)

²³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 6.7 What do I do if a consumer won't sign a Home Care Agreement? P 37 (Click on link for latest version)

- A file note of the discussion with the consumer about the basis of the agreement (including the date the discussion took place); and/or
- Proof that the provider is providing a package as described in the agreement.

Commencement of service letter CHSP

CHSP consumers are provided with a Commencement of Service Letter that specifies the services provided, the costs and some information about the Consumer Handbook. Detailed information on days and times of service delivery is included on a copy of the Consumer Support Plan, which is provided with the Commencement of Service letter.

1.5.4 SERVICE COMMENCEMENT

Prior to receiving services all consumers have a service commencement meeting with the relevant team member. At this meeting consumers are provided with the Consumer Handbook and an agreement, both of which are also verbally explained to them. Consumers are encouraged to ask questions about the care and services and operations of Chester Hill Neighbourhood Centre Inc . (See 2.3.6 Assessment and Support Planning Process.)

1.5.5 OTHER INFORMATION

Home care - keeping appointments

Care workers work to a very tight schedule which makes it difficult to accommodate short notice changes to appointments. Except in the case of emergencies, a week's notice is required of a change. The consumer is informed that they may have to wait for the next scheduled visit if appointments are cancelled (as appropriate to need and services delivered).

If the consumer is not home when care workers arrive payment for that visit is requested as we still need to pay the care workers for the time. Consumers are advised to ring the office if they are not able to keep an appointment.

Consumers are advised that whilst every effort is made to deliver services to the timeframes provided, staff may arrive up to half an hour before or after the scheduled time due to factors beyond scheduling control.

1.6 PRIVACY AND CONFIDENTIALITY

1.6.1 PRINCIPLES FOR THE COLLECTION OF CONSUMER INFORMATION

Chester Hill Neighbourhood Centre Inc is committed to the principles outlined in the Privacy Act 1988 and the Privacy Amendment (Enhancing Privacy Protection) Act 2012²⁴. We have in place procedures that ensure compliance with the legislation including the protection of sensitive information including health information. We use the OAIC documents, Protecting Customer's Personal Information²⁵ and the Guide to Health Privacy²⁶, as guides to our privacy plan and processes.

1.6.2 PRIVACY PLAN

The Chester Hill Neighbourhood Centre Inc Privacy Plan and policies, processes and procedures to ensure the privacy of our consumers is shown below. The key guidelines for respecting consumer privacy and confidentiality in Chester Hill Neighbourhood Centre Inc are:

- We have clear lines of accountability for privacy management. The Management Committee has approved the Privacy Plan and has delegated day to day responsibility to the Centre Manager. The Centre Manager is directly responsible for privacy and for reporting to the Management Committee on any issues including breaches. The Aged Care and Volunteer Coordinator are responsible for ensuring our policies, processes and procedures are implemented and followed and report on any issues in their reports to the Centre Manager. Staff with any privacy issues or queries can approach their immediate supervisor or the relevant Manager
- Management, staff and volunteers are provided with annual training and information and periodic reviews of the information on the rights of consumers to privacy and confidentiality and the processes to support this. Training is provided to staff and volunteers as needed and when new staff/volunteers commence employment (see 7.4.3 Staff education and training/Education and training strategies/Mandatory training). The OAIC Guide to Health Privacy is available to all staff and Management Committee members and is utilised as a reference for senior management in the management of privacy²⁷
- The Consumer Handbook outlines our approach to maintaining privacy and confidentiality of consumer information. Consumers are provided with a copy of the Consumer Handbook on commencing with Chester Hill Neighbourhood Centre Inc and whenever the information substantially changes. The information in the Consumer Handbook including our privacy policy is explained to consumers during the Service Commencement Meeting and at any consent collection process
- We only collect information about consumers that is relevant to the provision of support and we explain to consumers why we collect the information and what we use it for. Information collected can include contact details, family details, medical history, health care provider details, financial information, assessments, clinical notes, medications, Medicare/healthcare fund details, specialist reports, test results and referral information
- We ensure a three-point identification check is conducted when making face to face and telephone contact with new consumers including validating their name, address and date of birth. We seek support from carers and family (who are also identified) if the consumer cannot self-identify. We use other identifying information (e.g. from referral information, such as Medicare number, pension and other documentation) to validate identification

²⁴ Australian Government Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012

²⁵ Australian Government Office of the Australian Information Commissioner [Protecting Customers Personal Information](#) Accessed 8 August 2019

²⁶ Australian Government Office of the Australian Information Commissioner (OAIC) Guide to Health Privacy September 2019 Accessed February 2020

²⁷ A copy of the OAIC Guide to Health Privacy is maintained in our Resources folder

- We take steps to correct information where appropriate and regularly review consumer information with the consumer or their representative to ensure it is accurate and up to date
- Consumers can ask to see the information that we keep about them and are supported to access this information subject to the Grounds for Refusing Access specified in the Privacy Act 1988 (see 1.6.3 Consumers Right to Access Information)
- Consumers are supported by us should they have a complaint or dispute regarding our privacy policy or the management of their personal information
- All information relating to consumers is confidential and is not disclosed to any other person or organisation without the consumer's consent except in cases of serious threat to the consumer and/or where they are not able to consent
- Except with the written consent of the person, personal information is not disclosed to any other person other than:
 - for a purpose connected with the provision of aged care to the consumer us; or
 - for a purpose connected with the provision of aged care to the consumer by another approved provider; or
 - for a purpose for which the personal information was given by or on behalf of the consumer; or
 - for the purpose of complying with an obligation under the Aged Care Act 1997, the Aged Care (Transitional Provisions) Act 1997 or any of the principles²⁸
- The provision of information to people outside the service is authorised by the relevant manager
- We do not discuss consumers or their support with people not directly involved in supporting them
- Reviews are always conducted in private with the consumer and the relevant team member unless the consumer consents to their carer, advocate or another person being present
- During consumer assessments and reviews the relevant team member asks the consumer about any privacy requirements they have such as their preference for a male or female care worker. These are noted on their assessment form and on the support plan
- Any discussions between staff about consumers are held in a private space
- Any references to individual consumers in meeting minutes refer to the consumer by initials only or another unique identifier, such as their consumer number
- Consumer files are stored in secured filing cabinets and archived in our secure archives area. Electronic information is securely stored on our server and securely backed up daily (see 8.11 Information Management Systems)
- We confidentially destroy any personal information held about our consumers when it is no longer necessary to provide support (see 8.11.6 Archiving)
- We have a comprehensive data breach response plan to be implemented in the event of a data breach (see 8.11.7 Information Technology and Cyber Security)
- Our Privacy Plan and policies, processes and procedures are reviewed and updated through our regulatory compliance and continuous improvement processes including the review of Policies and Procedures over a three-year period and ongoing audits of all processes. (See 8.8 Regulatory Compliance and 8.9 Continuous Improvement.)

(See 2.3.6 Assessment and Support Planning Process and 2.6 Consumer Documentation and Information Sharing).

²⁸ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Rights of consumers – Part 4.2 in the Aged Care Act 1997 Information and record keeping p 121 (Click on link for latest version)

1.6.3 CONFIDENTIALITY OF COMPLAINTS AND DISPUTES

As far as possible, the fact that a consumer has lodged a complaint and the details of that complaint are kept confidential amongst staff directly concerned with its resolution. Similarly, information on disputes between a consumer and a staff member or a consumer and a carer is kept confidential. The consumer's permission is obtained prior to any information being given to other parties whom it may be desirable to involve in the resolution of the complaint or dispute.

1.6.4 CONSUMERS RIGHT TO ACCESS INFORMATION

Consumers of Chester Hill Neighbourhood Centre Inc have a right to read any personal information kept about them. A request from a consumer (or their advocate) to access information is referred to the relevant team member who confirms the request with the Aged Care and Volunteer Coordinator and then arranges for the consumer to view their information within 30 days of the request.

Information is provided in a format accessible by the consumer. The consumer can nominate a representative to access their records held by us.

The team member is available to assist the consumer in understanding the information and to explain terminology or other assistance.

On advice from our legal representative, access to a consumer's record may be denied subject to the Grounds for Refusing Access specified in the Privacy Act 1988. This is discussed with the consumer/advocate should this situation arise.

1.7 SECURITY OF TENURE AND CHANGE TO SERVICES

Chester Hill Neighbourhood Centre believes all consumers have a right to security of tenure of the services and care they receive and they can expect to continue to receive the services and care unless: their needs change significantly and we are no longer able to meet them; we cease to deliver services or if delivering services puts our staff at risk.

1.7.1 HOME CARE PACKAGES

Security of tenure for HCP consumers²⁹

Chester Hill Neighbourhood Centre ensures our consumers fully understand the extent of the security of tenure we can provide by advising consumers when they commence on a package that, at some time in the future, they may not be able to continue the home care package.

We only support discontinuation of a consumer's HCP if:

- The consumer cannot be cared for in the community with the resources available through the HCP
- The consumer tells us, in writing, that they wish to move to a location where we cannot provide home care
- The consumer advises us, in writing, that they no longer wish to receive the care or
- The consumer's condition changes so that:
 - they no longer need home care or
 - the consumer's needs, as assessed by the ACAT, can be more appropriately met by other types of services or care

²⁹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 3.4.1 Security of tenure p 16 (Click on link for latest version)

- The consumer has not paid, for a reason within their control, any home care fee specified in their Home Care Agreement
- The consumer has intentionally caused injury to or infringed the right of a staff member to work in a safe environment.

If a consumer needs to transfer to another type of care, we ensure a smooth transition by assisting the consumer to contact the new provider or My Aged Care.

If a consumer is changing location, we assist them to contact My Aged Care and provide information on available service providers in the new location, if requested. We also coordinate the transfer with the new service provider.

HCP consumers moving to another home care provider³⁰

Consumers can change providers if they are looking for a better fit, or for any other reason. Any unspent Home Care funds (less an exit fee if appropriate) follow the consumer and Chester Hill Neighbourhood Centre supports consumers to change their provider

Once a consumer tells us, or My Aged Care informs us, that they wish to change to another service provider, we:

- Discuss with the consumer their needs and mutually agree on a cessation day considering the start date with the new provider which should be the same day as the cessation day to ensure no gap in care. (My Aged Care will advise of the start date with the new provider)
- Once a cessation day is agreed with the consumer, notify Services Australia within 31 days of the cessation date. Providers must provide the consumer's name and their cessation day through the aged care payment system (i.e. the home care claim form or the Aged Care Online Services system)
- Confirm the cessation day with both the consumer and the new provider to ensure there are no overlapping claims for home care subsidy
- Provide care until the day prior to the cessation day. Home care subsidy is not paid to Chester Hill Neighbourhood Centre for the consumer's cessation day. Where two or more approved providers claim subsidy for the same consumer on the same day, payment is made to the provider that first entered into a Home Care Agreement with the consumer.
- Notify the consumer of their unspent home care amounts and arrange payment (See 8.5.2 Home Care Package Fees/Unspent HCP funds)
- Retain:
 - The written notice of the consumer's unspent home care amount
 - Records relating to the payment of a consumer's unspent home care amount to another provider
 - Notices of exit amounts given to the Department for publication on My Aged Care.

(See also 2.2.2 Receiving Consumer Referrals Process/HCP consumers transferring from another provider.)

Requests for information on moving to another provider

If a consumer requests support to gain further information regarding moving to another service provider our staff will assist them to access this information.

³⁰ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 13 Changing home care providers p 84 (Click on link for latest version)

Consumers leaving the HCP program³¹

If a consumer leaves the HCP Program, we notify Services Australia (within 31 days) through the aged care payment system of the consumer's name, cessation date, and the reason for their departure.

If a consumer moves into permanent residential aged care, we liaise with the provider to agree on a cessation date of the HCP and to provide a handover.

If a person passes away, in addition to making the necessary changes on the Provider Portal, we advise My Aged Care on 1800 200 422 so they can update their record to ensure future communications with family members are mindful of this fact, and do not cause further distress.

Unspent funds are calculated and transferred as appropriate within 70 days of a transfer to residential care and within 14 days of being shown the probate of the Will or letters of administration.

(See also 8.5.2 Home Care Package Fees/Unspent HCP funds.)

Factors affecting security of tenure in home care

Home care work health and safety risk to staff/volunteers

A work health and safety risk (WHS) can arise from a variety of factors including dangerous access to a person's house, dangers inside the house or home environment. These are identified through a Home/Service Safety Checklist conducted when a consumer is first accepted for services or when reviews are carried out or when staff report a danger to their supervisor. Examples of these work health and safety risk issues could include:

- Dangerous steps, verandahs, internal flooring
- Faulty electrical wiring
- Dangerous roofs/ceilings
- Dangerous pets
- Smoking in the immediate vicinity of staff.
- Other changes in the home environment – eg change of carer, suspected illegal activity

Where a WHS risk is identified the relevant team member works with the consumer to remove or reduce the risk to an acceptable level. If this cannot be achieved through reasonable means the Aged Care and Volunteer Coordinator can decide to cease the provision of services to the consumer where staff are at risk. All consultation, discussions and actions are documented in the consumer record.

Inappropriate consumer behaviour

Inappropriate consumer behaviour includes any behaviour that causes staff to feel that their safety is threatened. This can include direct physical actions or threats, sexual suggestions, wilful exposure and foul language.

If inappropriate consumer behaviour occurs staff immediately leave the consumer's home or facility work environment and report the behaviour to the Aged Care and Volunteer Coordinator verbally and complete an Incident/Accident Report.

³¹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 14. Leaving the HCP Program p 88 (Click on link for latest version)

The Aged Care and Volunteer Coordinator assesses the consumer behaviour. If it is found inappropriate the Aged Care and Volunteer Coordinator discusses this with the consumer and attempts to find a solution to ensure it does not occur again.

If inappropriate consumer behaviour continues after reasonable attempts to curb it the Aged Care and Volunteer Coordinator can decide to cease the provision of services affected by the consumer's behaviour, in consultation with senior management. All consultation, discussions and actions are documented in the consumer record.

Non-payment of home care fees for reasons within the consumer's control

(See 8.5.2 Home Care Package Fees/Fee Management/ Consumer refusal to pay fees.)

Change in consumer circumstances that influence eligibility

Where consumer's circumstances or condition changes to the point that services are no longer required the line manager can decide to cease the provision of services to the consumer in consultation with senior management. All consultation, discussions and actions are documented in the consumer record.

For example, in home care, if a person receiving meals and transport due to hip problems has a hip replacement and regains full mobility, they may no longer need the service. Where a person's general well-being increases to a point where they can undertake all acts of daily living independently their services may be withdrawn.

Any changes required are discussed fully with the consumer, and their carer if appropriate, and are fully documented in the consumer record.

Chester Hill Neighbourhood Centre Inc ceases to deliver services

If we cease to deliver services, consumers are given maximum notice that the services are ceasing and they are referred to My Aged Care and provided with support during the transition. (See also 1.7.4 Business Continuity and 8.10.9 Business Continuity Plan.)

Process for Termination, Withdrawal or Change of Services

If support to a consumer is terminated, withdrawn or changed the following process applies:

- Obtain approval from senior management
- Give the consumer as much notice as possible with a minimum of 1 (one) month
- Explain face to face to the consumer, and their carer/family if appropriate, why the services are being ceased or changed and any arrangements required for the consumer
- Provide written notice if appropriate including advice that they can appeal to the management, the decision to terminate, withdraw or change their services
- For HCP consumers ensure they are informed of any applicable exit fees and receive any unspent funds available to them. (See 1.5.3 Consumer Agreements.)
- Advise My Aged Care
- Record all relevant information in the consumer record.

1.7.2 BUSINESS CONTINUITY ³²

Chester Hill Neighbourhood Centre complies with CHSP program guidelines and the Aged Care Funding Agreement provisions that relate to ensuring continuity of service in the event of an

³² Australian Government Department of Health Commonwealth Home Support Programme - Programme Manual 2018 - 2020 p 87

adverse event. As part of our risk management processes, we have developed a Business Continuity Plan that includes Risks for Vulnerable Consumers and a Business Transition Out of Service Plan.

(See 8.10.9 Business Continuity Plan for details.)

In line with the Aged Care Funding Agreement, we also have processes in place to ensure service continuity for consumers as they transition from the younger to older age cohort.

1.8 LEAVE PROVISIONS

1.8.1 MAINTAINING COMMUNITY LINKS

Chester Hill Neighbourhood Centre Inc recognises the importance of consumers maintaining their links with the community and ensures all consumers are aware of and encouraged and supported to take advantage of the leave provisions applying to their program.

Home care packages³³

Consumers can take leave from their package (as long as they advise us in writing) for a holiday, a hospital stay, transition care or respite care. The following arrangements apply for all home care packages.³⁴

Type of leave	Impact on Payment of Subsidy or Eligible Supplements to Provider
Hospital and Transition Care	Home care subsidy is payable (at the full basic subsidy rate) for up to 28 consecutive days in a financial year, for each episode of hospitalisation After 28 consecutive days, the subsidy is payable at 25% of the basic subsidy rate After 28 consecutive days, primary supplements are not payable ³⁵
Residential respite care and Social Leave	Home care subsidy is payable (at the full basic subsidy rate) for up to 28 cumulative days in a financial year After 28 cumulative days, the subsidy is payable at 25% of the basic subsidy rate

Whilst on leave from their package consumers must continue to pay the basic daily fee at the full rate for 28 consecutive days, after which they can be asked to pay the lesser of their income-tested care fee or 25% of the basic subsidy rate for their package level, except if they are in transition care or residential respite care. Fees paid on leave are included in the monthly statement.

Commonwealth Home Support Program

CHSP consumers can take leave from their services whenever they wish. We request some notice in order to avoid service delivery staff arriving when the person is unavailable.

³³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) pp 16 and 74 (Click on link for latest version)

³⁴ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 11.1 When can a consumer take leave? P 73 (Click on link for latest version)

³⁵ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) What is the impact of leave on the home care subsidy and supplements? P 74. Note: primary supplements are oxygen, enteral feeding, dementia and cognition, and veterans. Other eligible supplements (such as the viability and hardship supplements) continue to be paid during periods of leave

2.1 OVERVIEW

2.1.1 CONSUMER OUTCOME³⁶

"I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and wellbeing."

2.1.2 ORGANISATION STATEMENT³⁷

Chester Hill Neighbourhood Centre Inc.:

- Always undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer (the consumer's representative is consulted with permission of the consumer, or in the case where the consumer is unable to participate, the consumer's representative is consulted)
- Ensures assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer's needs, goals and preferences
- Ensures infection prevention and control strategies are in place in the planning and delivery of care and services.

2.1.3 OUR POLICY³⁸

- Assessment and planning, including consideration of risks to the consumer's wellbeing, informs the delivery of safe and effective care and services
- Assessment and planning identify and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes
- The assessment and planning process:
 - Is based on an ongoing partnership with the consumer and others that they wish to involve in assessment, planning and review of their care and services
 - Includes other providers, organisations and individuals involved in the care of the consumer
 - Considers the infection prevention and control strategies necessary to ensure the safety and wellbeing of consumers and staff
- The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided
- Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

2.1.4 RESPONSIBILITIES

- Management ensures processes and practices achieve an ongoing partnership with consumers in the assessment, planning and review, and safe delivery of their care and services including the employment of staff both qualified and experienced in assessment and support planning.
- The staff follow policies and procedures, participate in development opportunities, work to establish partnerships and deliver safe care and services that address the consumer's current needs, goals and preferences.

³⁶ Australian Government Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2019

³⁷ Ibid p23

³⁸ Ibid p23

- Consumers and/or their representatives support a partnership approach and provide input on their needs and preferences for care and services.

2.1.5 MONITORING ASSESSMENT AND PLANNING

Assessment and planning processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#)³⁹).

2.1.6 REFERENCES

- Advance Care Planning Australia Website Accessed February 2019
- Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) *Break the Chain of Infection* accessed 2019
- Australian Government Aged Care Quality and Safety Commission *Guidance and Resources for Providers to Support the Aged Care Quality Standards* September 2019
- Australian Government Department of Health and Ageing *2010 Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia*
- Australian Government Department of Health *Aged Care Update Help Your Home Care Package Consumer Start their Package Successfully* 11 October 2018
- Australian Government Department of Health *Changing Home Care Providers* July 2017
- Australian Government Department of Health *Charter of Rights and Responsibilities for Home Care (Effective 27 February 2017)*
- Australian Government Department of Health *Commonwealth Home Support Programme - Program Manual* 2018 - 2020
- Australian Government Department of Health *Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020* (Click on link for latest version)
- Australian Government Department of Health *Provider Fact Sheet Manage an Upgrade to your Consumer's Home Care Package* January 2018
- Australian Government Department of Health *Questions and Answers Aged Care Legislation Amendment May 2016*
- Australian Government Department of Social Services *Living Well at Home: CHSP Good Practice Guide Commonwealth Home Support Programme* July 2015
- National Clinical Handover Initiative Jill M Porteous, Edward G Stewart-Wynne, Madeleine Connolly and Pauline F Crommelin *iSoBAR — a concept and handover checklist*:MJA 2009; 190 (11): S152-S156
- NHMRC 2010 Australian *Guidelines for the Prevention and Control of Infection in Healthcare* Commonwealth of Australia
- Government of Western Australia Department of Health WA *Consent to Treatment Policy* 2016
- Government of Western Australian Department of Justice Office of the Public Advocate *Information Sheet 10: Planning for the Future* Website Accessed March 2019

³⁹ See Forms/Governance Documents and 8.9 Continuous Improvement

2.1.7 DEFINITIONS⁴⁰

Term	Meaning
Assessment (including review and reassessment)	Evaluation of care and services needs including consultation with the consumer, review of referral information, collection of physical, psychological and social observations, data and information for the purpose of developing a support plan.
Carer	A person who provides personal care, support and help to a consumer. This doesn't include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Clinical care	Care and support provided by health professionals that is evidence based, meets consumer's needs and optimises the consumer's health and well-being.
Consumer	A person we provide or intend to provide aged care and services for and their guardian and/or their representatives nominated by them.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It's also how a person's identity is respected so that who they are and what they need, isn't questioned or denied.
Dignity of risk	Dignity of risk is the concept that all adults have right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Infection prevention and control	Strategies to support the goal to create safe care environments through the implementation of practices that minimise the risk of transmission of infectious agents.
Nurse	Staff registered with the Australian Health Practitioner Regulation Agency as a nurse practitioner, registered nurse, enrolled nurse or midwife.
Respectful	Being respectful includes understanding a person's culture, acknowledging differences, and being actively aware of these differences. It is about understanding that each consumer is unique and has a right to be treated in an inclusive and respectful way.
Special needs groups	People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i> , are listed below:

⁴⁰ Adapted from Australian Government Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2019

Term	Meaning
	<ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged • Veterans • People who are homeless or at risk of becoming homeless • Care leavers • Parents separated from their children by forced adoption or removal • Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Care worker	All staff involved in delivering services and care to consumers. Unregulated healthcare workers.

2.2 RECEIVING CONSUMER REFERRALS

2.2.1 MY AGED CARE REFERRALS⁴¹

Commonwealth Home Support Programme (CHSP)

Entry and assessment for the Commonwealth Home Support Programme (CHSP) is through My Aged Care. People coming directly to Chester Hill Neighbourhood Centre Inc. for CHSP support are referred to, and assisted to contact, My Aged Care for screening and assessment via the My Aged Care Contact Centre using the referral form available on the My Aged Care website (www.myagedcare.gov.au) or assist them to make contact by telephone.

The My Aged Care Contact Centre registers the consumer, conducts a screening process over the phone (where possible) and then may:

- Refer the consumer directly to CHSP service(s)
- Refer the consumer for a face-to-face home support assessment conducted by the My Aged Care RAS
- Refer the consumer to an ACAT if needs indicate a higher level of care is required
- Provide information about non-Commonwealth funded services, as appropriate.

All referrals from My Aged Care are based on the consumer's selection of a service provider and can be:

- Directly to a service provider electronically and including a link to the consumer record (National Screening and Assessment Form – NSAF). The service provider accesses the consumer record and decides whether or not to accept the referral
- The consumer can be provided with the contact details of service providers along with a referral code to give to the provider. The provider can then access the consumer record to aid in discussion and acceptance of the referral.

CHSP referral before assessment

CHSP service delivery can also commence prior to completion of a face to face assessment:

- Where a person is eligible for CHSP and screening at the contact centre identifies there is no further assessment necessary
- Where a consumer has an urgent need for services but also requires face-to-face assessment. In these cases, a consumer may begin to receive services before they are assessed as eligible (e.g. meals or transport), while they wait for a face-to-face assessment
- Where urgent care is required, for example the delivery of meals due to the unplanned absence of a carer, service delivery may be provided before a consumer has contacted My Aged Care.

Referrals prior to assessment are for:

- A one-off intervention (such as transport to a GP appointment); or
- A short period of time only (not ongoing service provision).

⁴¹ Most of the information around assessments and referrals for home care is taken from: Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 pp 72-79 and Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Section 6: Eligibility for consumers to receive Australian Government-funded packages (Click on link for latest version)

Home care packages

Entry and assessment for the Home Care Packages Programme (HCPs) is through My Aged Care. People coming directly to Chester Hill Neighbourhood Centre for HCPs are referred to, and assisted to contact, My Aged Care for screening and assessment via the My Aged Care Contact Centre using the referral form available on the My Aged Care website (www.myagedcare.gov.au). Alternatively, we assist them to make contact by telephone.

The steps for a consumer to access a Home Care Package are:⁴²

1. Consumer registers with My Aged Care and is triage
2. ACAT and consumer complete a Comprehensive Aged Care Assessment using the National Screening and Assessment Form (NSAF)
3. Eligible consumers join the national priority system
4. Consumer receives readiness letter, completes income assessment and researches providers (An income assessment can be completed at any time and are valid for 120 days. It is recommended consumers do this when they receive the readiness letter)
5. Consumer is assigned a HCP by the national priority system and chooses a provider
6. Consumer and approved provider enter into a Home Care Agreement
7. Provider accepts the My Aged Care referral and notifies Services Australia of a consumer starting care
8. Provider and consumer develop package budget and care plan within 21 days of the start date.

2.2.2 RECEIVING CONSUMER REFERRALS PROCESS

Commencing CHSP services

The relevant team member receives the referrals and decides to accept the consumer or not, based on the information in the consumer record and our capacity to deliver the services required. When a referral is accepted, the team member contacts the consumer and arranges a Service Commencement Meeting (see 2.3.6 Assessment and Support Planning Process/ Service commencement meeting).

Commencing a home care package⁴³

For a home care package consumer to successfully take-up their package they must enter into a Home Care Agreement with an approved provider by the take-up deadline. The take-up deadline is 56 days from the date a package is assigned to the consumer.

To enter into a Home Care Agreement the consumer and provider must jointly agree to:

- Receive/deliver the services
- The consumer's rights and responsibilities
- The services to be provided by the provider
- The fees and other charges to be paid under the agreement
- All other administrative details.

⁴² Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Eligibility for consumers to receive Australian Government-funded packages p 29 (Click on link for latest version)

⁴³ Australian Government Department of Health Aged Care Update Help Your Home Care Package Consumer Start their Package Successfully 11 October 2018

Once a Home Care Agreement has been entered into, and the consumer has agreed to receive services, services can be delivered to the consumer at the date agreed upon and documented in the Agreement.

Key points to remember to prevent package withdrawal:

- The consumer and provider must enter into a Home Care Agreement before the take-up deadline.
- The provider must advise Services Australia of the agreed entry date of services through an Aged Care Entry Record (ACER) or through the Aged Care Online System (ACOS) within 56 days from the date the package was assigned.
- The consumer may request an addition of 28 days to extend the overall take-up deadline to 84 days. The extension may only be requested once per package and before the initial 56 days expire.
- Providers must show the date of the Agreement as the entry date for the consumer when submitting the ACER or ACOS.

HCP consumers transferring from another provider⁴⁴

When HCP consumers transfer from another service provider to Chester Hill Neighbourhood Centre Inc. the following process applies:

- Accept the consumer referral from My Aged Care and develop a Home Care Agreement
 - Accept the referral code in the provider portal in My Aged Care to access the consumer's record
 - Work in partnership with the new consumer to develop a Home Care Agreement and support plan based on their needs
 - The start date for the new provider must be on or after the agreed cessation day. Before providing home care services, confirm the cessation day with both the consumer and the previous provider to ensure there are no overlapping claims for home care subsidy. Where two or more service providers claim subsidy for the same consumer on the same day, payment is made to the provider that first entered into a Home Care Agreement with the consumer
 - Accept the consumer's referral in My Aged Care and submit the ACER within 28 calendar days of the cessation day. A new Home Care Agreement must be entered into within 56 calendar days from the agreed cessation day before their package is withdrawn.

⁴⁴ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 13: Changing home care providers p 84 (Click on link for latest version)

2.3 ASSESSMENT AND PLANNING PROCESSES

2.3.1 OVERVIEW

The assessment and planning processes in Chester Hill Neighbourhood Centre focus on the person, recognise each person's strengths and abilities and aim to empower the person to identify their own support needs and goals.

To ensure our care and services are effective and reflect the needs, goals and preferences of consumers, we:

- Establish an ongoing partnership with consumers (see 2.3.2 Partnering with Consumers)
- Utilise information from the My Aged Care Comprehensive Aged Care Assessment⁴⁵
- Foster choice and independence (see 1.4.3 Fostering Choice and Independence)
- Conduct a service commencement process that focuses on the consumer with consideration to strategies to promote health and wellbeing
- Consider infection prevention and control strategies
- Develop comprehensive assessments and support plans that include advanced care planning and end of life planning, and
- Conduct regular reviews of consumer's needs and refer consumers to relevant health professionals and other agencies as required.

Wellness and reablement⁴⁶

Assessments, planning and service delivery are underpinned by a wellness and reablement approach. These approaches are defined in the Home Care Packages Program Operational Manual 2020 as follows:

Wellness is an approach that involves the assessment, planning and delivery of supports that build on an individual's strengths, capacity and goals. This includes encouraging actions that promote a level of independence in daily living tasks, as well as reducing risks to living safely at home.

Reablement involves short-term or time-limited interventions that are targeted towards a person's specific goal or desired outcome to adapt to some functional loss or regain confidence and capacity to resume activities. Like wellness, reablement aims to assist people to reach their goals and maximise their independence and autonomy. Supports could include training in a new skill or re learning a lost skill, minor modification to a person's home environment or having access to equipment or assistive technology.

Each individual's package should equally be directed by their personal goals. A wellness approach should be taken to delivering all care and services. Where possible and clinically appropriate, care and service should also align with reablement.

Our assessment and planning processes apply the principles identified in the wellness and reablement framework to all consumers equally⁴⁷. These include:

⁴⁵ For information on the areas covered by the Comprehensive Aged Care Assessment see: Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 6.2 What is a comprehensive aged care assessment and how does it work? P 30 (Click on link for latest version).

⁴⁶ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) How are a consumer's care need and goals established? P 11 and 41 (Click on link for latest version)

⁴⁷ Australian Government Department of Social Services Living Well at Home: CHSP Good Practice Guide Commonwealth Home Support Programme July 2015

- Support plans focus on strategies to promote and foster consumer choice and independence (see 1.4.3 Fostering Choice and Independence)
- We ensure the strengths of consumers are recognised and built on and not undermined through the delivery of support in areas where the consumer can manage
- We work with consumers and their carers, as they seek to maximise their independence and autonomy
- We build on the strengths, capacity and wishes of individuals, and encourage actions that promote self-sufficiency
- We are embedding a cultural shift from 'doing for consumers' to 'doing with consumers' across service delivery
- We are alert to changing circumstances and goals of the consumer and consulting with the My Aged Care ACAT or RAS where appropriate to review the consumer's support plan; and
- We consult the Living well at home: CHSP Good Practice Guide to assist in the development of good practices within a wellness approach.⁴⁸

All staff complete wellness reablement training. The importance of the approaches and what they mean for the consumer is discussed with the consumer at the service commencement visit.

2.3.2 PARTNERING WITH CONSUMERS

Consumers and other people they wish to involve in their care, are engaged as partners in all aspects of the care and services consumers receive from Chester Hill Neighbourhood Centre Inc. , including assessment, support planning and service delivery. The partnership is based on ongoing consultation with the consumer that includes the following principles:

- Effective communication and partnership with consumers during intake, assessment, care, support, escalation, monitoring, review and referral processes as part of our service delivery processes that emphasise consumer choice and control in all aspects
- The provision of information, and support in understanding and utilising the information
- Ensuring the cultural safety of consumers
- Working together with other providers, organisations and individuals involved in the care of the consumer
- Encouraging all feedback and working with consumers to identify ways to address any issues

2.3.3 DELIVERING SAFE AND EFFECTIVE SERVICES

We ensure our services are safe and effective, culturally safe, meet the consumer's needs, goals and preferences and optimise their independence, health, wellbeing and quality of life, through:

- Maintaining a partnership approach with consumers (see 2.3.2 Partnering with Consumers)
- Actively encouraging consumers to exercise choice and independence including having their say in the care and services they access (see 1.4 Consumer Choice and Independence)
- Developing a support plan based on a holistic assessment that identifies a person's needs, preferences and goals through their direct involvement in the process (see 1.4.2 Consumer Preferences and 2.3 Assessment and Planning)
- Regular monitoring and review of support plans (see 2.3.7 Support Plans)

⁴⁸ Australian Government Department of Social Services Living Well at Home: CHSP Good Practice Guide Commonwealth Home Support Programme July 2015 p 9 and p 20

- Recognising special needs of consumers including cultural, spiritual, emotional, psychological and physical needs (see 1.3.7 Consumers with Special Needs, 1.3.3 Spiritual Support and 1.3.4 Emotional and Psychological Support)
- Providing support through a wellness and reablement framework that builds on consumers strengths to promote and maintain independence (see 1.4.3 Fostering Choice and Independence/Wellness and reablement)
- Providing a wide range of options to consumers to ensure greater choice and variety of the services and supports they need and want
- Supporting consumers to maintain their links in the community (see 1.4.4 Inclusion in Community)
- Referring consumers to other agencies when necessary to access services and supports that we cannot provide (see 1.4.4 Inclusion in Community)
- Ensuring the cultural safety of consumers (see 1.3.2 Cultural Safety of Consumers and 1.3.7 Consumers with Special Needs)
- Respecting the consumer's rights and informing them of their responsibilities (see 1.3.6 Consumer Rights and Responsibilities)
- Ensuring the safety and comfort of consumers in our facilities (see 5.3 A Safe Environment) and in their homes and other venues (see 5.3.10 A Safe Environment in the Consumer's Home/Safety audits external venues)
- Managing risks from equipment (see 5.4.7 Monitoring and Maintaining Equipment and Facilities), infections (see 2.7 Infection Prevention and Control) and food (see 4.4 Food Services).

Assessment and planning procedures and practices identified in 2.3.6 Assessment and Support Planning Process also support this outcome for consumers.

Section 5: Service Environment describes the procedures and practices Chester Hill Neighbourhood Centre Inc. has in place to ensure a safe and comfortable service environment that promotes the consumer's independence, comfort and enjoyment.

Action in the event of a consumer not responding to a scheduled visit⁴⁹

Each consumer is consulted regarding what they want Chester Hill Neighbourhood Centre Inc. to do in the event that they do not respond to a scheduled visit. This is documented in their Support Plan/s. Generally, if consumers do not respond to a scheduled visit, staff and volunteers:

- Knock and shout at the door
- Check the boundaries of the property and/or check with neighbours (if applicable and appropriate)
- Notify the Aged Care and Volunteer Coordinator who will ring the consumer and/or representative or next of kin and make a note in the Progress Notes of the outcome
- If a meal delivery, the meal is not left (due to food safety requirements and the need to understand why the consumer is not responding).

If necessary, the Aged Care and Volunteer Coordinator will ring the Police and ask them to check the house.

⁴⁹ Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 p 86 Guide for Community Care Service Providers on How to Respond when a Community Care Consumer does not Respond to a Scheduled Visit

2.3.4 CONSENT⁵⁰

Principles of consent

We support consumers to be fully informed regarding the consumer-centric care and services we provide. We are guided by the following principles:

- Consumers have the right of self-determination regarding care and services
- We are committed to engaging in sensitive, two-way communication to support the consumer to make decisions regarding care and services, including the right to refuse services
- Provision of information in language/format the consumer can understand with consideration to language, culture and sensory/literacy impairments
- The decision-making hierarchy is used to assist us to determine the most appropriate decision maker (see Figure 2.3.1: Hierarchy of Decision Makers for Treatment)
- Verbal informed consent must be given for the provision of care and services
- Health professionals must warn consumers/decision makers of the material risks of the proposed treatments so they can make decisions about associated risks and whether they wish to proceed.

Consent and privacy of information are closely aligned; we ensure that consent has been gained to manage the privacy of consumer information by ensuring:

- Information relating to a consumer is only shared with the consent of the consumer or their representative or guardian (with consideration to capacity).
- We have a Consumer Consent Form that details approved consent and our privacy statement
- We seek consent from consumers to disclose personal information to other health service providers in an emergency as appropriate to provide emergency care or services
- We seek consent from consumers to provide access to consumer records to government officials (or their delegates) in the conduct of quality reviews or the investigation of complaints. We advise consumers that these individuals are required to keep all information accessed through this process confidential
- We advise consumers that information is required to be provided to government bodies as a requirement of service delivery
- Consent to share personal information can be withdrawn at any time by the consumer.

Valid consent

Consent is valid if it is:

- Voluntary: the consent is made by the consumer/decision maker without undue influence from others
- Informed: made after receiving sufficient information about the care or treatment to enable an informed decision
- Given with capacity: the person giving consent must understand the information presented to them in order to decide
- Current: consent must be reviewed if, after consent is obtained, the consumer's circumstances (including treatment options and risks) have changed or the scope of consent becomes otherwise inadequate
- The scope of consent is clear: the care or treatment provided must fall within the consent that has been given.

⁵⁰ This information is based on the Government of Western Australia Department of Health WA Consent to Treatment Policy 2016. The information can be applied to all States and Territories

Consent is valid until the consumer/decision maker withdraws it or the proposed treatment or care is no longer appropriate due to a change in circumstances.

Types of consent

Consent can be implied or explicit. Implied consent is where the consumer indicates through their actions that they are willing to proceed with the care or treatment offered (e.g. the consumer prepares for assistance with personal care). If it is unclear if the consumer has provided consent for care or treatment, the care provider should validate with the consumer that they consent for care or treatment.

Explicit consent is required where more complex care or treatment is being provided (such as insertion of a catheter). The health professional is required to note consent in the consumer's record after explaining the risks and benefits to the consumer.

Written consent should be obtained for vaccinations. Other health care procedures may require written consent, at the discretion of the medical practitioner.

Seeking consent

The following steps should be taken in gaining consent:

- Determine who is responsible for giving consent (decision making hierarchy)
- Verify the consumer has capacity to consent (if it is suspected they do not, we consult with representatives and/or the consumer's medical practitioner)
- Provide sufficient information to the consumer: if the consumer has limited comprehension of the English language, seek support from a professional interpreter
- Verify the consumer's understanding including answering any questions the consumer has
- Seek a decision from the consumer regarding consent (ask the consumer to sign the consent form for overarching service provision consent, or in the case of health care professional invasive treatments, document the consumer's consent to treatment in the consumer's record).

Consent procedure

Consent is explained to consumers/representatives at service commencement/assessment and they are assisted to complete the Consent form that identifies where we can obtain information about the consumer and who information can be provided to. This includes the provision of information to representatives. All occasions of sharing information are recorded in the consumer's Progress Notes with details of the information and consent.

The Consent Form is reviewed at reassessments and before any information is shared with agencies not specifically covered by the consents in place. Details of access to consumer information are provided below (see Table 2.3.1: Access to Consumer Information with Consent).

Health professionals explain health care interventions and gain verbal/implied consent before proceeding with care procedures. If these procedures are invasive (ie catheter insertion), consent is documented in the progress notes (e.g. 'consent gained for catheter insertion after discussion with consumer regarding risks and benefits'). Care workers discuss support interventions and gain verbal/implied consent (e.g. when supporting a consumer with personal care). At no time is care or support provided without implied consent; consumers can withdraw consent for care and services.

Table 2.3.1: Access to Consumer Information with Consent

Records	Consumer / Guardian	Representatives	Clinical Staff	Aged Care and Volunteer Coord	Care Workers	Other Aged Care Agencies	Medical Agencies	Emergency Agencies
Assessment	•	SPR ⁵¹	•	•			•	
Support Plan	•	SPR	•	•	•	•	•	
Clinical Assessments	•		•	•			•	
Clinical Support Plans	•	SPR	•	•	•	•	•	
Progress Notes	•	SPR	•	•	•		•	
Transfer Form	•	SPR	•	•	•		•	•
Advance Health Directives	•	SPR	•	•	•		•	
Agreements/Financial Information	•	SPR		•				
Paper Files	•	SPR	•	•	•			
Electronic Files	•	SPR	•	•	•			

(See also 2.6 Consumer Documentation and Information Sharing.)

2.3.5 SUBSTITUTE DECISION-MAKERS⁵²

Consumers are encouraged to make choices and direct the support that they need; however, some consumers may have difficulties engaging with their home care program. This applies particularly to home care packages and CDC where people may need to make choices about their care goals and services, including the development of an advance health directive to document their care and health service provision wishes.

In these cases, substitute decision makers are important and a range of options are explained to consumers and/or their representative. These include the following.

Representative⁵³

A person may appoint a representative to assist with their decision making or be authorised to make decisions on their behalf. This may take various forms, such as an informal arrangement with a friend, family member or ally, or someone with a formal power of attorney or a legal guardian (see below).

⁵¹ SPR: Specific Consumer Permission Required

⁵² Government of Western Australian Department of Justice Office of the Public Advocate [Information Sheet 10: Planning for the Future](#) Website Accessed March 2019

⁵³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) How do I manage issues related to changing cognition? p 80 (Click on link for latest version)

Supported decision-making⁵⁴

In supported decision-making specific decisions are addressed, weighed and concluded by the consumer, while drawing on the support of a network of people or an individual.

Potential supporters may be friends, family, volunteers, community members or any other trusted person. These unpaid supporters may help the person to gather, understand and consider relevant information about the decision in question, assist them to weigh pros and cons, predict likely outcomes and consequences or evaluate the available options. With this support, the person then makes the decision themselves.

This process can be formally facilitated, for instance by creating written supported decision-making agreements. It often occurs informally, however, within the community, both to support people with impaired decision-making capacity and to support anyone in making a challenging decision. This model of support aims to build and extend the decision-making skills of those using it, developing the ability of people to make and communicate decisions with more independence and confidence.

Advance health directive (AHD)

Staff are required to follow the advance health directives provided by consumers (see 2.3.8 Advance Care Planning). We advise the consumer on service commencement that they need to have four copies of their AHD: one for the consumer to keep, two to be placed with the support plan, [one of these to be available to take to hospital (if necessary)] and one to be stored in our main office. If the consumer is referred to a health service (e.g. hospital) we advise the consumer has an Advance Health Directive (see Consumer Details and Transfer Form) and send a copy with the consumer if we are present when they transfer. Should the consumer not yet have an Advance Health Directive, we refer them to their medical practitioner to discuss the option of completing one. (See also 2.3.8 Advance Care Planning and 3.2.5 Documenting Advance Care Planning.)

If a consumer does not have capacity to make decisions about their care and support an appropriate substitute decision-maker is consulted. Substitute decision-makers can be appointed as follows:

Enduring guardian and enduring power of attorney

An enduring guardian is the person a consumer appoints to act on their behalf by completing an Enduring Power of Guardianship form. The consumer determines the extent of the Enduring guardian's powers to make personal, lifestyle and treatment decisions on the consumer's behalf.

An enduring power of attorney is a legal document where a consumer nominates a person to manage property and financial decisions. They cannot make personal, lifestyle and treatment decisions on the consumer's behalf.

At service commencement, the consumer is asked if these documents are available, and if so, we take a copy for our office (with permission). We consider these documents in our interactions with the consumer and consult as necessary.

Consumers are directed to the Office of the Public Advocate if they wish further information on these issues.

⁵⁴ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) How do I manage issues related to changing cognition? p 80 (Click on link for latest version). Note: The source for Supported Decision-making is Disability Advocacy Network Australia

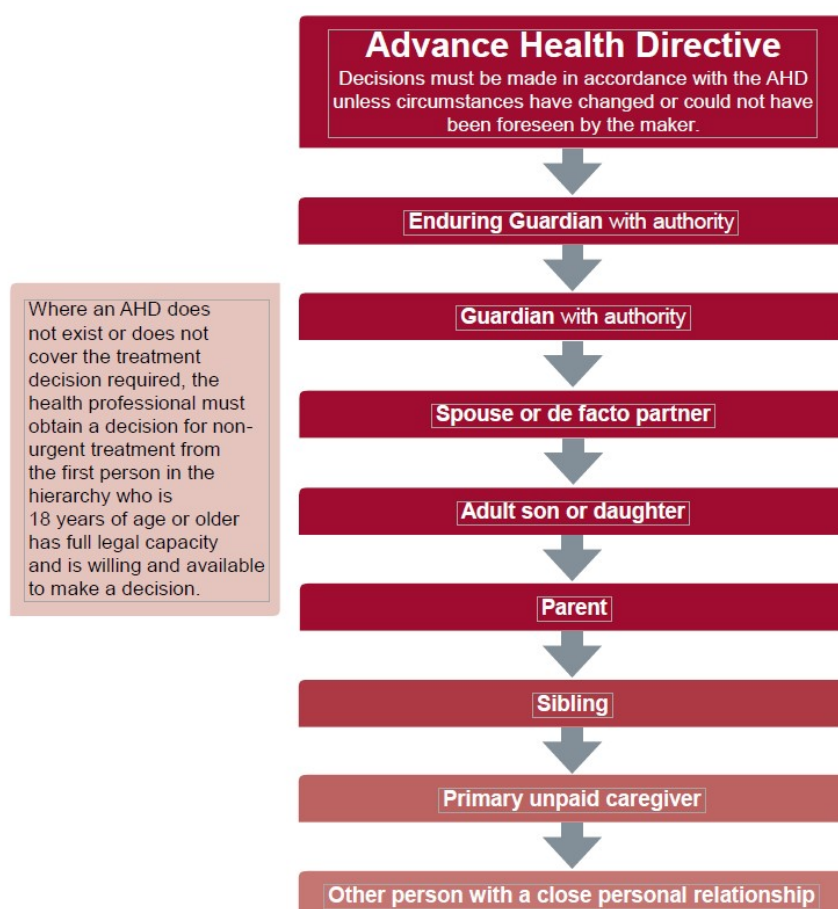
Community guardianship

Community guardians are volunteers who are trained by the Office of the Public Advocate to advocate for the rights or make decisions on the behalf of people who have no-one suitable in their lives to do this for them.

Hierarchy of decision-makers⁵⁵

Where a person does not have capacity to make their own decisions and there is no Advance Health Directive see Figure 2.3.1: Hierarchy of Decision Makers for Treatment.

Figure 2.3.1: Hierarchy of Decision Makers for Treatment⁵⁶



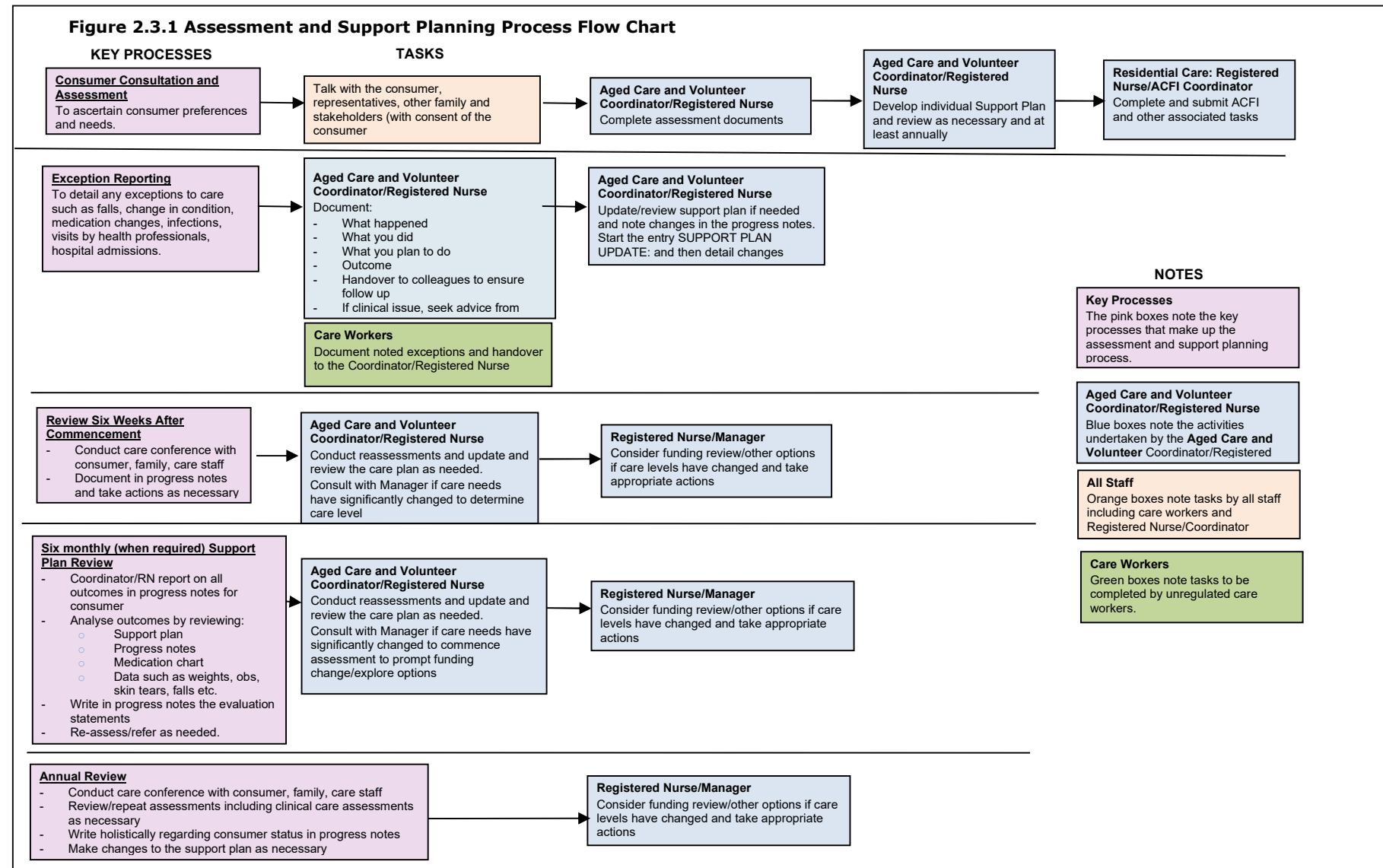
2.3.6 ASSESSMENT AND SUPPORT PLANNING PROCESS

Assessment and support planning is conducted following the principles of assessment and support planning (see 2.3.1 Overview) and includes a clear process (see Key assessment and planning process steps and timelines below). Figure 2.3.1 Assessment and Support Planning Process Flow Chart below outlines the process and is further described in the [Assessment and Support Planning Practice](#).

⁵⁵ Ibid

⁵⁶ Government of Western Australia Department of Health WA Consent to Treatment Policy 2016 p 14

Figure 2.3.1 Assessment and Support Planning Process Flow Chart



Consumer advocates in assessment and planning⁵⁷

Consumers or their representative are advised at the time the commencement meeting is being arranged that they can have an advocate to help them understand their rights and choices and to support them through decision-making processes. If requested, an advocate is arranged through NACAP to attend the Commencement Meeting.

Service commencement meeting

Once a consumer agrees to accept services from Chester Hill Neighbourhood Centre Inc a Service Commencement Meeting is arranged and conducted by the relevant team member.

In home care, the service commencement meeting is guided by the [Service Commencement Practice Home Care](#) to ensure all necessary information is collected, provided to and explained to the consumer and/or their representative. Relevant assessment forms are used to determine the consumer needs (including clinical care needs) and preferences.

A photograph is taken of the consumer (with consent) for the support plan and our office records and updated annually. The photograph is used by staff to assist in identification of the consumer.

Key assessment and planning process steps and timelines

The key process steps in the assessment and support planning process always includes:

- **Consumer consultation and assessment** (this commences with a Service Commencement Meeting and continues on an ongoing basis to ensure consumer preferences and needs are met). Relevant assessment forms are used to determine the consumer needs (including clinical care needs) and preferences
- **Exception reporting** when something out of the ordinary happens (adverse events or a change in condition) that requires consideration to a change in care
- **Six-week review** (this is a care conference process conducted six weeks after commencement, to ensure the consumer is happy with the support outcomes and provides an opportunity to reassess any clinical needs the consumer may have)
- **Six monthly and when required**, support plan review (depending on the complexity of the consumer's support needs, this process ensures a systematic consumer review process occurs at least six monthly and when required as care needs change)
- **Annual review** an annual care conference is conducted with consumers. (See 2.3.7 Support Plans/Care conferences for further detail.):
 - **Home Care:** this can be conducted by telephone with the consumer and representative (as applicable) if complex clinical care is not being provided to ensure support and care are meeting the needs of consumers. If complex clinical care is being provided, this is conducted face to face

Planning consumer care and support requirements⁵⁸

Planning consumer care and support requirements occurs in partnership with the consumer with consideration of their assessed care needs and care goals, and the supports that will optimise their health and wellbeing. The Inclusions and Exclusions Framework, from the Home Care Packages Program Operational Manual, is used to support decision making when it comes to determining

⁵⁷ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 12.4 What do I do if consumers need additional support in exercising their choice? P 82 (Click on link for latest version) Note: NACAP = National Aged Care Advocacy Program delivered by the Older Persons Advocacy Network (OPAN)

⁵⁸ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 9.1 How do I work out what services can be included in a consumer's care plan? P 54 (Click on link for latest version)

what can and cannot be included as part of a package. The Framework is included in the [Service Commencement Practice Home Care](#) for completion as appropriate.

2.3.7 SUPPORT PLANS⁵⁹

General

Chester Hill Neighbourhood Centre utilises a support plan format that reflects the support needs of each consumer and is readily understood and easily followed by staff. In developing the support plan, we ensure that:

- Referral information provided by My Aged Care in the comprehensive aged care assessment and any other referral information is used to understand the consumer's needs and is validated with the consumer/representative/s to reduce assessment burden
- The support plan is based on a wellness and reablement approach (see 2.3.1 Overview/Wellness and reablement)
- Consumers are consulted regarding their expressed goals of care and each consumer's personal and health circumstances are given consideration
- The consumers representatives are involved in deciding the support the consumer receives and their goals, to the extent expressed by the consumer
- We work directly with the consumer to break down the broader goals in their support plan into achievable steps and strategies that will assist the consumer to reach their goals
- The support plan is detailed enough to ensure the strengths of consumers are recognised and built on and not undermined through the delivery of support in areas where the consumer can self-manage
- Care and support is provided with consideration to the consumer's personal and clinical care needs and based on appropriate clinical (conducted by a GP or other Health Professional) assessments where necessary and with a focus on wellness and reablement (see 2.3.1 Overview/Wellness and reablement)
- A risk assessment is conducted as necessary if it is identified there are consumer risks that require support planning.
- Consumers needs and goals are reviewed regularly in consultation with the consumer/their representative when these needs and goals change, to ensure effectiveness of care and support is provided
- Consumers are referred to appropriate health professionals (or other supports) to ensure appropriate care and support strategies are provided particularly when deterioration is identified, or the care required is not within the scope of practice of care providers
- Key processes that contribute to the provision of safe quality care include care review and evaluation, identifying deterioration and the associated escalation of care, care conferences, the conduct of clinical review and handover processes.
- Individual needs and preferences are considered and include:
 - Physical needs
 - Spiritual needs (see 1.3.3 Spiritual Support)
 - Emotional needs (see 1.3.4 Emotional and Psychological Support)
 - Cultural safety needs (see 1.3.2 Cultural Safety of Consumers)
 - Linguistic needs
 - Socio-economic needs

⁵⁹ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-20 Sections 2.5.2 Service Delivery and 2.6 Service Provider Responsibilities. These sections describe the requirements in applying a wellness approach to service delivery

- Preferences in the provision of care and support (balanced against resources) (see 1.4.3 Fostering Choice and Independence)
- Advance care planning and end of life planning if the consumer wishes (see 2.3.8 Advance Care Planning)
- Care alerts (including environmental safety, risks to staff, infection etc)
- The support plan includes consideration of risks to the consumer's health and well-being to inform the delivery of safe and effective care and services (see 8.10.7 Consumer Choice and Risk)
- The consumer is made aware of and able to choose from available support in the community
- Respite consumers are afforded the same level of care and support as permanent consumers in residential care.
- When the support plan is finalised it is again explained to the consumer and the consumer agrees to it by signing/acknowledging it. The supports delivered are those specified in the support plan. If a consumer requests additional or different support, then their support plan is reviewed before additional or different support is provided.
- The support plan is available to relevant team members to ensure all care workers deliver consistent support in accordance with the support plan.
- We coordinate care to ensure timely reviews (see Support plan review schedule below), follow up of consumer identified issues and challenges, consultation with other providers, including family, and appropriate referrals.

Home care⁶⁰

A copy of the support plan is maintained in the consumer's home (for in-home services) to ensure that care workers and the consumer understand:

- The supports provided
- Areas where a service/support is not provided
- The consumer's role in the support process and in ensuring their independence.

(See also 1.4.3 Fostering Choice and Independence/Wellness and reablement; Consumer directed care; and Consumer management of home care packages.)

CHSP

- The relevant team member discusses with consumers the recommended support plan provided by My Aged Care and further develops it in consultation with the consumer with consideration to the consumer's expressed goals and wishes.
- Where stipulated CHSP services are provided in accordance with specified timelines
- If appropriate a referral for re-assessment is made to My Aged Care.

HCPs⁶¹

- The [ACAT Guidance Framework that is applied to HCPs](#)⁶² is reviewed to inform consumer's current needs

⁶⁰ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Section 7: Care Planning p 40 (Click on link for latest version)

⁶¹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 7.8 What do I need to provide to the consumer at the end of their first care planning process? P 44 (Click on link for latest version)

⁶² The ACAT Guidance Framework cited: Australian Government Department of Health Questions and Answers Aged Care Legislation Amendment May 2016 p 9.

- For Level 3 and 4 HCP consumers with complex clinical care needs the support plan is developed by the Registered Nurse in consultation with the consumer based on relevant clinical and care assessments
- The relevant team member develops the support plan for all other HCP consumers
- Consumers are made aware of available services and excluded services
- All services that the consumer will receive are detailed in the support plan and align with the package budget
- A copy of the support plan is provided to all new consumers within 14 calendar days of them commencing service delivery
- If appropriate a referral for re-assessment is made to My Aged Care.

Consumer access to support plans

(See 2.6.2 Access to Support Plans and Other Documentation.)

Consumers requiring clinical support

(See 3.2.4 Clinical Support.)

Support plan review schedule

Support plans are reviewed on a regular schedule; the process includes consultation with the consumer/representative, reassessment of need, changes in the health and wellbeing of the consumer, adverse events and information from referrers (e.g. medical practitioners, hospitals).

Referral and updated health information (from medical practitioners, hospitals, other health professionals) is noted and integrated into the support plans as necessary. Actions to inform, train and develop staff are taken by the Registered Nurse/health professional as necessary to implement the required clinical care interventions.

Identifying deterioration and escalation

Care staff follow the support plan and identify deterioration in the consumer (such as a change in mobility, complaints of feeling unwell, or a change in their mental state) and inform the Aged Care and Volunteer Coordinator/Registered Nurse. Care workers do not give health advice.

Home Care

The Aged Care and Volunteer Coordinator/Registered Nurse contact the consumer and advise they contact their medical practitioner/health professional as appropriate. The Registered Nurse may visit the consumer to assess their needs and complete an appropriate assessment and refer as necessary. If the consumer appears seriously unwell or displays signs of a life-threatening event (e.g. collapse, chest pain) the care worker calls an ambulance and follows the instructions from the ambulance personnel. The care worker then advises the relevant Aged Care and Volunteer Coordinator/Registered Nurse of the event and awaits instructions.

Care conferences

Home Care

In addition to annual care conferences, the Aged Care and Volunteer Coordinator/Registered Nurse conducts a care conference following the identification of deterioration that is complex, significantly impacts on the wellbeing of the consumer or impacts on the consumer's ability to remain living at home. This process can involve all relevant parties (depending on the issue) including the consumer, representatives (if the consumer wishes), the Aged Care and Volunteer Coordinator, Registered Nurse, medical practitioner, other health professionals such as social

workers and care workers. The aim of care conferences is to ascertain if the support plan is appropriately meeting the needs of the consumer and supporting them to live in their home.

All care conferences are documented in the consumer's record and actions identified at the care conference are followed up by the Aged Care and Volunteer Coordinator and reviewed to ensure they have been appropriately actioned.

Clinical review

As part of clinical care, the Aged Care and Volunteer Coordinator initiates a clinical review process if necessary (e.g. where consumer outcomes are not being met or following a serious adverse event) to investigate if any care interventions can be improved. Clinical review includes a review of consumer records, identification of improvement areas and discussion with relevant staff (including the medical practitioner or other health professionals as necessary). Following clinical review, an entry is made in the progress notes to outline findings and necessary actions.

Handover

The iSoBAR⁶³ handover process is used for all formal handovers as relevant for care workers and health professionals. This process is used when handover occurs between agencies, health professionals and care workers. The information provided during handover is based on the knowledge and skill of the person providing the handover; for example, care workers may not have recorded vital signs, but can provide other pertinent information such as observation of the consumer. All staff are provided with information on how to use the iSoBAR handover process (see [Handover Practice](#)).

In addition to this formal handover process, care workers have a Handover Sheet that they use to note any general information about the consumer. This is shredded after use to maintain consumer privacy.

(See also [Assessment and Support Planning Practice](#).)

2.3.8 ADVANCE CARE PLANNING

Consumers are assisted to access support to complete an advance care and end of life plan if they wish to. In the first instance the Aged Care and Volunteer Coordinator asks the consumer whether they have an advance care plan, and if not, whether they would like to discuss it with their doctor. If they prefer assistance from Chester Hill Neighbourhood Centre Inc, the relevant team member:

- Discusses with the consumer their values, goals and wishes regarding advance care planning and end of life care and notes these in the consumer's support plan
- Discusses the importance of letting people know what the consumer's wishes are and the use of an Advance Care Directive to ensure their wishes are carried out
- If the consumer wants to complete an Advance Care Directive the relevant team member downloads the required Advance Care Directive forms⁶⁴ and runs through them with the consumer, noting key points and items the consumer may want to think about, including particular care directives and substitute decision-makers
- The relevant team member encourages the consumer to discuss the Advance Care Directive notes with their medical practitioner and other persons who they may want involved. The medical practitioner can finalise the Advance Care Directive
- The Aged Care and Volunteer Coordinator/Registered Nurse follows up with the consumer to obtain a copy of the Advance Care Directive.

⁶³ Based on iSoBAR — a concept and handover checklist: the National Clinical Handover Initiative Jill M Porteous, Edward G Stewart-Wynne, Madeleine Connolly and Pauline F Crommelin MJA 2009; 190 (11): S152-S156

⁶⁴ Advance Care Planning Australia website provides a broad range of forms and supporting information for each State and Territory including [Western Australia](#) February 2019

Staff involved in advance care planning have the training and experience to explore with consumers their values, goals and wishes regarding advance care planning and end of life care. The focus is on:

- Affirming life, worth and uniqueness by enabling consumers to reflect on their life contribution, and
- Confirming dying as a normal process and positioning palliative care planning, advance care planning and death preferences within that context⁶⁵

(See also 2.3.5 Substitute Decision-Makers.)

⁶⁵ Australian Government Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2019

2.4 CONSUMER REVIEWS AND REASSESSMENT

2.4.1 REVIEW AND REASSESSMENT PROCESS

CHSP consumers⁶⁶

Chester Hill Neighbourhood Centre Inc. has an on-going responsibility to monitor and review the services they provide to their consumers to ensure that the consumer's needs are being met. Where there is no recommended review date included in the RAS support plan, at a minimum all consumers have their support services reviewed annually and if there are any significant changes to a consumer's needs identified, this is referred to My Aged Care to undertake a formal support plan review. Consumers are referred to the RAS that last undertook the face-to-face assessment.

The need for a review may be triggered by a request from the consumer, a request for additional supports; a report of hospitalisation, illness or accident or staff observation of the consumer's condition. The outcome may include:

- No change
- An increase or decrease in services
- A referral for further assessment.

Reviews are conducted by the relevant team member using the consumer's Support Plan and Review Checklist as a basis for determining if significant changes may have occurred and documented in the progress notes. A new support plan is developed as necessary. The type of review may vary depending on the services provided; however, if significant changes appear to have occurred a face to face review is completed.

The range of reviews may include:

- Consumers only receiving transport are reviewed by telephone annually
- Consumers receiving in-home support are reviewed annually; if additional reviews are scheduled within the year, they may be conducted by telephone, depending on the consumer's requirements. However, if a review occurs a year after the last review, it is conducted face to face

Reviews and reassessments for CHSP consumers include the following:

- Consultation with the consumer throughout the review process highlighting the partnership approach
- Explanation of the purpose of the review/reassessment including wellness and reablement principles
- A review of the consumer's living situation – who lives with them, do they have anyone to support or assist them, the living environment and safety concerns
- Identification of carer supports and any needs in this area
- A review/reassessment of the consumer's medical issues and medications (as appropriate) and whether medication support is required
- A review of the Support Plan, including goals, in consultation with the consumer
- An evaluation of the quality and success of the services and supports in supporting the attainment of consumer goals that have been provided
- An assessment of physical resources required for adequate care and support

⁶⁶ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 p 75

- Identification of required changes to the support plan based on promoting consumer control, wellness and reablement in consultation with the consumer, and agreed to by the consumer
- An explanation and review of fees for CHSP consumers including fee increases
- Discussion of the option of 'topping up' service delivery with services paid for directly by consumers if requested or required
- Referrals to other services using the Referral to Another Agency form if required and agreed to by the consumer
- An explanation of information in the Consumer Handbook to the consumer to the extent necessary to ensure understanding
- A review of the Home Safety Checklist which is updated at least annually (this can be informed through discussion with the consumer regarding any changes, hazard reports and staff feedback).

Following the review/reassessment:

- A summary of the review/reassessment, the Review Checklist for CHSP consumers and updates to the support plan, are included in the consumer records
- The updated support plan is communicated to the relevant care worker to explain any changes and to place a copy in the home notes file
- The result of the review is recorded in the consumer record on My Aged Care.
- The next review date is recorded in the consumer record. At the end of each month the Administration Team runs a Consumer Management System report to advise the Aged Care and Volunteer Coordinator of pending reviews to ensure all scheduled reviews are completed in the month in which they are scheduled. Any missed reviews are given a priority in the coming month.

HCP Consumers

HCP consumers are reassessed face-to-face at least annually and as frequently as required depending on their level of care and requirements. Consumers receiving Home Care Levels 3 and 4 are generally reassessed more often due to their higher care and support needs.

The need for a more frequent reassessment is triggered by⁶⁷:

- A request by the consumer
- A change to a higher-level package
- A change in condition or health/wellness episode
- A change in care need that cannot be met within the budget available for the package
- A change in living or carer arrangements
- Ongoing or increasing use of clinical services by a consumer
- A change in the costs of providing the care and services.

We also complete a reassessment if we receive a report of a decline in physical or mental health from:

- The consumer
- The carer, family or other representatives
- The care worker/s

⁶⁷ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 10.5 How often does the care plan need to be reviewed p 66 (Click on link for latest version)

- A medical practitioner/health professional or
- Another agency.

The reassessment of HCP consumers is based on their last assessment and support plan and is guided by the Review Checklist. If significant changes are indicated a new Assessment/Reassessment Form is completed.

The Aged Care and Volunteer Coordinator reassesses consumers of all levels. Referrals to the consumer's GP or other health professional may be done to conduct additional assessments if deemed appropriate (e.g. continence assessment, behaviour assessments etc).

The reassessment has a reablement and wellness focus that does not assume a decline in the consumer's health and functioning. It involves:⁶⁸

- A review of current care needs, care goals and preferences
- An evaluation of the quality and success of the services and supports that have been provided
- A renegotiation and update of the care plan and individualised package budget and
- Support for the consumer to continue to make informed choices about their care and services, and the life they choose to live, including whether they wish to change their level of involvement and decision-making in the management of the package.

The review looks at:

- Their last assessment
- Current Support Plan and individualised budget (including goals)
- Feedback from the consumer and/or representative
- Input from other health care professionals/agencies and
- Consumer records including observations from the care workers and other staff.

The review includes the following: include the following:

- Consultation with the consumer throughout the review process highlighting the partnership approach
- Explanation of the purpose of the review/reassessment including wellness and reablement principles
- A check on the consumer's living situation – who lives with them, do they have anyone to support or assist them, the living environment and safety concerns
- Identification of carer supports and any needs in this area
- A review/reassessment of the consumer's medical issues and medications (as appropriate) and whether medication support is required
- A review of the Support Plan, including goals, in consultation with the consumer
- An evaluation of the quality and success of the services and supports in supporting the attainment of consumer goals that have been provided
- An assessment of physical resources required for adequate care and support
- Identification of required changes to the Support Plan based on promoting consumer control, wellness and reablement in consultation with the consumer, and agreed to by the consumer
- Review of the individualised budget and/or fees in consultation with the consumer and agreed to by the consumer

⁶⁸ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 10.5 How often does the care plan need to be reviewed? P 66 (Click on link for latest version)

- Discussion of the option of 'topping up' service delivery with services paid for directly by consumers if requested or required
- Referrals to other services using the Referral to Another Agency form if required and agreed to by the consumer
- An explanation of information in the Consumer Handbook to the consumer to the extent necessary to ensure understanding
- Completion of the Assessment/Reassessment form if significant changes to the consumer's support are indicated. If no changes are indicated this is noted on the current Assessment/Reassessment form and the update date is entered
- Support for consumers to continue to make informed decisions, including discussion of whether they wish to change their level of involvement and decision-making in the management of the package
- A review of the Home Safety Checklist which is updated at least annually (this can be informed through discussion with the consumer regarding any changes, hazard reports and staff feedback).

Following the review/reassessment:

- A summary of the review/reassessment, the Assessment/Reassessment form for HCP consumers and the Review Checklist and updates to the support plan, are included in the consumer records
- The updated support plan is communicated to the relevant team member or support worker to explain any changes
- The result of the review is recorded in the consumer record on My Aged Care.
- The next review date is recorded in the consumer record. At the start of each month the relevant team member checks the Consumer Management System to advise the Aged Care and Volunteer Coordinator of pending reviews to ensure all scheduled reviews are completed in the month in which they are scheduled. Any missed reviews are given a priority in the coming month.

If a reassessment identifies that a consumer may require a higher-level package My Aged Care is advised. If the consumer is already in receipt of a Level 4 package, they may need to consider other options including:⁶⁹

- Reviewing their care plan to identify alternatives and priorities (for example, reducing higher cost services, such as support on weekends, and replacing it with informal supports)
- Purchasing additional services
- The benefits of residential care, either as short-term respite to complement their package or as a long-term option.

The consumer retains security of tenure of their package and must continue to receive care and services as agreed, until they notify the provider in writing that they wish to terminate their Home Care Agreement.

Upgrades to home care packages⁷⁰

When a consumer, who has accepted an interim HCP at a lower level, receives an upgrade the following process applies:

4. My Aged Care advises both the consumer and Chester Hill Neighbourhood Centre Inc. of the approval of the higher-level package.

⁶⁹ Australian Government Department of Health Home Care Packages Program Operational Manual March 2020 p37

⁷⁰ Australian Government Department of Health Provider Fact Sheet Manage an Upgrade to your Consumer's Home Care Package January 2018

5. We discuss the upgrade with the consumer, including additional services, they would like to receive with the additional funding.
6. Their Support Plan and Home Care Agreement are updated, and signed copies provided to the consumer.
7. Services are delivered in accordance with the new support plan and agreement.
8. The My Aged Care Record is updated to reflect the new service information. **Do not** submit entry or exit information to My Aged Care as it may lead to the package being withdrawn.

Note: When a consumer has been assigned a higher-level package, it is unable to be 'downgraded' as it is based on the needs identified in the consumer's assessment. If a consumer has decided they are happy with an interim lower level package, they must opt-out of the national queue by calling the My Aged Care contact centre. They must do this before they are assigned a higher package level, as after it is assigned it cannot be declined in favour of the interim package. We assist the consumer to opt out if that is their wish, by supporting them to call the My Aged Care Contact Centre.

2.5 REFERRAL TO OTHER PROVIDERS PROCESSES

2.5.1 REFERRAL PROCESS

Home care

Consumers requesting information and/or assistance to contact other community services such as social groups, information providers or government agencies are provided with assistance as needed and the referral is noted in their consumer record.

Consumers who want or require referrals in relation to their assessed needs and current support plan are referred to appropriate agencies or provider. The relevant team member:

- Liaises with the consumer and/or their representative to clarify the requirements from another agency
- Identifies, with the consumer, appropriate agencies
- Identifies referral options and discusses these with the consumer
- Obtains consent to liaise with other agencies on behalf of the consumer
- Contacts other appropriate agencies to discuss the needs of the consumer
 - For clinical care referrals to health professionals an ISoBAR Handover is provided (See [Handover Practice](#) and Clinical Referral Form) and referral is noted in the progress notes. Once clinical assessment/care has been provided, the health professional provides an ISoBAR (Clinical Referral Form) handover regarding care, support and clinical interventions provided/recommended and an appropriate assessments and support plan if required.
- Refers the consumer to the agency using a Referral to Another Agency form
- Follows up with the consumer and/or provider referred to, to check on the outcome of the referral
- Provides any further information to the other provider as required
- Documents the referral in the consumer records
- Advises the relevant staff of any new agencies that should be included in our community resources information or of changes to current information on agencies.

2.6 CONSUMER DOCUMENTATION AND INFORMATION SHARING

2.6.1 CONSUMER DOCUMENTATION

All consumers accessing services and supports for daily living have:

- A comprehensive assessment/s or reassessment/s
- A detailed support plan based on their assessment including a current (refreshed annually) photograph
- Clinical assessments and support plans including complex care support plans, and specific care plans (see 3.2.4 Clinical Support)
- Other consumer information forms
- Copies of correspondence
- Progress notes
- Paper and electronic files.

2.6.2 ACCESS TO SUPPORT PLANS AND OTHER DOCUMENTATION

Home care

For consumers receiving in-home services, relevant documentation including assessments and support plans are retained in the office. A copy of the support plan (including the CDC Plan for HCP consumers) is held in the office and a copy kept in the consumer's home to ensure:

- The consumer/representatives understand the supports provided
- Areas where a service/support is not provided are clear to the consumer
- The consumer's role in the support process and in ensuring their independence is clear, and
- All care workers deliver consistent support in accordance with the support plan.

The Aged Care and Volunteer Coordinator takes a copy of the support plan to the consumer's home on the first support visit for signing. The signed support plan is photocopied and left in the consumer's home file at the next visit. The original is held in the consumer's file in the office. The support plan is communicated to the care workers to identify the relevant supports provided.

Where the consumer (and/or representative) does not want the support plan to detail all of the strategies used to deliver support (for example, the support plan may detail responsive behaviours displayed by the consumer and strategies staff use to support the consumer when displaying these behaviours), the support plan will contain the basic support and services delivered and specific supports will be detailed in a separate Specific Care Plan in the consumer's electronic record. Staff are advised of these additional supports verbally and can ring the office for further clarification if unsure on arrival or in the consumer's home.

Home care file contents

Consumers who have in-home services also have a home file that includes information required by the consumer and the Care Workers. The in-home file may contain:

- A Consumer Details and Transfer Form that includes the consumer's details, contacts and transfer information
- The relevant support plan/s including the Specific Care Plan (for nursing care or short-term care such as wound care)
- Progress notes
- Medication documents (as applicable) including Medication Error Report forms
- Hazard Report form

- Tell Us What You Think form
- Consumer Handbook
- Other documents as required.

The home files are kept in a folder in the consumer's home and retrieved should the consumer cease to receive services from Chester Hill Neighbourhood Centre Inc.

2.6.3 PROGRESS NOTES

Home care

Progress Notes for in-home consumers are maintained in the in-home file or centre as applicable. Progress notes entries are based on exception reporting that requires care workers to record events such as:

- Comments on changes in health made by the consumer
- Change in condition noted by care workers and actions taken to inform supervisor
- Falls or other adverse events
- Medication changes
- Visits by health professionals
- Any other events out of the ordinary
- Notes on escalation including to whom and the response.

Ad-hoc reports from consumers regarding satisfaction with services or activities and their participation in programs is documented at least monthly in the Progress Notes and on a Tell Us What You Think form, to assist in evaluating the program (see 8.9 Continuous Improvement).

Adverse Event Reports, Hazard Reports and Medication Error Reports are completed as required and noted in the progress notes.

2.6.4 CONSUMER ACCESS TO INFORMATION

(See 1.6.3 Consumers Right to Access Information.)

2.6.5 INFORMATION SHARING

Subject to consumer consent, information is shared with staff, other people and other agencies involved with the consumer's care in order to achieve the consumer's expressed goals and outcomes. All staff involved in the care of consumers have appropriate qualifications and experience and have received orientation and training in delivering services and care to consumers utilising available resources and information. (See Section 7: Human Resources.)

Staff can access information relevant to their role from the paper and electronic records maintained by Chester Hill Neighbourhood Centre Inc. Staff also share consumer information in meetings and through handover processes to ensure staff are aware of consumer goals and outcomes.

Information necessary to other agencies in supporting consumers is made available on the request of the consumer or following a request from another person or agency. Consent by the consumer is documented in the signed Consent Form or consent is verbally obtained directly from the consumer.

Paper copies of the Consumer Transfer Form, which includes information relevant to emergency situations, are sent with the consumer to hospital and are provided to emergency personnel as required.

Requests for information

Requests for consumer information may be submitted by the Coroner, police, the Aged Care Complaints Commissioner or other statutory body. These are referred to the CEO's office who log the request and liaise with the appropriate Manager to collect, copy and provide the requested information. If required (and time permits), legal review of the submitted information is sought. Information is sent via an encrypted email to ensure privacy.

(See also 6.2.7 Working with External Complaints Agencies.)

2.7 INFECTION PREVENTION AND CONTROL⁷¹

Information outlined in this section is based on the information contained in the NHMRC Guidelines. Infection control processes are implemented to ensure the safety and wellbeing of consumers, our staff and the community.

We seek input and advice from an Infection Control Consultant and the local government environmental officer as required and always if there is an infection outbreak or a food-borne infection risk identified.

It is essential to involve consumers in their care to assist them to understand what they can do to prevent the spread of infection and keep themselves infection free. To do this we:⁷²

- Explain the processes of infection prevention and control (e.g. importance of hand hygiene, reasons for wearing personal protective equipment (PPE), importance of appropriate handling and disposing of sharps) to consumers and their carers
- Engage consumers and their carers in the decision-making process regarding their care and how it is delivered
- Ensure all consumers and their carers are aware that they can to ask questions of healthcare professionals.

For other safety information such as manual handling, household safety precautions and first aid see Section 5: Service Environment.

2.7.1 INFECTION PREVENTION AND CONTROL OVERVIEW

Healthcare-associated infections (HAIs) can occur in any healthcare setting, including home and residential care. The basic principles of infection prevention and control can be applied in all settings.

Standard and transmission-based precautions are used to prevent and control infections and provide protection for consumers, staff and the community at large. Infectious agents (also called pathogens) are biological agents that cause disease or illness to their hosts. Infection requires three main elements—a source of the infectious agent, a mode of transmission and a susceptible host.

Consumers and healthcare workers are most likely to be sources of infectious agents and are also the most common susceptible hosts. Other people visiting and working in health care may also be at risk of both infection and transmission. In healthcare settings, the main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne. Consumers are informed of the precautions our staff take to prevent and control infections.

We train staff in the concepts of Breaking the Chain of Infection⁷³ (see Figure 2.7.1) as part of our training programs.

⁷¹ Australian Government National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019

⁷² Ibid 2.3.1 Involving patients in their care

⁷³ Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) Break the Chain of Infection accessed 2019

Figure 2.7.1 Breaking the Chain of Infection



2.7.2 STANDARD PRECAUTIONS

Standard precautions are applied to all; irrespective of whether it is known the person has an infection, to provide a basic level of infection prevention and control.

Standard precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Waste management including the appropriate handling and disposal of sharps and linen
- Environmental controls such as cleaning and management of spills
- Appropriate cleaning of reusable equipment and the use of single-use only instruments
- Practicing respiratory hygiene and cough etiquette
- The use of aseptic non-touch techniques when appropriate (such as the insertion of catheters by a Registered Nurse)

These are further discussed below and in practice documents⁷⁴

2.7.3 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions are used in addition to standard precautions where the use of standard precautions may not prevent transmission of an infection. These precautions are tailored to the specific infectious agent and we seek the input of the Infection Control Consultant to develop a management plan if they are advised that transmission-based precautions are necessary (such as in the event of an outbreak of gastroenteritis).

Transmission-based precautions can include (in addition to standard precautions):

- Contact precautions are used when there is a known or suspected risk of direct or indirect contact transmission of infectious agents that are not effectively contained by standard precautions alone (e.g. C. difficile or highly contagious skin infections)
- Droplet precautions are used for consumers known or suspected to be infected with agents transmitted over short distances by large respiratory droplets (e.g. influenza, norovirus, pertussis)
- Airborne precautions are used for patients known or suspected to be infected with agents transmitted person to person by the airborne route (e.g. measles, chickenpox and tuberculosis).

2.7.4 ROUTINE HAND HYGIENE

Routine hand hygiene is described in the [Hand Hygiene Practice](#).

2.7.5 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) is always available to all staff. The use of PPE is described in the [Use of Personal Protective Equipment Practice](#).

Home care

Staff collect PPE from the office as they require it; gloves, plastic aprons and eyewear are available.

2.7.6 WASTE MANAGEMENT

Waste management including the management of sharps and linen is described in the [Waste Management Practice](#).

2.7.7 ENVIRONMENTAL CONTROLS

Environmental controls include the cleaning of the environment, pest control and spills management. Cleaning practices are described in the [Cleaning Practice](#) and spills management is described in the [Spills Management Practice](#).

Pest control (centre, offices)

The Manager is responsible for ensuring the premises are free from pests with the implementation of a pest control programme detailed in the preventative maintenance program. Regular inspections for pests are carried out and any infestations treated, and records retained.

⁷⁴ See Forms/Practices

Procedure for decontamination of blood and body fluid substance spills (centre, residential care)

Prompt removal and cleaning of the contaminated area following spots or spills of blood and body fluids is sound infection control practice and detailed in the [Spills Management Practice](#).

2.7.8 CLEANING OF REUSABLE EQUIPMENT/SINGLE USE EQUIPMENT

Equipment (such as hoists, shower chairs etc) that is used by consumers is cleaned on return to the equipment store with a neutral detergent and warm water and dried. Hoist slings are used for one consumer only and laundered in hot water.

All medical equipment is wiped down with alcohol wipes following use and between consumers. All other medical equipment (such as wound dressings and needles) are single use only.

Handling and disposal of sharps

Inappropriate handling of sharps is the major cause of incidents involving potential exposure to blood-borne diseases. The use of sharps should be minimised using blunt drawing up needles, needle-less intravenous access delivery systems and retractable needle and syringe systems.

The following principles apply:

- Sharps use should be minimised
- Sharps should be handled by the person using them only and not passed between workers
- Sharps (such as needles and syringes) should be carried in a puncture-proof container
- Sharps should not be handled unnecessarily and re-sheathing or manipulating the sharps by hand should be avoided.
- Sharps should be disposed of at the point of use, if possible.
- Needles, blades, single-use razors and other sharp items must be discarded in a clearly labelled, puncture-proof container that conforms with AS 40312 or AS/NZS 4261 as appropriate.
- Sharps containers should, wherever possible be fixed to a wall or trolley to reduce the risk of spill or puncture.

Further details of sharps disposal is included in the [Waste Management Practice](#).

2.7.9 HYGIENE AND COUGH ETIQUETTE

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow the respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest bin after use
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

2.7.10 ASEPTIC TECHNIQUE

The Registered Nurse will use aseptic technique when required using sterile gloves and non-touch techniques where relevant. These practices are within each nurses' scope of practice.

2.7.11 SURVEILLANCE OF HEALTH CARE ASSOCIATED INFECTIONS (HAI)

Identification of possible infection

Care Workers and other workers monitor the health and wellbeing of consumers and are alert to the risk of infection in the cohort of consumers we care for. If an infection is suspected, the Aged Care and Volunteer Coordinator is informed and:

1. The consumer and their family are contacted, the Centre Manager is informed, Public Health Unit is contacted if appropriate, and
2. Complete the [Checklist for Healthcare Associated Infections Practice](#)
3. Liaises with the consumer, their family and the GP if appropriate
4. Monitors the health and wellbeing of the consumer, documenting in the file notes

Home care – antimicrobial stewardship

The responsibility for limiting development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship sits with the medical practitioner; however, the registered nurse can support practices to limiting antimicrobial resistance through communication with medical practitioners when it is identified consumers are receiving ongoing antibiotic therapy). In the community setting, often we are unaware of consumers receiving antibiotics as they are usually self-administering; however, antibiotics are often used to treat wound, upper respiratory tract and urinary infections. The registered nurse will liaise with the medical practitioners as necessary in these cases.

2.7.12 COMMUNICABLE DISEASES

Managing communicable diseases

Staff use standard precautions and use hygiene and cough etiquette to reduce the risk of contracting or passing on a communicable disease. Staff who have a communicable disease (such as a cold, flu or gastroenteritis) are not permitted to work as our consumer group are vulnerable to such infections. Staff must stay off work until the symptoms have passed.

Outbreak management

We seek the support of the Infection Control Consultant to assist us in the management of an outbreak or to provide support in managing infectious diseases in the community. We also refer to the following:

- Australian Government Department of Health and Ageing 2010 Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia

Gastroenteritis

We use the Australian Government Department of Health and Ageing 2010 Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia to guide our practice in the management of a suspected outbreak of gastroenteritis. Full details on practices we follow are include in the abovementioned document.

If there is a suspected gastroenteritis outbreak⁷⁵, we:

1. Inform

- Report outbreak to PHU and Department of Health.

⁷⁵ Australian Government Department of Health and Ageing Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia 2010

- Inform staff, volunteers and consumers of the outbreak.
- Provide handouts about gastroenteritis.
- Advise consumers not to attend activities.

2. Handwashing

- Ensure that all consumers have their hands washed after going to the toilet, before meals and after any episode of diarrhoea or vomiting.
- Ensure all staff and volunteers wash their hands before and after all resident contact.
- Ensure sufficient soap and/or alcohol-based hand rubs or gels, and hand-drying facilities are available.

3. Additional infection control measures

- Train staff in additional contact precautions.
- Provide sufficient gloves, gowns, aprons, masks, goggles, face shields and ensure that they are easily accessible.
- Ensure cleaning and other relevant staff members are aware of the correct cleaning procedures and the importance of handwashing.

4. Exclude sick staff

- Exclude staff with gastroenteritis for at least 48 hours after resolution of symptoms.

5. Reporting, pathology testing

- Report outbreak to Public Health Unit (PHU) promptly; follow PHU advice.
- Update PHU (Daily Line-Listing) regularly and if there are any 'sentinel events.
- Ensure laboratory testing has been organised.

Influenza

In the event of a suspected influenza outbreak we use the Communicable Diseases Network Australia 2017 Guidelines for the prevention, control and public health management of influenza outbreaks in residential care facilities in Australia and complete the following:

- Notify – ALL staff, consumers, PHU, GPs, and others.
- Implement infection control measures.
- Suggest testing of consumers with influenza like illness
- Collate information onto a line list.
- Confirm and declare an influenza outbreak.
- Form an outbreak management team.
- Continue infection control during the outbreak.
- Vaccinate during an outbreak, as needed.
- Use antiviral medication during an outbreak, as advised.

The abovementioned resource has full guidance to ensure appropriate management of an influenza outbreak and this is consistently followed.

Staff and volunteer vaccination

Staff/volunteer vaccination (unless contraindicated) is an important element of supporting infection prevention and control principles. We aim for 95% vaccination rate for staff and volunteers.

Influenza vaccination

Staff and volunteers are encouraged to receive influenza.

Hepatitis B vaccination program

A primary vaccination course for Hepatitis B vaccination is advised for health care workers and is available to those workers with regular exposure to blood and body fluids.

- 0 month 1st vaccination
- 1 month 2nd vaccination
- 6 months 3rd vaccination
- 8-10 months blood test to determine immunity
- 5 years booster vaccination

Those people who fail to seroconvert after primary vaccination course will be tested for Hepatitis B Surface Antigen to exclude carrier state. A fourth (4th) dose will then be given followed by a booster dose at 5 years.

A register of staff/volunteer vaccinations that are provided by the staff/volunteer are stored by the relevant staff person in the staff/volunteer personnel file.

Consumer and significant other vaccination

Vaccination is the most effective tool for preventing influenza.

Home Care

Each year we highlight the importance of influenza vaccination in our newsletter and support consumers to access their GP to discuss vaccination and receive their vaccination if not contraindicated.

Sharps injury and body fluid exposure

If staff are exposed to a sharps injury or body fluid exposure they:

- Seek/apply first aid (wash the skin well with soap and water, flush eyes with water/normal saline, spit and then rinse mouth out several times if fluids splashed into the mouth)
- Report the incident to their supervisor
- Complete an Incident/Accident Form
- Are supported by their supervisor to access appropriate health care including accessing medical attention and support as necessary.

The Centre Manager will advise the insurance company if required, and staff continue to be supported following the incident.

COVID-19 responses

Infection prevention and control

The above procedures on infection prevention and control are based on the Australian Government National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019.

In managing the COVID-19 pandemic, Chester Hill Neighbourhood Centre Inc continues to implement these policies and procedures and follow any additional advice and guidelines advised by the Australian Government⁷⁶.

We have implemented the following:

Management

- Staff meet as necessary to implement directives from Australian Government
- monitor all advice and information received from the Australian Government or made available on the Department of Health and other relevant websites and to refer relevant information to staff and volunteers
- Revised and updated our Risk Management Plan and Business Continuity Plan – these are reviewed and updated as necessary at each Working Group meeting
- Continued to provide updated information and guidance for senior management, staff and consumers/representatives based on Australian Government guidelines.
- Arranged where possible, for non-direct staff to work from home
- Increased cleaning in sites and offices.

Staff support

- Provided relevant information to staff from the advice and information provided by the Australian Government
- Ensured adequate Personal Protective Equipment (PPE) is available for staff at the point of care including hand sanitiser, masks (discarded 15 minutes after application), gloves, gowns, goggles or face shield for clients identified or suspected of COVID-19 infection
- Supported all staff to access the influenza vaccine and keep records of all staff immunisation
- Require all staff and volunteers to provide documentary proof of a current influenza vaccination (e.g. letter from GP) prior to being permitted on-site to residential aged care facilities or prior to providing home care services
- Provided hand washing facilities and alcohol-based rub at the entrance to our centre for the use of all visitors and staff
- Provided hand sanitizer for all care workers and encouraged the use of home handwashing facilities
- Provided staff with Australian Government COVID-19 training videos and other relevant information
- Screened all staff and ensured no staff with suspected contact (returned from overseas recently, had contact with someone who returned from overseas recently or had or contact with someone with symptoms) are working
- Advised staff:

⁷⁶ Australian Government Department of Health [COVID-19 - Restrictions on entry into and visitors to aged care facilities](#) Fact sheet Last updated 11 April 2020

- if they have a fever ($\geq 38.0^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) or symptoms of an acute respiratory infection (e.g. shortness of breath, cough, sore throat) that they need to be tested for COVID-19, regardless of whether or not they have recently received the flu vaccine
- if they have become unwell, even if they have recently received the flu vaccine, they should go home immediately and isolate in their home. If they fulfil criteria for testing, they need to organise to be tested for COVID-19 and stay home until they have received their test results. They should notify Chester Hill Neighbourhood Centre Inc that they are unwell and are in isolation
- if the test result is negative, they should remain at home until they are well enough to return to work whilst keeping us updated on their health status.
- if they return a positive test result for COVID-19, they should follow the advice of their doctor and will be required to either isolate in their home or in a hospital until they are well
- Reiterated (verbally, signage, emails, newsletters) social distancing requirements for staff and consumers (1.5m from others) where practicable (i.e. when staff not providing direct and personal care)

Consumer support

- Developed a generic COVID-19 support plan for each consumer that includes Australian Government advice including:
 - promoting regular handwashing/sanitizing
 - social distancing
 - stay at home advice
 - covering coughs and sneezes
 - advising our office if the consumer (or people living in the home) has cold or flu symptoms, including fever.
- Support and encourage consumers to complete their Advance Health Directive
- Conducted screening questions for all consumers in the community (at the door prior to each visit):
 - have you been overseas in the last two weeks?
 - have you had contact with someone who has been overseas in the last two weeks?
 - have you been in contact with anyone with symptoms (fever, runny nose, unwell) in the last two weeks?
 - have you had symptoms in the last two weeks?
 - have you travelled outside of the State in the last two weeks (if appropriate to your State)
 - consumers in the community answering yes to screening questions are referred to the Aged Care and Volunteer Coordinator for advice, assisted to attend a COVID Clinic or other agency for advice and/or assessment as applicable
- Reiterated (verbally, signage, emails, newsletters) social distancing requirements for staff and consumers (1.5m from others) where practicable (i.e. when staff not providing direct and personal care).

OVERVIEW

3.1 PERSONAL CARE AND CLINICAL CARE GUIDE

3.1.1 CONSUMER OUTCOME⁷⁷

"I get personal care and/or clinical care that is safe and right for me."

3.1.2 ORGANISATION STATEMENT⁷⁸

Chester Hill Neighbourhood Centre Inc ensures personal care and clinical care is safe and effective and delivered in accordance with the consumer's needs, goals and preferences to optimise health and wellbeing.

3.1.3 OUR POLICY⁷⁹

- Each consumer receives safe and effective personal care and/or clinical care that is:
 - Best practice
 - Tailored to their needs and
 - Optimises their health and wellbeing.
- High-impact or high-prevalence risks associated with the care of each consumer are identified and managed.
- The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
- Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
- Information about the consumer's condition, needs and preferences is documented and communicated within Chester Hill Neighbourhood Centre Inc, and with others where responsibility for care is shared.
- Timely and appropriate referrals are made to other providers, organisations and individuals.
- Infection-related risks are minimised through implementing:
 - Standard and transmission-based precautions to prevent and control infection
 - Practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Note: Infection control policy and procedures are included in Section 2: Assessment and Planning as infection control strategies must be considered in planning consumer care.

3.1.4 RESPONSIBILITIES

- Chester Hill Neighbourhood Centre Inc ensures care and clinical practices are evidence-based, reviewed by clinicians, fit for purpose, shared with staff, incorporated into training materials, reviewed when required and on a regular three yearly cycle
- Management develops processes and practices that achieve safe and effective care delivered in accordance with the consumer's needs, goals and preferences and ensures the employment of staff who are qualified and experienced in all aspects of the provision of personal and clinical

⁷⁷ Australian Government Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2019

⁷⁸ Ibid p42

⁷⁹ Ibid p42

care. The Allied Health professionals work within the multidisciplinary team to assess, develop support plans and provide advice relevant to their scope of practice

- Staff follow policies and procedures, participate in development opportunities, report and escalate consumer deterioration (where necessary) and deliver services that are safe and effective and are delivered in accordance with the consumer's needs, goals and preferences
- Consumers and/or their representatives provide ongoing input on their needs and preferences for care and services.

3.1.5 MONITORING PERSONAL CARE AND CLINICAL CARE

Personal care and clinical care processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) in Forms/Governance Documents and 8.9 Continuous Improvement).

3.1.6 REFERENCES

- Australian Government Aged Care Quality and Safety Commission *Guidance and Resources for Providers to Support the Aged Care Quality Standards* April 2019
- Australian Government Department of Health website *Reportable Assaults* Accessed 2019
- Australian Nursing and Midwifery Federation *Nursing Guidelines: Management of Medicines in Aged Care* 2013
- Australian Pharmaceutical Advisory Council *Guiding Principles for Medication Management in the Community* 2012

3.1.7 DEFINITIONS⁸⁰

Term	Meaning
Advance care planning	A planning process that looks at a consumer's preferences for health, personal care and health outcomes. An advance care plan can be used to guide decisions about care.
Approved health practitioner (with regard to restraint)	A medical practitioner, nurse practitioner or registered nurse.
Aversive treatment practices/punishment	An aversive practice is one that uses unpleasant physical sensory or verbal stimuli, eg any voice tone, command or threat that is used to limit a consumer's mobility in an attempt to reduce undesired behaviour. Also, any withholding of basic human rights or needs eg food, warmth, clothing, positive social interaction, a consumer's goods or belongings or a favoured activity for the purpose of behaviour management or control.
Allied health professional	Staff registered with Australian Health Practitioner Regulation Agency or holding relevant health qualifications to deliver clinical care in their area of expertise such as podiatrists, physiotherapists, social workers, occupational therapists, dietitians, speech pathologists etc.
Assessment (including review and reassessment)	Evaluation of care and services needs including consultation with the consumer, review of referral information, collection of physical, psychological and social observations, data and information for the purpose of developing a support plan.
Antimicrobial stewardship	Antimicrobial stewardship is when organisations take ongoing actions to reduce the risks related to increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It can include a broad range

⁸⁰ Adapted from Australian Government Aged Care Quality and Safety Commission *Guidance and Resources for Providers to Support the Aged Care Quality Standards* September 2019

Term	Meaning
	of strategies, such as monitoring and reviewing how they use antimicrobials.
Bed rails	Bed rails are rails that provide a physical barrier to restrict the consumer from falling or leaving their bed.
Bed rails as a safety measure	Consumers may choose to have one side half or quarter bed rail as a security measure which is not considered restraint as the intent is not to restrict the consumer from leaving their bed but rather to provide a mechanism to move about the bed.
Carer	A person who provides personal care, support and help to a consumer. This doesn't include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Chemical restraint	Restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour. It does not include medication prescribed for the treatment of or to enable treatment of a diagnosed mental disorder, a physical illness or a physical condition. Examples of pharmacological agents used as chemical restraint are antipsychotics and benzodiazepines. It is not chemical restraint if those medications are used to treat a diagnosed mental disorder.
Clinical care	Care and support provided by health professionals that is evidence based, meets consumer's needs and optimises the consumer's health and well-being.
Consent	A person's permission for something to happen or an agreement to do something. A person's agreement for a health professional (or other person providing care and services) to proceed with specific care, services or treatments following consultation and discussion of risks and benefits. ⁸¹
Consumer	A person we provide or intend to provide aged care and services for and their guardian and/or their representatives nominated by them.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It's also how a person's identity is respected so that who they are and what they need, isn't questioned or denied.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Environmental restraint	The restriction of movement by the consumer without the consumer's explicit and informed consent including: limiting a consumer to a particular environment; restricting access to an outside courtyard or sitting room; preventing a consumer from leaving the building.
Extreme restraint	Aversive treatment, seclusion, posey criss-cross vest, leg or ankle restraint, manacles/shackles (hard), soft wrist/hand restraints are extreme restraint and never used.
General restraint	General restraint devices include bed boundary markers such as rolled blankets, concave mattresses, supportive chairs that support posture but

⁸¹ Adapted from Government of Western Australia Department of Health WA Consent to Treatment Policy 2016

Term	Meaning
devices	inhibit freedom, chairs with deep seats, rockers or recliners, large pillows or bean bags on floors, skeletal support that restricts mobility, lap rugs with ties, lap sashes, hand mitts, chairs with tables, seat belts with chairs, wheelchair safety bars.
High risk restraints	Removing aids to support mobility such as walking frames and bed rails (used to limit the consumer's ability to be self-determining in their movement are high risk restraint.
Infection prevention and control	Strategies to support the goal to create safe care environments through the implementation of practices that minimise the risk of transmission of infectious agents.
Medication Administration	The actual giving of medications and involves the storing of medicines, opening of the container, removing the prescribed dosage (from approved container), giving the medication as per instructions and ensuring that the medication has been taken.
Medication Error	Any preventable event that may cause or lead to inappropriate medication use or consumer harm while the medication is in the control of the health care professional, care worker or consumer. ⁸²
Medication Reconciliation	The process of creating an accurate list of medications the consumer is taking through verification (collecting an accurate medication history), clarification (ensuring the medications and doses are appropriate) and reconciliation (ensuring all medications are correct as prescribed by the medical practitioner and dispensed by the pharmacist). The Registered Nurse conducts medication reconciliation for all consumers. ⁸³
Medication Support	<p>Prompting or assisting the consumer with self-medication. It involves reminding or prompting the consumer to take medication, assisting with opening medication containers (such as blister packs) for consumers and other assistance not involving medication administration.</p> <p>The main difference between medication support and medication administration is who is taking responsibility for ensuring that medications are taken; with medication support the consumer is self-medicating with support and with medication administration, the Care Worker or Registered Nurse is taking steps and responsibility to ensure that the medication is taken.</p>
Nurse	Staff registered with the Australian Health Practitioner Regulation Agency as a nurse practitioner, registered nurse, enrolled nurse or midwife.
Personal care	The provision of the supports with bathing, showering, dressing, assisting with meals and drinks and toileting.
PRN (pro re nata)	Medications provided when required or as needed as circumstances require.
Person-to-person restraint	The control of a consumer's behaviour through the use of: physical force or 'hands on' (no matter how gentle) if it limits a consumer's mobility; verbal commands that are used to limit a consumer's mobility; or psychological measures that creates a belief that acts to limit a consumer's mobility eg placing a tape across a doorway.
Physical restraint	<p>Physical restraint is any restraint excluding chemical restraint or the use of medication prescribed for the treatment of a diagnosed mental disorder, a physical illness or a physical condition.</p> <p>The intentional restriction of a consumer's voluntary movement or</p>

⁸² <https://www.nccmerp.org/about-medication-errors> Accessed February 2019

⁸³ Australian Commission on Safety and Quality in Health Care Accessed February 2019

Term	Meaning
	behaviour by the use of a device, or removal of mobility aids, or physical force for behavioural purposes is physical restraint. It includes limiting a consumer to a particular environment. Physical restraint devices include but are not limited to: lap belts, tabletops, posey restraints or similar products, bed rails, chairs that are difficult to get out of such as deep chairs.
Restraint	Restraint is any practice, device or action that interferes with a consumer's ability to make a decision or which restricts their free movement. ⁸⁴
Risk	The chance of something happening that will have a negative impact. It is measured by the consequences and likelihood and refers to the risk of harm to a consumer.
Schedule medications (2, 3, 4 and 8) ⁸⁵	<p>Schedule 2 medications: Pharmacy medicine: Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licenced person.</p> <p>Schedule 3 medications: Pharmacist only medicine: Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.</p> <p>Schedule 4 medications: Prescription only medicine: Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription. Schedule 4R (restricted medicines) have additional controls to ensure the safe use of these medicines.</p> <p>Schedule 8 medications: Controlled drug: Substances which should be available for use but require restriction of manufactory, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.</p>
Special needs groups	<p>People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i>, are listed below:</p> <ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged • Veterans • People who are homeless or at risk of becoming homeless • Care leavers • Parents separated from their children by forced adoption or removal • Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Support plan	An individual plan of care and services identified through assessment to meet the expressed and assessed health and wellbeing needs of the consumer. The support plan is used by staff in the delivery of consumer-centred care.

⁸⁴ All restraint definitions are from Australian Government Department of Health and Ageing 2012 Decision-Making Tool: Supporting a Restraint Free Environment in Residential Aged Care

⁸⁵ Poisons Standard February 2019 Standard for the Uniform Scheduling of Medicines and Poisons No. 23 (the SUSMP 23).

Term	Meaning
Care worker	All staff involved in delivering services and care to consumers. Unregulated healthcare workers.

3.2 DELIVERING PERSONAL CARE AND CLINICAL CARE

3.2.1 PRINCIPLES OF DELIVERING PERSONAL CARE AND CLINICAL CARE⁸⁶

Chester Hill Neighbourhood Centre Inc delivers safe and effective personal and clinical care to meet consumer needs, goals and preferences to optimise health and wellbeing by:

- Using evidence-based practices to inform our care
- Tailoring personal and clinical care to each consumer's needs and identifying and minimising risk through a consultative assessment process whilst respecting the consumer's right to the 'dignity of risk'
- Developing support plans in consultation with the consumer including meeting the needs and preferences of those nearing the end-of-life
- Ensuring staff are skilled to detect deterioration in the consumer's mental, physical and cognitive function
- Supporting processes to share, handover and document in the consumer's electronic record information about the consumer's condition to personnel within the organisation and outside of the organisation where necessary
- Referring consumers to health professionals and other organisations as necessary and in a timely manner to optimise the health and wellbeing of the consumer.

We use the nursing process⁸⁷ to guide the registered nurse to individualise, contextualise and prioritise care⁸⁸. The nursing process includes the following steps⁸⁹:

- Assessment: systematic collection of subjective (described by the consumer) and objective (observed by the nurse) assessment data through interview with the consumer, consumer examination and use of the organisation's assessment tools. This is followed by analysis of data to inform a plan of care.
- Nursing diagnosis: describing the nursing diagnosis related to factors relevant to the diagnosis determined through assessment
- Planning: including formulating measurable outcomes and planning nursing/care interventions in consultation with the consumer
- Intervention: providing the nursing care and support outlined in the support plan
- Evaluation: determining the responses to the nursing care and support in consultation with the consumer on a regular basis to determine outcomes and reviewing the support plan as necessary (informed by further assessments as required).

3.2.2 RISK ASSESSMENT: MINIMISING HARM

Assessment processes are described in Section 2 Assessment and Planning and [practice documents](#).

Consumers may be at risk of events that can have a serious impact their health and wellbeing including:

- Failure to identify or act on deterioration including failure to appropriately handover and managing life threatening events
- Harmful effects of living with dementia such as confusion and delirium

⁸⁶ This section is only applicable to services who deliver personal care and/or clinical care.

⁸⁷ The nursing process was first determined as a four-stage process (assessment, planning, implementation and evaluation) in 1958 by Ida Jean Orlando and later further developed to include nursing diagnosis.

⁸⁸ Hage BL 2014 A Comprehensive Guide to Geriatric Rehabilitation (3rd Edition)

⁸⁹ Pratt RJ and van Wijgerden J 2009 Nursing Care of Patients with Tuberculosis

- Sensory impairments
- Falls and mobility impairments
- Sub optimal nutrition and hydration
- Swallowing difficulties
- Failure to support continence
- Medication errors and medication side effects
- Sub optimal pain management
- Sub optimal end of life care
- Preventing pressure injuries and promoting skin integrity
- Consequences of restrictive practices.

Screening for risks and minimising harm

Risk screening for the abovementioned is conducted as applicable to the consumer on admission to the service and regularly (as per assessment and care planning process) as risks are identified. Referral and handover information and consultation with the consumer is conducted to assist in determining risks. If risks are identified, referral information and health professional input is sought to inform the development of an appropriate Support Plan.

Home Care

The Registered Nurse sources the most appropriate information for consumers once the screening is completed and can provide consumers information on a range of health topics for older people including (and included in the consumer resources section of this manual):

- Falls
- Pressure injuries
- Medication management
- Maintaining nutrition and hydration
- Living with dementia
- Continence
- Bowel health
- And other health issues.

Where appropriate, these resources may also be used in information sessions with care workers. Additional assessment is conducted to identify strategies to minimise harm and support clinical care as appropriate.

Support planning

Support plans are developed in consultation with the consumer to reduce the risk of harm to consumers. These are reviewed six weeks after service commencement, as required when care needs change, following admission to hospital and on a twelve-monthly schedule (if the consumer has complex care needs, a six monthly review is conducted). At any time, the support plan can be reviewed to respond to changes in condition and minimise risks.

Referral

Consumers are referred to health professionals or other providers if required and records of the referral, assessment and interventions are maintained in the consumer's record. If information is provided by a health professional following referral, this is integrated into the consumer's support plan.

3.2.3 PERSONAL CARE

Personal care includes assistance with activities of daily living including bathing, grooming, dressing, toileting and assisting the consumer to consume their meals and drinks. It also includes the provision of hairdressing and beauty treatments; these are provided by external contractors at the consumer's expense.

Scheduling

Home Care

Scheduling consumer care is done in consultation with the consumer and with consideration to organisational capacity and capability to ensure the services provided support consumer outcomes. Staff receive notification of their schedule from the Aged Care and Volunteer Coordinator. Staff advise the Aged Care and Volunteer Coordinator if the schedule is not adhered to as planned. Staff ensure all information about the consumer remains confidential.

Support plans and documentation

(See also 2.6 Consumer Documentation and Information Sharing)

Home Care

Staff deliver the support described in the support plan/s and if the care worker notices a change in condition or other exceptional event, they notify the Aged Care and Volunteer Coordinator. The Aged Care and Volunteer Coordinator follows up as required; any notes of the follow up are recorded in the consumer's record in the Consumer Management System. Staff use the relevant reporting forms to record hazards, medication errors or adverse events in addition to notifying the Aged Care and Volunteer Coordinator and may use their Handover Report to assist in remembering issues that need to be raised with the Aged Care and Volunteer Coordinator.

Care workers are updated on any changes to support plans or consumer needs through a verbal handover if necessary and are provided with an updated Support Plan to take to the consumer's home if there are significant changes. There are meeting forums for care workers to discuss any issues arising in the support they provide, and the Aged Care and Volunteer Coordinator is available by telephone, at any time, if necessary.

Equipment and materials

Chester Hill Neighbourhood Centre Inc ensures suitable equipment and materials including medical supplies are provided to consumers and are used by staff to support consumer goals. Equipment to support the clinical and safety needs of consumers are reviewed by the Aged Care and Volunteer Coordinator with input from relevant health professionals before purchase. Only approved items can be purchased; the Aged Care and Volunteer Coordinator, in consultation with other health care providers, is responsible for ensuring clinical equipment and medical supplies are appropriate to the consumer's needs.

Home Care

Medical supplies (e.g. wound care products) and any equipment or materials to support the consumer are provided within funding guidelines. Level 1 and 2 Home Care Package consumers can access continence aids from Continence Management and Assessment Service (CMAS). Level 3 and 4 Home Care Package consumers are provided continence aids from their package funding.

If equipment is purchased using Home Care Packages funding [not loaned equipment from our organisation] the consumer maintains responsibility for the maintenance and repair of the equipment.

Should a consumer request medical or independent living support equipment (such as mobility aids, chairs, pressure relieving equipment) a referral is made to an Occupational Therapist to

advise and support the equipment recommendation, use and monitoring. If necessary, the Registered Nurse in consultation with the Aged Care and Volunteer Coordinator approves the use of any equipment or materials and ensures that they are supplied, maintained and appropriately stored (see 5.4.7 Monitoring and Maintaining Equipment and Facilities).

The Registered Nurse ensures that all medical supplies are within use-by dates, stored as per manufacturers specifications and disposed of appropriately.

3.2.4 CLINICAL SUPPORT

Clinical care is provided by suitably qualified health care professionals including medical practitioners, nurse practitioners, pharmacists, nursing staff, and allied health professionals.

Home care

Clinical support is provided by the Registered Nurse working within their scope of practice. This can include all types of nursing care and support such as clinical assessment and care planning, wound care, continence management, behaviour management supports and health promotion activities including consumer education. Clinical procedures are detailed in the evidence-based Nursing Procedures Manual. We are guided by advice from the consumer's doctor, specialists and other health care providers.

A range of support plans are used:

- A Support Plan for consumers with non-complex support needs
- A Complex Care Support Plan for complex needs consumers (usually consumers receiving clinical care in their home care package). NOTE: A Support Plan is also completed for these consumers if other services such as transport, day centre or meals are provided. This ensures all supports are clearly identified.
- A Specific Care Plan can be used to address specific needs (or support needs for a short period of time), such as wound care requirements, infection prevention and control guidance, complex catheter care or behaviour support strategies.
- A Medication Plan is completed if Care Workers are providing medication support. Medication is usually prepared by the pharmacy in a dosing device – Tab timer or Webster pack

If support is required every day, arrangements for public holidays and weekends are included in the support plan.

The Registered Nurse ensures that Care Workers have the appropriate skills (including competency assessment if required) to aid consumers requiring clinical support and assists the Care Workers allocated to provide support to these consumers prior to them providing support. The Registered Nurse reports to the Aged Care and Volunteer Coordinator of the clinical care and support provided by Care workers monthly to ensure care outcomes are being met.

3.2.5 DOCUMENTING ADVANCE CARE PLANNING

Consumers are supported to complete an advance care and end of life plan if they wish to. The support plan contains reference to the presence of an Advance Care Plan (and associated end of life plan) and a copy is kept with the support plan for staff to reference as required. Information on advance care planning wishes is provided when the consumer is referred to other agencies or health professionals with the consumer's permission. (See also 2.3.5 Substitute Decision-Makers and 2.3.8 Advance Care Planning.)

3.2.6 MONITORING HEALTH AND WELLBEING IN NATURAL DISASTERS

Staff ensure they monitor the health and wellbeing of consumers. This includes monitoring for changes in the consumer and being aware of the impacts of hot and cold weather on consumers

and the risks associated with bushfires. These are outlined in the [Monitoring Health and Wellbeing in Severe Weather and Natural Disasters Practice](#).

3.3 MINIMISING POTENTIAL HARM: CARE POLICIES

3.3.1 OVERVIEW

Consumers may be at risk of harm due to a range of issues related to altered cognition, frailty, functional decline, reduced health and wellbeing, sensory losses, changes in environment and mental health.

Chester Hill Neighbourhood Centre Inc works with consumers through assessment, support planning, referral, review and monitoring to identify the risk of potential harm and uses strategies to reduce the risk of harm.

A range of practices are in place to reduce the risk of potential harm for consumers including:

- Handover (see [Handover Practice](#) and 2.3.6 Assessment and Support Planning Processes/ Handover)
- Managing deterioration (see [Managing Deterioration and Escalation Practice](#) and [Managing Life Threatening Events Practice](#))
- Supporting those living with cognitive impairment (see [Communicating with People Living with Dementia](#) and [Managing Behavioural and Psychological Symptoms of Dementia](#))
- Managing delirium (see [Managing Delirium](#))
- Supporting sensory impairments (see [Supporting Sensory Impairments Practice](#))
- Falls and mobility impairments (see [Falls Prevention and Management Practice](#))
- Supporting optimal nutrition and hydration (see [Nutrition and Hydration Support Practice](#))
- Promoting oral and dental health (see [Oral and Dental Support Practice](#))
- Optimising continence care – bladder and bowel (see [Optimising Continence Care Practice](#))
- Medication management (see [Medication Management Guiding Principles Practice](#), [Medication Management and Error Reporting Practice](#), [Care Worker Medication Support Practice](#))
- Supporting pain management (see [Pain Management Practice](#))
- Providing end of life care (see [Palliative and End of Life Care Practice](#))
- Preventing pressure injury and promoting skin integrity (see [Pressure Injury Prevention and Management Practice](#) and [Skin Integrity Support and Skin Tear Management Practice](#))

3.3.2 CONSUMER-FOCUSED CARE POLICY

Quality and safe care is provided to all Chester Hill Neighbourhood Centre Inc consumers through the implementation of our Consumer-Focused Care Policy that is operationalised by:

- Consultation with the consumer (and their representative if requested/required by the consumer relative to their ability to participate) before, during and after admission to our service
- Identification of the consumer's expressed (SMART) goals and working with them to articulate how we can support them in achieving them whilst promoting independence
- Measuring and monitoring the consumer's achievement of their goals on an ongoing basis through consultation, review and reassessment
- Using previously conducted assessments and referral information to inform our assessments
- Conducting assessments relevant to the consumer's need and using this information to inform the development of a consumer-approved support plan
- Delivering quality and safe services consistently by reviewing the consumer's progress in meeting defined goals, measuring our performance, auditing our performance and conducting surveys, meetings and focus groups

- Referring consumers when necessary to services and suitably qualified health professionals and incorporating information from other service providers and health professionals into our support plans
- Identifying and minimising risk to consumers whilst supporting the 'dignity of risk' for every consumer
- Consistently documenting the care and services provided to tell the consumer journey, improve our services and meet regulatory requirements
- Providing staff with training, support, supervision and mentorship to deliver safe and quality services
- Improving our services by listening to and engaging with consumers, staff, contractors, volunteers, community and other stakeholders
- Monitoring and reporting our practice through the review of clinical and care indicators through our clinical governance framework reporting.

Practice documents outline how we deliver our care policy as it relates to specific areas of care.

3.4 MEDICATION MANAGEMENT POLICY

Chester Hill Neighbourhood Centre Inc promotes the safe and effective use of medications for all consumers in line with current legislation and guidelines. Medication management can be provided to consumers by the Registered/Enrolled Nurse or Care Workers. The Registered/Enrolled Nurse is bound to follow professional guidelines⁹⁰ in the delivery of medications. Care Workers can only provide medication management support if they have been deemed competent to do so. Consumers are encouraged to remain independence in the management of their medications.

This Policy is developed in line with contemporary guidance for medication management including:

- Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013
- Department of Health and Ageing Guiding Principles for Medication Management in Residential Aged Care Facilities 2012
- Australian Pharmaceutical Advisory Council Guiding Principles for Medication Management in the Community 2012.

The legislation guiding medication management in WA is the Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016; however, this legislation does not define the roles of care workers in medication management.

Each consumer is assessed to understand what medication supports they require to ensure safe and correct medication processes and promote their independence.

The practices supporting the medication policy include:

- [Medication Guiding Principles Practice](#)
- [Medication Management and Error Reporting Practice](#)
- [Care Worker Medication Support Practice](#).

Definitions

(See 3.1.7 Definitions.)

Responsibilities

Registered nurse responsibilities

Registered Nurses are able to administer medications (prescribed and non-prescribed) as per their scope of practice and in line with the requirements of the Health Practitioner Regulation National Law Act 2009, Health Practitioner Regulation National Law (WA), and the Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016. The Registered Nurse is responsible for supporting consumers with their medications in the following ways:

- Ensuring they practice within their scope of practice to provide medication support
- Assessing the need for medication support for consumers where necessary
- Identifying the type of medications currently taken by the consumer and conducting medication reconciliation
- Liaising with the doctor and/or pharmacist as required
- Developing a medication plan for the consumer and identifying who will provide the medication support [this may include medication support by the Care Workers (blister packed medications

⁹⁰ Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013

and those Care Workers are competent to support the consumer with) or the Registered Nurse (other medications such as suppositories, insulin injections)

- Reviewing medication support during reassessment and if medication errors occur
- Ensuring the competency and supervision of Care Workers to provide medication support by providing medication support training and competency assessment
- Conducting annual audits of medication management and reports to the Clinical Care Committee meeting and participating in the Medication Advisory meeting in the Clinical Care Committee twice per year.

The Registered Nurse is responsible to Chester Hill Neighbourhood Centre Inc in relation to medication policy support in the following ways:

- Providing clinical advice and input into policies and procedures
- Participating in the review of Medication Error Reports to identify improvements and support staff development
- Participating in the Clinical Care Committee to inform improvements and development of policy/procedures relating to medication management.

Care worker responsibilities

The Care Workers are responsible for medication support by:

- Never being involved in the management and/or administration of consumer medication, beyond their skills and training
- Ensuring that they are competent to provide medication support and refresh their competency every 12 months
- Being adequately trained by attending organisation endorsed medication training, assessed as competent by the Registered Nurse and feeling confident in performing the consumer medication assistance required of them
- Being adequately trained to identify potential adverse effects medication may have on the consumer (within their knowledge and skill)
- Liaising with the Aged Care and Volunteer Coordinator/Registered Nurse regarding medication support as required
- Following all medication support policies, procedures and practices
- Providing medication support as per the medication plan
- Reporting any medication incidents using a Medication Error Report
- Never providing medication advice or information to consumers/representatives.

Home care

Aged Care and Volunteer Coordinator

The Aged Care and Volunteer Coordinator is responsible for medication support by:

- Reviewing the assessed need for medication support for home care consumers (self-administration is encouraged and supported through medication support aids such as blister packs)
- Liaising with the doctor, pharmacist and registered nurse as required
- Developing a medication plan for the consumer and identifying who will provide the medication support including medication support by the Care Workers (blister packed medications and other medications Care Workers are competent to support the consumer with) or the Registered Nurse (other medications such as suppositories, insulin injections)

- Reviewing consumers medication support during reassessment in consultation with the Registered Nurse
- Managing the follow up and implementation of improvements identified through the medication error reporting process.

See above for Care Worker medication responsibilities.

Consumer medication assessment

Where an assessment is needed to determine a consumer's capacity to participate in the management of his or her own medication, we use the following procedures:

Home care

A consumer Medication Consent Form is completed for all consumers we provide medication support for.

All consumers with capacity are encouraged to self-administer their medications. Strategies for assisting them to achieve this include the provision of blister packs, aids to open blister packs, prompting calls (telephone calls at medication administration times to prompt the consumer to take medications) and support to liaise with the medical practitioner to reduce the number and times medications are required. The Aged Care and Volunteer Coordinator can assist in liaising with the medical practitioner as required.

Should medications require secure storage (due to a consumer accessing medications outside of the prescribed times) strategies for supporting safe storage such as a locked box are considered and implemented if deemed appropriate and detailed in the support plan.

We provide consumers with the NPS Medicinewise information sheet (in the Resources file) to assist them in managing their medications safely.

Documentation requirements for the provision of medication

Home care requirements for medication support

If the consumer is having medication support, that is, the consumer is being prompted to take their medications, assisted with packaging and ensured the consumer has taken their medications the following is required:

- A Medication Consent Form is completed that outlines the type of medication assistance is to be provided (such as prompting for time of day or assistance with medication packaging)
- A Medication Order that details the doctor's prescription (which may be a signed patient medication summary, blister pack sheet provided by the pharmacist or a Medication Order form)
- A Medication Plan that describes the type of medication, assistance to be provided by the Care Workers including type, time, dose, and route of medication for the consumer is completed by the Registered Nurse

The consumer Medication Plan includes the following:

- Consumer's name (including three identifiers)
- Medication to be given
- Dose to be administered
- Specific route
- Time/s to be given
- Specific instructions regarding the medication, e.g. to be taken with food

- Commencement date of medication
- Cessation or review date of the medication.
- A Medication Record Sheet or signing sheet for Care Workers to notate:
 - their initials if they have ensured the client has taken the medication
 - 'S' for self-administered if they have observed the consumer self-administering their medications
 - 'N' if the prescribed medication is not available
 - 'R' if the consumer refuses the medication.

Limits to medication management practices

See [Medication Management Guiding Principles Practice](#).

Care workers are not placed in a position where they must make discretionary judgements concerning a consumer's health status when the consumer needs assistance from expert health professionals.

Examples of times when discretionary judgement may be required include:

- A consumer that needs to be monitored because of unstable health (unstable health is when a person's health is inconsistent and requires some intervention and changing of medication on a regular or ongoing basis).
- A consumer that consistently displays behaviour impacting on their ability to safely receive prescribed medications, e.g. takes too much medication, refuses to take medication, takes incorrect doses or misuses medication on a regular basis.
- Professional medication instructions are unclear, out of date, omitted or open to interpretation.

In these situations, the Care Worker informs the Aged Care and Volunteer Coordinator who contacts the consumer's doctor or other health professional for advice and ensure that the consumer is appropriately reviewed. The Registered Nurse provides medication management services to complex consumers.

Categories of medication

Medications are classified as either first category or second category medications. Care Workers may assist consumers with second category medications as specified in Table 3.4.1: Categories of Medication.

Table 3.4.1: Categories of Medication

First Category Medication	Second Category Medication
(Health Professionals only) Care Workers are not to provide support to consumers with this medication. The Registered/Enrolled Nurse can give medicines in this category that they are competent to give.	(Special skills/training required) Care Workers may assist consumers with this medication after receiving approved competency-based training and competency assessment that is updated on an annual basis.
	Scheduled 8 medications if in medication aid.
	Tablets, Patches and Wafers.
	Eye drops; Ear drops; Nose drops and Sprays.
	Topical, rectal and vaginal preparations (eg creams and ointments)
Any medications that are to be nebulised that have not been dispensed and prepared by a pharmacist	Any medications that are to be nebulised that have been dispensed and prepared by a pharmacist into

First Category Medication	Second Category Medication
into unit doses.	unit doses. Metered dose inhalers that have been dispensed by a pharmacist.
Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have not been dispensed and prepared by a pharmacist into unit doses.	Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have been dispensed and prepared by a pharmacist into unit doses.
Medical Practitioner Only: <ul style="list-style-type: none"> • Intrathecal (into the spinal cord area) • Intraperitoneal (into peritoneum/ abdominal cavity) • Intraventricular (into ventricles of brain) • Epidural Registered Nurse: <ul style="list-style-type: none"> • Intravenous • Intramuscular • Subcutaneous • Enemas, pessaries and suppositories Enrolled Nurse: <ul style="list-style-type: none"> • Intramuscular or subcutaneous if checked by a Registered Nurse • Enemas, pessaries and suppositories 	
All medications that are administered by the nasogastric route.	
Emergency situations: In an emergency situation Care Workers are not to practice outside of the scope of their ability and knowledge and are always to call for assistance (ambulance, Coordinator, Registered Nurse, medical practitioner, Pharmacist) if an emergency situation arises.	

Staff training for medication support

Registered nurses have the knowledge and skill to reconcile, manage, administer and coordinate the management of medications as part of their scope of practice. Should the Registered Nurse require further training and support in the management of medications, they seek professional development. Advice and support is sought by the Registered Nurse from medical practitioners and pharmacists as required. Enrolled nurses who have received appropriate medication training may administer medications within their scope of practice.

Care Workers are trained in the supervision, prompting and delivery of medications including medication awareness training and competency. The Registered Nurse assesses the competence of Care Workers in the management and administration of medications including assessing the competence of each Care Worker in the administration of approved category two medications. A range of competency forms are completed by the Registered Nurse and filed in the Care Worker's personnel file. Competency is assessed twice for the first assessment and once annually thereafter.

Policy review

This policy is reviewed by the Clinical Care Committee at least every twelve months to identify any required improvements and implements any improvements to the process. This policy review contributes to our clinical governance oversight of organisational practices with consideration to the ongoing review of medication errors.

3.5 RESTRAINT MINIMISATION AND USE POLICY⁹¹⁹²

Chester Hill Neighbourhood Centre Inc promotes a restraint free environment to ensure the safety and wellbeing of consumers and to ensure care is delivered in accordance with legislative, regulatory, standards, safety and best practice guidelines with relation to the application of restraint be it physical or chemical.

Chester Hill Neighbourhood Centre Inc abides by the Australian Government's legislative framework⁹³ to reduce the use of restraints and acknowledge that a restraint-free environment is a basic human right for all consumers and restraint, such as the use of physical or chemical restraint, should not be implemented until all alternatives are explored. The Amending Principles engage the following rights:

- The right to the enjoyment of the highest attainable standard of physical and mental health and
- The right to protection from exploitation, violence and abuse.

Home care

We do not restrain consumers at any time in the provision of home care. Consumers who require a seatbelt on mobility equipment (such as wheelchairs) is not considered restraint.

⁹¹ Australian Government Department of Health and Ageing 2012 Decision-making tool: Supporting a Restraint Free Environment in Residential Aged Care

⁹² The Joanna Briggs Institute 2013 Aged Care Nursing Manual: Restraint Standards

⁹³ Australian Government Explanatory Statement Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019

OVERVIEW

4.1.1 CONSUMER OUTCOME⁹⁴

"I get the services and supports that are important for my health and wellbeing and that enable me to do the things I want to do."

4.1.2 ORGANISATION STATEMENT⁹⁵

Chester Hill Neighbourhood Centre Inc. provides safe and effective services and supports that optimise the consumer's independence, health, wellbeing and quality of life.

4.1.3 OUR POLICY⁹⁶

- Each consumer receives safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, wellbeing and quality of life.
- Services and supports for daily living promote each consumers emotional, spiritual and psychological wellbeing
- Services and supports for daily living assist each consumer to:
 - participate in their community within and outside the service
 - have social and personal relationships
 - do the things of interest to them
- Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
- Timely and appropriate referrals to other providers, organisations and individuals
- Where meals are provided, they are varied and of adequate quality and quantity.
- Where equipment is provided it is safe, suitable clean and well maintained.

4.1.4 RESPONSIBILITIES

- Management develops processes and practices that achieve safe and effective care delivered in accordance with the consumer's needs, goals and preferences and ensures the employment of staff who are qualified and experienced in all aspects of the provision of personal and clinical care
- Staff follow policies and procedures, participate in development opportunities, and deliver services that are safe and effective and are delivered in accordance with the consumer's needs, goals and preferences
- Consumers and/or their representatives provide ongoing input on their needs and preferences for care and services.

4.1.5 MONITORING SERVICES AND SUPPORTS FOR DAILY LIVING

The processes and systems supporting services and supports for daily living are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

⁹⁴ Australian Government Department of Health Standard 4: Services and Supports for Daily Living Aged Care Quality Standards June 2018

⁹⁵ Ibid

⁹⁶ Based on the requirements for Standard 4: Services and Supports for Daily Living Aged Care Quality Standards June 2018

4.1.6 REFERENCES

- Australian Government Australian Aged Care Quality Agency [Aged Care Quality Standards Draft Guidance - Full suite](#) 2018
- Australian Government Department of Health [Aged Care Quality Standards](#) June 2018
- Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) (Click on link for latest version)
- Australian Government Department of Health [Home Care Packages Program Operational Manual](#) March 2020
- Australian Government Federal Register of Legislation [Quality of Care Principles](#) 2014
- Australian Government National Health and Medical Research Council Australian [Guidelines for the Prevention and Control of Infection in Healthcare](#) 2010 (Currently being updated 2018)
- Queensland Government Department of Health in Consultation with the Australian Government Department of Health [Tool for the Development of a Food Safety Program for Delivered Meals Organisations](#) 2007

4.1.7 DEFINITIONS

1. Consumer refers to the consumer and their guardian and/or their representatives nominated by them
2. Care Worker refers to unregulated healthcare workers.
3. Care Worker refers to all staff involved in delivering services and care to consumers.

4.2 ENSURING SAFE AND EFFECTIVE SERVICES

Chester Hill Neighbourhood Centre Inc. provides supports for daily living under the CHSP and Home Care Packages. The following approaches apply to all services and care provided subject to funding program requirements.

The requirements for the Aged Care Quality Standards are discussed in the sections referred to below.

4.2.1 DELIVERING SAFE AND EFFECTIVE SERVICES

(See 2.3.5 Service Commencement and Assessment/iv) Delivering safe and effective services.)

4.2.2 PROMOTING CONSUMERS' CULTURAL, SPIRITUAL, AND EMOTIONAL WELLBEING

(See 1.3.3 Spiritual Support and 1.3.4 Emotional and Psychological Support.)

4.2.3 CONSUMER PARTICIPATION IN COMMUNITY

(See 1.4.4 Inclusion in Community.)

4.2.4: COMMUNICATION OF CONSUMER INFORMATION

(See 1.4.5 Consumer Communication and 2.5.5 Information Sharing.)

4.2.5 CONSUMER REFERRALS

(See 1.4.4 Inclusion in Community/iii) Referrals to other agencies.)

4.2.6 EQUIPMENT SAFETY AND MAINTENANCE

(See 5.5.6 Monitoring and Maintaining Equipment and Facilities.)

4.3 COMMONWEALTH HOME SUPPORT PROGRAM SERVICES

The following CHSP services are delivered by Chester Hill Neighbourhood Centre Inc⁹⁷:

4.3.1 SOCIAL SUPPORT – INDIVIDUAL

i) Overview

Social Support – Individual assists frail older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.⁹⁸

Transport is also provided (see 4.3.2 Transport). Consumers pay for their own meals on outings.

ii) Planning

Social support - individual consumers are consulted regarding their activity and outing preferences through assessment, 1:1 discussions and group discussions. Consideration is given to the cultural, cognitive and functional abilities and wellness and reablement needs of consumers in the planning of activities.

The Aged Care and Volunteer Coordinator and Social Support Worker use feedback from consumers to assist them to plan activities including outings and other activities on a monthly planning cycle; the month's activities are posted out to the clients. Outings are planned by the Social Support Worker and a risk assessment of the outing location is conducted that includes ensuring that the environment, facilities and location are suitable for the consumer group (see 5.4.3 Safety Audits External Venues). A consumer Details and Transfer Form is also completed and taken on all outings for use in the event of an emergency transfer being required.

Anecdotal feedback is sought after activities and noted by Social Support Worker to assist in the development of future activity plans. Social support consumers are also surveyed twice a year to determine their satisfaction with the programs/activities.

iii) Conducting activities

On outings, a Social Support Worker and/or volunteers goes on the bus with the Driver to assist in collecting consumers and takes the file with consumer details and transfer form, and a mobile phone with them.

Progress Notes are documented, if required, in the consumer file. Incident/Accident Report, Adverse Event Reports, Hazard Reports and Medication Error Reports are completed as required. Consumer satisfaction with activities and their participation is documented.

4.3.2 TRANSPORT

i) Overview

The transport service supports consumer access to the community.⁹⁹ Chester Hill Neighbourhood Centre Inc. provides transport to consumers to:

⁹⁷ This section includes some examples of services delivered. Service providers should delete and add service types as necessary

⁹⁸ Australian Government Department of Health Commonwealth Home Support Programme Program Manual 2018-2020 p 32-61. Chapter 3 – Sub-Programs: Eligibility and Services describes and discusses all service types

⁹⁹ Australian Government Department of Health Commonwealth Home Support Program, Program Manual 2018 - 2020 p 56

- Attend social support-individual activities to external venues
- Conduct shopping
- Attend medical appointments and pay bills
- Access other community resources such as libraries, community groups and other resources that the consumer accesses to maintain community links and relationships.

The transport service is included in the consumer's Support Plan including any communication, mobility or other specific supports.

ii) Arranging transport

Consumers ring the Social Support Worker who books them into the activity for transport appointments or the shopping bus. Consumers who are regular activity attendees have a permanent bus booking for pick up and drop off on the allocated days. Cancellations are also notified to the Social Support Worker.

Chester Hill Neighbourhood Centre Inc. vehicles are utilised for small group outings. Transport for appointments may be provided using either Chester Hill Neighbourhood Centre Inc. vehicles or volunteer's own personal vehicles; these services are generally scheduled but can also be provided on demand, but notice of at least the day before is preferred in order to avoid disappointment for the consumer in the event a vehicle or driver is not available. Carers are also welcome to accompany consumers when using the transport service if there are enough seats available.

The Social Support Worker is responsible for scheduling transport services and for ensuring the transport is recorded on a Statistics sheet which is then entered into the Data Exchange system DEX.

iii) Recording transport

Transport services for social support are recorded on the Report for Data Exchange Sheet and all other transport is recorded on a Log Book maintained in each vehicle which is collected by the Administration Officer at the end of each week.

iv) Drivers

Drivers are scheduled by the Social Support Worker.

All drivers have the required police checks, current driver's license, Comprehensive Car Insurance and a good driving history. The volunteer drivers are responsible for complying with our vehicle policy and for reporting any issues or concerns to the Social Support Worker (see 5.5.7 Vehicle Policy). Each driver has a mobile telephone so that the bus driver can be contacted, and a First Aid Kit.

4.4 HOME CARE PACKAGES

4.4.1 CONSUMER DIRECTED CARE

Consumers who are provided support through a Home Care Package receive their support on a Consumer Directed Care (CDC) basis. The principles of this approach are described in Section 1: Consumer Dignity and Choice (see 1.3.1 Service Delivery Principles/ii) Home Care Package - Consumer Directed Care Principles).

4.4.2 SERVICES PROVIDED

Within a Consumer Directed Care Model, consumers choose the services and care they wish to receive. The only constraint is that the services are not outside the range of services specified in the guidelines for Home Care Packages. These are shown in Table 1.2.2 Range of Services Provided by Home Care Packages.¹⁰⁰

Services provided under HCPs are listed on My Aged Care or in the Home Care Package agreement.

The provisions around these service types, as shown in 4.3 Commonwealth Home Support Program Services (CHSP), apply to Home Care Packages with the following considerations:

- HCP services are at a higher level and consumers may receive greater quantities of service
- CHSP service constraints do not apply and services can be delivered more flexibly and with greater scope on what can be included in service types to meet the consumer's needs and preferences (subject to Table 1.2.2 Range of Services Provided by Home Care Packages).

Other services provided under HCPs include:

i) (Chester Hill Neighbourhood Centre Inc.)¹⁰¹

Personal Care	Assistance with bathing, showering, toileting, dressing/undressing, washing/drying hair, shaving, getting in and out of bed
Basic Gardening	Light weeding, watering, light pruning, lawn mowing, minor garden maintenance
Medication Prompt	Via a phone call or visit by care worker depending on the circumstances
Domestic Services	May include dusting, making beds, ironing, vacuuming, mopping, general, light cleaning
In-home Respite	supporting the client in their home for a short period of time, for example when their carer is away or unavailable
Transport	To shopping, medical appointments and other appointments
Meal Preparation	Assist with cooking and preparing meals
Shopping	Assist with shopping

¹⁰⁰ See Australian Government Federal Register of Legislation Quality of Care Principles 2014 Schedule 3 – Care and Services for Home Care Services Part 1 Care and Services

¹⁰¹ List other non-clinical services provided under Home Care Packages along with key points related to their delivery. Personal care and clinical services should be listed in Section 3: Personal Care and Clinical Care

OVERVIEW

5.1.1 CONSUMER OUTCOME¹⁰²

"I feel I belong and I am safe and comfortable in Chester Hill Neighbourhood Centre Inc.'s service environment."

5.1.2 ORGANISATION STATEMENT¹⁰³

Chester Hill Neighbourhood Centre Inc. provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

5.1.3 OUR POLICY¹⁰⁴

Chester Hill Neighbourhood Centre Inc. is committed to:

- A welcoming and easy to understand service environment that optimises each consumer's sense of belonging, independence, interaction and function
- A service environment that is:
 - Safe, clean, well maintained and comfortable
- Ensuring a safe environment in the delivery of services in the consumer's home and any other venues outside of our facilities¹⁰⁵.

5.1.4 RESPONSIBILITIES

- Management, with input from relevant stakeholders, develops, maintains, promotes and monitors processes and procedures that ensure the provision of safe and quality care and services
- Staff follow policies and procedures, participate in development opportunities, promote a culture of safe, inclusive and quality care and services and support consumers in the planning, delivery and evaluation of care and services
- Consumers and/or their representatives participate in the planning, delivery and evaluation of care and services and if they feel hindered or unsupported to do so provide feedback to management.

5.1.5 MONITORING SERVICE ENVIRONMENT

Processes and systems to ensure a safe and comfortable service environment are regularly audited as part of our audit program, and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

5.1.6 REFERENCES

- Australian Government Australian Aged Care Quality Agency *Aged Care Quality Standards Draft Guidance - Full suite* 2018

¹⁰² Australian Government Department of Health Standard 5: Organisation's Service Environment Aged Care Quality Standards June 2018. Note that the Standard specifies the service environment as the service provider's facilities, not the consumer's home or other venues where services are delivered

¹⁰³ Ibid

¹⁰⁴ Based on the requirements for Standard 5: Organisation's Service Environment Aged Care Quality Standards June 2018

¹⁰⁵ In addition to the requirements of this Standard we also try to ensure the safety of our care worker and consumers in the consumer's home and other venues that services are delivered. See 5.4 Safety in the Home and Other Venues

- Australian Government CHSP Grant Agreement including the Commonwealth Standard Grant Conditions and the Supplementary Terms Effective as of 1 July 2018
- Australian Government Department of Health *Aged Care Quality Standards* June 2018
- Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 - 2020
- Australian Government Department of Health *[Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#)* (Click on link for latest version)
- Government of Western Australia Department of Mines, Industry, Regulation and Safety *Occupational Safety and Health Act 1984* and *Occupational Safety and Health Regulations 1996*
- Safe Work Australia.gov.au.

5.1.7 DEFINITIONS

4. Consumer refers to the consumer and their guardian and/or their representatives nominated by them
5. Care Worker refers to unregulated healthcare workers.
6. Care Worker refers to all staff involved in delivering services and care to consumers.

5.2 A WELCOMING ENVIRONMENT FOR CONSUMERS

Chester Hill Neighbourhood Centre Inc.'s service environment has been designed with input from consumers, staff and other design professionals to ensure it is welcoming and safe.

5.2.1 FACILITIES – GUIDE HALL

The Guide Hall has movable tables and chairs. Tables can be moved to support small groups with different needs or preferences and the hall is large enough for different groups to undertake different activities. Consumers who do not wish to participate in activities are welcome to sit and watch or do as they prefer; however, workers provide gentle persuasion to involve people.

Water and hot drinks are available and, with reference to wellness and reablement, consumers who can, are encouraged to make their own. This practice is currently altered due to Covid-19. Lunches are dished up and served by workers. At lunch times consumers may eat where they like and with whom they prefer though workers try to ensure no one is left feeling isolated. Consumers who have specific dietary or fluid requirements are provided with suitable meals and drinks and are supervised as necessary. The consumers care plan outlines their dietary requirements as necessary.

5.2.3 SPECIAL NEEDS CONSUMERS

Doorways and walkways, both internally and externally, are wheelchair friendly and obstacle-free for people in wheelchairs or with walking aids. An accessible toilet is available.

5.2.4 CONSUMER INPUT ON ENVIRONMENT

We encourage consumers to provide ongoing input to staff or through feedback or complaints processes about how the service can be improved to better meet their needs. The environment of the service is specifically addressed (see 8.9.7 Other Continuous Improvement Information Sources/ii) Consumer meetings).

5.2.5 MAINTAINING THE ENVIRONMENT

All Chester Hill Neighbourhood Centre Inc. staff monitor the consumer areas for cleanliness and tidiness and address immediately any concerns they see. Staff also do daily cleaning as required and a major clean of all areas once a week.

As noted in 5.3 A Safe Environment, safety audits are conducted regularly, hazards are identified and dealt with immediately, incidents are reported and reviewed to minimise a re-occurrence. Consumers are also encouraged to report to staff anything they feel is unsafe or is not appropriate.

(See 2.6.7 Environmental Controls in 2.6 Infection Control for details on cleaning practices in Chester Hill Neighbourhood Centre Inc.)

5.3 A SAFE ENVIRONMENT

5.3.1 COMMITMENT TO SAFETY

Chester Hill Neighbourhood Centre Inc. ensures that a safe and healthy workplace is provided for consumers (as well as staff and volunteers) and that all services in our facilities are provided in a safe environment in line with Work Health and Safety (WHS) requirements¹⁰⁶ and our duty of care to consumers, staff and volunteers, through:

- Ensuring the working environment meets regulatory requirements (see 8.8 Regulatory Compliance)
- Providing training to staff (induction and ongoing) on the need to ensure the safety of consumers and themselves (for key points see 7.4.3 Staff Education and Training/ii) Mandatory training)
- Ongoing audits of our facilities (see below 5.3.2 Facilities Inspections and Safety Audits)
- The use and follow up of accident/incident/hazard forms (see below 5.3.3 Accidents, Incidents and Hazards)
- Ensuring the safety of special needs consumers (see 1.3.7 Consumers with Special Needs/iv) Ensuring the safety of special needs consumers)
- Inviting feedback from consumers (see 8.9.6 Continuous Improvement Forms)
- Infection prevention and control (see 2.6 Infection Control)
- Staff are trained in first aid (see below 5.3.4 First Aid and Emergencies/i) First aid)
- Regular maintenance and servicing of equipment and vehicles, as appropriate or recommended by the manufacturers (see 5.5.6 Monitoring and Maintaining Equipment and Facilities)
- Regular fire and evacuation training (see 5.5.8 Fire and Emergency Procedures)
- Monitoring of food storage equipment including temperatures of fridges and freezers (see 5.5.6 Monitoring and Maintaining Equipment and Facilities)
- Ongoing audits and continuous improvement of our processes and procedures (see 8.9.7 Other Continuous Improvement Information Sources).¹⁰⁷

5.3.2 FACILITIES INSPECTIONS AND SAFETY AUDITS

A safety audit is completed for the Main Office building and the Guide Hall including the kitchen every six months using the Safety Audit Facilities form for each facility.

Completed audit forms are forwarded to the Centre Manager for review and identification of immediate maintenance issues.

(See 8.9.7 Other Continuous Improvement Information/iv) Safety audits, for the process for dealing with the Reports.)

5.3.3 ACCIDENTS, INCIDENTS AND HAZARDS

Accidents, however minor, and near-miss accidents and other incidents that posed or could have posed a threat to the safety of staff, consumers or any other person, are reported on an Incident /Accident Report.

(See 8.9.6 Continuous Improvement Forms. The process for dealing with report forms is described under each form.)

Staff are trained to identify and report health or safety hazards in our premises or facilities or in the consumer's home or external venues. These are reported on a Hazard Report.

¹⁰⁶ NSW Work Health and Safety Regulation 2011

¹⁰⁷ See also Safe Work Australia.gov.au

Completed accident, incident and hazard reports are forwarded to the relevant Coordinator who carries out (or delegates) any immediate action required.

(See 8.9.6 Continuous Improvement Forms. The process for dealing with report forms is described under each form. See also 8.9.7 Other Continuous Improvement Information/iv) Safety audits, 5.4.2 Home Safety Audits and 5.4.3 Safety Audits External Venues.)

5.3.4 FIRST AID AND EMERGENCIES

i) First aid

Staff are encouraged to complete first aid training. Chester Hill Neighbourhood Centre may cover the cost of providing First Aid training or may reimburse staff for their cost in obtaining their First Aid Certificate.

A first aid kit is maintained in the Main Office building and the Guide Hall and in the transport vehicles. They are checked each quarter by an Administration Assistant and items replenished as necessary or as otherwise informed.

ii) Emergencies

All staff receive training on what to do in the event of an emergency. This includes making them aware of the Emergency Manuals which stipulate what to do in the event of fire, flood and threats. Emergency Manuals are distributed throughout our facilities and are clearly visible and accessible.

In the event of a consumer suffering a medical emergency, workers:

- Check the immediate area for signs of danger and remove or minimise if safe to do so
- Do not move the person unless they are exposed to a life-threatening situation
- Ring an ambulance on 000. If unsure if one is required, ring anyway and they will advise you
- Notify a senior staff person
- Stay with the person and administer first aid (if trained to do so) until assistance arrives
- Follow the instructions of Emergency Services or First Aid personnel.

5.4 SAFETY IN THE HOME AND OTHER VENUES

5.4.1 OVERVIEW

i) Role of the consumer

In addition to ensuring safety in our facilities, and as far as is practicable, we try to ensure safety in the consumer's home by requesting consumers to:

- Participate in a safety audit of their home prior to the delivery of support commensurate with assistance and/or negotiation with them to improve unsafe areas (see 8.9.7 Other Continuous Improvement Information/iv) Safety Audits)
- Obtain safe chemicals and limiting care workers to using these
- Obtain safe equipment such as vacuum cleaners or washing machines
- Not smoke in the home when care worker are there
- Secure any dogs/pets prior to the arrival of care worker.

ii) Role of care worker

Care worker are aware of the following:

- Report any dangerous home and garden maintenance needs which the consumer is unable to do themselves such as accumulations of rubbish, broken and uneven paving, overhanging trees and shrubs
- Use correct transfer procedures and encourage the consumer to use prescribed walking aids and grab rails. If grab rails and ramps are needed, advise the Aged Care and Volunteer Coordinator
- Maintain good posture while standing, sitting, driving, cleaning, carrying and moving objects in the home and practice good back care when assisting consumers
- Kitchens - store sharp utensils and chemical cleaners and pesticides safely. Make sure the handles of pots and pans are not over a hot plate and are turned in. Use pot holders. Do not hang tea towels near a burner
- Bathrooms - store razors, scissors etc. safely. Avoid use of electrical appliances in the bathroom. If used ensure they are switched off and unplugged after use. When turning on taps, put cold on first and off last. Check positioning of bathroom aids (grab rails, bath seats etc.) and if alterations or additional aids are needed report to the Aged Care and Volunteer Coordinator
- Lighting - ensure there is good lighting. Encourage use of high wattage and clear globes in dark areas
- Electrical appliances - do not use any which have faulty connections or worn or frayed cords until repaired. Do not let extension cords obstruct walkways and do not place under mats or carpets
- Heaters - should not be placed in busy areas or near combustible materials (curtains, lounges etc.). Use a fireguard. Do not move when alight. Electric blankets to be kept straight and flat and not to be used where there is a risk of incontinence.
- Floors - dry after mopping and clean up spills as soon as possible. Never apply polish. Suggest non-slip backing on loose mats and move loose or frayed mats out of general walkway.

Care workers have access to an Incident /Accident Report to record accidents or incidents and a Handover Report to record other issues or changes in condition to the Aged Care and Volunteer Coordinator (this document is shredded in the office once used). Care workers complete a Hazard Report to record health and safety hazards in consumers' homes, which are then actioned by the Aged Care and Volunteer Coordinator.

Should an unsafe environment be evident, the care worker contact their supervisor for advice and assistance and should endeavour to control the risk until further action can be taken.

Information and training on all of the above is provided to care worker, as appropriate, immediately after recruitment and refresher training is provided annually.

All home care worker are also provided with portable RCDs to protect against electric shock.

(See also 8.9.6 Continuous Improvement Forms for details on processing report forms.)

5.4.2 HOME SAFETY AUDITS

Home Safety Audits are completed by the Aged Care and Volunteer Coordinator or another delegated staff member who has appropriate training either at the time of assessment or prior to the provision of in-home services and at the annual review using a Home Safety Checklist.

If any safety issues are identified that cannot be attended to by the consumer before the first service delivery the Home Safety Checklist is referred to the Aged Care and Volunteer Coordinator.

Any safety issues that can be attended to by us are referred to the Aged Care and Volunteer Coordinator for implementation through inclusion in the support plan. Issues that require action by the consumer are negotiated with the consumer. These could include:

- The need for repairs to the home
- Removal of unsafe items
- The exclusion of support in relation to particular areas of the house
- The absence of home smoke alarms in a working condition
- The control of pets
- Smoking.

Where it is unsafe for care worker to enter the home the delivery of services may be delayed until the risks are controlled.

The process for dealing with the reports is described in 8.9 Continuous Improvement (see 8.9.7 Other Continuous Improvement Information/iv) Safety audits).

5.4.3 SAFETY AUDITS EXTERNAL VENUES

A Safety Audit External Venue form is completed for all new venues used for consumer activities prior to the staging of the activity. The form is completed by a staff member involved in organising the activity. If any safety issues or risks are identified the Aged Care and Volunteer Coordinator or Centre Manager, as appropriate, is consulted as to whether the venue or facility should be used. The decision and reasons are recorded on the form.

The Aged Care and Volunteer Coordinator ensures that safety audits for ongoing external venues are reviewed at least once a year. Completed Safety Audit External Venue forms are filed in the Work Health and Safety folder kept on top of the Central Files.

5.5 ASSET MANAGEMENT

5.5.1 APPROVED SUPPLIERS AND EXTERNAL CONTRACTORS

To ensure the integrity and reliability of supplies Chester Hill Neighbourhood Centre Inc. maintain a list of approved suppliers, including contractors. Approved suppliers are selected and evaluated by the Manager on the following criteria:

- Quality
- Reliability
- Timeliness
- Backup support and service and
- Cost.

External suppliers and contractors provide an ABN number and, if appropriate, evidence of public liability, current workers' compensation insurance and Police Checks. These details are noted on the Approved Suppliers List that is kept by the Centre Manager or Aged Care and Volunteer Coordinator.

New suppliers are approved by the Aged Care and Volunteer Coordinator or Centre Manager before goods or services are purchased from them.

If Chester Hill Neighbourhood Centre Inc. contracts out any service delivery a Subcontracting/Brokerage Agreement is developed that specifies that the contractor will meet all relevant quality requirements under the Aged Care Quality Standards and that our organisation may request evidence of compliance or conduct on-site audits of relevant information.

5.5.2 ASSET RECORDING

Chester Hill Neighbourhood Centre Inc. records in an Assets Register any items with a purchase price of \$3,000.00 or more. The assets register is maintained in Excel by the Administration Officer and includes:

- Item number
- A description of the goods, including brand and model (if appropriate)
- The supplier
- The Activity for which the asset was acquired
- The date of acquisition
- The purchase or lease price
- Asset description including serial number
- Asset location
- Sources of funding used to acquire the asset
- The depreciation schedule for asset
- The depreciated value of the asset
- Details of asset Disposal (where relevant) including the sale.

i) CHSP assets¹⁰⁸

Chester Hill Neighbourhood Centre Inc. complies with the requirements of the CHSP Grant Agreement including the Commonwealth Standard Grant Conditions Supplementary Terms as follows:

- Any asset with a purchase price of \$10,000 or more, inclusive of GST, is recorded in the Chester Hill Neighbourhood Centre Inc. Assets Register including:
 - Item number
 - Description
 - CHSP grant contributions
 - Other contributions by Chester Hill Neighbourhood Centre Inc. and
 - Other contributions by third parties
- We only use the Grant to purchase the assets specified in Item H of the Schedule
- The assets are used for the funded activity
- We obtain prior approval in writing if we want to use the Grant to purchase assets not specified in Item H of the Schedule
- We own the assets purchased with the Grant unless Item H of the Schedule states otherwise
- We follow all other requirements in relation to assets.

5.5.3 INSURANCE

Chester Hill Neighbourhood Centre Inc. arranges all insurances required by funding providers including:

- Public liability
- Workers' compensation
- Directors' and Officers' Liability
- Professional indemnity insurance
- Property fire
- Contents theft and burglary (replacement cost)
- Volunteer insurance personal accident and public liability
- Motor Vehicle Liability Insurance
- Compulsory Motor Vehicle Insurance.

5.5.4 EQUIPMENT REGISTER (CONSUMER LOANS)

All equipment loaned to support consumers remains the property of Chester Hill Neighbourhood Centre Inc., and is recorded in the Equipment Loans Register (in Excel) by Administration Assistant and maintained as per the maintenance schedule (see 5.5.6 Monitoring and Maintaining Equipment and Facilities).

Equipment is provided in a clean and serviceable state. When equipment is returned it is recorded in the Register, cleaned, checked and serviced as required. Cleaning is based on infection control principles (see 2.6.8 Cleaning of Reusable Equipment/Single Use Equipment).

The Administration Assistant ensures that all equipment is insured.

¹⁰⁸ Australian Government CHSP Grant Agreement including the Commonwealth Standard Grant Conditions and the Supplementary Terms Clause 5 Equipment and Assets Effective as of 1 July 2018 p 1

5.5.5 STAFF AND VOLUNTEER VEHICLES

Staff and volunteers are not permitted to use their vehicles for work purposes if their vehicle insurance does not cover the vehicle for work purposes.

Staff and volunteers are required to provide a copy of their driver's licence, car registration and insurance and this is kept in their staff file and recorded in the Employment Checks Register.

5.5.6 MONITORING AND MAINTAINING EQUIPMENT AND FACILITIES

i) Equipment register

The Administration Team maintains an Equipment Maintenance Register in Excel showing both programmed maintenance and ad-hoc maintenance for all equipment owned by our organisation including loan equipment for consumers. Should a consumer request medical or independent living support equipment (such as mobility aids, chairs, pressure relieving equipment) a referral is made to an Occupational Therapist to advise and support the equipment recommendation, use and monitoring.

The Administration Team is responsible for ensuring programmed maintenance is carried out as per the maintenance schedule. Ad-hoc maintenance is reviewed on an ongoing basis to identify if equipment needs to be replaced.

Vehicle servicing and maintenance is managed by the Administration team and recorded in the Excel based Vehicle Maintenance and Repairs Register.

ii) Maintenance requests

Staff and volunteers report required maintenance on a Maintenance Request form. These are forwarded to the Administration Team who arrange required maintenance.

The process for dealing with the completed maintenance requests is described 8.9 Continuous Improvement (see 8.9.6 Continuous Improvement Forms/vii) Maintenance request).

5.5.7 VEHICLE POLICY

i) Key points

The use of vehicles is covered by our Vehicle Policy. Key points are:

- All grant conditions relating to the use of vehicles are adhered to
- Staff have an appropriate current licence before using a vehicle
- All organisation-related vehicles are used solely for work purposes unless private use is agreed as a condition of employment and contain a first aid kit
- Vehicles are locked when unattended
- Users of vehicles:
 - Ensure that the vehicle is tidy inside
 - Has petrol
 - Report any damage or issues with the vehicle
 - Complete the Vehicle Log Sheet.

ii) Motor vehicle accident procedures

Staff who have a car accident while driving an organisation-related vehicle follow the procedures outlined below:

- Stop at once
- As much as possible, ensure that the vehicle is not posing a further traffic hazard
- Assist anyone who might be injured
- Get the names and addresses of all witnesses to the accident
- Report the accident to the police.

If another vehicle is involved make sure you obtain and keep a record of the following information:

- The owner's name, address and telephone number
- The driver's name, address and driving licence number or other identification
- The name of the owner's insurance company
- The make, type and registration number of the car.

Identify yourself to the other driver, together with your name, address and registration number.

If the police attend, make sure you:

- Provide the police with all relevant information about yourself and the other driver
- Obtain and keep a record of the attending police officer's name, rank, number and station.

As much as possible try to recall and commit to memory (or write down) the details of the accident while they are still fresh in your mind.

Do not discuss the accident with anyone other than the police or our organisation's insurance company representative.

If personal injury or serious property damage is involved:

- Phone a senior staff person and the insurance company at once.
- Complete an Incident/Accident Report and give it to your supervisor as soon as possible after the accident.

5.5.8 FIRE AND EMERGENCY PROCEDURES

i) Displaying emergency procedures

Procedures in the case of fire and other emergencies are specified in the Emergency Manual. The procedures cover:

- Fire procedures
- Threatening telephone calls
- Bomb threat
- Earthquake/cyclone
- Accident
- Chemical spill
- Missing consumer.

ii) Staff responsibilities

Each individual staff member has a responsibility to familiarise themselves with their work place and be aware of:

- The most direct means of exit from the building
- The nominated assembly point for the building

- The location of any portable firefighting equipment within the building and its application.

Annual training in fire and emergency procedures is mandatory for all staff. Fire drills are also held at least twice a year (see 7.4.3 Staff Education and Training/ii) Mandatory training).

OVERVIEW¹⁰⁹

6.1.1 CONSUMER OUTCOME

"I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints; and appropriate action is taken."

6.1.2 ORGANISATION STATEMENT¹¹⁰

Regular input and feedback from consumers, carers, the workforce and others, is sought and used to inform individual and organisation-wide continuous improvements.

6.1.3 OUR POLICY¹¹¹

Chester Hill Neighbourhood Centre Inc.:

- Encourages and supports consumers, family, friends, carers and others to provide feedback and make complaints.
- Ensures consumers are made aware of and have access to advocates, language services and other methods of raising and resolving complaints.
- Ensures appropriate action is taken in response to complaints and an open discourse process is used when things go wrong.
- Reviews feedback and complaints and uses them to improve the quality of care and services.

6.1.4 RESPONSIBILITIES

- Management develop, maintain, promote and monitor processes and procedures that ensure that consumers are encouraged and supported to make complaints and provide feedback and that these are effectively responded to. Open disclosure is the basis of our approach to managing complaints and feedback.
- Staff follow policies and procedures, participate in development opportunities and encourage and support consumers in making complaints, providing feedback and resolving issues. Staff utilise complaints and feedback to identify ways to improve care and services.
- Consumers and/or their representatives make complaints and provide feedback whenever they feel it is necessary and advise management if they feel they are not encouraged or supported to do so.

6.1.5 MONITORING THE COMPLAINTS AND CONSUMER FEEDBACK PROCESS

Feedback and complaints processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

6.1.6 REFERENCES

- Australian Commission on Safety and Quality in [Health Care Australian Open Disclosure Framework](#) 2013
- Australian Government Aged Care Complaints Commissioner [Better Practice Guide to Complaints Handling in Aged Care Services](#) 2017

¹⁰⁹ Australian Government Department of Health Standard 6: Feedback and Complaints Aged Care Quality Standards June 2018

¹¹⁰ Ibid

¹¹¹ Based on the requirements for Standard 6: Feedback and Complaints Aged Care Quality Standards June 2018

- Australian Government Aged Care Complaints Commissioner [The Complaints Journey](#) November 2017
- Australian Government Aged Care Complaints Commissioner [The Stages of Complaint Handling](#) 2017
- Australian Government Australian Aged Care Quality Agency [Aged Care Quality Standards Draft Guidance - Full suite](#) 2018
- Australian Government Department of Health [Aged Care Quality Standards](#) June 2018
- Australian Government Department of Health [Charter of Rights and Responsibilities for Home Care](#) (Effective 27 February 2017).

6.1.7 DEFINITIONS

7. Advocate: A person who, with the authority of the consumer, represents the consumer's interests.
8. Complaint: Serious dissatisfaction with the care and services provided.
9. Consumer refers to the consumer and their guardian and/or their representatives nominated by them.
10. Feedback: Positive or negative information regarding care and services that is not serious enough to warrant a complaint.
11. Incident/adverse event: an event or circumstance which could have (near miss) or did lead to unintended and/or unnecessary psychological or physical harm to a consumer that occurs during an episode of care.
12. Open disclosure: An open discussion with a consumer about an incident(s) that resulted in harm to that consumer when receiving care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the consumer to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings.¹¹²
13. Care Worker refers to unregulated healthcare workers.
14. Care Worker refers to all staff involved in delivering services and care to consumers.

¹¹² Australian Commission on Safety and Quality in [Health Care Australian Open Disclosure Framework](#) 2013

6.2 CONSUMER COMPLAINTS

Consumers (including family, friends and others) are encouraged to express their complaints to enable us to improve the quality of our support. We utilise the Better Practice Guide to Complaints Handling in Aged Care Services¹¹³ to guide our management of complaints and to ensure staff understand the complaints process from the consumers' perspective.

We have also adopted the Australian Open Disclosure Framework¹¹⁴ principles and processes to support the effective and inclusive management of complaints (including complaints that may be a result of an adverse event or incident related to care and services).

Consumers are made aware of their right to complain and are encouraged to make a complaint if they are not happy with Chester Hill Neighbourhood Centre Inc. This is explained to consumers at service commencement, at reviews, when they wish to make a complaint and whenever appropriate, including at meetings with consumers and representatives. Information on consumers' right to complain without fear of retribution, the complaints process and their right to use an advocate in making a complaint, is included in the Consumer Handbook.¹¹⁵

We provide to all our consumers the Aged Care Quality and Safety Commission brochure, "The Complaints Service We Offer You"¹¹⁶, in a range of languages and offer assistance if they wish to make a complaint and provide information about advocates.

Consumers can expect complaints to be dealt with fairly, with transparency and promptly and for staff to take steps to ensure that consumers feel comfortable to continue receiving services after making a complaint.

All complaints are reviewed by the Management Committee to identify improvements to services and processes that underpin all of our services and operations (see 8.9.6 Continuous Improvement Forms/Consumer complaint form). Our complaints handling approach reflects our vision, objectives and philosophy outlined in Section 8: Organisational Governance.

All staff involved with consumers receive information on their responsibility to encourage and support consumers to make complaints and to support them through the complaints process.

Consumers are encouraged to talk to us before raising a complaint with an external complaint agency, but consumers can choose to raise their complaint with an external agency at any time. Details of external complaints agencies are detailed in 6.4 Advocates.

6.2.1 OPEN DISCLOSURE AND OTHER PRINCIPLES IN MANAGING COMPLAINTS

Chester Hill Neighbourhood Centre Inc. adopts the Open Disclosure Principles and the principles from the Aged Care Quality and Safety Commission, in managing complaints¹¹⁷.

If an open disclosure meeting is to be held (where an adverse event may have occurred with harm or potential harm to consumers is evident), the Centre Manager will prepare and conduct the meeting/s with the consumer/representative with consideration to the above principles. This includes the following:

¹¹³ Australian Government Aged Care Quality and Safety Commission [Better Practice Guide to Complaint Handling in Aged Care Services](#) 2019

¹¹⁴ Australian Commission on Safety and Quality in Health Care [Australian Open Disclosure Framework](#) 2013

¹¹⁵ Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) (Effective 1 July 2019)

¹¹⁶ Australian Government Aged Care Quality and Safety Commission [Resource Library](#)

¹¹⁷ Australian Government Aged Care Complaints Commissioner [Better Practice Guide to Complaint Handling in Aged Care Services](#) 2019

i) Be open and timely

If things go wrong in the provision of care and services to a consumer (including adverse events or incidents) we communicate and provide timely information in a timely, open and honest manner. We provide ongoing information until the complaint or issue is resolved.

ii) Acknowledge

The person managing the complaint will:

- Acknowledge all complaints quickly.
- Repeat what you've heard in your own words. This creates a shared understanding and establishes empathy.
- Express regret using the words 'I/we are sorry', but do not admit liability or apportion blame.
- Tell the complainant what happens next with their complaint and provide contact details for the staff member handling the complaint.
- Reassure all parties that confidentiality is respected.
- Give an estimate of how long the process may take.
- Invite those involved to participate in the resolution process; engage the consumer.
- Complaints that are straightforward with low risk can be resolved on first contact.

iii) Assess

- Assess the complaint and prioritise against other complaints the service is handling.
- Clarify the concerns and issues raised by the complainant.
- Determine the level of risk to the consumer, other consumers and the service.
- Ask the consumer and complainant how they would like to see the complaint resolved.
- Show a positive, professional attitude and thank the complainant for bringing the matter to your attention.
- Plan (if required)
 - Consider the best way to resolve the complaint (e.g. conciliation with the complainant or investigation).
 - Prepare a short-written plan of how the complaint is to be managed and any information to be collected.
 - Focus attention on the issue to be investigated.
 - Remain flexible and adjust as required
 - Investigate (if required)
 - Gather relevant information to resolve the complaint.
 - A fair investigation is impartial, confidential, transparent and timely.
 - Keep written notes of discussions.
 - Allow complainants to present their point of view.

An effective complaint handling process is fair, accessible, responsive, efficient and contributes to ongoing quality improvement in service delivery.

iv) Respond

- Apologise using the words 'I/we are sorry'. It can improve your relationship with the complainant.
- Respond to the complainant with a clear decision and explain your reason for the decision.

- Written responses may be more suitable for complex matters.
- Communicate outcomes promptly.
- Recognise that it may take several meetings to come to resolution.

v) Follow up

- Check if complainant is satisfied with the resolution.
- Ask complainants for feedback.
- Outline alternative options available to the complainant.
- Reviews should be carried out by staff who haven't been previously involved.
- Complaints are evaluated and discussed at the relevant committee eg improvement, clinical governance meeting (with consideration to confidentiality).

vi) Consider

- Evaluate the outcome for the complainant; ask yourself/the team (and document):
 - Are there issues or problems which could be repeated?
 - Was there a delay in resolving the complaint?
 - Can procedures and policies be reviewed to improve the complaints process?

Regular contact with the complainant should be maintained throughout the process. It's important to keep the complainant informed if their issue is taking longer to resolve than first advised.

6.2.2 PROCESS FOR MANAGING COMPLAINTS

Table 6.2.1 Complaints Management Process

Step	Timeline
5. A complaint is received via support staff or directly from a consumer/representative via letter, email, face to face or telephone 6. A Consumer Complaint Form is created by the person receiving the complaint and the complaint is reported to the Aged Care and Volunteer Coordinator In face to face or telephone contact the person receiving the complaint encourages the person and assures them it is OK to make the complaint, that it is taken seriously and that it helps us improve our care and services. With written complaints the consumer is contacted by telephone or face to face.	On day complaint is received
7. The complaint is reviewed by the Aged Care and Volunteer Coordinator and relevant information and proposed action is recorded.	Within 2 working days of receipt of complaint
8. The Aged Care and Volunteer Coordinator contacts (by telephone or letter) the consumer to advise: <ul style="list-style-type: none"> ○ the complaint is being assessed ○ the process that is followed including confidentiality ○ the timeline ○ their right to an advocate and advocacy agency support (see 6.4 Advocates) ○ who their contact person is and details on how to contact them and ○ when they will be contacted again. 	Within 2 working days of receipt of complaint
9. The Aged Care and Volunteer Coordinator forwards the complaint to the Centre Manager	Within 5 working days of receipt of complaint

Step	Timeline
10. The Aged Care and Volunteer Coordinator and the Centre Manager review the complaint and decides the action to be taken and who takes it and a plan for resolution	Within 10 working days of receipt of complaint
11. The Aged Care and Volunteer Coordinator keeps the Centre Manager updated about the progress to action the complaint and the proposed action/plan is agreed. Investigation principles include: impartiality, confidentiality, transparency and timeliness. Meetings are held with the complainant if necessary.	Within 15 working days of receipt of complaint
12. Action is carried out including providing an apology to the complainant. Person/s affected by the complaint are fully informed of all facts and given the opportunity to provide further information and contribute to the solutions.	
13. The consumer is advised of the actions taken to address the issues raised and the outcome of the complaint in a letter	
14. If the consumer is not satisfied with the outcome they are advised of the complaints appeal process (see 6.4 Advocates).	
15. If the consumer wishes to appeal, the complaint is reviewed by the Centre Manager and the Management Committee, whose decision is final	Within 25 working days of receipt of complaint
16. The consumer is advised of the outcome of the review by the Centre Manager and the Management Committee and of their option to go to an advocacy agency (see 6.4 Advocates).	
17. When the complaint is finalised a staff person is identified by the Aged Care and Volunteer Coordinator to make sure that the consumer feels comfortable to continue accessing the service and to obtain feedback on the complaints procedure. The complaint is then closed out following evaluation of the complaint. Evaluation includes documentation of the actions taken, the satisfaction of the complainant with the outcome and validation that appropriate education, training and staff support processes have been implemented to prevent the issue recurring.	

6.2.3 DISPUTES BETWEEN CONSUMERS AND SUPPORT STAFF

Chester Hill Neighbourhood Centre Inc. support staff are required to report immediately to the Aged Care and Volunteer Coordinator any dispute with consumers, regardless of how small. Disputes are reported verbally in the first instance. The Coordinator then decides:

- Whether the consumer should be contacted
- If a written report is required
- The format of the report
- Any other action to resolve the dispute as early as possible.

The Aged Care and Volunteer Coordinator may offer the consumer the opportunity to make a formal complaint. If the consumer accepts this offer the Aged Care and Volunteer Coordinator completes a Consumer Complaint Form with them and the complaints process is followed.

6.2.4 PEOPLE WITH SPECIAL NEEDS

Where consumers may have special needs, such as people from culturally and linguistically diverse (CALD) backgrounds or Aboriginal and Torres Strait Islander people, the Aged Care and Volunteer Coordinator ensure that any cultural aspects are considered when reviewing a complaint or dispute and ensures the person feels comfortable in discussing a dispute. The presence of a family member or friend or the support of an interpreter may be required.

Where we can, we use the resources on the Aged Care Complaints Commissioner website¹¹⁸ to provide information in simple language or in the language of the consumer.

We also ensure that any actions, interventions or referrals are appropriate to people from special needs groups. This may require the involvement of organisations with expertise in special needs groups either in providing advice or assisting in actions.

6.2.5 USE OF AN ADVOCATE

Consumers are advised in the Consumer Handbook and verbally at the time they indicate they have a complaint that they can use an advocate or external agency at any point in the complaint process or if they feel their feedback or complaint was not satisfactorily resolved. We provide the consumer with a list of agencies and assist them and support them to make contact as required.

Agencies that consumers can lodge a complaint with or provide advocacy services are detailed in 6.4: Advocates.

6.2.6 CONFIDENTIALITY OF COMPLAINTS AND DISPUTES

As far as possible, the fact that a consumer has lodged a complaint and the details of that complaint are kept confidential amongst staff directly concerned with its resolution. The consumer's permission is obtained prior to any information being given to other parties that it may be desirable to involve in order to satisfactorily resolve the complaint or dispute. Complaints that are sensitive in nature are managed by the Centre Manager.

6.2.7 WORKING WITH EXTERNAL COMPLAINTS AGENCIES

If we receive a request to provide information or input from an external complaints/advocacy agency we provide relevant information as requested. Information provided to external agencies is documented in a complaint form, detailing the information provided and any relevant documentation and filed by the Centre Manager. If we are provided with a direction from the Aged Care Complaints Commissioner, we follow that direction and keep a record of the actions taken on the complaint form/file.

¹¹⁸ Australian Government Aged Care Complaints Commissioner [Website](#)

6.3 CONSUMER FEEDBACK

Feedback can be positive and negative. Negative feedback is defined as minor dissatisfaction or a minor issue that can be easily resolved and/or the consumer does not want to make a formal complaint. For example, feedback on an occasion of late service provision or dissatisfaction with a provided meal. Positive feedback is a compliment or praise regarding service delivery, staff or the organisation. Feedback can be formal or informal.

6.3.1 FORMAL FEEDBACK

Formal feedback is given with the intention of providing feedback such as a consumer completing a Tell Us What You Think form or specifically informing a staff person about their dissatisfaction with day centre activities.

When feedback is not written on a Tell Us What You Think form the staff person receiving it completes a form and attaches any documentation. The procedure outlined in 8.9.6 Continuous Improvement Forms/(i) Tell Us What You Think Form is followed.

6.3.2 INFORMAL FEEDBACK

Informal feedback is made in the course of interaction, for example, a consumer mentioning to the bus driver that the outing location was unsatisfactory.

Informal feedback is recorded by the staff person on a Tell Us What You Think form. The procedure is outlined in 8.9 Continuous Improvement (see 8.9 Continuous Improvement Forms Forms/i) Tell us what you think form.)

6.4 ADVOCATES

6.4.1 USE OF ADVOCATES

Consumers have a right to use an advocate of their choice to negotiate on their behalf. This may be a family member, friend or advocacy service.

Advocates are accepted by Chester Hill Neighbourhood Centre Inc. as representing the interests of the consumer.

Information on the use of an advocate is included in the Consumer Handbook and is explained at entry to the service, assessments and reviews; our organisation reiterates to the consumer/representative the local advocacy services available and respect the consumer's choice of advocate. We also recognise that consumers may choose a family member, friend or other person to advocate on their behalf.

Staff ensure consumers are aware of their right to use an advocate, and remind them of this option whenever appropriate including if a complaint is lodged.

6.4.2 WHAT IS AN ADVOCATE?

An advocate is a person who, with the authority of the consumer, represents the consumer's interests.

Advocates may be used during assessments, reviews, complaints, open disclosure meetings or for any other communication between the consumer and Chester Hill Neighbourhood Centre Inc.

6.4.3 APPOINTING AN ADVOCATE

Consumers wishing to appoint an advocate inform our organisation in writing of the name of the person they wish for their advocate using the Authority to Act as an Advocate form.

Consumers can change their advocate at any time and inform us in writing using an Authority to Act as an Advocate form. If a consumer has difficulty in completing the form due to language or literacy, our staff assist them or refer them to an advocacy agency to assist. Our organisation assists and supports people with special needs to access an advocate of their choice by providing whatever support is required.

Completed authority forms are kept in the consumer's record.

6.4.4 GUIDELINES FOR ADVOCATES

Guidelines for advocates are detailed in the Authority to Act as an Advocate form; this is given to the consumer and explained to them if they wish to appoint an advocate.

6.4.5 ADVOCACY AND COMPLAINTS INVESTIGATION CONTACTS

Services that may advocate on behalf of consumers (depending on the issue) or provide advocacy support to consumers are shown in Table 6.4.1 Advocacy and Complaints Investigation Contacts.

Table 6.4.1 Advocacy and Complaints Investigation Contacts

Agency	Contact details
National Aged Care Advocacy Programme (NACAP) Government Funded service	Ph: 1800 700 600 or Department of Health website Email: rights@advocare.org.au
Aged Care Complaints Commissioner (Home Care Packages and Commonwealth Home Support Programme services) GPO Box 9848 In your Capital City 8.30 am-5.00 pm weekdays, 10.00 am-5.00 pm AEST weekends and public holidays. After hours calls will be returned as quickly as possible.	Ph: 1800 550 552 Email: http://agedcarecomplaints.govspace.gov.au/
Carers NSW Level 10/213 Miller Street North Sydney NSW 2060 PO Box 785 North Sydney NSW 2059	Ph: (02) 9280 4744 Fax: (02) 9280 4755 Freecall: 1800 242 636 (24 Hour) 1300 CARERS (227377) Web: https://www.carersnsw.org.au/
Ageing and Disability Commissioner NSW	Freecall: 1800 628 221
Aged Care Quality and Safety Commission GPO Box 9819 IN YOUR CAPITAL CITY	Free Call: 1800 951 822 Email: info@agedcarequality.gov.au
Elder Abuse Hotline	1800 353 374

Agency	Contact details
Older Persons Advocacy Network (OPAN)	Ph: 1800 700 600 Website: https://opan.com.au/about/ Service is provided by different service delivery organisations
TARS The Aged Care Rights Service Inc Level 4, 418A Elizabeth Street Surry Hills NSW 2010	Freecall 1800 424 079 Web: www.tars.com.au Ph: (02) 9281 3600 Fax: (02) 9281 3672 Email: tars@tars.com.au

7.1 OVERVIEW

7.1.1 CONSUMER OUTCOME¹¹⁹

"I get quality care and services when I need them from people who are knowledgeable, capable and caring."

7.1.2 ORGANISATION STATEMENT¹²⁰

Chester Hill Neighbourhood Centre Inc. ensures:

- There are sufficient skilled and qualified workforce to provide safe, respectful and quality care and services.

7.1.3 OUR POLICY¹²¹

- The workforce is planned and the number and mix of staff deployed enables the delivery and management of safe and quality care and services
- Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity
- The workforce is competent and has the qualifications and knowledge to effectively perform their roles
- The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards
- Each member of the workforce participates in regular assessment, monitoring and review of their performance.

7.1.4 RESPONSIBILITIES

- Management develops processes and practices that ensure the workforce delivers safe, respectful and quality care and services
- Staff follow policies and procedures, participate in development opportunities, and deliver services and care that is safe, respectful and of a high quality
- Consumers and/or their representatives with the support of Chester Hill Neighbourhood Centre Inc. advise us if any member of the workforce does not deliver safe, respectful and quality care and services.

7.1.5 MONITORING HUMAN RESOURCES

Human resource management processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

7.1.6 REFERENCES

- Australian Government Australian Aged Care Quality Agency [Aged Care Quality Standards Draft Guidance - Full suite](#) 2018
- Australian Government [Australian Human Rights Commission](#) 2018

¹¹⁹ Australian Government Department of Health Standard 7: Human Resources Aged Care Quality Standards June 2018

¹²⁰ Ibid

¹²¹ Based on the requirements for Standard 7: Human Resources Aged Care Quality Standards June 2018

- Australian Government Department of Health [Aged Care Quality Standards](#) June 2018
- Australian Government Department of Health [Approved Provider Information](#) February 2017
- Australian Government Department of Health [Commonwealth Home Support Programme – Program Manual](#) 2018 - 2020
- Australian Government Fairwork Australia [New Unpaid Family & Domestic Violence Leave Entitlement in Awards](#). Applies to all employees covered by an industry or occupation award November 2018
- Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) (Click on link for latest version)
- Australian Government Department of Health [Police Certificate Guidelines](#) March 2017
- Australian Government [Fair Work Act 2009](#)
- Australian Government [Privacy Act 1988 and Privacy Amendment \(Enhancing Privacy Protection\) Act 2012](#)
- Government of Western Australia [Equal Opportunity Act 1984](#)
- Government of Western Australia Equal Opportunity Commission [EEO Factsheet](#) 2018
- Government of Western Australia [Occupational Safety and Health Act 1984](#) and the [Occupational Safety and Health Regulations 1996](#).

7.1.7 DEFINITIONS

15. Consumer refers to the consumer and their guardian and/or their representatives nominated by them.
16. Care Worker refers to unregulated healthcare workers.
17. Care Worker refers to all staff involved in delivering services and care to consumers.

7.2 WORKFORCE PLANNING

7.2.1 HUMAN RESOURCE SUPPORT

Chester Hill Neighbourhood Centre Inc. ensures the effective planning and management of human resources through accessing support and information from the following agencies:

- Aged and Community Services Australia (ACSA)
- The Chamber of Commerce and Industry (CCI)
- Other specific human resource management consultants if required.

In addition, all staff involved in the recruitment and management of staff attend training in human resource management as required to their role.

7.2.2 PLANNING THE WORKFORCE

The focus of workforce planning is to ensure that there are the right number of people, with the right blend of skills, delivering care. This is achieved through the development of a Workforce Plan that addresses the following:

- Ensuring all staff providing support to consumers have as a minimum a Certificate III in Aged Care and are supported to obtain a Certificate IV. Staff providing assessment and reviews must have a Certificate III in Aged Care or equivalent experience
- All prospective staff, at their interview, are assessed on the questions of "Why do you think you are suitable to provide care and support to older people?" and "How do you show respect of a person's identity, culture and diversity?"
- Employing a Registered Nurse qualified to provide nursing care and support to oversee clinical practice and to deliver services to consumers requiring clinical care as necessary and/or sourcing appropriate nursing services to deliver these services
- Ensuring there are adequate staff with the appropriate skills before offering services to new consumers. Where additional staff hours are required appropriate current staff are asked if they wish to increase their hours. If current staff are unable to provide more time agency staff may be utilised in the short term while additional staff resources are arranged either through current staff or the employment of new staff
- Determining the appropriate staff skill when considering offering new or innovative services
- Staff are asked to provide maximum notice of holidays or other known absences with at least three weeks' notice required to ensure adequate time to make other arrangements
- In an emergency situation such as multiple staff falling ill, we use agency staff or liaise with other home care agencies in our area to identify other appropriately skilled staff who may be available
- Staff rosters are planned to meet the needs of staff and of consumers
- The time required to deliver services to each consumer is based on the support plan and is reviewed in response to consumer or staff feedback and service reviews
- All staff have mobile phones and are advised of changes to their roster as soon as is known
- Volunteers are utilised, but only as drivers, assisting in the centre and outings, or for office tasks.
- Any issues relating to a shortage of staff are reported to and reviewed at relevant management meetings.

7.2.3 RETAINING STAFF

Chester Hill Neighbourhood Centre Inc. recognises that experienced staff with knowledge of the service and consumers are valuable and we are committed to retaining them. Strategies include:

- Ensuring staff are valued through welcoming their feedback and involvement in service management through staff meetings and the continuous improvement process (see 8.9 Continuous Improvement)
- Paying higher than award wages with annual increments that include a bonus for length of employment
- Providing a structure that offers opportunities for acting in higher positions and advancement
- Balancing staff needs with our commitment to consumers to allow some flexibility in hours worked, such as the need for staff to be home for children after school
- A grievance procedure which staff are encouraged to utilise if they feel they need to take up an issue
- Social functions where staff can meet other staff and Management Committee Members
- Similar strategies are implemented to retain volunteers, as appropriate.

7.2.4 WORKFORCE RISK MANAGEMENT

As part of Chester Hill Neighbourhood Centre Inc. risk management processes, we maintain a **Workforce Register of Risks** which is reviewed and updated every month through the Team Meetings and Service Management Meetings. (See 8.10 Risk Management and Table 8.3.1: Management Committee Meetings, esp. Improvement Committee Meeting.)

In addition, staff and consumers are supported and encouraged to provide ongoing feedback on all aspects of their work or services which ensures any issues or risks that might make the workforce insufficient are identified early on. (See 8.9 Continuous Improvement.)

7.3 WORKFORCE RECRUITMENT

Chester Hill Neighbourhood Centre Inc. have a range of staff to ensure that the organisation is effectively managed and services meet the needs of consumers. These are outlined in the organisation structure chart. (See 8.3.1 Reporting Process and Figure 8.3.1: Management Structure).

7.3.1 RECRUITMENT POLICY

- All staff are recruited according to our Equal Employment Opportunity Policy (see 7.3.2 Equal Employment Opportunity)
- All permanent vacancies are advertised externally
- The Centre Manager is responsible for the recruitment of service staff and delegates as appropriate
- The Management Committee is responsible for the recruitment of the Centre Manager and the Coordinators.

7.3.2 EQUAL EMPLOYMENT OPPORTUNITY AND ANTI-DISCRIMINATION

Chester Hill Neighbourhood Centre Inc. chooses the best person for the job regardless of:

- Age
- Breastfeeding
- Family responsibility and family status
- Fines Enforcement Registrar's Website
- Gender history
- Impairment
- Marital status
- Pregnancy
- Race
- Religious or political conviction
- Sex
- Sexual orientation.¹²²

Equal opportunity principles are followed in all areas of staff management. Individuals are appointed based on their ability to meet criteria that are consistent with the role and position description.

Information and training, when appropriate, on equal employment opportunity and staff recruitment processes is provided to all staff and Management Committee members involved in staff recruitment.

7.3.3 SACS MODERN AWARD

Where appropriate we employ staff under the Social, Community, Home Care and Disability Services Industry Award 2010 (SACS Modern Award).

¹²² Anti-Discrimination NSW <https://www.antidiscrimination.justice.nsw.gov.au/>

7.3.4 PROCESS FOR FILLING A VACANT POSITION

i) Review the position

Clarify the need for and the role of the position and develop or review the position description. Develop essential and desirable selection criteria. Determine how each of the selection criteria are assessed, e.g. written application or interview.

ii) Advertise the position

Positions are advertised in newspaper/s, employment agencies or the internet. Advertisements include:

- Information about Chester Hill Neighbourhood Centre Inc.
- Primary role of the vacant position
- Point of contact for further information
- How to apply
- Closing date.

A copy of the most recent advertisement for all positions is maintained by the Administration Team for use in developing new advertisements.

A copy of our Application for Employment and the position description are sent to all prospective applicants.

iii) Set up a selection panel

The selection panel is responsible for shortlisting, interviewing and selecting the successful applicant.

For the employment of the Centre Manager the selection panel comprises of:

- The President, and
- Two other Management Committee members or one other Management Committee member and a person external to Chester Hill Neighbourhood Centre Inc. with appropriate expertise.

For the employment of the Coordinators the selection panel comprises of:

- The President
- The Centre Manager and
- One other Management Committee member or a person external to Chester Hill Neighbourhood Centre Inc. with appropriate expertise.

For the employment of other staff, the selection panel comprises of:

- The Centre Manager and one relevant Coordinator, or
- The relevant Coordinator and one other Coordinator.

One member of the selection panel is designated the chair and coordinates the panel and makes notes regarding the decisions of the panel.

iv) Shortlist applicants

The selection panel assesses all applications and shortlists applicants on their stated ability to meet the essential selection criteria. If necessary, further shortlisting is undertaken using desirable selection criteria.

Applicants who are shortlisted are offered the opportunity to attend an interview.

v) Interview applicants

The selection panel prepares interview questions prior to the interviews. All applicants are asked the same questions. The questions explore the applicant's relevant skills and experience to perform the duties and are based on the selection criteria.

All prospective staff, at their interview, are assessed on the questions of "Why do you think you are suitable to provide care and support to older people?" and "How do you show respect to a person's identity, culture and diversity?"

Immediately following each interview, a summary of the interview is recorded on the Summary of Interview form. The summary assists in the selection of the successful applicant and in providing feedback to unsuccessful applicants.

When all interviews have been completed the preferred applicant is selected by the selection panel. Recruitment decisions and reasons for them are documented by the chair of the panel.

vi) Conduct pre-employment checks

When a successful applicant has been identified an offer of employment is made conditional on the following pre-employment checks:

- Reference check
- Police check
- Registration check (as applicable to role).

Procedures are in place for conducting these checks (see 7.3.10 Employment Checks).

vii) Offer of employment

Advise the successful applicant by telephone and arrange a start date.

Immediately send the successful applicant an Offer of Employment specifying the key terms and conditions of employment for signing prior to commencing employment.

viii) Advise unsuccessful applicants

All unsuccessful applicants are informed by telephone (or in writing for more senior positions) of the outcome of their application immediately following the appointment of the successful applicant.

Unsuccessful applicants are advised that they may request feedback. This is provided by the Chair of the interview panel.

7.3.5 PROCEDURE FOR NEW STAFF

i) Orientation

Chester Hill Neighbourhood Centre Inc. ensures staff are aware of, and comply with, relevant legislation including, Work Health and Safety¹²³, Equal Employment Opportunities¹²⁴, Anti-discrimination and Anti-Harassment responsibilities¹²⁵ and the provisions of the Privacy Act¹²⁶. These items are covered in the staff/volunteer orientations.

¹²³ Government of Western Australia Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996

¹²⁴ Government of Western Australia Equal Opportunity Act 1984

¹²⁵ This responsibility is set out in federal and state anti-discrimination laws, as well as the Australian Government Fair Work Act 2009. Taken together, they make certain types of workplace behaviour against the law. See Australian Government [Australian Human Rights Commission](#) 2018

Staff/volunteer orientation checklist

All items covered when a new employee commences are described in detail in the Staff/Volunteer Orientation Checklist. The Staff Volunteer Orientation Checklist can be completed over one or more sessions but is fully completed within 4 weeks of a person commencing employment. A follow up to the orientation is completed 6 to 9 months after the employee commenced. This involves clarifying relevant items on the Staff/Volunteer Orientation Checklist with other staff/volunteers as appropriate.

All forms and documents signed by the employee, including a copy of the signed Staff/Volunteer Orientation Checklist, are filed in the employee file with copies provided to the employee as appropriate.

The President or a Management Committee member completes the Staff/Volunteer Orientation Checklist with a new Centre Manager. The Centre Manager completes the Staff Volunteer Orientation Checklist with Coordinators. The Coordinators complete the Staff/Volunteer Orientation Checklist with other staff/volunteers as appropriate.

Meeting with consumers

Where practicable, staff are encouraged to participate in focus groups, meetings or other gatherings with consumers to hear their views on key aspects of service delivery such as working in partnership, consumer choice and control and input in the service.

ii) Supervision of new staff

New support staff are supervised and orientated to their position by a mentor or 'buddy' who is allocated by the Aged Care and Volunteer Coordinator. Staff in more senior positions are mentored by Coordinators. The duration of support is dependent on the new staff person's skills and experience but at least two support worker shifts are supervised by another support worker once general orientation is complete.

7.3.6 POSITION DESCRIPTIONS

All staff (paid and unpaid) have a position description which specifies their roles and responsibilities. A sample of position descriptions are available in the Forms folder/Position Descriptions.

Position descriptions are reviewed and updated when a staff member leaves and/or every two years to ensure that they are appropriate.

Each staff person is provided with a copy of their position description prior to commencing employment and whenever their position description is changed.

7.3.7 STAFF CODE OF BEHAVIOUR

All staff are required to comply with the Code of Behaviour for Staff and Volunteers which encapsulates the respectful, safe and professional delivery of support to our consumers, representatives, contractors, the community and any other stakeholders.

Staff (including volunteers) are required to sign a Code of Behaviour for Staff and Volunteers form on commencement. Disciplinary action may be taken if staff do not abide by it.

Staff/volunteers agree to:

- Abide by the philosophy of Chester Hill Neighbourhood Centre Inc.
- Observe all the rules of Chester Hill Neighbourhood Centre Inc. including those specified in the constitution and any others determined by the Management Committee

¹²⁶ Australian Government Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012

- Adhere to all our accounting procedures
- Work in a safe and competent manner in accordance with the policies and procedures of Chester Hill Neighbourhood Centre Inc.
- Respect the dignity and culture, values and beliefs of all individuals
- Represent Chester Hill Neighbourhood Centre Inc. in a positive way
- Wear suitable clothing including closed in shoes, clean and discrete shirt and trousers/skirt (or shorts appropriate to role)
- Not discuss confidential issues with people outside the organisation, regard all information provided to them by a consumer as confidential and never disclose personal information to a consumer
- Not take illegal drugs or consume alcohol when on duty or on the premises
- Not accept gifts or purchase any items from consumers (except small gifts of home garden produce)
- Not have sexual relationships with consumers or take them to their (staff) homes or engage in a relationship with consumers outside of a professional relationship
- Follow any grievance procedures set down by the Management Committee to try to resolve any conflicts with other staff or members of Chester Hill Neighbourhood Centre Inc.
- Not harass in any form consumers, other staff or members of Chester Hill Neighbourhood Centre Inc.
- Not abuse, physically or verbally, consumers, other staff or members of Chester Hill Neighbourhood Centre Inc.
- Not give advice to consumers or diagnose the condition of a consumer's health (except health promotion advice provided by a Registered Nurse). If requested by the family as to your thoughts regarding the condition of a consumer – refer them to their GP or hospital
- Not alienate consumers from their family
- Treat consumers with courtesy, respect and consideration, act on complaints and provide services to the best of their ability.

7.3.8 POLICIES AND PROCEDURES

The policies and procedures contain key information that all staff and volunteers need to know to complete their roles safely and effectively.

New staff and volunteers are provided with time to read the policies and procedures and these are reiterated at staff meetings and through communication with staff and volunteers.

7.3.9 STAFF FILES

A staff personnel file is maintained for each employee. It includes:

- Application for Employment
- Police check information (filed separately in a secure drawer)
- Professional registrations
- Signed Offer of Employment
- Position description
- A completed Staff Volunteer Personal Details Record
- Signed Staff Volunteer Orientation Checklist
- Signed Code of Behaviour for Staff and Volunteers
- Record of Staff Counselling Interview, and

- Any other relevant paper-based information.

Employees are entitled to see their file at any suitable time arranged with the Coordinator or Manager as appropriate.

7.3.10 EMPLOYMENT CHECKS

An Employment Checks Register is maintained that includes information on police checks, driver's licence and insurance, and professional registration checks. It is maintained by the Account's Office and updated as required.

i) Reference check

The chair of the interview panel for all new staff contacts one or more of the referees of the preferred applicant. Referees are asked to comment on the person's ability to carry out the duties of the position applied for. Referees comments are noted in writing on the Summary of Interview form.

ii) Police check¹²⁷.

Definitions

See the Department of Health Police Certificate Guidelines March 2017 (pp 7-9) for definitions of staff, volunteers, non-staff members and contractors.

Staff and volunteers

Chester Hill Neighbourhood Centre Inc. requires all staff members who are reasonably likely to have access to consumers, supervised or unsupervised, and volunteers¹²⁸ who have unsupervised access to consumers, to provide a Police Certificate not more than three years old.

Applications for all staff and volunteer Police Checks are made online and are paid for by Chester Hill Neighbourhood Centre Inc.

The following offences preclude a person from working in Chester Hill Neighbourhood Centre Inc.:

- A conviction for murder or sexual assault
- A conviction of, and sentenced to imprisonment for, any other form of assault
- Convicted for an indictable offence within the past 10 years¹²⁹.

A person with other convictions can be considered for employment by the Manager/Management Committee of Chester Hill Neighbourhood Centre Inc., taking into consideration their role and contact with consumers.

¹²⁷ Chester Hill Neighbourhood Centre Inc. procedures for police checks are based on information in the Australian Government Department of Health Police Certificate Guidelines March 2017. Information on Police Certificate requirements is also included in Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 84

¹²⁸ The Australian Government Department of Health Police Certificate Guidelines March 2017 advises that service providers do not need to obtain a police check for CVS Volunteers provided by the CVS, as they have a police certificate and have been assessed as meeting the requirement. P 10. The Guidelines further state: "Community Visitors will provide approved providers with a 'Letter of Introduction' confirming the date of expiry of their police check and that they have made a statutory declaration if they have lived permanently overseas after they turned 16. Provided that the letter is current, the home is not required to view the original police certificate or statutory declaration. The home may keep a copy of the 'Letter of Introduction' to assist with compliance requirements. P 10

¹²⁹ The Australian Government Department of Health Home Care Packages Programme Operational Manual 2015 (p 43) specifies only the two points above. The Commonwealth Home Support Programme - Program Manual 2018 specifies the third point in addition to the first two (p 106)

Subcontractors service delivery

The contract signed between Chester Hill Neighbourhood Centre Inc. and contractors who provide services to consumers on our behalf requires that they or their staff or sub-contractors have a current Police Clearance and professional registrations as appropriate. This is monitored by the Manager. (See 1.2.5 Subcontracting Service Delivery, for more details.)

Independent contractors

Police check requirements are not intended to extend to people engaged on an ad-hoc basis. Trades people engaged to provide a service at a date and time determined by the person providing the service generally do not require police checks.¹³⁰

These people are supervised by a Chester Hill Neighbourhood Centre Inc. staff person whilst they are in contact with consumers.

Statutory Declarations

New staff – commencing employment without a police check

Chester Hill Neighbourhood Centre Inc. requires all new staff members and volunteers to have a current police certificate before they start work. Where this is not possible and the circumstances are extenuating and require the person to commence work, we, under Section 49 of the Accountability Principles, allow a person to start work prior to obtaining a police certificate and pending an assessment of any criminal conviction subject to the following:

- The person provides a copy of the application for a police certificate showing that it was made before the date on which the person first became a staff member or volunteer
- It is clear that the care and other service to be provided is essential and cannot be provided in the absence of the staff person and this is documented
- The person is appropriately supervised until the police certificate is obtained
- It is clearly shown and documented how supervision occurs in a range of working conditions such as during night shifts and holiday periods when supervisory staff numbers may be limited
- The person makes a statutory declaration stating that they have never been:
 - convicted of murder or sexual assault, or
 - convicted of, and sentenced to imprisonment for, any other form of assault.

Staff and volunteers who have resided overseas

Staff members and volunteers who have been citizens or permanent residents of a country other than Australia at any time after turning 16 must make a statutory declaration before starting work in any aged care service, stating that they have never:

- Been convicted of murder or sexual assault, or
- Been convicted of, and sentenced to imprisonment for, any other form of assault.

This statutory declaration is in addition to a current national police certificate, as this reports only those convictions recorded in Australian jurisdictions.

Processing police checks and other documents

The Administration Assistant processes the individual police check assessments for staff and volunteers. When the original or certified copy of the police clearance or other notification is received relevant information including the reference number and expiry date is entered into the Police Check spreadsheet.

¹³⁰ The Department of Health [Police Certificate Guidelines July 2019](#) provide more information on contractors

Police Certificates are filed in the appropriate folder and other documents including statutory declarations are in the person's file held in a locked drawer which is only accessible to management staff.

The Police Check spreadsheet is checked at the start of each month by the Administration Assistant, and two months prior to the police check expiring, each staff member or volunteer is advised that a new police certificate is required. When the updated certificate is received the information is recorded in the Police Check spreadsheet. Staff taking leave may be provided with additional notice as necessary.

If staff do not provide an updated police certificate before the expiration of the existing certificate, they are not permitted to work until a valid police certificate is obtained.

Assessing offences

Where staff or volunteers have recorded an offence other than those specified above under Staff and Volunteers the Centre Manager and a Management Committee member representative consider the offence/s against the criteria specified in the Department of Health Police Certificate Guidelines March 2017 (p 12). A previous conviction does not necessarily disqualify a person from employment.

Staff and volunteers are required to advise their Coordinator if they are convicted of any offence in the three-year period between obtaining and renewing their police clearance. Any offences are considered by the Centre Manager and a Management Committee representative. If the reviewers are satisfied on reasonable grounds that the offence makes the person unsuitable to work with our consumers and other staff, they are not permitted to continue as a staff member or volunteer. Notes are maintained on all considerations of police and other checks.

Key personnel

Chester Hill Neighbourhood Centre Inc. follows the requirements for key personnel stipulated on the Australian Government [Department of Health website](#).¹³¹ Police clearances and other checks of key personnel are managed by the Centre Manager, if he/she has a current clearance. If a check is being conducted of the Centre Manager, a Management Committee member manages it. The same process that applies to staff applies to key personnel but with the Management Committee deciding the action taken in the event of a non-disqualifying conviction.

Police Certificates are filed in the appropriate folder and other documents including statutory declarations are in the person's file held in a locked drawer which is only accessible to the Manager and the Management Committee by request. Notes are maintained on all considerations of police and other checks.

Chester Hill Neighbourhood Centre Inc. makes sure that key personnel are not disqualified individuals through three yearly renewals of their police certificate and we advise the Department of any changes that affect our suitability to provide aged care.

iii) Drivers licence and vehicle registration checks

All staff who use their vehicle in their work are required to provide a copy of their valid driver's licence (and, if they transport consumers) a copy of their valid car registration and insurance certificates (identifying that the vehicle is used for work purposes) on commencement with the organisation. Staff are required to advise us if their licence or registration is revoked.

¹³¹ Australian Government Department of Health [Approved Provider Information](#) February 2017

7.4 STAFF DEVELOPMENT

7.4.1 STAFF SUPERVISION AND SUPPORT

Supervision and support are important for ensuring that staff are supported in their work and their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow up on staff development issues noted in staff development reviews.

The small number of staff working in Chester Hill Neighbourhood Centre Inc. means that ongoing supervision and support is continuously provided informally. To ensure that staff have an opportunity to address problems or issues the supervisor also provides staff with a formal supervision session annually through a performance development review (see 7.4.2 Performance Development Reviews).

Support workers and other staff have monthly meetings with the Aged Care and Volunteer Coordinator to ensure that they are supported and are aware of changes to support for consumers and have an opportunity to provide input and feedback regarding operations. In addition, staff may be supervised by the Aged Care and Volunteer Coordinator to validate their practices whilst in consumer's homes. These visits can be announced or unannounced and provide an opportunity for the Aged Care and Volunteer Coordinator to review practices and meet with consumers in their home to gain feedback on services provided.

The line manager/supervisor of each staff position provides supervision and support as per the organisation structure in 8.3.1 Reporting Process (see Figure 8.3.1: Management Structure).

7.4.2 PERFORMANCE DEVELOPMENT REVIEWS

Chester Hill Neighbourhood Centre Inc. is committed to supporting staff to improve their efficiency and effectiveness. Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality, professional service at all times.

Performance development reviews are conducted annually in consultation with the staff person and their line manager/supervisor using the Performance Development Review form.

Performance development reviews are based on position descriptions and agreed work plans. The aims of the review are:

- To allow free and confidential discussions about work between the employee and supervisor
- To discuss the employee's job performance in the context of their position description
- To discuss any work problems and search for solutions
- To discuss means of improving work performance including identification of training and development needs or changes to work practices.

Particular performance issues are not left to the performance development review but are dealt with as they occur. These issues may, however; be raised in the review as part of the overall assessment of the employee's performance.

On completion of the performance development review both the employee and the supervisor sign the review form. The staff person and the supervisor are responsible for implementing any agreed actions (respectively) and recording these on the form and in the Training Spreadsheet (see 7.4.3 Staff Education and Training/viii) Staff training records). The Performance Development Review cannot be closed out until all agreed actions have been implemented.

7.4.3 STAFF EDUCATION AND TRAINING

i) Education and training strategies

Appropriate training and development opportunities are provided for all employees and volunteers to ensure they have the skills and qualifications to competently deliver services to consumers. This includes:

- Annual reviews of all positions and position descriptions to ensure the skill levels required for each position reflect the responsibilities of the positions
- The identification of training needs through ongoing staff input, changes in the services and care delivered, identified changes in consumers' needs, management input and annual performance development reviews
- The provision of training to meet identified work role needs including formal training, staff meeting discussions and participation in consumer morning tea discussions
- Opportunities for all staff and volunteers to attend training
- Ongoing evaluation of training to ensure it meets staff and volunteer needs and improves the operations and services.

ii) Mandatory training

All staff and volunteers complete the following training:

- Orientation on commencement (see 7.3.5 Procedure for New Staff)
- Review of Consumer Handbook
- Fire and emergencies annually
- Fire drills at least twice yearly
- The Aged Care Quality Standards and achieving the outcomes for consumers
- Principles of service delivery including:
 - available services
 - the partnership approach
 - dignity and respect for consumers
 - delivering services within a wellness and reablement framework
 - fostering consumer choice and control
 - promoting consumer communication
 - promoting the maintenance of social connections
- Consumer rights and responsibilities
- Ensuring consumer privacy and confidentiality
- Delivering safe services including:
 - advocacy
 - promoting independence
 - feedback and complaints processes,
 - duty of care and legal responsibilities associated with work
- Maintaining a safe workplace (WHS)
- Manual handling annually for all staff directly involved with consumers
- Infection control annually for all staff directly involved with consumers
- Working with consumers living with dementia and cognitive impairment
- Working with people with special needs
- Equal employment opportunity and anti-discrimination.

Care workers are also made aware of home-based safety requirements such as home fire safety, hygiene, and other home-related hazards which may put consumers or staff at risk.

iii) Non-mandatory training

Staff meetings - service delivery staff

Staff meetings include a discussion of a different topic each meeting. Key topics include:

- Consumers as partners
- Demonstrating dignity and respect
- Supporting consumer choice
- Encouraging consumer communication
- Consumer spiritual needs
- Consumer emotional and psychological needs
- Wellness, reablement and independence
- Consumer choice and risk
- Consumer inclusion in community
- Cultural safety
- Consumer Directed Care
- Consumer rights
- Consumer responsibilities
- Conducting Service Commencement Meetings
- Dealing with suspected elder abuse
- Handover: iSoBAR
- Working through a small section of the Policies and Procedures Manual at each meeting.

iv) Competencies

Medication competencies

Care Workers who provide medication support to consumers are deemed competent by the Registered Nurse (see 3.3 Medication Management and especially 3.3.13 Staff Training for Medication Support).

Other competencies

Registered nurses work within the Nursing and Midwifery Management Committee of Australia¹³² registration standards and continuing professional development requirements to ensure they are appropriately skilled and competent to perform as a registered nurse.

Each nurse is responsible for ensuring they are working within their scope of practice, and Chester Hill Neighbourhood Centre Inc. supports registered nurses to complete the appropriate education and training to work within their scope of practice. This includes providing education, training and professional development opportunities for registered nurses in areas such as wound care, continence care, dementia and cognitive impairment and other skills required by the registered nurse to provide consumer focused and contemporary clinical care.

Registered nurses provide education, training, information, supervision and competency assessment for unregulated care workers for tasks they are able to perform, such as continence aid management, supporting consumers with dementia and cognitive impairment, mobility assistance, personal care, etc. The registered nurse determines, within their scope of practice, the suitability for delegating tasks to unregulated care workers and ensures these staff have the knowledge and skills to provide the relevant tasks.

¹³² <https://www.nursingmidwiferyboard.gov.au/>

v) Staff development opportunities

The training needs of staff are discussed with each staff person on recruitment, at the annual staff performance review and at supervision sessions.

We support our staff in staff development, education and training activities which are relevant to, and benefit the organisation. Support may include:

- Staff attendance for up to three (3) days per year for workshops, seminars and conferences
- Flexibility of working hours to participate in an accredited course of study at a recognised educational institution
- Purchasing resources such as videos and research literature.

Staff can provide feedback to their supervisor on any training activities that they have attended and the value of the activity to their work and to any issues identified in the Performance Development Review. Information relevant to the functions of the Management Committee is presented at Management Committee meetings.

Any staff wishing to participate in staff development opportunities can discuss this with their supervisor. An application to attend should be made to the Centre Manager at least 14 days prior to the activity.

vi) First aid

Coordinators must complete a Senior First Aid Certificate and ensure that updates are completed every two years (see 5.3.4 First Aid and Emergencies/i) First aid). Other staff can apply for funding to complete first aid training. The Coordinators review these applications.

vii) Staff training records

Accounts records the following information in the Staff Training Spreadsheet:

- Performance development reviews, including the date the review was completed, the outcome of the review and the date of the next review
- Training calendar
- Training provided
- Staff training attendances for mandatory and other training
- Evaluation of training events.

7.5 STAFF PERFORMANCE MANAGEMENT AND DISPUTES

7.5.1 STAFF UNDERPERFORMANCE¹³³

What is underperformance?

Chester Hill Neighbourhood Centre Inc. follows the procedures recommended by the Fair Work Ombudsman. Fair Work defines underperformance, or poor performance as an employee not doing their job properly or behaving in an unacceptable way at work. It includes:

- Not carrying out their work to the required standard or not doing their job at all
- Not following workplace policies, rules or procedures
- Unacceptable behaviour at work, e.g. telling inappropriate jokes
- Disruptive or negative behaviour at work, e.g. constantly speaking negatively about the company.

Chester Hill Neighbourhood Centre Inc endeavours to prevent underperformance by:

- Listing behavioural and outcome expectations in position descriptions
- Addressing any issues as soon as possible
- Having regular performance reviews to outline expectations from the beginning
- Encouraging employees to talk to a manager or employer if they have any questions or concerns.

Process for dealing with underperformance

Where there is underperformance by employees Chester Hill Neighbourhood Centre Inc. follows the procedures in the Initial Steps Checklist and the Formal Steps Checklist. The detailed Checklists are available on the Fair Work Ombudsman web site.¹³⁴

- Managing underperformance – the 'initial steps' checklist
 - Step 1: Identify the issue
 - Step 2: Assess the issue
 - Step 3: Meet with your employee
 - Step 4: Jointly devise a solution
 - Step 5: Monitor performance
 - Step 6: Keep records
- Managing underperformance – the 'formal steps' checklist for a formal underperformance meeting with the employee. This covers the steps:
 - Before the meeting
 - During the meeting and
 - After the meeting.

7.5.2 EMPLOYER/EMPLOYEE DISPUTE PROCEDURE

If an employee or volunteer has a grievance related to their employment or concerning another employee, the Fair Work Ombudsman Effective Dispute Resolution Process and Checklist is followed.¹³⁵

¹³³ Australian Government Fair Work Ombudsman [Managing Performance and Warnings](#) Web site accessed August 2019

¹³⁴ Australian Government Fair Work Ombudsman [Managing Performance and Warnings](#) Web site accessed August 2019. See Templates to [Manage Underperformance](#)

¹³⁵ Ibid. [Effective Dispute Resolution](#)

The typical process is shown in the diagram below.

In this process the term employee refers to both staff and volunteers. Supervisor refers to the employee's immediate manager.

7.5.3 SERIOUS MISCONDUCT

Serious misconduct is when an employee:

- Causes serious and imminent risk to the health and safety of another person or to the reputation or profits of their employer's business or
- Deliberately behaves in a way that's inconsistent with continuing their employment.¹³⁶

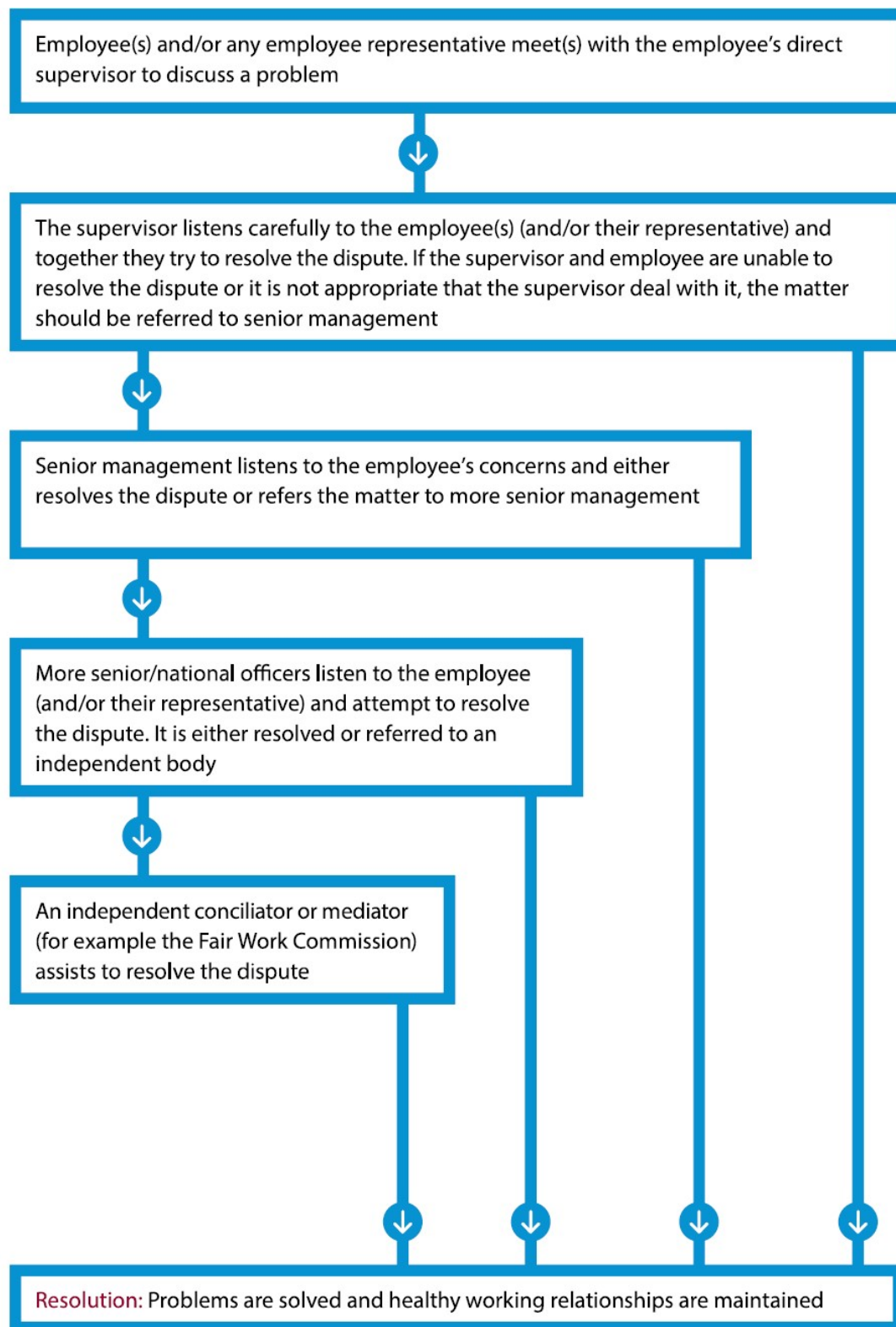
Examples of misconduct include:

- Elder abuse
- Theft of property or funds from Chester Hill Neighbourhood Centre Inc
- Willful damage of property belonging to Chester Hill Neighbourhood Centre Inc
- Intoxication through alcohol or other substances during working hours
- Verbal or physical harassment or discrimination of any other employee or consumer (see 8.10.8 Abuse and Neglect/Workplace bullying)
- The disclosure of confidential information regarding the organisation to any other party without prior permission
- The disclosure of consumer information other than information that is necessary to assist consumers and to ensure their safety
- Carrying on a private business from Chester Hill Neighbourhood Centre Inc. premises or using Chester Hill Neighbourhood Centre Inc. resources for private business without the permission of the Management Committee
- Falsification of any records belonging to Chester Hill Neighbourhood Centre Inc
- Failure to comply with the Code of Conduct for Staff and Volunteers.

The Centre Manager deals with all issues relating to misconduct and ensures that there are two representatives from Chester Hill Neighbourhood Centre Inc. present at the meeting to discuss the misconduct.

The staff person involved is encouraged to bring another person with them for the interview. A Record of Staff Counselling Interview is completed and signed by all parties and a copy provided to the staff person and a copy filed in their personnel file. The Centre Manager seeks external advice (if deemed necessary) and consults with the Management Committee prior to terminating any staff person.

¹³⁶ Ibid. [Serious Misconduct](#)



7.6 STAFF TIMESHEETS, LEAVE AND EXIT

7.6.1 STAFF TIMESHEETS

Each staff person is required to sign in each day they attend work on the daily Timesheet.

The Centre Manager checks the timesheets before forwarding them to Accounts for payment.

7.6.2 LEAVE

i) Application for leave

Any employee taking leave must complete an Application for Leave. If the application form is not completed, payment is not made for leave taken.

The application must be completed and approved before annual leave, long service leave, or unpaid leave is taken. All leave must be approved by the relevant Coordinator.

ii) Sick leave

A medical certificate is required for sick leave of more than two consecutive days.

When sick leave is required this should be communicated to the employee's supervisor as soon as possible and at a minimum by the usual start time of the employee.

An Application for Leave must be completed immediately after an employee returns to work after sick leave.

iii) Personal, carers and compassionate leave

If not completed beforehand, an Application for Leave must be completed immediately after an employee returns to work.

When leave is required this should be communicated to the employee's supervisor as soon as possible and at a minimum by the usual start time of the employee.

iv) Domestic Violence Leave¹³⁷

Employees are entitled to five days of unpaid family and domestic violence leave each year. Family and domestic violence means violent, threatening or other abusive behaviour by an employee's family member that:

- seeks to coerce or control the employee
- causes them harm or fear.

Employees can take the leave if they need to deal with the impact of family and domestic violence and it's impractical to do so outside their ordinary hours of work.

iv) Recording annual leave

Annual leave taken and owing to staff is tracked on the payroll system.

7.6.3 EMPLOYEE EXIT PROCEDURE

When an employee leaves Chester Hill Neighbourhood Centre Inc., the following procedure applies:

- Arrange an exit interview
 - The exit interview is conducted by the employee's supervisor and provides useful feedback about us for use in planning and evaluation. The Exit Interview Record guides the interview and is used to record responses
 - Completed Exit Interview Records are forwarded to the Centre Manager and Coordinators for review and consideration of improvements

¹³⁷ Australian Government Fairwork Australia [New Unpaid Family & Domestic Violence Leave Entitlement in Awards](#). Applies to all employees covered by an industry or occupation award November 2018

- Prepare the employee's termination payment
 - Calculate ordinary wages due or wages in lieu of notice
 - Calculate annual leave due to the date of termination. This is paid at the employee's current rate of pay
 - Check if the employee is entitled to pro-rata long service leave
 - Check if any allowances are owing (e.g. travel, meals)
 - Check if the employee owes us any monies and deduct these from the final payment
 - Prepare a written statement showing the detailed calculation of all monies to be paid to the employee
- Make sure there is a letter of resignation from the employee if they resigned, or a letter of termination from the Centre Manager or the Management Committee if they were dismissed. (Copies of these letters are kept in staff files)
- If requested, prepare a written Statement of Employment detailing the period of employment and type of work performed. The Centre Manager or Coordinators may provide a verbal reference to a prospective employer if requested
- Complete an Employment Separation Certificate form (SU001) if requested by the employee and provide it to the employee.

7.7 WORKERS' COMPENSATION

When an employee suffers an injury or suffers from a disease and work is a substantial contributing factor to that illness or injury, Chester Hill Neighbourhood Centre Inc. ensures that financial benefits and other assistance are provided as required by the relevant State and Territory legislation and regulations.

7.7.1 NOTIFICATION OF INCIDENT/ACCIDENT

An injured worker must notify the Centre Manager of a workplace injury as soon as possible after the injury occurs, by completing an Adverse Event Report (see 8.9.6 Continuous Improvement/v) Adverse event report).

7.7.2 CLAIMS

The following process applies to workers compensation claims:

- An injured worker must complete a Worker's Compensation Claim Form for submission to the insurer. Any supporting documentation such as statements from witnesses, medical reports or certificates should also be submitted
- Where an injured employee is unable to lodge a Worker's Compensation Claim Form, the Centre Manager arranges for the form to be completed on their behalf by either a relative, a witness to the accident, or a suitable employee
- The Centre Manager photocopies all documentation and keeps the copy in a Workers' Compensation file. Access to this file is restricted to the Manager and maintained in a locked filing cabinet
- A claimant must co-operate fully in respect of the claim with the insurer. In particular, the claimant must comply with any reasonable request by the insurer to provide information
- Medical certificates should state whether an injured worker's work was a substantial contributing factor to the personal injury or disease
- The Centre Manager forwards all receipts, medical certificates etc. to the insurer within seven days of receipt
- Upon acceptance of the Workers' Compensation claim, the insurer advises the injured employee of the acceptance of their claim in writing. If an injured employee's claim is accepted and they have not ceased work as the result of an injury, the injured employee is reimbursed by the insurer for any relevant and necessary costs associated with the claim.

7.7 3 REHABILITATION AND RETURN-TO-WORK PROGRAMS

i) Overview

Staff who sustain an injury at work that prevents them from carrying out their normal duties are supported in a return to work programme that is appropriate to their injury and abilities and meets the needs of the organisation. A Coordinator liaises with the staff person in developing the most appropriate programme. The Coordinator is guided by the Medical Practitioner or Health Professional who is overseeing the staff person's recovery. External expert assistance is sought if required.

ii) Obligations

We recognise that whilst we strive to provide and maintain a safe and healthy working environment, occupational injuries and illnesses do occur. In the event of occupational injury or illness Chester Hill Neighbourhood Centre Inc. is committed to the process of Occupational Rehabilitation.

We are committed to:

- Ensuring that the process of occupational rehabilitation is commenced within 3 working days of being notified of a significant injury or illness. An injury management plan is developed for all injured workers who sustain a significant injury in a manner consistent with medical judgement
- Providing suitable duties where practicable for an injured or ill worker as an integral part of the rehabilitation process
- Consulting and involving injured workers, nominated treating doctor, other treating professionals, other relevant parties and their representatives (where appropriate) in the rehabilitation process
- Ensuring that participation in a rehabilitation program does not, in itself, prejudice the injured worker
- Treating all rehabilitation records confidentially.

iii) Management Committee / Centre Manager responsibilities

When there is an injury at work, the employer must provide the injured worker with:

- First aid and/or transport to medical treatment
- The name of the insurer
- The service name and employer contact details
- A claim form, if requested by the worker
- Suitable duties
- Any assistance that helps the worker to recover and return-to-work quickly.

The employer must also inform the Workers Compensation Insurer within 48 hours of a work-related injury occurring.

iv) Employee responsibilities

When there is an injury at work, the injured worker must:

- Seek medical attention
- Notify the employer as soon as possible
- Complete a Staff Accident Incident report, Workers Compensation forms and any other relevant documentation
- Participate and cooperate with the development and implementation of an injury management plan
- Comply with requests made by the insurance company with regard to their claim
- Make all efforts to return to work as soon as possible.

Before resuming pre-injury duties, the injured worker must obtain a final medical certificate stating that they are fit for pre-injury duties.

7.8 VOLUNTEERS AND TEMPORARY STAFF

7.8.1 VOLUNTEERS

i) Volunteer policy

Chester Hill Neighbourhood Centre Inc. recognises the valuable contribution to the service made by volunteers and actively encourages their participation. Through volunteers we:

- Enhance the range of services available through Chester Hill Neighbourhood Centre Inc., and
- Allow for wider community participation in the service.

Volunteers are not used to replace paid workers in the service and currently provide driving support for the meals and transport services and assist in the office.

All volunteers are recruited according to our Equal Employment Opportunity Policy (see 7.3.2 Equal Employment Opportunity).

The Aged Care and Volunteer Coordinator and The Volunteer Recruitment Officer are responsible for the recruitment of volunteers.

ii) Volunteer management

The same procedures relating to staff recruitment, supervision and support, training, performance disputes, grievances, misconduct and staff files apply to volunteers with appropriate variations. Each volunteer completes a Volunteer Agreement on commencement and is provided with a Volunteer Driver Position Description.

Volunteers are managed by an assigned supervisor in their work area.

iii) Reimbursement of costs

Volunteers are reimbursed by way of a token payment which can cover for the use of their own vehicle. Volunteer vehicle registration expiry, driver's license expiry and insurance details are recorded in the Employment Checks Register.

7.8.2 TEMPORARY STAFF

The Coordinators manage staffing for the services delivered. Staff are rostered to meet the planned support needs for consumers specified in their agreed support plans. Support is provided by suitably skilled Care Workers who follow the Support Plans.

i) Temporary staff shortages

The following process applies for consumers whose support has been rescheduled or who have had support cancelled due to staff shortages:

- The consumer is advised by telephone and provided with an explanation as to why there is a need to cancel a support visit. Every effort is made to reschedule the support, but this is not always possible
- A case note is made in the Consumer Management System
- Changes to care workers' jobs and allocation to consumers are amended in the Consumer Management System.

•

ii) Agency staff

Sometimes agency staff are used to replace care workers and other staff as necessary to ensure ongoing service delivery. The Aged Care and Volunteer Coordinator orientates the agency staff person

prior to consumer allocation. The Aged Care and Volunteer Coordinator ensures that the agency staff person is familiar with Chester Hill Neighbourhood Centre Inc.'s processes and approaches to service delivery relevant to the support they are required to deliver including:

- Providing them with the contact number and details of the supervisor they should contact for support
- A handover of the consumers they are supporting, ensuring the staff member has the opportunity to ask questions regarding the care and the supervisor is clear on the staff member's skills are appropriate to the scheduled care
- Work health and safety guidelines, including infection prevention and control requirements (and the provision of appropriate personal protective equipment.

iii) Staff access to support

All care workers have access to support, information and advice via telephone to our office. The Aged Care and Volunteer Coordinator and other office staff can provide support as necessary.

OVERVIEW

8.1: ORGANISATIONAL GOVERNANCE GUIDE

8.1.1 CONSUMER OUTCOME¹³⁸

"I am confident Chester Hill Neighbourhood Centre Inc. is well run. I can partner in improving the delivery of care and services."

8.1.2 CHESTER HILL NEIGHBOURHOOD CENTRE INC. STATEMENT¹³⁹

The Chester Hill Neighbourhood Centre Inc. Management Committee is accountable for the provision of safe and quality care and services.

8.1.3 OUR POLICY¹⁴⁰

Chester Hill Neighbourhood Centre Inc. is committed to:

- Engaging consumers in the development, delivery and evaluation of care and services (including supporting consumers to do so)
- Promoting a culture of safe, inclusive and quality care and services and being accountable for their delivery
- Ensuring effective Chester Hill Neighbourhood Centre Inc. -wide governance systems relating to:
 - Information management
 - Continuous Improvement
 - Financial governance
 - Workforce governance, including to assign clear responsibilities and accountabilities
 - Regulatory compliance
 - Risk management, including but not limited to:
 - Managing high impact or high prevalence risks associated with the care of consumers
 - Identifying and responding to abuse and neglect of consumers
 - Supporting consumers to live the best life they can
 - Feedback and complaints
 - A clinical governance framework (where clinical care is provided) including but not limited to¹⁴¹:
 - Antimicrobial stewardship
 - Minimising the use of restraint
 - Practising open disclosure.

8.1.4 RESPONSIBILITIES

- Management, with input from relevant stakeholders, develops, maintains, promotes and monitors processes and procedures that ensure the provision of safe and quality care and services

¹³⁸ Australian Government Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards April 2019

¹³⁹ Ibid p132

¹⁴⁰ Ibid p132

¹⁴¹ This requirement (except for Open Disclosure) applies only if clinical care is delivered

- Staff follow policies and procedures, participate in development opportunities, promote a culture of safe, inclusive and quality care and services and support consumers in the planning, delivery and evaluation of care and services
- Consumers and/or their representatives participate in the planning, delivery and evaluation of care and services and if they feel hindered or unsupported to do so provide feedback to management.

8.1.5 MONITORING CHESTER HILL NEIGHBOURHOOD CENTRE INC. GOVERNANCE

Chester Hill Neighbourhood Centre Inc. governance processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) in Forms/Governance Documents and 8.9 Continuous Improvement).

8.1.6 REFERENCES

- Australian Commission on Safety and Quality in Health Care [National Model Clinical Governance Framework](#) 2017
- Australian Government [Aged Care Act 1997 and Principles](#)
- Australian Government Aged Care Quality and Safety Commission [Guidance and Resources for Providers to Support the Aged Care Quality Standards](#) April 2019
- Australian Government [Carers Recognition Act 2004](#)
- Australian Government Department of Health [Aged Care Sector Statement of Principles 2015](#)
- Australian Government Department of Health [Becoming an Approved Provider/What are Key Personnel](#)
- Australian Government Department of Health [Changes to Financial Reporting Arrangements for Residential and Home Care Providers](#) 26 May 2017
- Australian Government Department of Health [Charter of Aged Care Rights \(Effective 1 July 2019\)](#)
- Australian Government Department of Health [Commonwealth Home Support Programme - Program Manual](#) 2018 - 2020
- Australian Government Department of Health Email Advice [Means not Disclosed in Aged Care](#) 3 October 2018
- Australian Government Department of Health [Home Care Packages Program Operational Manual](#) March 2020
- Australian Government Department of Health My Aged Care [Financial Hardship Assistance](#) Website April 2019
- Australian Government Department of Health My Aged Care [Steps to Enter an Aged Care Home](#) Current as at June 2019
- Australian Government Department of Health [National Guide to the CHSP Consumer Contribution Framework Last updated 2019](#)
- Australian Government Department of Health [Schedule of Fees and Charges for Residential and Home Care](#) (updated quarterly)
- Australian Government National Aged Care Quality Indicator Program Resource Manual for Residential Aged Care Facilities updated June 2020
- Australian Government [User Rights Amendment \(Home Care Pricing\) Principles](#) 2018
- Government of New South Wales [Associations Incorporation Act](#) 2009 No.7
- Government of New South Wales [Competition and Consumer Act 2010](#)
- Government of Western Australia Department of Consumer and Employment Protection [2008 Guide to Testing and Tagging Portable Electrical Equipment and Residual Current Devices at Workplaces](#)

- Government of New South Wales [*Work Health and Safety Act 2011*](#)
- [Your Call](https://www.whistleblowing.com.au/WhistleblowingProgramChecklist) website [https://www.whistleblowing.com.au/ Whistleblowing Program Checklist](https://www.whistleblowing.com.au/WhistleblowingProgramChecklist)
- Australian Government Office of the Australian Information Commissioner Data Breach Preparation and Response (A Guide to Managing Data Breaches in Accordance with the Privacy Act 1988 (Cth) p 8)
- Australian Government Office of the Australian Information Commissioner [Action plan for health service providers](#) 11 February 2020

8.1.7 DEFINITIONS

Term	Meaning
Antimicrobial stewardship	Antimicrobial stewardship is when organisations take ongoing actions to reduce the risks related to increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It can include a broad range of strategies, such as monitoring and reviewing how they use antimicrobials.
Carer	A person who provides personal care, support and help to a consumer. This doesn't include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Clinical governance	The set of relationships and responsibilities established by our organisation between its governing body, executive, clinicians, consumers and other stakeholders to ensure good clinical outcomes. ¹⁴² An integrated set of leadership, behaviours, policies, procedures, responsibilities, relationships and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes. Effective clinical governance systems ensure that everyone – from unregulated care providers, to employed or external regulated health practitioners, to Centre Manager and members of governing bodies such as Management Committees – is accountable to consumers and the community for the delivery of clinical care that is safe, effective, integrated, high quality and continuously improving.
Consumer	A person we provide or intend to provide aged care and services for and their guardian and/or their representatives nominated by them.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It's also how a person's identity is respected so that who they are and what they need, isn't questioned or denied.
Dignity of risk	Dignity of risk is the concept that all adults have right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic,

¹⁴² Australian Commission on Safety and Quality in Health Care 2017 National Model Clinical Governance Framework

Term	Meaning
	religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Infection prevention and control	Strategies to support the goal to create safe care environments through the implementation of practices that minimise the risk of transmission of infectious agents.
Respectful	Being respectful includes understanding a person's culture, acknowledging differences, and being actively aware of these differences. It is about understanding that each consumer is unique and has a right to be treated in an inclusive and respectful way.
Special needs groups	<p>People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i>, are listed below:</p> <ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged • Veterans • People who are homeless or at risk of becoming homeless • Care leavers • Parents separated from their children by forced adoption or removal • Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Care worker	All staff involved in delivering services and care to consumers. Unregulated healthcare workers.

8.2 ABOUT CHESTER HILL NEIGHBOURHOOD CENTRE INC.

8.2.1 OVERVIEW

Chester Hill Neighbourhood Centre Inc. is a non-profit incorporated organisation that provides a range of services to frail aged people and their carers in Canterbury Bankstown and surrounding region. Services provided include Home Care Packages (HCPs) and Commonwealth Home Support Programme (CHSP) services; both funded by the Commonwealth Department of Health.

8.2.2 OUR VISION

Our vision is to be a quality provider of services to maintain frail aged people, including those with complex needs, living in their own homes and actively participating within their community.

8.2.3 OUR OBJECTIVES

Our objectives are:

- To support frail, older people to stay living in their own homes for as long as they can and wish to do so
- To support family or other primary care givers in their role and
- To operate Chester Hill Neighbourhood Centre Inc. in an effective, efficient and accountable manner in partnership with our consumers and staff.

8.2.4 OUR PHILOSOPHY

Chester Hill Neighbourhood Centre Inc. believe in:

- The right of people to make informed choices and maintain their independence in their own lives
- The right of people to dignity, respect, privacy and confidentiality
- The right of people to be valued as individuals
- The right of people to access services on a non-discriminatory basis, and
- The right of the community to receive accountable and responsive services.

8.2.5 PARTNERS WITH CONSUMERS

Consumers are partners with Chester Hill Neighbourhood Centre Inc. in pursuing the delivery of high-quality care and services that meet their needs throughout their time with us. (See 2.3.2 Partnering with Consumers.)

8.2.6 AGED CARE SECTOR STATEMENT OF PRINCIPLES

In working to achieve our objectives Chester Hill Neighbourhood Centre Inc. remain aware of the Aged Care Sector Statement of Principles and its guiding themes of:

- Consumer choice is at the centre of quality aged care
- Support for informal carers remains a major part of aged care delivery
- The provision of formal aged care is contestable, innovative and responsive
- The system is both affordable for all and sustainable.¹⁴³

¹⁴³ Australian Government Department of Health [Aged Care Sector Statement of Principles 2015](#)

8.2.7 TARGET GROUP

Our target group is older people assessed as eligible by My Aged Care for either a Home Care Package or Commonwealth Home Support Services. (See 1.2.1 CHSP Services/ii) Eligibility for CHSP services and 1.2.2 Home Care Packages/ii) Eligibility for HCP services.)

8.2.8 SERVICES PROVIDED

Chester Hill Neighbourhood Centre Inc. provides Home Care Packages (HCPs) and Commonwealth Home Support Program services (CHSP). HCPs provide individually planned and coordinated packages of community aged care services for people with needs higher than can be catered for by the CHSP. A range of service types are delivered including:

- Personal care
- Domestic assistance
- Social support
- Transport
- Meals.

(See 1.2 Services Provided, for additional details.)

8.2.9 KEY RESULT AREAS

Chester Hill Neighbourhood Centre Inc. has identified a range of key result areas to ensure our vision and objectives are achieved. These are assessed at the end of each year and are reported in the Annual Report. Key result areas include:

i) Ensure continuous improvement

Chester Hill Neighbourhood Centre Inc. strive to continually improve services by seeking ongoing feedback about our services from all stakeholders including consumers, their families and advocates and staff. We conduct ongoing reviews of our procedures and processes to ensure that they are meeting the requirements of our consumers and the organisation, and the Aged Care Quality Standards, and we ensure reflective practice. We also monitor and review the care and clinical outcomes for consumers to support their health, safety and well-being.

Our success is measured by the number of feedback forms received, the proportion of feedback forms resulting in the identification of an improvement, the proportion of improvements implemented and the success (outcomes) of the improvements (see 8.9 Continuous Improvement).

ii) Funding and other accountability requirements are met

Chester Hill Neighbourhood Centre Inc. is continuously improving systems and processes to monitor and meet the accountability requirements of incorporation and funding providers including contracted outputs.

Success is measured by the extent to which Chester Hill Neighbourhood Centre Inc. meets the service delivery targets of the CHSP and meets the program and financial requirements of the CHSP and HCP programs. Information is monitored on an ongoing basis (see 8.6 Funding Reports and Monitoring).

iii) A skilled and efficient workforce is maintained

A skilled and efficient workforce is essential for the delivery of quality and effective services and maintaining a stable workforce.

Success is measured by the number of complaints received about staff performance, the amount of training provided, the outcomes for staff from the training, staff turnover and staff satisfaction (see Section 7 4.3 Staff Education and Training).

8.2.10 OUR STAFF

The following staff are employed in Chester Hill Neighbourhood Centre Inc.:

- Centre Manager
- Aged Care and Volunteer Coordinator and other Coordinators
- Care Workers and other officers
- Administration
- Accounts

In addition, Chester Hill Neighbourhood Centre Inc. have a team of volunteers to assist in the Social Support program and provide transport services.

The management structure is described in 8.3 Management Structure and Governance Processes. (see also Figure 8.3.1: Management Structure).

8.2.11 INCORPORATION REQUIREMENTS

Chester Hill Neighbourhood Centre Inc. is incorporated as an Incorporated Association. Chester Hill Neighbourhood Centre Inc. is managed by a Management Committee comprising at least 4 Members in the following roles:

- President
- Secretary
- Treasurer
- Management Committee member.

Key requirements of companies limited by guarantee

Companies limited by guarantee must comply with the applicable provisions of the Incorporated Association Act.¹⁴⁴ The key obligations of a Company Limited by Guarantee include:¹⁴⁵

- Making their books and records available for inspection by auditors
- Keeping written records of members' resolutions and meetings
- Ensuring that no dividends are paid to members (if registered after 28 June 2010)
- Holding meetings as required by the Incorporated Association Act
- Complying with financial reporting requirements as applicable to the three-tier reporting framework including the requirements around the appointment of an auditor
- Complying with additional governance standards where the company is a registered charity.

Rights of members of companies limited by guarantee¹⁴⁶

The Incorporated Association Act entitles members of a company limited by guarantee to:

¹⁴⁴ *Corporations Act 2001*

¹⁴⁵ Australian Securities and Investments Commission (ASIC) [Obligations of Companies Limited by Guarantee](#) Accessed July 2019

¹⁴⁶ Australian Securities and Investments Commission (ASIC) [Rights of Members of Companies Limited by Guarantee](#) Accessed July 2019

- Access the company's register of members
- A copy of the company's constitution
- Access to minutes of meetings of members
- For small companies limited by guarantee – a financial report and directors' report if requested by 5% of members
- For large companies limited by guarantee – a financial report and a directors' report.

The constitution

A constitution underpins all of Chester Hill Neighbourhood Centre Inc.'s operations and services and specifies the legal framework in which Chester Hill Neighbourhood Centre Inc. operates.

Familiarity with Constitution

Management Committee members and the Centre Manager are familiar with the details of the constitution, and make sure that all of Chester Hill Neighbourhood Centre Inc.'s policies and practices are consistent with the constitution. In particular, the Management Committee makes sure that the requirements specified in the constitution and the Incorporated Association Act are met.

Meetings

(See Directory of Management Meetings.)

Role of the Management Committee

The Management Committee provides strategic direction to and monitors the operations of Chester Hill Neighbourhood Centre Inc. to ensure that it:

- Operates as per the requirements of the Corporations Act 2001 in the constitution
- Remains a viable organisation, and
- Meets legal requirements including those related to the Corporations Act, funding, contractual arrangements, the employment of staff and the provision of services.

The Management Committee is responsible for ensuring Chester Hill Neighbourhood Centre Inc. operates within its approved budget and in accordance with the policies and procedures set down by the Management Committee and is accountable for the provision of safe and quality care and services¹⁴⁷.

Working with the Centre Manager

The Management Committee works in partnership with the Centre Manager who is responsible for implementing the directions and decisions of the Management Committee and for providing the Management Committee with the information necessary to effectively monitor the operations of the service. Information includes input from staff and consumers.

The Centre Manager implements the directions and decisions of the Management Committee by ensuring day to day operations of the service are managed in accordance with the policies and procedures.

Issues that are not covered by established policies and procedures are referred to the Management Committee for consideration and direction.

¹⁴⁷ Accountable for the provision of safe and quality care and services is a requirement of Standard 8 of the Aged Care Quality Standards

Involvement in day to day management

The Management Committee is not involved in the day to day management of Chester Hill Neighbourhood Centre Inc. and Management Committee members cannot direct the staff or volunteers of the service unless authorised by a meeting of the Management Committee to do so. The Management Committee may nominate a member to liaise with the Centre Manager on an ongoing basis.

Responsibilities of the of Management Committee

All Management Committee members accept responsibility for:

Legal Responsibilities

Ensure that Chester Hill Neighbourhood Centre Inc. operates within relevant Federal, State and Local Government laws and funding provider requirements including:

- Operates in line with:
 - The constitution
 - The Corporations Act 2001
 - Funding/grant agreements
 - Aged Care Quality Standards
- Complies with all legislation in relation to the employment of staff and volunteers including:
 - Minimum conditions of employment and any awards that may apply
 - Taxation requirements
 - Occupational health and safety requirements
 - Equal employment opportunity legislation
 - Workers compensation and
 - Superannuation
- Has adequate insurance cover
- Complies with the Privacy Act and regulations, the Aged Care Act and any other relevant legislation or regulations.

Policy and Planning

Ensure that:

- Chester Hill Neighbourhood Centre Inc. has clear and relevant objectives that guide the operations of Chester Hill Neighbourhood Centre Inc.
- A strategic plan and Improvement Plan are developed and reviewed each year and identified priorities are implemented
- Safe and quality care and services are delivered to consumers in line with the Aged Care Quality Standards and relevant funding program guidelines and are monitored through management reports
- The policies and procedures and related documents are kept up-to-date and are adhered to.

Financial

Ensure that:

- Chester Hill Neighbourhood Centre Inc. has an annual budget that is approved by the Management Committee, and that expenditure is within the budget
- Chester Hill Neighbourhood Centre Inc. have sufficient income to meet the budget requirements

- The conditions of funding agreements and guidelines are met
- Funds are properly accounted for and an audit is completed as required.

Staff Management Responsibilities

Ensure management:

- Recruits the best possible staff
- Provides staff with support, direction and supervision
- Effectively recruits volunteers and they are provided with training, support, direction and supervision.

Other Management Committee Responsibilities

- Ensure that Chester Hill Neighbourhood Centre Inc. maintains a strong membership base and community support and remains a viable organisation
- Represent Chester Hill Neighbourhood Centre Inc. to the public.

Responsibilities of Management Committee members

The responsibilities of Management Committees are clearly communicated to our members at the AGM prior to the election of Management Committee members to ensure prospective members understand their responsibilities. By accepting a position on the Management Committee, members agree to carry out the following responsibilities:

Attendance at Meetings

Management Committee members agree to attend all scheduled and extraordinary Management Committee meetings. If unable to attend a meeting, members agree to give the maximum notice possible. Notice should be given to the administration staff or the Centre Manager to ensure that the quorum for the meeting is met.

Responsibilities of the President

The responsibilities of the President include:

- Make sure regular Management Committee meetings are held and are run in accordance with the constitution
- Encourage members of the Management Committee to attend meetings and to contribute to the meeting
- Lead the meeting through the agenda, keeping discussion relevant, decision making clear and encouraging broad participation
- Sign letters or documents on behalf of Chester Hill Neighbourhood Centre Inc. as required
- Act as a spokesperson for Chester Hill Neighbourhood Centre Inc..

Responsibilities of the Treasurer

The responsibilities of the Treasurer include ensuring:

- Books of account are properly maintained and kept safe
- Monthly financial reports are prepared and present these at monthly Management Committee meetings
- Financial/accountability requirements of funding bodies are met
- Management Committee members understand the financial position of Chester Hill Neighbourhood Centre Inc.
- Funds are not being mismanaged

- An annual audit of the books of account is conducted and the audited financial statements are presented to the Management Committee and to the Annual General Meeting.

Responsibilities of the Secretary

The responsibilities of the Secretary include ensuring:

- Accurate minutes of all meetings are taken and are properly filed
- Copies of the minutes of Management Committee meetings are distributed to Management Committee members prior to the next Management Committee meeting
- A Register of Management Committee Members is maintained
- All requirements under the Corporations Act are addressed by the Management Committee
- Any reporting under the Corporations Act is completed.

Responsibilities of other Management Committee Members

The responsibilities of other Management Committee members include:

- Assisting the President, Secretary or Treasurer to undertake their duties
- Acting as a spokesperson when requested by the Management Committee
- Manage and support staff when requested by the Management Committee
- Be a member of and/or chair sub-committees/task groups as required
- Sign letters or documents on behalf of Chester Hill Neighbourhood Centre Inc. as required
- Assist with any other tasks that may arise.

Code of behaviour for Management Committee members

Management Committees operate most effectively if all members are aware of the expectations of them. To clarify expectations, a **Code of Conduct for Management Committee Members** has been developed and is agreed to by Management Committee Members on appointment to the Management Committee.

Failure to abide by the Code of Conduct may result in the expulsion of a Management Committee Member from the Management Committee.

Conflict of interest

Members and staff act in the best interests of Chester Hill Neighbourhood Centre Inc. If business or personal interests or affiliations of members conflict with (or may be perceived to conflict with) the interests of Chester Hill Neighbourhood Centre Inc. the following procedures apply:

- If a member of the Management Committee has any direct or indirect pecuniary interest in any contract being considered by the Management Committee as soon as they become aware of their interest, disclose it to the Management Committee. This excludes an interest resulting entirely from a Management Committee member also being an employee or member of Chester Hill Neighbourhood Centre Inc.
- An interest disclosed by a Management Committee member is recorded in the minutes of the Management Committee meeting at which it was disclosed
- A Management Committee member with any direct or indirect pecuniary interest in any contract being considered by the Management Committee will not take part in any deliberations or decision of the Management Committee with respect to that contract.

Leaving the Management Committee

Resignation of Management Committee Member

In the event that a Management Committee member resigns they agree to give at least one month's notice in writing.

Expulsion of Member

A Management Committee member can be expelled from the Management Committee as per the procedures specified in the Constitution including not attending three meetings in a row without an acceptable reason.

Management Committee meetings

(See [Directory of Management Meetings](#).)

Orientation for Management Committee members

If new members are elected at the AGM, the first meeting following the AGM includes a short orientation session for new members. This covers information in this section of the Policies and Procedures Manual including:

- The vision, objectives and philosophy of Chester Hill Neighbourhood Centre Inc.
- Management Committee member roles and responsibilities including a copy of information from ASIC
- Information on funding
- Information on home care and the services delivered including a review of the Consumer Handbook
- Information on staff
- Information about Management Committee meetings
- **The Code of Behaviour for Management** Committee members.

New Management Committee members are given a copy of the above information, the constitution and the Consumer Handbook.

The Centre Manager is responsible for ensuring the preparation and distribution of this information for new Management Committee members.

8.2.12 APPROVED PROVIDER RESPONSIBILITIES¹⁴⁸

i) Key personnel

Chester Hill Neighbourhood Centre is an Approved Provider under the Aged Care Act Aged Care 1997. A responsibility of an approved provider is to ensure that requirements related to key personnel are met. This responsibility falls to the Management Committee.

Key personnel are defined in section 8-3A of the Act as:

- People responsible for the executive decisions of the applicant [for approved provider] (this includes directors and Management Committee members)
- People having authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the applicant

¹⁴⁸ Australian Government Department of Health website [Becoming an Approved Provider/What are Key Personnel](#). Applies only to Residential Care providers and Home Care Package providers

- Any person responsible for nursing services provided, or to be provided, by the applicant, whether or not the person is employed by the applicant and
- Any person who is, or likely to be, responsible for the day-to-day operation of an aged care service conducted, or proposed to be conducted, by the applicant, whether or not the person is employed by the applicant.

The Act specifies that key personnel cannot be a disqualified individual (see below Disqualified individuals).

(See also 7.3.10 Employment Checks/Police check/Key personnel.)

Disqualified individuals¹⁴⁹

Section 10A-1 of the Aged Care Act defines a disqualified individual as someone who:

- Has been convicted of an indictable offence¹⁵⁰
- Is an insolvent under administration (bankrupt)
- Is of unsound mind.

Chester Hill Neighbourhood Centre takes the following steps to ensure none of our key personnel are a disqualified individual:

- We ensure that each person understands the obligations of key personnel and of approved providers under the Act in relation to disqualified individuals
- If we reasonably believe that a person may be mentally incapable of performing his or her duties as one of our key personnel, we make arrangements for the person to be examined by a registered medical practitioner
- If we reasonably believe that a person may be a disqualified individual, we take the steps outlined below
- If we ascertain that the person is a disqualified individual, we ensure that the person ceases to be one of our key personnel.

For any person who proposes to become, or becomes, one of our key personnel we:

- Obtain a police certificate for the person (this requires their written consent)
- Conduct a search of bankruptcy records and
- Conduct previous employment and referee checks.

We ensure copies of all documentation are kept.

Note: If we fail to take reasonable steps to ensure our key personnel are not disqualified individuals, we may be liable to pay a fine, face revocation of our approved provider status or, in certain circumstances, face a prison sentence.

The Management Committee requires key personnel to advise them if they become a disqualified individual. In addition, we require all key personnel to renew their documentation every three years.

The Centre Manager is responsible for ensuring checks occur when required.

¹⁴⁹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 15.2 My key personnel have changed. What do I need to do? p 92 (Click on link for latest version)

¹⁵⁰ The definition of indictable offenses varies between States and Territories but generally include more serious offences, such as: murder, manslaughter, aggravated assault, the intentional and unlawful administration of drugs or poisons, committing fraudulent or dishonest activities. If a person has been convicted of an offence it is recommended you check with a legal advisor to ascertain if the offence is indictable.

Material change of circumstance of approved provider¹⁵¹

Approved providers have an ongoing responsibility to ensure they are ready and able to provide legislatively compliant, high quality and safe home care services at all times.

Provider suitability is assessed against the following five considerations:

18. Experience in providing aged care or other relevant forms of care
19. Understanding of approved provider responsibilities
20. Systems it has, or will have, in place to meet these responsibilities
21. Records of financial management and the methods used, or proposed to ensure sound financial management
22. Conduct as a provider (including compliance with responsibilities as a provider) and obligations arising from the receipt of any payments from the Australian Government for providing aged care or any other relevant form of care.

The Management Committee recognises that it must do all things reasonably practicable to ensure that there is no change to circumstances materially affecting our suitability to provide aged care. We are also aware that we must notify the Aged Care Quality and Safety Commissioner of any change of circumstances that materially affects our suitability to be a provider of aged care including changes in key personnel. Notice must be provided within 28 days of the change occurring using the form: [Approved Provider Notification of a Material Change Section 9-1 of the Aged Care Act 1997](#). Penalties apply if changes are not advised.

Other responsibilities include:

- Notify the Secretary of the name and address of the service in relation to each home care service before providing home care through the service
- Notify the Secretary of any changes to the name and address of the service within 28 days of the change
- Comply with any agreement we make in lieu of revocation of approved provider status, and with any undertaking we give to respond to notice to remedy non-compliance
- Respond to a written request from the Commissioner for information relating to:
 - our suitability to be a provider of aged care,
 - payments made under the Aged Care Act 1997 or Aged Care (Transitional Provisions) Act 1997,
 - our financial situation
 within 28 days after the request was made, or within any period specified

Financial disclosure obligations¹⁵²

(See [Directory of Funding Provider Accountability Reports](#) in Forms/Corporate Governance Documents.)

¹⁵¹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 15.1.2 Material changes to suitability p 91 (Click on link for latest version)

¹⁵² Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 15.3 What are my financial disclosure obligations? p 93 (Click on link for latest version)

Pricing review¹⁵³

(See 8.5.2 Home Care Package Fees/Pricing schedule.)

Department monitoring of compliance and other access¹⁵⁴

Chester Hill Neighbourhood Centre cooperates fully with any person who is exercising powers under Part 6.4 of the *Aged Care Act 1997* and in relation to the service and comply with Part 6.4 in relation to the person's exercise of those powers and Part 8 of the *Aged Care Quality and Safety Commission Act 2018*. Details of these powers are included in the Aged Care Act and in the Home Care Packages Program Operational Manual.

We allow RAS assessors, ACAT assessors, or other people authorised by the Secretary to assess the care needs of any consumer, access to our service.

¹⁵³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 15.3.3 Pricing Review p 93 (Click on link for latest version)

¹⁵⁴ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix D Responsibilities of approved providers Accountability – Part 4.3 in the Aged Care Act 1997 Monitoring, compliance and other access p 124 (Click on link for latest version)

8.3 MANAGEMENT STRUCTURE AND GOVERNANCE PROCESSES

8.3.1 REPORTING PROCESS

All reporting is based on Figure 8.3.1: Management Structure, specifically:

- All staff report directly to their Coordinator
- The Coordinators report to the Centre Manager
- The Centre Manager reports to the Management Committee.

These lines of reporting are not varied except where expressly stated in these policies and procedures or with the agreement of the Centre Manager or Management Committee.

8.3.2 CLINICAL GOVERNANCE

Chester Hill Neighbourhood Centre Inc. provide nursing services through our Registered Nurse (within their scope of practice) and ensure clinical governance by ensuring Chester Hill Neighbourhood Centre Inc. availability of suitably qualified staff, suitable policy and procedures to guide staff, oversight of care and support services by the Registered Nurse, open and accessible communication with consumer's medical practitioner to source advice and decision making related to clinical care, review of adverse events including medication errors, falls and pressure injuries and networking and education opportunities for the Registered Nurse to ensure currency of practice and support. Results of clinical reviews are also discussed at Clinical Governance meetings.

To support the nurse/s in their practice, Registered Nurses have regular meetings with nurses from other aged care providers and participate in professional development opportunities to support their practice. The nurses seek advice from medical practitioners and access collegial support from other clinicians as required.

(See 8.3.3 Management Meetings/ii) Clinical governance meetings.)

i) Anti-microbial stewardship

The Management Committee recognises they have an obligation in the provision of care and services to prevent, manage or control infections and antimicrobial resistance, to reduce harm and achieve good outcomes for consumers and has implemented the following procedures:

- The inclusion of anti-microbial stewardship in the responsibilities of the Clinical Governance Meetings (see 8.3.3 Management Meetings/ii) Clinical governance meetings)
- The inclusion of anti-microbial stewardship in staff orientation (see Staff Volunteer Orientation Checklist)
- Periodic reviews of practice to ascertain if there are any issues.

Chester Hill Neighbourhood Centre Inc. has implemented the following strategies to manage antimicrobial stewardship:

- Established systems and strategies that are consistent with government frameworks and guidelines to:
 - prevent infection (see 2.6 Infection Control)
 - manage infections effectively when they occur (see 2.6 Infection Control), and
 - limit the development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship. (In the community setting, often we are unaware of consumers receiving antibiotics as they are usually self-administering; however, antibiotics are often used to treat wound, upper respiratory tract and urinary infections. The Registered Nurse liaises with the medical practitioners as necessary in these cases.)
- Integrated antimicrobial stewardship systems with Chester Hill Neighbourhood Centre Inc.'s clinical governance framework including:

- strategies to communicate with prescribing professionals, consumers and their representatives about reducing the risk of antibiotic resistance
- evaluating and continuously improving the effectiveness of the antimicrobial stewardship systems in line with best practice (where applicable).

8.3.3 MANAGEMENT MEETINGS

The management meetings for Chester Hill Neighbourhood Centre Inc. are detailed below (see Table 8.3.1: Management Meetings). Attendance is required for all meetings unless an acceptable reason is provided and approved by the chair of the meeting.

i) Management Committee meetings

(See Table 8.3.1: Management Meetings for details of meetings and 8.2.11 Incorporation Requirements/vi) Management Committee, for details of Management Committee roles and responsibilities.)

ii) Clinical governance meetings

The clinical governance team meet monthly to:

- Review clinical governance processes and issues and to identify improvements
- Review Anti-microbial stewardship processes and issues and to identify improvements
- Review and monitor processes and practices for dealing with and reducing occurrences of abuse and neglect in relation to consumers, staff and other people involved with Chester Hill Neighbourhood Centre Inc. (See 8.10.8 Abuse and Neglect.)

The minutes of the Clinical Governance Meetings are provided to the Management Committee Meetings with any issues highlighted and members of the Clinical Governance Team address Management Committee Meetings as required.

iii) Team meetings

Coordinators and staff meet monthly at the relevant Team Meeting to discuss consumer needs as required. Meetings are minuted and provide staff with an opportunity to discuss new consumers, care delivery, consumers changing needs and provide staff development, particularly around wellness and reablement. Team meetings provide an opportunity to discuss how we ensure the clinical governance of the services we offer, by discussing the processes we have in place to ensure the safety and wellbeing of the consumer.

8.3.4 MANAGEMENT REPORTS

(See [Directory of Performance Reports](#) and 8.2.11 Approved Provider Responsibilities/Department monitoring of compliance and other access.)

Figure 8.3.1: Management Structure

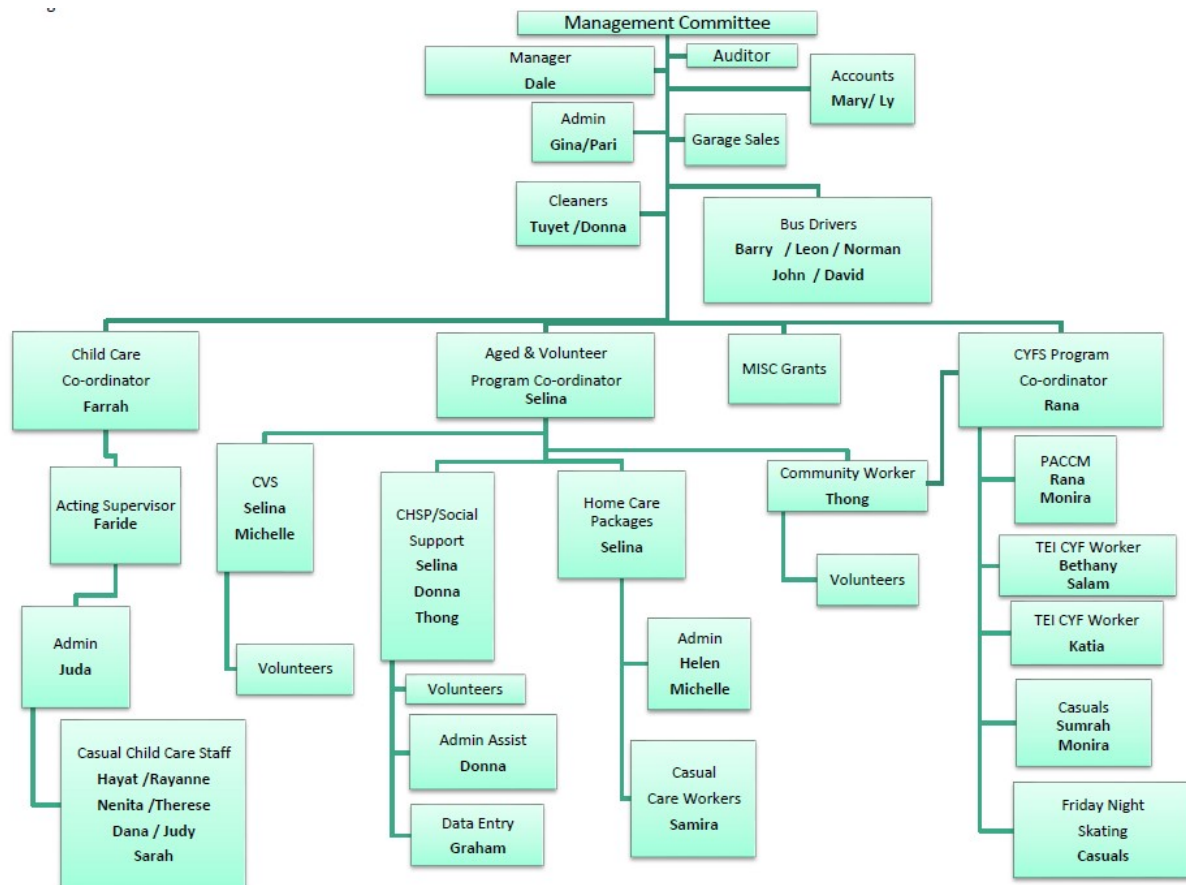


Table 8.3.1: Management Meetings

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
Annual General Meeting	Annually in September Quorum: 10 members 28 days' notice is provided to all members	<ul style="list-style-type: none"> Election of Management Committee. Agenda: Confirm the minutes of the previous AGM and of any Special General Meetings held subsequently. The receipt of the President's report for the previous financial year. The receipt of the Treasurer's report and the audited financial statements for the previous financial year, together with the financial budget for the current financial year. The receipt of the Centre Manager's report for the year. The election of Management Committee members. The appointment of an auditor for the current financial year. Any other business placed on the agenda prior to the commencement of the meeting 	<ul style="list-style-type: none"> Members of Chester Hill Neighbourhood Centre Inc. including Management Committee members Centre Manager as an observer Other staff as observers if they wish 	President	President and Secretary	Centre Manager or delegated staff
General Meetings	As required Quorum: 5 members 14 days' notice is provided to all members	Information provision to members or to deal with special issues. Can be called: <ul style="list-style-type: none"> By the Management Committee A request in writing signed by three (3) or more members of the Management Committee or five (5) per cent of ordinary members 	<ul style="list-style-type: none"> Members of Chester Hill Neighbourhood Centre Inc. including Management Committee members Centre Manager as an observer 	President	President and Secretary	Delegate

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
Management Committee Meeting	Monthly – 4 th Monday of every month with a start time of 6.00pm to completion Quorum: 5 Management Committee members, one of whom is either the President, Secretary or Treasurer	Management of organisation. Agenda: <ul style="list-style-type: none"> • Open meeting • Apologies • Review of agenda • Acceptance of minutes from previous meeting • Business arising from previous minutes • Correspondence • Reports: <ul style="list-style-type: none"> ○ Treasurer's report ○ Centre Manager's report including outputs, service delivery issues, staff issues, continuous improvement and risk management ○ Clinical governance report ○ Sub-committee reports. • General business • Next meeting • Close meeting 	<ul style="list-style-type: none"> • Management Committee members • Centre Manager • Guests Any Management Committee member who does not attend three (3) consecutive Management Committee meetings without providing a reasonable excuse can be expelled by a majority vote of the Management Committee	President	President and Centre Manager - circulated to Management Committee members at least 3 days prior to meeting	Secretary
Clinical Governance Meeting	Monthly	Review the areas of clinical governance and abuse: <ul style="list-style-type: none"> • Identify/address issues in clinical governance (eg adverse event reports related to care/practice, clinical reviews, clinical deterioration responses, clinical handover) and abuse • Determine and endorse clinical policy and practice • Identify improvements • Monitor progress in implementing 	<ul style="list-style-type: none"> • Centre Manager • Coordinators • Registered nurse • Medical practitioner 			Designated staff member – within 2 working days

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
		improvements <ul style="list-style-type: none"> Any other items 				
Centre Manager and Coordinators Meeting	Fortnightly or as determined by the Centre Manager for up to one hour or as required. Meetings are scheduled by the Centre Manager	Coordinators and Centre Manager discuss: <ul style="list-style-type: none"> Issues arising including any clinical issues raised by the Registered Nurse (with escalation to the GP if necessary) Progress in resolving previously identified issues Progress in implementing plans and improvements Achievement of contractual outcomes and status of budget Any other items 	<ul style="list-style-type: none"> Centre Manager Coordinators 	Centre Manager	Centre Manager and Coordinators	Delegated Coordinator - within 2 working days
HCP Service Management Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Centre Manager	<ul style="list-style-type: none"> Discussion of individual consumers as required Achievement of contractual outcomes and status of budget Issues arising Progress in resolving previously identified issues Progress in implementing plans and improvements 	<ul style="list-style-type: none"> Centre Manager Aged Care and Volunteer Coordinator Care Workers as required Administration as required 	Aged Care and Volunteer Coordinator	Aged Care and Volunteer Coordinator	Designated staff member – within 5 working days
Home Care Package Team Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Aged Care and Volunteer Coordinator	<ul style="list-style-type: none"> Communicate with Home Care Package team members Table any clinical issues or concerns (RN) and escalate to GP as necessary Case management issues Provide information on continuous improvement and risk management and seek feedback 	<ul style="list-style-type: none"> Aged Care and Volunteer Coordinator In-Home Care Workers Administration as required Centre Manager as required 	Aged Care and Volunteer Coordinator	Administration as required	Administration as required

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
		<ul style="list-style-type: none"> Inform on updates to practices and processes Other issues advised by the Centre Manager 				
Social Support – Individual Team Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Social Support Worker	<ul style="list-style-type: none"> Coordinate and plan activities Provide information on continuous improvement and risk management and seek feedback Inform on updates to practices and processes Other issues advised by the Aged Care and Volunteer Coordinator 	<ul style="list-style-type: none"> Social Support Worker Volunteers Aged Care and Volunteer Coordinator as required 	Social Support Worker	Social Support Worker	Social Support Worker or designated team member - within 5 working days
Whole of Aged Care Team Meeting	Six monthly for up to two hours or as required Meetings are scheduled by the Centre Manager and Aged Care and Volunteer Coordinator	<ul style="list-style-type: none"> Provide an opportunity for all staff to have input into the management of Chester Hill Neighbourhood Centre Inc. Achievement of contractual outcomes and status of budget Update on continuous improvement and risk management activities Update on implementation of plans Changes to practices, processes etc 	<ul style="list-style-type: none"> Centre Manager Coordinators Administration Care Workers Aged Care and Volunteer Coordinator 	Centre Manager or delegated team member	Centre Manager or delegated team member	Designated staff member - Within 5 working days
Improvement Committee Meeting	Monthly on the third Thursday of the month or as required	<ul style="list-style-type: none"> Agenda: Attendance Apologies Minutes of the last meeting Business from the last meeting including review of all open forms carried forward Review of new Occupational Health and Safety reports including: Staff Accident/Incidents, Adverse Events, Hazards, and identification of improvements Review of other new information including Tell Us What You Think, Consumer Complaints, 	<ul style="list-style-type: none"> Centre Manager Aged Care and Volunteer Coordinator Registered Nurse Care Workers – if applicable Administration – if applicable 	Delegated team member	Centre Manager or delegated team member	Designated staff member - within 5 working days

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
		<p>Survey/Audit Reports, and identification of improvements</p> <ul style="list-style-type: none"> Review of risk management – consideration of existing risks and new risks to consumers, staff and the organisation, clinical risks and improvements to reduce or control risks Other Business Next Meeting 				

Table 8.3.2: Management Reports

Report	From	To	Date Due	Content
Monthly Programme Reports – CHSP and Home Care Packages (See also 8.6.2 Monitoring Funding Requirements and Service Delivery)	Administration Team	<ul style="list-style-type: none"> • Social Support Worker - to include recommendations • Aged Care and Volunteer Coordinator – with recommendations 	Within 5 working days of end of each month	<ul style="list-style-type: none"> • Information on support delivered each month for YTD • Graphs showing achievements against contracted outputs each month for YTD • Income and expenditure budget based report for month and YTD and Balance Sheet • Analysis and recommended action • Continuous improvement reports including audit results
Monthly Consumer Care Coordination Report	Aged Care and Volunteer Coordinator	<ul style="list-style-type: none"> • Aged Care and Volunteer Coordinator – with recommendations 	Within 7 working days of end of each month	<ul style="list-style-type: none"> • No of HCP assessments completed and time taken • Number of consumers assessed as eligible and not eligible and reasons for not eligible • Number of reviews completed and time taken – HCP and CHSP • Number of My Aged Care referrals in the month • Number of active consumers in the month – HCP and CHSP • Number of consumers who ceased services HCP and CHSP
Monthly Aged Care and Volunteer Coordinators Report -completed by each Coordinator (See also 8.6.2 Monitoring Funding Requirements and Service Delivery)	Aged Care and Volunteer Coordinator	<ul style="list-style-type: none"> • Centre Manager - with recommendations 	Within 10 working days of end of each month	<ul style="list-style-type: none"> • Monthly Programme Reports and issues for follow up – with recommendations • Major events/activities during the month • Staff movements and issues • Service delivery issues (including clinical risks) • Progress on implementation of plans and

Report	From	To	Date Due	Content
				other agreed actions <ul style="list-style-type: none"> Continuous improvement data and activities including audit results and feedback Major events/activities planned for the next month Issues for consideration by the Centre Manager/Management Committee – with recommendations
Monthly Centre Manager's Report	Centre Manager	<ul style="list-style-type: none"> Management Committee – with recommendations 	Distributed to Management Committee Members 3 days prior to Management Committee meeting	<ul style="list-style-type: none"> Summary of Monthly Coordinator's Reports – with recommendations and highlighting issues requiring consideration by the Management Committee
Quarterly Programme Reports – CHSP and Home Care Packages (See also 8.6.2 Monitoring Funding Requirements and Service Delivery)	Administration Team	<ul style="list-style-type: none"> Administration – to include recommendations Aged Care and Volunteer Coordinator – with recommendations Centre Manager – with recommendations Management Committee – with recommendations 	Within 10 working days of end of quarter	<ul style="list-style-type: none"> Information on services delivered each month for quarter and YTD (based on MDS data) Graphs showing services delivered against contracted outputs each month for quarter and YTD Income and expenditure report for quarter and YTD and Balance Sheet Graphs showing expenditure against contracted budgets for quarter and YTD Analysis and recommended action

8.3.5 CORPORATE CALENDAR

The Centre Manager is responsible for maintaining a Corporate Calendar detailing:

- Meeting dates (see Table 8.3.1: Management Meetings)
- Management report dates (see Table 8.3.2 Management Reports)
- Funding report dates (see Table 8.6.1: Funding Provider Accountability Reports)
- Policy and procedures reviews (see also 8.11.2 Policies and Procedures/vi) Review of policies and procedures)
- Scheduled Audits
- Scheduled surveys
- Contract review dates
- Review of key documents (e.g. consumer handbook, Service Agreements).

The Centre Manager is responsible for ensuring the Corporate Calendar is maintained and planned events occur.

8.4 FINANCIAL MANAGEMENT

8.4.1 ROLES AND TASKS

i) Management Committee

The Management Committee is responsible for the financial management of Chester Hill Neighbourhood Centre Inc. including the establishment of financial policy and procedures and monitoring the financial management of the organisation.

ii) Treasurer

The Treasurer is responsible for ensuring that the financial policy and procedures set down by the Management Committee are followed and for monitoring our financial operations. This includes ascertaining on behalf of the Management Committee that financial reports and other information reflect the actual financial situation of Chester Hill Neighbourhood Centre Inc. To assist in this an external accountant is contracted to review and report to the Treasurer on the financial reports each quarter.

iii) Centre Manager

The Centre Manager is responsible for ensuring that the financial policy and procedures set down by the Management Committee are followed and that accurate monitoring information is provided to the Management Committee as required.

The Centre Manager is also responsible for the employment, and supervision of the Accounts Team who is responsible for the day-to-day financial.

iv) Coordinator

The Aged Care and Volunteer Coordinator is responsible for CHSP and Home Care Packages and for:

- Developing an annual program budget prior to June 30 each year
- Monitoring the budget on a monthly basis using the Monthly Program Reports and Quarterly Program Reports
- Identifying financial program issues and developing recommendations for review by the Centre Manager.

v) Administration team

The Administration team, with the assistance of Accounts, is responsible for:

- The management of consumer fees including the preparation of invoices, entry of payments and follow up on unpaid fees
- Banking of payments
- The preparation of financial reports
- Monitoring income and expenditure against the budget and the CHSP contract and advising the Aged Care and Volunteer Coordinator and Centre Manager of any issues
- Preparation of CHSP and Home Care Packages accountability reports for the Aged Care and Volunteer Coordinator and Centre Manager as per Table 8.6.1 Funding Provider Accountability Reports

8.4.2 FINANCIAL MANAGEMENT PRACTICES

The following practices apply to financial management in Chester Hill Neighbourhood Centre Inc.:

i) Accrual based accounting

The financial management system is based on accrual accounting principles.

ii) Bank accounts

- All bank accounts are maintained and require Management Committee approval to establish new accounts
- Separate bank accounts are maintained for Child Care and Home Care Packages funding source.

iii) Signatories

Up to three Management Committee members may be designated signatories to the accounts, which includes the Centre Manager and other staff as designated.

All cheques and EFTs under \$10,000.00 are signed or approved by a designated Management Committee member and the Centre Manager or other designated signatories.

iv) Budget

An annual budget is developed by the Aged Care and Volunteer Coordinator and presented to the Centre Manager and Treasurer for review. The Centre Manager and/or Treasurer present the budget to the Management Committee for endorsement prior to or in the first month of the financial year.

v) Books of accounts

Accounts are responsible for maintaining the books of accounts on MYOB, for processing all receipts and payments, for assisting the Centre Manager in the preparation of the annual budget and for preparing monthly, quarterly and annual financial reports.

vi) Reports

See Table 8.3.4: Management Reports and Table 8.6.1: Funding Provider Accountability Reports.

Reports are presented to the Management Committee by the Centre Manager and Treasurer who highlight any issues requiring Management Committee consideration.

vii) Income

All monies received are receipted

viii) Payments

All payments (except petty cash) are made by cheque, credit card or electronic transfer.

ix) Recurrent payments

Recurrent payments, where possible, are made electronically.

x) Supplier accounts

Wherever possible, accounts are established with suppliers and purchases charged to the accounts. Accounts are paid in full on receipt of the statement or invoice.

xi) Petty cash

- An imprest system of petty cash is used with a float of \$500.00
- All petty cash expenditure is backed up with a receipt
- Petty cash is balanced whenever it is topped up
- Petty cash expenses are recorded against relevant expenditure categories.

Accounts are responsible for the petty cash.

xii) Reconciliations and ATO reports

Monthly reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each month:

- The cheque account is reconciled
- The Instalment Activity Statement is completed and forwarded to the ATO.

Quarterly reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each quarter:

- The Business Activity Statement is completed and forwarded to the ATO
- Superannuation Guarantee contributions are reconciled and payments made.

End of year reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each year:

- Books of accounts are balanced and closed off
- Wages are reconciled and Payment Summaries completed and forwarded to staff and the ATO
- Audit reports are prepared as required.

xiii Audit

- An annual audit is undertaken each year by a qualified Auditor appointed by the Management Committee at the Annual General Meeting. The auditor reports to the Management Committee
- The Treasurer presents the audited report for the previous financial year to the Annual General Meeting
- A copy of the audit is forwarded to funding providers who may require it by September 30 each year.

8.4.3 DELEGATIONS OF FINANCIAL AUTHORITY

The roles and tasks of key personnel in Chester Hill Neighbourhood Centre Inc. are clarified in Table 1.4: Delegations of Financial Authority.

Table 8.4.1: Delegations of Financial Authority

Area	Management Committee Authority	Centre Manager's Authority
Recurrent Operating Expenditure	Approval of annual operating budget and variations to budget	Expenditure within annual operating budget. Additional items greater than \$2000.00 or a supply exceeding 12 months requires approval of the Management Committee
Capital Expenditure	Approval	All capital purchases are approved by the Management Committee
Employment of Consultants	Approval	In line with budget or minuted approval of Management Committee
Employment of External Contractors	Approval	In line with budget or minuted approval of Management Committee
Travel	Approval	In line with budget or minuted approval of Management Committee
Petty Cash	Approval of procedures	Approval of float
Approval of cheques, credit card use and EFTs	Approval of procedures	Approval if in line with budget Non-budgeted items over \$2,000. approval by Management Committee
Signing of Purchase Orders	Not applicable	Within approved budget. No Purchase Order to cover supply exceeding 12 months without Management Committee approval
Lease Agreements	Approval	Sign with Management Committee approval
Fees	Approval of policy on fee levels, exemptions and reductions	Implementation of policy and approval for exemptions and reductions as per policy
Funding Agreements	Sign funding agreements	Ensures compliance with funding/grant agreements and associated guidelines

8.4.4 APPLYING FOR FUNDS

The following applies to all applications for funding:

1. Applications are only made for programs or projects that are in line with Chester Hill Neighbourhood Centre Inc.'s current Strategic Plan and the objectives and priorities
2. All contact with the funding body is through the Centre Manager or Coordinators as decided by the Centre Manager
3. All applications are approved by the Management Committee and signed by the Centre Manager before submission.

8.5 CONSUMER FEES

8.5.1 FEES POLICY

CHSP fees policy¹⁵⁵

Overview

The following Fees Policy principles address the issues of access, equity, affordability, user rights and privacy and ensure that fees generated by the CHSP Programme are used efficiently and for the benefit of CHSP consumers:

4. Inability to pay is not used as a basis for refusing a service to people who are assessed as requiring a service.
5. Where consumers are receiving, or have received, compensation payments the full cost of the service is charged.
6. Consumers with similar levels of income and service usage patterns are charged equivalent fees for equivalent services.
7. Consumers with high and/or multiple service needs are not charged more than a specified maximum amount of fees in a given period, irrespective of actual amounts of services used.
8. Fees charged do not exceed the actual cost of service provision.
9. The fee charged for a service is all-inclusive and covers all material used in the delivery of the service.
10. Fee collection is administered efficiently, and the cost of administration is less than the income received from fees.
11. The revenue from fees is used to enhance and/or expand CHSP services.
12. Procedures for the determination of fees, including assessment criteria, are clearly documented (in these policies and procedures) and publicly available (on our website and in the Consumer Handbook).
13. Procedures for the determination and collection of fees consider the situation of special needs groups.
14. The Chester Hill Neighbourhood Centre Inc Fees Policy is provided to potential consumers on request and to current consumers on request and in the Consumer Handbook. The Schedule of Fees is also available on request and is provided to consumers at their commencement meeting and whenever fees are changed.
15. Assessment of a person's capacity to pay fees is as simple and unobtrusive as possible, with any information obtained treated confidentially.
16. We recognise that some consumers have a limited capacity to pay for support; however, the payment of a fee for service by consumers who have the capacity to pay is endorsed. People who are assessed as needing support are eligible to receive support, regardless of their capacity to pay. Consumers are informed of the fee reduction process in the Consumer Handbook.
17. Consumers and their advocates have the right of appeal against a given fee determination.

The relevant team members are responsible for monitoring fee and fee policy changes from CHSP, advising consumers of the revisions and for revising the information in this section of the Policies

¹⁵⁵ Based on the Australian Government Department of Health National Guide to the CHSP Consumer Contribution Framework Last updated 30 January 2018

and Procedures as per our procedures. (See 8.11.2 Policies and Procedures/Updating policies and procedures)

Exclusions from fees

Fees are not charged for information, advisory and advocacy services, carer support, assessment/review services and friendly visiting.

Fee schedule

Fees charged for support services are set in accordance with the CHSP fees policy above and are revised annually in March/April for the next financial year. Current fee levels are shown in our Fee Schedule (which is based on the Department of Health information).

Fee reductions

In assessing consumers' ability to pay for support the following applies:

- Consumers can nominate whether they wish to be considered for a fee reduction. Clear guidelines are included with the Fee Reduction Form to indicate the circumstances where a fee reduction might be appropriate
- To assist consumers, their general household circumstances are determined (whether they live alone, are part of a couple or family living together, live in a household of unrelated people or are in some other circumstance) and the consumer is given clear instructions about whose income is to be assessed (single, or couple)
- The relevant team member considers any exceptional and unavoidable expenses the consumer may have, such as high pharmaceutical expenses
- Income is assessed at service commencement to determine the consumer's ability to pay based on their individual circumstances
- Consumers are asked to advise us within 30 days of any significant changes in circumstances which may alter their status in relation to the payment/non-payment of fees
- In cases of hardship or where consumers request assistance, the fee can be waived. Consumers are advised and reassured that support will not be refused or withdrawn if they are unable to pay the fee
- Consumers are advised of the result of their application for a fee reduction within 15 working days from the date of lodgment and the relevant team member makes the decision.

(See also 8.5.3 Fee management/Consumer refusal to pay fees.)

8.5.2 HOME CARE PACKAGE FEES

Note: Information in this section applies to consumers that commenced their Home care Package after 1 July 2014. Information on pre-1 July 2014 arrangements is included in the HCP Operational Manual.¹⁵⁶

Chester Hill Neighbourhood Centre Inc complies with the Department of Health price transparency requirements.¹⁵⁷ We:

¹⁵⁶ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix A: Pre-1 July 2014 arrangements p100 (Click on link for latest version)

- Publish a pricing schedule and a full price list on My Aged Care (required by 1 July 2019)
- Do at least an annual review of our pricing schedule and full price list
- Keep our pricing information up to date.
- Include a copy of our pricing schedule in their home care agreements
- Charge consumers the prices in that schedule, unless otherwise agreed noting any different prices and the reason for the difference in their home care agreement
- Do not charge separate amounts for any business-related administration costs and
- Make sure any administration costs are reasonable.

Types of fees¹⁵⁸

There are three types of legislated fees we may ask a consumer to pay:

- The basic daily fee;
- An income-tested care fee; and
- Any other amounts they have agreed to pay for additional care and services.

Consumers are not required to pay home care fees more than one month in advance.¹⁵⁹

Basic daily fee

For the Basic Daily Fee, Chester Hill Neighbourhood Centre Inc follows the Department of Health Schedule of Fees and Charges for Residential and Home Care, that is updated twice per year. Rates for the basic daily fee are reviewed in March and September each year in line with changes to the Age Pension. The current rates are available in the [Schedule of Fees and Charges for Residential and Home Care](#). Fees are payable, and calculated daily, even on days a consumer does not receive a service. The Government subsidy and supplements are payable, and calculated, in the same way.

Income-tested care fee

The income-tested care fee is a contribution that consumers may be asked to pay to us if they can afford to do so, and is in addition to the basic daily fee. The fee is determined through an income assessment, which is conducted by Services Australia or DVA as applicable. We are still required to provide services to the full value of the package if we choose not to charge this fee or charge a lesser fee.

Consumers can complete an income assessment online at [Services Australia](#).

¹⁵⁷ Australian Government Department of Health website [Price Transparency for Home Care Packages](#) Accessed May 2020

¹⁵⁸ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 8.3 How do I determine the amount of a consumer's home care fees? p 49 (Click on link for latest version)

¹⁵⁹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Rights of consumers – Part 4.2 in the Aged Care Act 1997 p 110 (Click on link for latest version)

Any other amounts

If a consumer wishes to purchase additional services over and above those they could otherwise afford under the package, we agree with them a further amount for additional care and services to increase the value of the package.

These fees are part of the individualised package budget and are included in the Home Care Agreement as a statement of fees that are payable. We discuss any additional fees to be paid by the consumer before they commence services.

Compensation

Consumers are asked if they have a compensation entitlement. If they do, Services Australia is advised on the requisite form and the compensation is considered in the calculation of fees.¹⁶⁰

Supplements

Chester Hill Neighbourhood Centre Inc claims supplements for consumers who are eligible. These are added to the subsidy amount for the consumer and are part of the total package budget. An authorised Chester Hill Neighbourhood Centre Inc signatory must sign the dementia, oxygen and enteral feeding claim forms. Once a form is completed, the form and supporting evidence can be emailed to Services Australia at aged.care.liaison@humanservices.gov.au. Supplement funds can be used in the same ways as any other component of a package budget.

Available supplements for home care consumers include:

- Dementia and Cognition Supplement
- Veterans' Supplement
- Oxygen Supplement
- Enteral Feeding Supplement
- Viability Supplement
- Hardship Supplement.

Details of each supplement are provided in the Home Care Packages Program Operational Manual.¹⁶¹

Means not disclosed¹⁶²

New consumers are able to complete the income test form to help determine their aged care fees and accommodation costs before or after they commence a HCP; however, if they do not complete their income test form within 35 days of commencing services, which includes two reminders from the Department of Human Services, the consumer will be classified as "Means not disclosed" and asked to pay the maximum income tested care fee.

¹⁶⁰ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix C: Compensation payments (Click on link for latest version). The process for advising Services Australia and for the development of a budget are described

¹⁶¹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 8.2.2 Supplements p 47 (Click on link for latest version)

¹⁶² Australian Government Department of Health Email Advice [Means not Disclosed in Aged Care](#) 3 October 2018

Annual and lifetime caps¹⁶³

The Australian Government has developed fee caps so that there are annual and lifetime limits on the income tested care fee in home care. These are managed by Services Australia.

Once the annual cap is reached, the consumer is not asked to pay any more income-tested or means-tested care fees until the next anniversary of when they first started receiving aged care. Consumers still pay the basic daily fee.

Services Australia notifies us and the consumer once the cap has been reached. The Government pays the remaining income-tested care fees to us by way of increased subsidy after these caps have been reached.

Pricing schedule¹⁶⁴

Chester Hill Neighbourhood Centre Inc. publishes and maintains up to date pricing information in our Pricing Schedule (the Schedule) on the My Aged Care website.

The Schedule includes our nominated amounts for the following common home care services:

- Personal care
- Nursing
- Cleaning and household tasks
- Light gardening
- In-home respite.

The Schedule includes all business-related costs in the hourly rate of each service provided. We indicate in the Schedule if we charge a per kilometre cost for a care worker to travel to the consumer's location; or if we charge an extra amount if a consumer wishes to sub-contract and receive services through a different provider. We explain our approach to any separate cost; for example, if it is charged separately or included in the service price. Where prices may vary due to the subcontractors we use, we include the minimum and maximum price points.

We:

- Provide notice of our Pricing Schedule to My Aged Care before offering to enter into a Home Care Agreement with a consumer
- Review our pricing Schedule and price list at least every 12 months, and:
 - if there is to be a change, provide My Aged Care with an updated notice: This can be done by entering 'Confirm review of pricing information' in the My Aged Care Provider Portal
 - if there are no changes, provide My Aged Care with a written notice that we have reviewed the information: Update our price list on My Aged care. This will cause the 'last updated date' to update in the Department's systems and will be sufficient evidence that we have reviewed our price list.

¹⁶³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 8.3.4 Annual and lifetime caps p 51 (Click on link for latest version)

¹⁶⁴ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix B.1 What is the Pricing Schedule and what do providers need to do with it? p 104 and 15.3 What are my financial disclosure obligations? p 93 (Click on link for latest version)

The Schedule also includes information on our maximum exit amounts.

A printed version of the Pricing Schedule is included in the Home Care Agreement and a copy of the Schedule is provided to consumers when changes are implemented and agreed to by the consumers. If we need to charge a different amount to that included in the Home Care Agreement we discuss and agree this amount with the consumer and detail the different price and the reason in the Agreement.

As noted above, we review our Pricing Schedule annually and discuss with consumers any proposed changes. Consumer charges are revised with the agreement of the consumer with consideration to the consumer's ability to pay. Where charges are varied the Home Care Agreement is updated with a copy of the new agreed Pricing Schedule signed by Chester Hill Neighbourhood Centre Inc and the consumer or their representative.

We include a copy of the Pricing Schedule in the Home care Agreement and provide a website link for consumers and others to download the Pricing Schedule. Printed copies are also provided to consumers as required or on request.

Care management costs¹⁶⁵

Chester Hill Neighbourhood Centre Inc indicates the cost for care management services and our approach, in the pricing Schedule. This includes:

- Ensuring each consumer gets safe and effective personal care and/or clinical care
- Reviewing the Home Care Agreement and support plan
- Coordination and scheduling of services
- Ensuring the care is aligned with other supports
- Providing a point of contact for the consumer or their support network
- Ensuring care is culturally appropriate
- Identifying and addressing risks to the home care consumer's safety.

We ensure there is no overlap, over-servicing or mismanagement of services. We provide these services in different ways including face-to-face or via phone or email.

Administration costs¹⁶⁶

Administration costs include package management costs and other administration costs. Package management costs across each home care package level are included in the Pricing Schedule.

Package management is the ongoing organisational activities associated with ensuring the smooth delivery and management of a home care package. It includes the costs for preparing monthly statements; managing package funds; and compliance and quality assurance activities required for home care.

¹⁶⁵ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix B.2 How do the pricing changes affect care management? p 105 (Click on link for latest version)

¹⁶⁶ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix B: 3 How do the pricing changes affect the way administration costs can be charged? p 106 (Click on link for latest version)

Package management does not include costs that are unrelated to supporting a consumer's care or costs associated with running any business, such as marketing, office rent, insurance, or activities completed before a person enters into a Home Care Agreement.

Any other administrative costs that need to be recouped from a home care package, apart from package management, are included in the unit price for our care services. This ensures people can see the all-inclusive cost of delivering the service. We also ensure that we do not charge more than a reasonable amount for any administration-related costs.

Individualised budget¹⁶⁷

Chester Hill Neighbourhood Centre Inc gives to every HCP consumer a written individualised budget for the care and services detailed in their support plan. The budget is provided as soon as practicable after all the necessary information is available.

The budget states for the agreed budget period the amount of home care subsidy payable and the maximum amount of home care fees payable by the consumer and is developed in partnership with the consumer, and with consideration of the consumer's goals, assessed needs, preferences, resources available, and the services selected by the consumer.

Review of budget

The individualised budget is reviewed if:

- A change to the care and services is proposed, or
- The costs of providing the care and services change, or
- The consumer requests user to do so.

If the consumer requests the review, the review must be completed within 14 days of the request.

The consumer is provided with a copy of the new budget and assisted to understand it.

Monthly statement¹⁶⁸

Chester Hill Neighbourhood Centre Inc provides all HCP consumers with a written monthly statement of the available funds and the expenditure in respect of the home care provided to the consumer during the month. The statement is provided as soon as practicable after we have all the necessary information to complete it.

The monthly statement specifies for the month:

- The amount of home care subsidy paid or payable
- The total amount of home care fees paid or payable
- The total amount paid or payable by Chester Hill Neighbourhood Centre Inc in respect of the home care provided to the consumer

¹⁶⁷ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Rights of consumers – Part 4.2 in the Aged Care Act 1997 p 115 (Click on link for latest version)

¹⁶⁸ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Rights of consumers – Part 4.2 in the Aged Care Act 1997 p 117 (Click on link for latest version)

- An itemised list of the care and services provided to the consumer and the total amount paid or payable in relation to each kind of care or service
- The total amount of the accumulated unspent home care amount
- If, during the month, the transfer portion of the consumer's unspent home care amount was received by Chester Hill Neighbourhood Centre Inc, the amount that was received.

Assistance is provided to consumers to understand the monthly statements on request.

Unspent HCP funds

***What are unspent funds?*¹⁶⁹**

Unspent funds are the total amount of home care subsidy, supplements (if applicable) and home care fees paid to us that have not been spent or committed on a person's care. Unspent funds typically accumulate over time where the consumer's package funds have not been fully allocated within their package budget.

Requirements

The unspent home care amount is accumulated from 1 July 2015 (if applicable) and is calculated using the Department of Health example calculation.¹⁷⁰

We provide a regular monthly statement of income and expenditure to each Home Care Package consumer including the unspent home care amount and any transfer amounts¹⁷¹.

If a consumer leaves Chester Hill Neighbourhood Centre Inc:

- To move to another home care provider, the unspent home care amount (LESS any exit amount) is transferred to their new provider (See below Exit amount)
- To leave home care (e.g. they no longer wish to receive services, they enter residential care or die) the unspent home care amount (LESS any exit amount) is returned to them or their estate and to the Commonwealth as appropriate
- When a consumer has died and funds are to be returned to their estate we require a statement from the executor certifying that the funds will be included in the estate.

When making payment of a transfer amount to a consumer's new provider we give them a copy of the notice issued to the consumer on their cessation.

We provide written notice to the Secretary, in an approved form, within 70 days after a consumer's cessation day that specifies if there is a Commonwealth portion of the consumer's unspent home care amount, or if the Commonwealth portion of the consumer's unspent home care amount is nil.

¹⁶⁹ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 9.3 What are unspent funds and how do they affect choices about inclusions and exclusions? p 63 (Click on link for latest version)

¹⁷⁰ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix E: Unspent funds – worked examples p 130 (Click on link for latest version)

¹⁷¹ This applies to consumers who have transferred from another provider. Transfer portion = (Total of the Australian Government portion and the consumer portion). Consumer portion = Amount of consumer unspent fees LESS any home care fees not paid for services provided up to the day before the cessation date (note that any fees paid for the cessation date and after must be refunded separately – they are not part of the unspent funds).

Note: If the Commission finds we used package funds, including unspent funds, to pay for an excluded item, the Commission can issue Directions requiring us to comply with their responsibilities under the Act and Principles. This will include, at a minimum, repayment of any amounts that have been unlawfully charged against the budget¹⁷².

Active management of unspent funds¹⁷³

Chester Hill Neighbourhood Centre Inc actively manages unspent home care funds to avoid the accumulation of large amounts of funds that have to be returned to the consumer and/or the Commonwealth. Strategies for managing funds include:

- Developing a support plan/individualised budget that utilises most of the available funds to provide services to meet the needs of consumers, whilst accumulating manageable amounts for future events
- Implementing package upgrades without delay if the consumer accepts the upgrade
- Where consumers' needs are being fully met on a lower level interim package discuss with them the option to opt out of the national queue; explaining that they can always opt in again when their needs increase with their place being determined by the original approval date and priority.

Exit amount¹⁷⁴

Chester Hill Neighbourhood Centre Inc. do not currently charge an Exit amount.

Our maximum amount must be published on My Aged Care before it can be applied to consumers.

Fee management

Consumer refusal to pay fees

Consumers are sent reminders if they do not pay as arranged or if invoices are not paid in a timely manner. If a consumer is identified as being in arrears, without prior arrangement, the relevant team member contacts the consumer or their representative to discuss the matter. The consumer is advised that they can have an advocate with them for this meeting. A payment plan or other arrangements are made to assist the consumer to meet their responsibilities regarding fee payment. Consumer financial circumstances are reassessed at this time. If a consumer has not already done so, they are also referred to Services Australia to discuss their financial hardship if appropriate.

If, after consultation the consumer is considered able to pay their fees and refuses to pay, they are provided with a letter outlining the action to be taken by us. This can include cessation of services.

Appeals on fees

Consumers can advise the relevant Centre Manager that they wish to appeal a fee determination. The Centre Manager explores and documents the reasons for the appeal. Consumers are also

¹⁷² Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 9.2.3 Clinical services p 61

¹⁷³ Australian Government My Aged Care Actively Managing Unspent Funds

¹⁷⁴ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Rights of consumers – Part 4.2 in the Aged Care Act 1997 p 119 (Click on link for latest version)

encouraged to provide written information to support their appeal. The Centre Manager reviews the documentation and may meet with the consumer and/or their representative to discuss the appeal.

The Centre Manager may discuss the appeal with the CEO. The decision of the Centre Manager is final and is communicated to the consumer in writing within 30 days of the date of appeal. If the consumer or representative wishes to further appeal the decision, they may refer to the matter to an Independent Appeals Tribunal for decision. We will assist the consumer if necessary.

No consumer is disadvantaged or penalised as a result of lodging an appeal and, if appropriate, fees are reduced while the appeal is being considered. Consumers can also request assistance to lodge an appeal.

Paying fees

Statements are issued at the end of each month by Administration. The team also follows up on outstanding invoices in consultation with the Aged Care and Volunteer Coordinator.

Consumers can pay their contribution for services by cheque, cash, EFT or direct debit. If consumers choose to pay by direct debit, they are provided with a Direct Debit Form to complete.

The necessary information for fee payments is included in the Consumer Handbook.

Hardship assistance¹⁷⁵

If someone thinks they will face financial hardship when paying their aged care fees, they can apply to Services Australia for financial hardship assistance with their basic daily fee; and/or income-tested care fee.

Consumers experiencing financial hardship may be granted assistance with one, both or neither of these fees. If financial hardship assistance is granted, a hardship supplement will be paid to the provider in lieu of the basic daily fee and/or income-tested care fee.

8.5.3 RESIDENTIAL CARE FEES¹⁷⁶

Basic daily fee

This covers daily living costs such as meals, power and laundry and is paid by all consumers. The Department of Veterans' Affairs (DVA) will pay the basic daily fee for eligible former Prisoners of War (POW) and Victoria Cross (VC) recipients.

Means-tested care fee

Services Australia assesses the income and assets of the consumer and advises them of the fee payable. Eligible former POWs and VC recipients are exempt from paying a means-tested care fee.

¹⁷⁵ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) What do I do if a consumer is facing financial hardship? p 53 (Click on link for latest version). For more information on eligibility criteria and assessments for financial hardship go to this [link](#), or search "Hardship supplement for aged care" at www.health.gov.au

¹⁷⁶ The information in this section is taken from the publication: Australian Government Department of Health My Aged Care [Steps to Enter an Aged Care Home](#) Current as at June 2018

Accommodation costs

This is the accommodation portion of the fee. Eligible consumers will have it paid in full or in part by the Australian Government following a financial assessment by Services Australia (see below Consumer financial assessment)

Chester Hill Neighbourhood Centre Inc publishes our accommodation costs on the My Aged Care website in the aged care homes service finder.

Fees for extra and additional services

These apply to a higher standard of accommodation or additional services that are above the consumer's assessed care needs or the care and services that Chester Hill Neighbourhood Centre Inc must provide.

Consumer's care needs are assessed within four weeks of them moving into Chester Hill Neighbourhood Centre Inc using the Aged Care Funding Instrument (ACFI). The ACFI classification determines the services that must be provided by Chester Hill Neighbourhood Centre Inc. Additional services are provided at a cost agreed to by the consumer.

Fees are calculated daily with charges levied monthly.

Consumer financial assessment

Consumers are assessed by Services Australia to determine if they are eligible for government assistance with accommodation costs and if they need to pay a means-tested care fee. Assessments are undertaken by Services Australia, except for eligible members of the veteran community whose assessment may be undertaken by the DVA.

Consumers need to complete the Permanent Residential Aged Care Request for a Combined Assets and Income Assessment (SA457) form available from Services Australia.

Services Australia advises consumers if they have to pay an accommodation cost and the amount of any subsidy.

Regardless of whether consumers have to pay an accommodation cost everyone entering an aged care home needs to agree a room price in writing up to the maximum published room price on My Aged Care. The room price must be included in the accommodation agreement given to the consumer before they move in.

Consumers who are required to pay an accommodation contribution have 28 days from the day they move in to decide on their payment method. They can choose to pay the accommodation costs by:

- A lump-sum 'refundable accommodation deposit' (RAD) or 'refundable accommodation contribution' (RAC)
- Rental-style payments called a 'daily accommodation payment' (DAP) or 'daily accommodation contribution' (DAC)
- A combination of both lump-sum and rental-style payments (RAD and DAP or RAC and DAC).

Consumers must pay their accommodation costs by the rental-style payment method until they decide how they want to pay for the accommodation.

Consumers who do not complete an income and assets assessment won't be eligible for government assistance with their accommodation and care costs and can be asked to pay the

maximum means-tested care fee and an accommodation payment (up to their maximum published room price).

Fee notification letter

Consumers who get a financial assessment before moving into an aged care home will receive a letter about the maximum fees they can be asked to pay. The advice will be valid for 120 days – unless there is a significant change in their circumstances. If there is a change in their circumstances, they will need to notify Services Australia or DVA who will reissue their fee advice letter.

When a consumer has moved into Chester Hill Neighbourhood Centre Inc, Services Australia will send them and us a letter outlining the maximum fees the consumer may be asked to pay.

Services Australia advises Chester Hill Neighbourhood Centre Inc by letter each time there is a significant change to a consumer's means-tested care fee or accommodation contribution.

Residential respite care costs

Consumers accessing residential respite care through Chester Hill Neighbourhood Centre Inc do not pay any accommodation costs or means-tested care fees. They do pay a basic daily fee and a booking fee, which is a pre-payment of residential respite care fees and not an extra payment.

DVA may pay the basic daily fee for eligible veterans and war widows/widowers. The booking fee cannot be more than either a full week's basic daily fee, or 25% of the fee for the entire stay, depending on which amount is the lowest.

Respite consumers may also be asked to pay for extra or additional care and services.

Financial hardship assistance

Consumers having difficulty paying their care and accommodation costs for reasons beyond their control may be able to access financial hardship assistance. Applications are made to Services Australia.¹⁷⁷

Annual and lifetime caps

The Australian Government has developed fee caps so that there are annual and lifetime limits on the income tested care fee in residential care. These are managed by Services Australia.

Once the annual cap is reached, the consumer is not asked to pay any more income-tested or means-tested care fees until the next anniversary of when they first started receiving aged care. Consumers still pay the basic daily fee.

Services Australia notifies us and the consumer once the cap has been reached. The Government pays the remaining income-tested care fees to us by way of increased subsidy after these caps have been reached.

¹⁷⁷ Australian Government My Aged Care [Financial Hardship Assistance](#) Website Accessed May 2020

8.6 FUNDING REPORTS AND MONITORING

8.6.1 FUNDING PROVIDER ACCOUNTABILITY REPORTS

The funding reports to be completed as a condition of funding grants are shown in Table 8.6.1: Funding Provider Accountability Reports.

The Centre Manager and Aged Care and Volunteer Coordinator are responsible for ensuring the reports are prepared as required and are reviewed and signed off by the designated positions prior to forwarding to the funding provider.

The DSS Grant Agreement also requires a Performance/Service Delivery Report. As our consumer and service delivery information is maintained on the Consumer Management System this information is provided electronically.

8.6.2 MONITORING FUNDING REQUIREMENTS AND SERVICE DELIVERY

In addition to the provision of reports required by funding providers, Chester Hill Neighbourhood Centre Inc. ensure that the contractual requirements of funding/grant agreements are being met through a range of meetings and reports (see Table 8.3.1 Management Meetings and Table 8.3.2 Management Reports).

In addition, corporate governance processes and systems are regularly audited as part of our audit programme to ensure that they are effectively implemented. (See 8.9.7 Other Continuous Improvement Information Sources/v) Policies and procedures reviews.)

The Aged Care and Volunteer Coordinator is responsible for monitoring the delivery of CHSP and Home Care Packages services against the contracted outputs and income and expenditure against the funding budgets. Administration and Accounts are responsible for preparing reports, having them signed and forwarding them to the funding providers. The Centre Manager and Management Committee review reports to ensure compliance with requirements. (See Table 8.6.1: Funding Provider Accountability Reports.)

8.6.3 FUNDING PROVIDER ACKNOWLEDGEMENT

Chester Hill Neighbourhood Centre Inc. acknowledges the support of the Department of Health in all material published in connection with the Grant Agreement.¹⁷⁸

¹⁷⁸ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 p 87

Table 8.6.1: Funding Provider Accountability Reports

Report	Content	Preparation	Date Due
CHSP Financial Acquittal Report¹⁷⁹	<ul style="list-style-type: none"> A report which facilitates acquittal of funds expended, providing assurance and evidence that public funds have been spent for their intended purpose Refer to the Grant Agreement clause 5 and Schedule Item E.4 for the type of financial report required 	<ul style="list-style-type: none"> Accounts assisted by Administration and Centre Manager and Aged Care and Volunteer Coordinator forwarded to National Data Repository 	Due annually – by 31 October – as specified in E4 of the Grant Agreement
CHSP Performance Report (for service delivery) via Data Exchange	<ul style="list-style-type: none"> Consumer level data, service delivery information and outcomes reported via the Data Exchange data collection system. Refer to the Grant Agreement clause 5 and Schedule Item E.1. 	<ul style="list-style-type: none"> Accounts assisted by Administration and Aged Care and Volunteer Coordinator Review by Centre Manager Presentation to Management Committee for review and certification submitted to the Department 	1 July to 31 December data due by 30 January 1 January to 30 June data due by 30 July
CHSP Activity Work Plan	<ul style="list-style-type: none"> Refer to the Grant Agreement clause 5 and Schedule Item E.2. 	<ul style="list-style-type: none"> Administration and Aged Care and Volunteer Coordinator Review by Centre Manager submitted to the Department 	Refer to the Grant Agreement clause 5 and Schedule Item E.2.
CHSP Wellness Report	<ul style="list-style-type: none"> A report on embedding wellness and reablement approaches to service delivery To assist the department to better understand how wellness approaches to service delivery are being implemented by individual CHSP service providers and whether there are any specific gaps in understanding¹⁸⁰ 	<ul style="list-style-type: none"> Aged Care and Volunteer Coordinator Centre Manager 	Annually – by 31 October. First report 2018

¹⁷⁹ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 5.2 Funding pp 83-84

¹⁸⁰ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 30 2.6 Service Provider Responsibilities p 30 specifies: "CHSP service providers should develop an implementation plan outlining their service's approach to embedding wellness in service delivery. The implementation plan should be commensurate with the overall size of the organisation and the types of CHSP services delivered."

Report	Content	Preparation	Date Due
Data on CHSP consumers that are not registered with My Aged Care¹⁸¹	<ul style="list-style-type: none"> All CHSP funded services are to provide data to the Department on all existing CHSP consumers that are not registered with My Aged Care 	<ul style="list-style-type: none"> Aged Care and Volunteer Coordinator submits to the Department via a mechanism to be determined by the Department 	A timeframe is to be determined by the Department
Aged Care Workforce Census CHSP and HCP Providers	<ul style="list-style-type: none"> Information on employees 	<ul style="list-style-type: none"> Administration and Aged Care and Volunteer Coordinator Review by Centre Manager submitted to the Department 	As requested by DSS
HCP Aged Care Financial Report (ACFR)¹⁸²	<ul style="list-style-type: none"> HCP service providers to complete the home care section 	<ul style="list-style-type: none"> Administration and Aged Care and Volunteer Coordinator Review by Centre Manager submitted to the Department 	Due annually – by 31 October
HCP DHS Quarterly Review Process	<ul style="list-style-type: none"> Aligns fees with care needs and previously applied fees, adjusts for indexation and adjusts subsidies 	<ul style="list-style-type: none"> Conducted by DHS – no preparation required. May be required to forward letter to consumer and adjust fees paid 	Quarterly

¹⁸¹ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 Existing Consumers Not Registered on My Aged Care – Reporting p 93

¹⁸² Australian Government Department of Health [Changes to Financial Reporting Arrangements for Residential and Home Care Providers](#) 26 May 2017

8.7 PLANNING

8.7.1 CONSUMERS AS PARTNERS

The focus of service planning is to develop and deliver the very best services that meet the needs and preferences of consumers whilst being efficient and effective. To achieve this, consumers are welcomed as partners and are encouraged and supported to express their views and opinions about Chester Hill Neighbourhood Centre Inc. and the care and services it provides.

Consumers are involved in the planning process directly through a consumer input meeting and indirectly through ongoing consultation and input through assessment and support planning processes (see 2.3 Assessment and Planning) and through continuous improvement activities (see 8.9 Continuous Improvement).

8.7.2 ANNUAL REPORT

The Centre Manager is responsible for compiling an Annual Report in August/September of each year in consultation with the Coordinators, Administration Team and other senior staff. In addition to general information about Chester Hill Neighbourhood Centre Inc., the report includes:

18. The services delivered for the year
19. The number of individual consumers who received services
20. The number of consumers who stopped receiving services in the year
21. Requests for assistance not met and reasons for refusal of service
22. The contracted outputs for the year and the variation between the services delivered and the contracted outputs
23. The age, sex and ethnicity of the consumers
24. Rate of population change for people aged over 65 (available from the Australian Bureau of Statistics)
25. Service delivery issues in the last year
26. Major improvements implemented in the last year
27. Planned improvements for the coming year
28. Achievements against key result areas (see 8.2.9 Key Result Areas).

The Annual Report is provided to the Centre Manager for review and the Management Committee for approval. The report is also presented at our Planning Day (see 8.7.6 Annual Planning Day).

8.7.3 IMPROVEMENT PLAN AND STRATEGIC PLAN

Chester Hill Neighbourhood Centre Inc. maintains an Improvement Plan that details all significant improvements in the operations of the home care programs and a Strategic Plan covering major longer-term directions and changes. Chester Hill Neighbourhood Centre Inc. incorporates into these plans processes to ensure service continuity in line with the Aged Care Funding Agreement and the Commonwealth Home Support Programme. Further details are provided in the table below.

8.7.4 THE PLANNING PROCESS

The planning process involves:

Table 8.7.1 Chester Hill Neighbourhood Centre Inc. Planning Process

Planning Activity	Notes	When
<ul style="list-style-type: none"> Continuous improvement activities 	See 8.9: Continuous Improvement. These activities assist in identifying improvements and feed into the Improvement Plan	Ongoing
<ul style="list-style-type: none"> Risk management activities 	See 8.10: Risk Management. These activities assist in identifying improvements and feed into the Improvement Plan	Ongoing
<ul style="list-style-type: none"> Annual planning meeting with consumers 	See 8.7.5 Annual Planning Meeting Consumers	August
<ul style="list-style-type: none"> Annual planning day with staff and management (including consumer representative/s) 	See 8.7.6 Annual Planning Day. Outcomes from the planning day feed into the Improvement Plan and the Strategic Plan	September
<ul style="list-style-type: none"> Review and development of the Improvement Plan 	The Improvement Plan includes strategies for improving Chester Hill Neighbourhood Centre Inc. for the next 12 months and is updated on an ongoing basis. The Improvement Plan feeds into the Strategic Plan	September and Ongoing
<ul style="list-style-type: none"> Review and development of the Strategic Plan 	Includes high level plans for the next 3 years. As plans are implemented they are recorded in the Improvement Plan	September
<ul style="list-style-type: none"> Aged Care Quality Standards Quality Review process 	The Quality Review identifies improvements required to meet the Standards and opportunities for improvement. These feed into the Improvement Plan	Between 1 and 3 yearly
<ul style="list-style-type: none"> Ongoing implementation and monitoring of progress in implementing Improvement Plan 	Reported in Monthly Coordinator Reports (See Table 8.3.2 Management Reports)	Monthly
<ul style="list-style-type: none"> Submission of Improvement Plan to the Quality Review Team 	The Improvement Plan is submitted as required depending on the outcome of the 3 yearly Quality Review	As required

8.7.5 ANNUAL PLANNING MEETING CONSUMERS

An annual planning meeting is held with consumers in August prior to the Annual Planning Day. The meeting is facilitated by a staff person or another person with appropriate expertise. The purpose of the meeting is to explore with consumers what they like and do not like about Chester Hill Neighbourhood Centre Inc. and what changes/improvements they would like to see. This information is fed into the Annual Planning Day. (For details on the partnership in assessment and support planning see 2.3.2 Partnering with Consumers).

8.7.6 ANNUAL PLANNING DAY

The purpose of the planning day is to bring consumer representative/s, the staff and management, and Management Committee members, together to review operations in the light of consumer data, financial data, continuous improvement information, risk management information and issues facing the service.

Ideas from staff and management and from the review of information are used to add to the Improvement Plan and to identify longer term goals for inclusion in the Strategic Plan. The Strategic Plan is the longer-term direction for Chester Hill Neighbourhood Centre Inc. and spans the next three years.

i) Planning day process

The Centre Manager in consultation with senior staff and the Administration Team prepare the information presented at the planning day. The agenda for the planning day includes the following:

29. Review service data

Service data for the previous 12 months is reviewed to check the delivery of services against the contracted outputs. Service data is taken from the Annual Report that is compiled by the Centre Manager each year (see 8.7.2 Annual Report)

30. Review demographic data

Review community demographic data to identify if all groups in the community are accessing services and if not, why not.

31. Review future needs

Review demographic data on the age of the population and on future projections to see if key age groups are likely to increase or decrease over the next few years

32. Review continuous improvement data

Review feedback from consumers including the Annual Planning Meeting, staff, volunteers and any other stakeholders to identify improvements

33. Review risk management information

Feedback from risk management activities is reviewed to identify areas where improvements can be made

34. Review previous plans

Explore plans not yet implemented from the previous year to identify which of these remain a priority

35. From the information presented, strategies and priorities for the year ahead are identified along with barriers to implementing plans

36. Longer term major plans are included in the Strategic Plan and shorter-term improvements (within the next year) are included in the Improvement Plan

37. Items in the Strategic Plan and the Improvement Plan are reviewed - what can be combined; what can be removed; what are the most important priorities?

38. Identify a start and finish date against each priority

39. The Strategic Plan and Improvement Plan are presented to the next Management Committee meeting for review, revision and endorsement.

8.7.7 IMPLEMENTING THE PLANS

The Improvement Committee is responsible for developing detailed action plans for each of the priorities in the Improvement Plan. The Centre Manager and the Coordinators are responsible for

developing broad strategies for the implementation of the Strategic Plan. When strategic plans are being implemented they are recorded in the Improvement Plan.

The Centre Manager ensures plans are implemented and monitors the progress of tasks. The Centre Manager reports on progress to the Management Committee at monthly Management Committee meetings.

8.8 REGULATORY COMPLIANCE

8.8.1 IDENTIFY RELEVANT REQUIREMENTS

The Centre Manager of Chester Hill Neighbourhood Centre Inc. is responsible for ensuring that service delivery complies with funded program guidelines, legislation, regulatory requirements and professional standards.

Relevant requirements are identified through:

- The internet
- Aged & Community Services Australia (ACSA)
- Subscription to the Chamber of Commerce and Industry (CCI)
- Notices and advice from the Department of Health, The Aged Care Quality and Safety Commission, My Aged Care, Services Australia, The Office of the Information Commissioner, ASIC and other relevant government departments
- Networking with other providers (see 1.4.4 Inclusion in Community/iv) Chester Hill Neighbourhood Centre Inc. community involvement).

Key legislation, regulations and other requirements include (but are not limited to):

- The Commonwealth Home Support Programme Guidelines July 2018
- Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) (Click on link for latest version)
- Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2020-2022
- The Commonwealth Home Support Programme Living Well at Home CHSP Good Practice Guide 2020
- The CHSP and HCP Grant Agreements (utilise the DSS Comprehensive Grant Agreement 2014)
- Aged Care Quality Standards 2018
- Aged Care Sector Statement of Principles 2015
- Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2019
- Australian Government Department of Health Charter of Rights and Responsibilities for Home Care (Effective 27 February 2017).
- Carers Recognition Act 2004

- Aged Care Act 1997 and Principles including¹⁸³:
 - Accountability Principles 2014
 - Approval of Care Recipients Principles 2014
 - Approved Provider Principles 2014
 - Committee Principles 2014
 - Information Principles 2014
 - Quality of Care Principles 2014 (Containing the Aged Care Quality Standards)
 - Records Principles 2014
 - Sanctions Principles 2014
 - Subsidy Principles 2014
 - User Rights Principles 2014 (Containing the Charter of Aged Care Rights).
- Aged Care (Subsidy, Fees and Payments) Determination 2014
- Aged Care Quality and Safety Commission Act 2018
- Aged Care Quality and Safety Commission Rules 2018
- Specific funding requirements detailed in contracts with funders including
- Competition and Consumer Act 2010
- WA Associations Incorporation Act 2015
- Work Health and Safety Act 2011
- Legislation governing the employment of staff and volunteers including: Fair Work Act 2009; relevant staff awards; work health and safety (including the Model Work Health and Safety (WHS) Act (where appropriate to states and territories); income tax; superannuation; equal employment opportunity; anti-discrimination, workers compensation and injury management
- Privacy Act 1988
- Nurses and Midwives Act 2006
- Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016
- Fire and Emergency Regulations
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019
- Food Standards Australia New Zealand Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons

8.8.2 MONITORING CHANGES TO LEGISLATION

The Centre Manager of Chester Hill Neighbourhood Centre Inc. is responsible for keeping abreast of any changes in legislative and regulatory requirements. Changes are monitored through:

- Review of the ACSA newsletter noting any information advising of changes to requirements
- Review of newsletters and notices from the Chamber of Commerce and Industry

¹⁸³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 2.5 What governs the Home Care Packages Program? P 12 (Click on link for latest version). Note: Information regarding pre-1 July 2014 provisions are in Appendix A of this reference

- Advice from Management Committee members
- Noting changes advised by any other government or statutory authorities such as the Department of Health and the Department of Human Services
- Accessing relevant information on the Internet.

When information advising of legislative changes is received, it is reviewed by the Centre Manager to identify if there are any implications for Chester Hill Neighbourhood Centre Inc.. If any immediate action is required the Centre Manager, in consultation with a designated Management Committee member, ensures that it is carried out. The following process then applies:

- Information on required changes, the implications for Chester Hill Neighbourhood Centre Inc. and draft changes to the Policies and Procedures Manual are documented by the Centre Manager in consultation with the Coordinators
- The Centre Manager decides if the changes need Management Committee approval and submits them to the next Management Committee meeting as necessary (Management Committee approval is required if changes involve new practices and new policies and procedures)
- The Management Committee's decision is discussed with the Centre Manager at the Management Committee meeting and recorded in the minutes
- The Centre Manager ensures implementation of the required changes.

8.8.3 IMPLEMENT CHANGES

The following steps apply, as necessary, in implementing regulatory/legislative changes in Chester Hill Neighbourhood Centre Inc.:

- The Policies and Procedures Manual is updated as per the process in 8.11.2/iii) Updating the Policies and Procedures
- Forms are updated as required
- Staff are notified of relevant changes through:
 - Staff meetings
 - Notices, memos/emails and/or
 - Education and training (and recorded in the training system)
- Other stakeholders such as consumers, referrers or suppliers are informed through a range of strategies including (as relevant):
 - Discussions/meetings
 - Newsletters and/or
 - Notices, memos/emails
- Changes are recorded as an improvement (see 8.9 Continuous Improvement)
- Changes are recorded in the Regulatory Compliance Register.

Appropriate policies and procedures to reflect legislative requirements (e.g. Work Health & Safety, Equal Employment Opportunity, Superannuation, Privacy, Insurances, Food Safety, police checks etc) are included in relevant sections of this Policies and Procedures Manual.

Processes are developed to support the implementation of requirements and are reflected in the Policies and Procedures Manual. Examples of processes include:

- All staff and volunteers have a current National Police Certificate that is updated every three years (see 7.3.10/ii) Police check)
- Work health and safety considerations are part of our risk management strategies for staff and include annual (and as required) assessments and re-assessments of staff work environments (see 8.10 Risk Management)
- Privacy and confidentiality is maintained through processes described in policies and procedures (see 8.11.7 Information Technology and 1.6 Privacy and Confidentiality)
- We have a maintenance program that ensures that all (non-office) electrical equipment (including items such as Residual Current Devices¹⁸⁴ and hoists) is checked and tagged by a qualified electrician annually
- If sharps (e.g. needles) are required to be handled by staff, a sharps container is used in the consumer's home or our centres, as required.

8.8.4 MONITOR AND EVALUATE CHANGES

When changes to practices and processes are implemented in response to legislative and regulatory requirements, the Centre Manager (in consultation with the Coordinators) monitors and evaluates them to ensure that the requirements have been implemented and that there are no unintended consequences.

The Improvement Plan is updated with the implementation of changes and details the results of the evaluation following implementation of changes (see 8.9: Continuous Improvement).

¹⁸⁴ Code of Practice – Managing Electrical Risks in the Workplace 2019. Regulation 3.60 of the OSH regulations require that all RCDs be kept in a safe working condition and tested regularly:

8.9 CONTINUOUS IMPROVEMENT

8.9.1 OVERVIEW

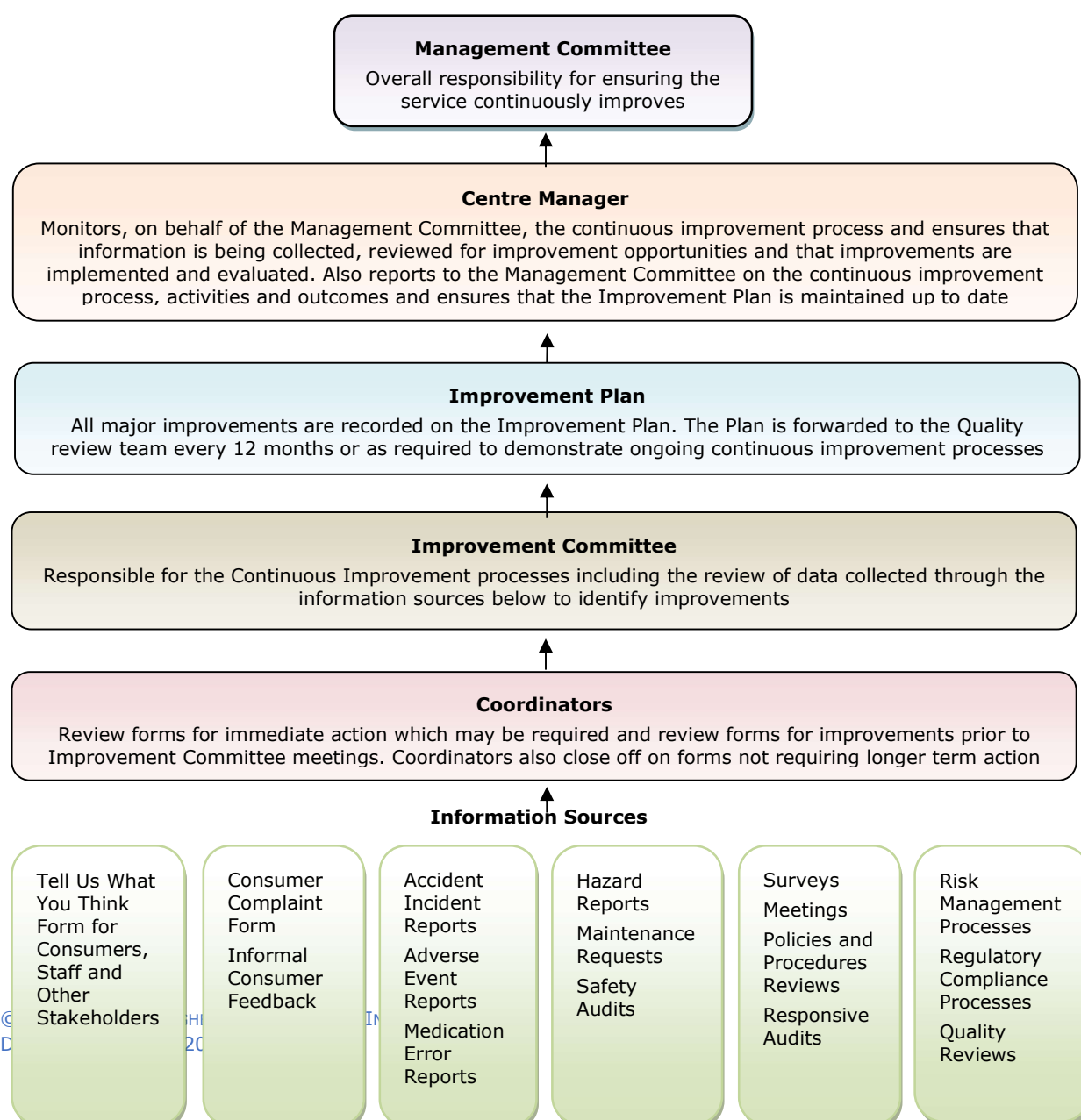
Chester Hill Neighbourhood Centre Inc. is committed to continuously improving all aspects of its operations with the aim of delivering improved services to consumers.

Our continuous improvement process is based on partnerships with, and ongoing feedback from:

- Consumers (and representatives)
- Staff
- Management and
- Other stakeholders including funders, other service providers and community organisations.

The continuous improvement process, the roles of the Management Committee and key staff and the range of information sources is shown in Figure 8.9.1 Continuous Improvement Information Management Process.

Figure 8.9.1: Continuous Improvement Information Management Process



8.9.2 THE IMPROVEMENT COMMITTEE

i) Role of improvement committee

We have established an Improvement Committee to oversee the continuous improvement process. The Committee is responsible for:

- Implementing the continuous improvement processes
- The review of data to identify improvements
- The implementation of improvements
- Maintaining the Improvement Plan up to date (see 8.9.4 Improvement Plan)
- The evaluation of improvements
- Informing key stakeholders of improvements
- Identifying improvements to the continuous improvement processes.

ii) Improvement committee membership

The Committee includes:

- The Centre Manager
- The Coordinators
- The Registered Nurse
- Aged Care and Volunteer Coordinator
- A Care Worker

iii) Improvement committee meetings

(See Table 8.3.1: Management Meetings.)

iv) Improvement committee agenda

(See Table 8.3.1: Management Meetings.)

8.9.3 CONTINUOUS IMPROVEMENT AND RISK MANAGEMENT

Chester Hill Neighbourhood Centre Inc. has integrated risk management into the continuous improvement process by:

- Delegating responsibility for risk management oversight to the Improvement Committee
- Including the identification and discussion of risks (including clinical risks) on the agenda for the Improvement Committee
- Delegating responsibility to the Improvement Committee for developing, maintaining and reviewing the Risk Management Plans

- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan.

Our risk management processes are described in detail in 8.10 Risk Management.

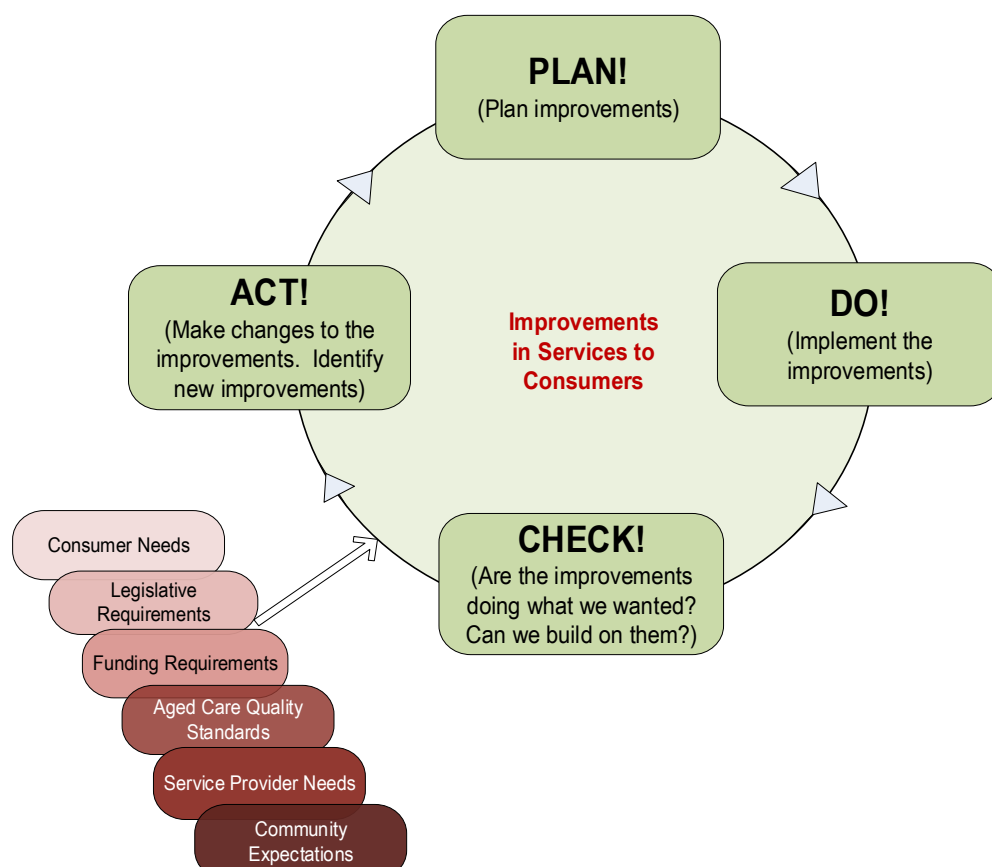
8.9.4 IMPROVEMENT PLAN

See 8.7.3 Improvement Plan and Strategic Plan.

8.9.5 IMPROVEMENT PROCESS

The improvement process used by Chester Hill Neighbourhood Centre Inc. reflects the Plan, Do, Check, Act model shown in Figure 8.9.2: Plan Do Check Act Improvement Cycle.

Figure 8.9.2: Plan Do Check Act Improvement Cycle



These steps are further described below.

i) Plan

- Clarify issues or problems
- Collect and review data or other information related to the issues or problems

- Identify the causes of the issue or problem
- Clearly identify improvements that can be made
- Clarify the outcomes for improvements
- Develop strategies to implement improvements – consider stakeholders – consider strategies to get management support
- Identify how to measure the success of the improvement and identify how to collect the data
- Identify key tasks.

ii) Do

- Gain approval for improvements
- Implement the improvements – assign key tasks
- Monitor the implementation – make sure key tasks are completed
- Collect data on improvements.

iii) Check

- Did the improvement work? If not, why not?
- Were there any unintended consequences?
- Collect ongoing data on the operations of Chester Hill Neighbourhood Centre Inc. - e.g. consumer feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – what does this tell us about the improvements?

iv) Act

- Consider improvements – do they suggest other improvements – e.g. staff training, review of procedures, changes to organisation operations?
- Share evaluation feedback with relevant stakeholders
- If improvements did not work what do we need to do?
- If there were unintended consequences to improvements - do we need to do anything about them?
- Consider new data – e.g. consumer feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – does it suggest improvements?
- Look for things to improve – look at problems and consider solutions.

We are committed to ongoing improvement and it is built into the organisation's culture and practices. This ensures the organisation continues to change and adapt to the needs of its consumers, funders and the wider community.

8.9.6 CONTINUOUS IMPROVEMENT FORMS

The continuous improvement forms are described below. A file is kept for each type of continuous improvement form. Within each file there are two tabs: 'open' and 'closed' where open and closed out forms are stored. These are archived every year to reduce the bulk of the files.

All forms, once reviewed and action taken, are processed as per 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.

i) Tell us what you think form

Feedback, both positive and negative, is actively sought from consumers, staff, management and other people using a Tell Us What You Think form. Staff and consumers are encouraged to provide feedback through meetings, newsletters and day to day contact.

Forms are provided to consumers at the commencement meeting and monitoring visits, at the centre and their use is promoted in our Newsletter. Forms are also included in the support plan home folder and staff also have forms that they can provide to consumers (see also 8.9.7 Other Continuous Improvement Information Sources/i) Informal consumer feedback).

Completed forms are forwarded to the appropriate Coordinator for any immediate action required. The Centre Manager's advice may be sought.

ii) Consumer complaint form

The Consumer Complaint Form is used for more formal complaints or when negative feedback involves a significant issue that requires detailed documentation and action. Staff may complete the form for the consumer or may provide a form to them or their representative. If consumers write a letter or telephone their complaint, staff complete a Consumer Complaint Form on their behalf.

Completed Consumer Complaint Forms are forwarded to the appropriate Coordinator who reviews and investigates the complaint in line with the procedures specified in Section 6 Feedback and Complaints. The Coordinator and Centre Manager are informed of all complaints.

The confidentiality of complaints is maintained as per the principles of the Privacy Act. (See 1.6.2 Confidentiality of Complaints and Disputes.)

iii) Staff accident incident report

The Staff Accident Incident Report is used to report accidents or incidents that affect staff or volunteers. Forms are filled out immediately after the accident or incident and are forwarded to the appropriate Coordinator as soon as possible.

The Coordinator reviews the form making sure it is correctly completed and that any required action is taken, including medical attention, control of hazards and the completion of a Workers Compensation report. The Coordinator investigates the accident/incident as per the form.

iv) Adverse event report

The Adverse Event Report is used to report accidents or incidents that affect consumers or visitors.

Forms are filled out immediately after the adverse event and are forwarded to the appropriate Coordinator as soon as possible.

The Coordinator reviews the form making sure it is correctly completed and that any required action is taken, including medical attention or the control of hazards, and investigates the adverse event as per the form. Referral to the Registered Nurse if the issue is clinical in nature. The RN may seek the advice of the consumer's GP in investigating and seeking solutions or improvements. If there has been an error in care or services, the consumer, their family and carers are provided with information about what happened in a timely, open and honest manner as per the open disclosure principles in Section 6 Feedback and Complaints.

v) Hazard report

Hazard Reports are used to report areas of risk or potential risk to consumers, staff or other people in our work places, consumer's homes and external venues.

Completed Hazard Reports are forwarded to the appropriate Coordinator who arranges for immediate control of the hazard and for any further action such as repairs and maintenance, new equipment etc. (See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

vi) Medication error report

The Medication Error Report is used to report any mishap or incident related to consumer medication.

Reports are forwarded to the appropriate Coordinator who carries out any immediate action required and investigates the incident. If there has been an error in care or services, the consumer, their family and carers are provided with information about what happened in a timely, open and honest manner as per the open disclosure principles in Section 6 Feedback and Complaints.

vii) Maintenance request

Maintenance Request forms are used to report items requiring maintenance that are not an immediate hazard.

Completed Reports are forwarded to the Centre Manager who arranges the maintenance.

viii) Survey audit report

A Survey Audit Report is completed by the individual conducting the survey/audit or delegate for every survey or audit and records a summary of the results and any action required or improvements that can be made.

8.9.7 OTHER CONTINUOUS IMPROVEMENT INFORMATION SOURCES

i) Informal consumer feedback

In addition to Tell Us What You Think forms and consumer surveys staff record consumer informal feedback or comments regarding service delivery. These are recorded on a Tell Us What You Think form and processed as per the procedures (see 8.9.6/i) Tell Us What You Think Form). Consumer names are not reported.

ii) Consumer meetings

Regular morning tea meetings (at least quarterly) are held with selected consumers to provide an opportunity for them to provide their opinions and ideas for improving services and care delivered through Chester Hill Neighbourhood Centre Inc.

Selected Management Committee members and staff attend at different meetings.

The Coordinators are responsible for planning the meetings to get the most value out of them for both consumers and Chester Hill Neighbourhood Centre Inc.. Improvement opportunities are documented and action taken through the organisation's continuous improvement processes.

iii) Chester Hill Neighbourhood Centre Inc. meetings

Minutes of all meetings are reviewed by a designated Coordinator at the end of each month to identify any opportunities for improvement.

These are recorded on a Tell Us What You Think form.

iv) Safety audits

Safety audits are regularly conducted in consumer homes, service facilities and external venues used for consumer activities using the following forms:

- Home Safety Checklist
- Safety Audit External Venue
- Safety Audit Facilities.

Completed audits are forwarded to the appropriate Coordinator for review and any action.

v) Policies and procedures reviews

Each section of the Policies and Procedures Manual is audited over a three-year period to:

- Check what is written is what occurs in practice
- Identify improvements to practice
- Improve the documented procedures
- Improve any forms or other documents that support the procedures and practices.

The Coordinators maintain a plan for policies and procedures review in the Corporate Calendar.

The Corporate Calendar details the reviews, surveys, responsive audits and other data collection and monitoring activities scheduled for the next 12 months. This is updated as reviews/audits are planned and completed.

Reviews are conducted by a range of staff including the Coordinators, the Registered Nurse, administration staff and care workers. The Coordinators identify relevant staff for each review ensuring that staff do not review their own procedures.

The following process applies:

- Staff print (or copy) the relevant section of the Policies and Procedures Manual, read the contents and familiarise themselves with relevant forms and documents
- The staff who work in the area that the policies and procedures relate to are advised that the staff person is going to be conducting a review and will review documents and talk to relevant staff
- The policies and procedures are used to guide the review; the staff person conducting the review:
 - Talks to relevant staff to discuss how the process/procedure works
 - Observes the processes in action (if relevant)

- Reviews and samples¹⁸⁵ a selection of completed forms and records referred to in the policies and procedures for completeness and adherence to procedures
- Notes on the copy of the policies and procedures the documents sampled and staff who participated in the review (this is the 'evidence' that the process/procedure has been reviewed)
- Notes on the copy of the policies and procedures where practices are different from policies and procedures or where improvements to practices are identified
- Provides feedback to the staff participating in the review to clarify any information gained and highlight any identified improvements
- Completes a Survey Audit Report and attaches the copy of the policies and procedures (with notes from the review)
- Provides feedback to the relevant Coordinator regarding the review.

vi) Responsive audits

Responsive audits are conducted if it is identified through consumer, staff or other stakeholder feedback, review of policies and procedures or other activities that a process may not be working or require improvement.

The review process described above is used to conduct responsive audits; they are used to ascertain what is happening and to identify improvements and solutions. They are usually a fairly narrow scope. For example, if it is identified that some consumers have advised that Care Workers have been arriving late for their support visit, a responsive audit may include:

- Talking with Care Workers to identify any barriers to them delivering services at the allocated time
- Reviewing the rosters and schedules of the relevant Care Workers
- Reviewing the support plans of the consumers who have provided feedback and, if necessary, consumers who receive services earlier
- Identifying solutions to the issues
- Implementing solutions
- Providing feedback to the consumers and Care Workers on the actions taken
- Evaluating whether the actions have been effective.

A Survey Audit Report is completed and attached to the copy of the policies and procedures used during the review.

vii) Quality reviews

As part of the DSS Grant Agreement requirements, Chester Hill Neighbourhood Centre Inc. undergoes a quality review every three years. The review identifies improvements required to meet any unmet expected outcomes and opportunities for improvement.

¹⁸⁵ Samples are selected depending on the number of records, consumers, and documents available. A small sample is usually chosen to test the process. For example, a review of 5 consumer records for completion of care plans would be randomly chosen initially. If issues are identified, a further sample of 5 records may be chosen to review. If multiple programmes are delivered, the staff person may choose to select 5 records from each programme. It is important to note your sample records (consumer initials or number or staff initials of who you spoke with) on the copy of the policies and procedures to validate the review of records.

The improvements identified through the quality review process are summarised on a Survey Audit Report and included in the Improvement Plan (see 8.9.4 Improvement Plan).

8.9.8 PROCESSING CONTINUOUS IMPROVEMENT FORMS AND OTHER IMPROVEMENT INFORMATION

i) Processing forms

The following process applies to completed continuous improvement forms:

40. If all required action is completed the form may be closed out by the coordinator.
41. Forms are forwarded to administration who prepares them for presentation at the next improvement committee meeting.
42. The improvement committee reviews the forms for potential improvements and closes out forms (if not already closed out).
43. Where a form leads to improvements any action on the improvement is recorded on the back of the form. Significant improvements are also recorded on the improvement plan (see 8.7.3 Improvement Plan and Strategic Plan). The form is maintained in the 'open' section of the file for that form until all action is completed.
44. Closed out forms are filed in the 'closed' section of the file.
45. At the end of each month the number of forms received during the month, the key issues and major improvements implemented are recorded on the continuous improvement monthly summary to feed into our management reports (see 8.3.4 Management Reports).

ii) Communication of improvements

An overview of improvements is presented at:

- Monthly Team Meetings and
- Six monthly Whole of Community Care Team Meeting.

A summary of improvements is included in Chester Hill Neighbourhood Centre Inc.'s Newsletter.

iii) Evaluating improvements

An improvement is not closed out until the improvement is evaluated; that is we have checked that the improvement achieved what we expected and that there were no unintended consequences.

If an improvement did not work we take it back to the next Improvement Committee meeting for consideration of new strategies. The extent to which improvements are evaluated depends on the level and complexity of the improvement.

For example, a consumer's request for bigger fonts in letters could be immediately implemented without an evaluation. However, a more complex improvement such as changing all staff commencement and finishing times to fit in with school closing hours requires consultations with staff and users, information sharing and significant changes to practices. This improvement would need to be evaluated with input from consumers, staff and management to ensure it was a positive change with no unintended consequences.

Significant improvements can only be closed out by the Centre Manager or Coordinator after it has been evaluated.

8.10 RISK MANAGEMENT

8.10.1 OVERVIEW

Chester Hill Neighbourhood Centre Inc. identifies and manages risks appropriate to our organisation based on a simplified application of the AS/NZS 31000:2009 Risk Management Standards. Our risk management process is an ongoing process based on:

- Regular six monthly (or more often if required) reviews of previously identified risks to improve the strategies to minimise the risk and plans for responding to the risk if it occurs and
- The continuous identification of new risks and strategies to control the risks
- Involvement of consumers, staff and management in the risk management process.

8.10.2 RISK MANAGEMENT AND CONTINUOUS IMPROVEMENT

Chester Hill Neighbourhood Centre Inc. has integrated the risk management process into the continuous improvement process by:

- Delegating responsibility for risk management oversight to the Improvement Committee
- Including the identification and discussion of risks on the agenda for the Improvement Committee including clinical governance risks such as the availability of suitably qualified staff, suitable policy and procedures to guide staff, oversight of care and support services by the Registered Nurse, open and accessible communication with consumer's GP's to source advice and decision making related to clinical care, review of adverse events including medication errors and networking and education opportunities for the Registered Nurse to ensure currency of practice and support
- Delegating responsibility to the Improvement Committee for developing, maintaining and reviewing the Risk Management Plans
- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan
- Implementation of a simple clinical governance system, led by the Registered Nurse, that ensures a review of the safety and quality of our systems and care delivery.

8.10.3 RISK MANAGEMENT PLANS

i) Risk management plans

Chester Hill Neighbourhood Centre Inc. maintains the following risk management plans:

- Organisation risks including:
 - loss of funding
 - inability to deliver funded outcomes within budget
 - Management Committee dysfunction
 - embezzlement of funds
 - lack of suitably qualified staff
 - extended staff illness
 - loss of data
 - poor care outcomes

(See also 8. 10.9 Activity Continuity Plan.)

- Staff risks including:
 - staff injury - manual handling risks, workplace accidents and incidents
 - infection control risks
 - consumer home environment risks
 - risk of abuse (see 8.10.8 Abuse and Neglect/iii) Staff)
- Consumer risks including:
 - home environment and service environment risks including falls and accidents
 - transport risks
 - risks from staff in the home
 - poor care outcomes resulting from a lack of suitably qualified staff, a lack of clinical oversight, inappropriate care processes (see 8.3.3 Management Meetings/ii) Clinical governance meetings)
 - risks from infections and anti-microbial resistance (see 8.3.2 Clinical Governance/i) Anti-microbial stewardship)
 - risk of abuse and neglect (see 8.10.8 Abuse and Neglect/ii) Consumers)
- Activity continuity risks including:
 - interruptions to or cessation of service delivery from natural disasters or other unanticipated events
 - transitioning-out of service such as transferring services to another service provider or where the CHSP Grant Agreement has expired or is terminated (see 8.10.9 Activity Continuity Plan)¹⁸⁶.

(See 8.10.9 Activity Continuity Plan for more details.)

ii) Risk management plan information

The Risk Management Plans include the following information:

- Date identified: date the risk was identified
- The specific risk identified: these are the risks identified by Chester Hill Neighbourhood Centre Inc.
- What can go wrong: details of what can go wrong in relation to the risk
- Consequence: the consequence of the risk using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
 - 1= Insignificant
 - 2= Minor
 - 3= Moderate
 - 4= Major
 - 5= Catastrophic

¹⁸⁶ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 86

- Likelihood: the likelihood of the risk occurring using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
 - A: Almost Certain
 - B: Likely
 - C: Possible
 - D: Unlikely
 - E: Rare
- Risk Rating: the rating for each identified risk using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
 - L = Low
 - M = Moderate
 - H = High
 - E = Extreme
- Current controls to reduce risk: the controls or strategies in place to control or reduce the risk
- Date reviewed: Date the risk and controls were reviewed to identify improvements
- New controls: Additional controls necessary to control or reduce risk or changes to existing controls.

8.10.4 IDENTIFYING RISKS

In identifying risks, the Improvement Committee considers:

- Consumer and staff feedback forms
- Consumer and staff feedback day (see 8.7.5 Annual Planning Meeting Consumers and 8.7.6 Annual Planning Day)
- Input from the annual planning day (see 8.7.6 Annual Planning Day)
- Staff Accident Incident Reports
- Consumer Adverse Event Reports including clinical risks identified by the Registered Nurse and the identification of high impact or high prevalence risks associated with the care of consumers
- Hazards and maintenance information
- Review of policies and procedures and processes
- Management knowledge and understanding of service delivery and work processes.

Where appropriate, different staff groups are involved directly in the risk management process either through attendance at part of the Improvement Committee meeting or through an Improvement Committee member consulting directly with staff on specific areas such as risks associated with transport or in-home services. These are the reported back to the Improvement Committee.

8.10.5 IDENTIFYING CONTROLS

Controls are strategies to manage risk balanced against the cost and inconvenience of the control. Common controls include:

- Staff training

- Provision of information
- The use of safe or safer equipment
- Changes in procedures or practices including review of clinical care processes
- Personnel checks including referee checks, driver's licenses, motor vehicle registrations, professional registrations, criminal history checks
- The development of plans for dealing with risks that occur.

i) Recording improvements

Improvements implemented as a result of risk management reviews and planning are recorded in the Improvement Plan, as well as in the Risk Management Plan, to ensure that they are implemented, monitored and evaluated (see 8.9 Continuous Improvement).

8.10.6 RISK RATING MATRIX

The following Risk Rating Matrix is used to determine the status of each risk based on the likelihood, and consequences of the risk. The Improvement Committee judges the likelihood and consequences of the risk to identify the rating. The risks are rated without controls in the first instance, controls are identified and then the risk is re-rated with the controls in place. This allows Chester Hill Neighbourhood Centre Inc. to gauge the success of our risk mitigation strategies. The Risk Rating Matrix is also included at the bottom of the Risk Management Plan.

Figure 8.10.1: Risk Management Rating Matrix

		CONSEQUENCES				
LIKELIHOOD		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	Almost Certain A	Medium	High	High	Extreme	Extreme
	Likely B	Medium	Medium	High	High	Extreme
	Possible C	Low	Medium	High	High	High
	Unlikely D	Low	Low	Medium	Medium	High
	Rare E	Low	Low	Medium	Medium	High

8.10.7 CONSUMER CHOICE AND RISK

Chester Hill Neighbourhood Centre Inc. supports consumers to live the best life they can and recognises that an important part of this is that they "do the things they want to do" and we support "the dignity of risk". To this end we encourage and support consumers to make choices that may involve a risk to their health and/or safety. When this occurs, we inform the consumer about the risks, the potential consequences to themselves and others and discuss with them, ways in which the risks can be managed to support their choice. We use a process for mitigating risk

and honouring consumer choice¹⁸⁷ outlined in the Assessment and Support Planning Practice using the Consumer Choice Risk Assessment Form.

If the choice presents an unacceptable risk to others including our staff and the consumer will not modify their choice to mitigate the risk we may modify or decline to provide any related services until the risk is mitigated.

8.10.8 ABUSE AND NEGLECT

Chester Hill Neighbourhood Centre Inc. recognises its responsibilities to provide a facility for consumers, staff and others that is free from abuse and neglect. To ensure that a priority focus is given to this, planning and oversight is included as a responsibility of the Clinical Governance Meeting which reports to the Management Committee and works closely with all staff.

i) Strategies to minimise the risk of abuse and neglect

Chester Hill Neighbourhood Centre Inc. has processes in place to minimise the risk of abuse or harm to consumers and staff including:

- Establishing systems and strategies to:
 - identify abuse and neglect
 - respond to abuse and neglect when it occurs, and
 - promote awareness amongst the workforce and the service's aged care community to reduce the risks of abuse and neglect
- Monitoring that the system for identifying and responding to abuse and neglect supports consumers and staff effectively and in line with good practice
- Complying with relevant state, territory and federal government laws, including to meet mandatory reporting requirements
- Integrating systems for identifying and responding to abuse with our clinical governance framework
- Aligning organisational systems for identifying and responding to elder abuse with government frameworks and guidelines
- Evaluating and continuously improving the effectiveness of the systems in line with good practice.
- A code of behaviour for staff and volunteers
- Application of the consumer rights and responsibilities in the provision of services
- Appropriate selection and screening of staff, contractors and volunteers
- Staff training in safe and respectful interaction with staff and consumers
- Access to policies and procedures outlining responsibilities
- Provision of a safe environment (including consideration to the consumer's home environment)
- Access to supervision and support for staff from management
- An adverse event reporting system.

¹⁸⁷ Adapted from: The Hulda B and Maurice L Rothschild Foundation *A Process for Care Planning for Resident Choice* February 2015

ii) Consumers

All consumers are entitled to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. Abuse can be in the form of:

- Financial or material abuse
- Neglect
- Emotional or psychological abuse
- Social abuse
- Physical abuse
- Sexual abuse.

Consumers can be at risk of abuse from family, friends, our staff, other consumers or other people. Whilst we are aware that we cannot control all risks to consumers we do endeavour to ensure their safety in our service and, where possible, outside of our service. Consumers have a right to film/photograph care within their own home.

Chester Hill Neighbourhood Centre Inc. follows the Alliance for the Prevention of Elder Abuse: Western Australia to ensure the safety of our consumers.¹⁸⁸ The key points of this policy are:

- Chester Hill Neighbourhood Centre Inc. endeavours to prevent abuse in the first instance, through staff recruitment screening, and the employment of staff who respect the rights of consumers and who can support consumers in reporting abuse and other concerns
- Staff are trained in identifying abuse indicators – whether from within the service or outside
- All members of staff are encouraged and supported to report abuse or suspected abuse to their immediate Centre Manager or, where the Centre Manager is the abuser, to the next in line Centre Manager. Abuse is to be reported in writing on an adverse event report. If a person is unsure that they have witnessed abuse they may discuss the incident with the Centre Manager prior to making a written report
- Centre Managers receiving a report of abuse must act immediately
- The response to reported abuse includes, as appropriate, reporting to the Police, the provision of medical care, including transfer to hospital by an ambulance, and referral to a Sexual Assault Service if the assault is of a sexual nature
- Where a staff member is involved the victim of abuse is removed from contact with the staff member while the abuse is investigated
- Where a consumer abuses another consumer, protection strategies are implemented immediately and the event is investigated as soon as possible. If behaviour strategies are implemented they are safe, respectful of the person and non-abusive. (see 1.7.3 Inappropriate Consumer Behaviour)
- If it is appropriate and the victim of abuse has given consent, the family or guardian of the victim, or other support person, are informed of the allegation of abuse as soon as possible after the report is made
- When the victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible
- Where the Centre Manager is unsure of the best course of action to take in an abuse situation or in a dispute between a consumer and a carer, one or more of the specialist agencies listed

¹⁸⁸ Note: Each State and Territory has elder abuse guidelines; check your local State and Territory guidelines

in Table 6.4.1 Advocacy and Complaints Investigation Contacts is contacted for advice. If the consumer has not consented to this contact it must be made without disclosing the consumer's details

- If there are fears for the well-being of the consumer due to suspected abuse the Centre Manager follows the advice of a specialist agency even where it conflicts with the confidentiality of the consumer. In this case the specialist agency may request direct involvement
- All aspects of the abuse incidents are accurately documented and include any follow up actions.

Contacts for elder abuse

If staff would like to talk to someone about potential or actual elder abuse they can call the national 1800 ELDERHelp (1800 353 374) line. This service provides information on how to get help, support and referrals to assist with potential or actual elder abuse.

Where appropriate and with their consent, consumers may be referred the National 1800 ELDERHelp (1800 353 374) line to talk to someone about potential or actual elder abuse and where they can go for assistance. Alternatively, staff can contact or refer consumers to the WA Elder Abuse Helpline (1300 724 679)¹⁸⁹.

iii) Staff

The procedures described above are applied, as appropriate, to staff being abused either by other staff, consumers or other people.

iv) Minimising the use of restraint

We do not use any type of restraint in the care of consumers. Safety devices, such as seat belts on wheelchairs are not considered a restraint and are in place to ensure consumer safety, not to impinge on their ability to be self-determining in their mobility.

8.10.9 BUSINESS CONTINUITY PLAN

Chester Hill Neighbourhood Centre Inc has developed a Business Continuity Plan as part of our Risk Management Plan that addresses:

- Risks for vulnerable consumers whose welfare or services may be put at risk from events such as bush fire, heat, cold, flood or other natural disasters (see Monitoring Consumer Health and Wellbeing in Severe Weather and Natural Disasters Practice).¹⁹⁰
 - before the event we assess local risks, ensure we are aware of local emergency plans including liaising with local authorities, collaborate with other providers, encourage

¹⁸⁹ Note: Each State and Territory has elder abuse guidelines; check your local State and Territory guidelines. State and Territory Helplines are:

NSW Elder Abuse Helpline 1800 628 221

Information taken from Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020 p 71](#)

¹⁹⁰ Australian Government Department of Health Home Care Service – Preparing for an Emergency Event 2019. (Note: Whilst this guidance is for home care providers, it is applicable to all service provision).

consumers to make an emergency plan with their families and significant others, and develop a plan (and trial it) to assist consumers as necessary

- during the event we monitor emergency broadcasts for local warning, liaise with emergency agencies to assess the risk and determine appropriate actions, determine and refer vulnerable consumers to emergency agencies if necessary, keep all stakeholders informed, support vulnerable consumers if safe to do so and report to the Department of Health regarding the impact to our service and consumers if alternate arrangements are required
- following the event, we assess the impact of the event and take steps to commence services as soon as practicable, liaise with local authorities as necessary, review and update risk plans and communicate with consumers and staff

(See Business Continuity Plan in Risk Management Plan in Forms/Governance Documents.

- Risks associated with being unable to continue to deliver services including transitioning-out of service provision (e.g. transferring consumers to another service provider where, for example, funding has expired or is terminated¹⁹¹, consumers are deemed to be at high risk, or there are other threatening events)

Transition out of services – for example, a plan to transition services to another service provider if our Aged Care Funding Agreement has expired or is terminated, including:

- timeframe with activities to undertake for transition
- staffing arrangements
- assets
- information and records (including authority of release from the clients)

(See Business Transition Out of Services Plan in Risk Management Plan in Forms/Governance Documents.)

- Controls to minimise risks include:
 - Development of effective and robust systems such as financial management, data systems, consumer information
 - Processes to monitor, manage and report incidents or threats to service continuity
 - Policies and procedures to support systems
 - Strategies in the event that services need to be discontinued (including alternative arrangements for consumers, emergency transport, transfer of consumer information including assessments, support plans and notes
 - Connections with other service providers, emergency services and government agencies to assist in the support of service delivery and consumer safety should a serious event occur
 - Strategies for continuing services after a discontinuation.
 - communication strategy
 - telephones
- Management of serious incidents, including management of natural disasters – for example, to continue delivery of services if a fire or flood occurs and other serious incidents that relate to care and infection prevention and control.

¹⁹¹ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018-2020 p 87

8.11 INFORMATION MANAGEMENT SYSTEMS

8.11.1 COMMUNICATION STRATEGIES

Underpinning the management of information in Chester Hill Neighbourhood Centre Inc. are the following communication strategies:

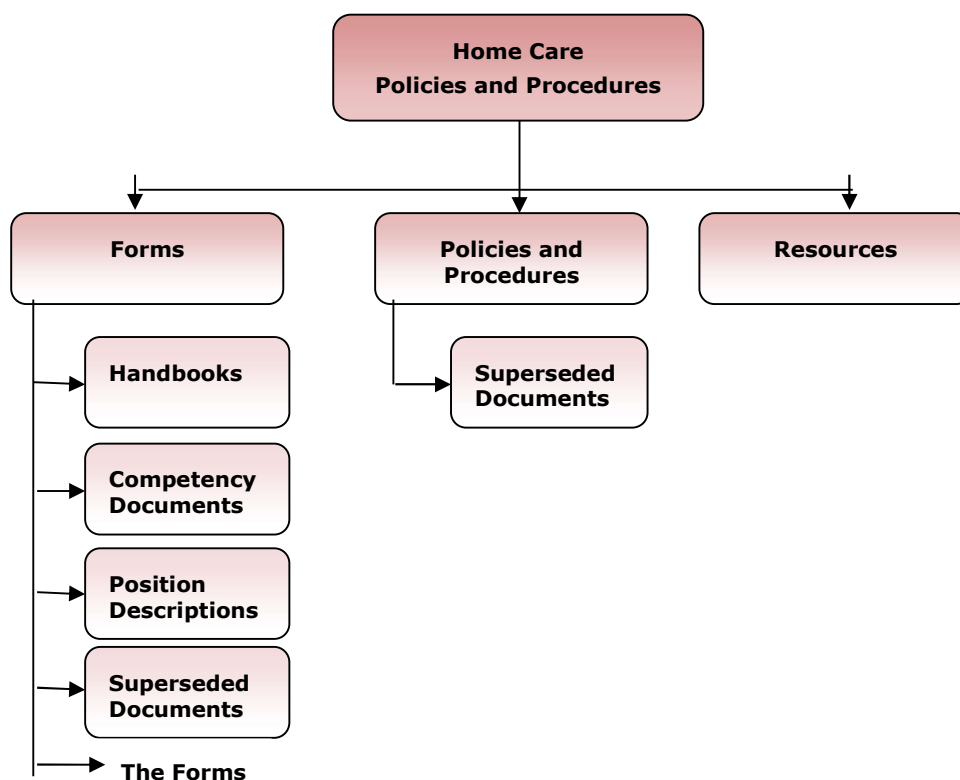
- Regular and structured meetings that involve all staff (see 8.3.3 Management Meetings)
- Regular reporting (see 8.3.4 Management Reports)
- Training for staff in relevant policies and procedures
- Involvement of staff and consumers in the continuous improvement process (see 8.9: Continuous Improvement)
- Involvement of staff in the planning process (see 8.7 Planning)
- A two-monthly newsletter for staff and consumers prepared by the Coordinators
- Emails and memos to staff as required
- Letters and notices to consumers as required.

8.11.2 POLICIES AND PROCEDURES

i) Structure of the policies and procedures

Our Policies and Procedures include the components shown in Figure 8.11.1: Policies and Procedures Schema.

Figure 8.11.1: Policies and Procedures Schema



The Policies and Procedures are maintained as read-only documents in the Policies and Procedures folder on the shared drive. The Centre Manager is responsible for maintaining the information up-to-date with assistance from the Coordinator and other staff as required. The involvement of all staff is encouraged to ensure policies and procedures reflect practice and to foster ownership and familiarity with the material.

The Policies and Procedures Manual includes the following sections:

Introduction and Table of Contents

- 46. Consumer Dignity and Choice
- 47. Ongoing Assessment and Planning with Consumers
- 48. Personal Care and Clinical Care
- 49. Services and Supports for Daily Living
- 50. Organisation's Service Environment
- 51. Feedback and Complaints
- 52. Human Resources
- 53. Organisational Governance

Forms - a copy of each form used by Chester Hill Neighbourhood Centre Inc. is maintained on the shared drive in the subfolder Forms.

ii) Access to policies and procedures

All staff can access the Policies and Procedures either through their own computer terminal or through the shared terminals available to Care Workers and volunteers. If staff require a paper copy of procedures these can be requested from their supervisor. (see 8.11.2 Policies and Procedures/v) Control of the policies and procedures).

iii) Updating the policies and procedures

The need to update the Policies and Procedures Manual, forms or other material may occur through:

- Changes in legislation or regulations
- Changes in funding or funding guidelines and requirements
- Feedback
- Management decisions
- Adverse Event Reports
- Audits and
- Reviews.

The process for updating the Policies and Procedures, forms etc. is:

- 54. When the need for changes is identified these are discussed with the Centre Manager.

55. The Centre Manager develops draft changes with the assistance of other staff or delegates this task to other staff.
56. Draft changes are reviewed by the Centre Manager. The Centre Manager decides if the changes need Management Committee approval and submits them as necessary.
57. When changes have been approved by the Management Committee and/or Centre Manager the Administration is advised to update the Policies and Procedures Manual.
58. The Policy and Procedures Manual is updated including forms and the table of contents. Old versions are archived.
59. Note that any new form is referenced in the Policies and Procedures Manual.
60. Staff are advised of changes to the Policies and Procedures either through a staff meeting, an email, a memo or a training session. Consumers are advised, as appropriate and necessary, through staff, the newsletters, letters or flyers.
61. Major changes to the Policies and procedures are recorded as an improvement in the Improvement Plan (see 8.9 Continuous Improvement).
62. Major changes are reviewed after an appropriate time to ensure they have achieved the required outcome.

iv) Review minutes of management meetings

The Centre Manager or delegated staff member reviews the minutes of all management meetings for decisions that need to be reflected in the Policies and Procedures.

v) Control of the policies and procedures

- Electronic read-only copies of the Policies and Procedures material are accessible to staff
- Only the Centre Manager and delegated Administration can initiate changes to the original files and only within the process specified in 8.11.2/iii) Updating the Policies and Procedures.
- Printed pages of the Policies and Procedures can be made for staff to refer to but are uncontrolled documents once printed (other than the authorised printed copy/copies). These must be kept to a minimum. The delegated Administration is responsible for recording the location of any full copies of the Policies and Procedures and for ensuring that they are updated when the originals are updated.

vi) Review of policies and procedures

Policies and procedures including forms are reviewed over a three-year period as documented in the Corporate Calendar. This is described in detail in 8.9 Continuous Improvement.

8.11.3 CONSUMER INFORMATION

Principles for the collection of consumer information

(See 1.3.6 Consumer Rights and Responsibilities/Consumer rights/Personal information.)

Management of consumer information

The Aged Care Act¹⁹² specifies the kinds of records that must be kept by aged care providers. These include:

¹⁹² Sections 63-1(1)(a) and 87-2 of the *Aged Care Act 1997* and Part 7B of the *Aged Care Quality and Safety Commission Act 2018* cited in Australian Government Department of Health [Home Care Packages Program](#)

- Assessments of consumers
- Individual support/care plans
- Medical records, progress notes and other clinical records
- Schedules of fees and charges
- Agreements
- Accounts of consumers
- Records relating to consumers' entry, discharge and leave arrangements, including death certificates where appropriate
- Records relating to a determination that a consumer is a consumer with financial hardship
- In relation to a continuing home care consumer to whom we start to provide home care through a home care service on or after 1 July 2014—a record of whether the consumer made a written choice regarding whether they would be covered by the pre or post-1 July 2014 arrangements
- Up-to-date records of: the name and contact details of at least one representative of each consumer; and the name and contact details of any other representative of a consumer;
- Copies of unspent funds notices
- Records relating to the payment of the consumer portion or transfer portion of consumers' unspent home care amounts
- Copies of notices of published exit amounts
- Records required to be kept by the National Aged Care Mandatory Quality Indicator Program Manual.

Records are required to be kept for three years after the 30 June of the year in which we ceased to provide care to the consumer.

Paper records

Generally, all consumer information is recorded on the Consumer Management System, however a paper file is required for some documentation. All consumers have an office-based paper file that includes assessment information, correspondence, financial information and any other relevant information as well as an in-home notes file.

(See 2.6 Consumer Documentation and Information Sharing.)

Office Files

Office files are created as required by the Administration Team and stored in lockable filing cabinets. the Administration Team are also responsible for filing and for securing the files. Staff taking files out enter the file details in the Consumer File Movements Register.

[Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix D: Responsibilities of approved providers Accountability – Part 4.3 in the Aged Care Act 1997p 121 (Click on link for latest version)

In-home Files

Consumers who have in-home services also have a home file that includes information required by Care Workers. (See 2.6.2 Access to Support Plans and Other Documentation/Home care file contents).

Electronic Records

Consumer information is also stored electronically on the Consumer Management System. The Administration Team are responsible for ensuring that data entry is completed (including entering a new consumer, amending data, exiting consumers, setting up invoices and rostering consumers with Care Workers).

Staff record all consumer services and case notes in the Consumer Management System as well as in the consumer's home notes as necessary. Financial records for Home Care Package Consumers including an individualised budget are maintained for each HCP consumer on the Consumer Management System.

Information is restricted by passwords to relevant staff. Information systems for the effective documentation and communication of support planning are described in Section 2: Assessment and Planning (see 2.3.6 Assessment and Support Planning Process/Service Commencement Meeting and 2.3.7 Support Plans).

Consumer access to information

(See 1.6.3 Consumers Right to Access Information.)

8.11.4 RECORDING SERVICE DELIVERY INFORMATION

Information on the support services delivered to consumers is recorded on the Consumer Management System from recording sheets completed by the service delivery staff. The Administration Team are responsible for the entry of information and for the preparation of reports as outlined in 8.3.4 Management Reports.

8.11.5 GENERAL INFORMATION

The Administration Team are responsible for organising and maintaining the filing of general information up to date.

i) Staff records

Staff files are kept in a filing cabinet in the Centre Manager's office and are available only to the Centre Manager and Accounts. Coordinators can access staff files through the Centre Manager if necessary. The filing cabinet is locked when the office is unattended.

Staff access to staff files

(See 7.3.9 Staff Files.)

ii) Minutes of meetings

Minutes of meetings are maintained on the shared drive.

iii) Other administrative information

All other administrative information including funding information, financial information and general filing is maintained in the filing cabinets in the Coordinator's office. The cabinets are locked out of hours or when the office is unattended for a lengthy period of time.

8.11.6 ARCHIVING

i) Archive management

The Administration Team is responsible for archive management. Archived files are stored in the archive storeroom. Archives are sorted by year and grouped as follows:

- Consumer records
- Staff records
- Administrative records including financial records
- Policies and procedures.

All archived information is entered in the archives index. The index records the date of archiving, the file contents, the archive box name and number and the file number and date of destruction.

Aged care act responsibilities¹⁹³

We ensure that we keep records (in written or electronic form) that enable proper assessments to be made of whether we have complied, or are complying, with our responsibilities under the Act. These records are required to be kept for a minimum of three years after the 30 June of the year in which the record was made. We keep the records for seven years.

ii) Timelines for maintaining records

Records are securely destroyed after the time periods shown in Table 8.11.1 Timelines for Maintaining Records

Table 8.11.1 Timelines for Maintaining Records

Employment applications unsuccessful	6 months
Staff records	7 years after the staff person ceases employment
Consumer records	7 years after the consumer ceases receiving services
Financial records including claims for payments	7 years
Records relating to compliance with the Aged Care Act	7 years
General administrative records	7 years
Policies and procedures	7 years

¹⁹³ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix D: Responsibilities of approved providers
Accountability – Part 4.3 in the Aged Care Act 1997 Record keeping p 121 (Click on link for latest version)

iii) Archiving consumer records

Consumer paper records

When a consumer leaves the service, their paper file is maintained in the consumer files for one year. After a year it is placed in an envelope and stored in consumer files archive box and entered into the archives index. Their name is also entered into the archive form for that box.

Consumer records are destroyed as per specified timelines (see Table 8.11.1 Timelines for Maintaining Records).

Consumer management system records

Exited consumers are de-activated on the Consumer Management System and re-activated if they return to the service (see Table 8.11.1 Timelines for Maintaining Records).

iv) Managing superseded policies and procedures

Whenever changes are to be made to the policies and procedures manual or a form the following procedure applies:

- Before making changes copy the existing file into the Superseded folder
- Watermark the document 'Superseded'
- Add 'today's date' to the end of the file name – e.g. Corporate Governance 030311
- You can now make your changes to the original document.

Superseded policies and procedures and forms are destroyed as per the timelines specified in Table 8.11.1 Timelines for Maintaining Records.

8.11.7 INFORMATION TECHNOLOGY

Our information technology systems ensure we are able to meet the needs of Chester Hill Neighbourhood Centre Inc and support the collection of service delivery data and reporting obligations outlined in our Grant Agreements.

i) Standard operating environment (SOE)

The standard operating environment for Chester Hill Neighbourhood Centre Inc is:

- Windows Small Business Server 2016 on the server

Software as follows on each workstation:

- Microsoft Office Pro 2016
- Adobe Reader
- Adobe Acrobat (Centre Manager and Administration Team workstations)
- Microsoft Outlook 2016 and
- Edge browser.

ii) PRODA

PRODA is required for access to the My Aged Care website. The Aged Care and Volunteer Coordinator is authorised to access relevant health services including My Aged Care, on behalf of Chester Hill Neighbourhood Centre Inc. **The Secretary is the PRODA Administrator.**

iii) Data storage

All data including consumers, financial and administrative data, is stored on the Shared Drive of the server.

Only the Centre Manager or the Administration team members can add new data folders to the shared drive of the server. If staff require a new data folder they should advise one of these staff.

iv) Backups

The Administration Team are responsible for maintaining up to date backups. All computer data including emails, is backed up every night to a removable hard disk. Five hard disks are rotated on a daily basis. Disks not in use are locked in the safe.

v) External programmes

Installing programmes or other external data or utilities can introduce viruses into the workplace and can cause serious problems with the computer system. As such, no programs, external data or utilities are installed onto any workstation without the permission of the Centre Manager.

vi) Passwords

Staff are assigned their logon credentials by their Coordinator or the Centre Manager.

vii) Email

Staff may send and receive minimal personal emails.

Emails documenting service feedback and information relevant to the operation of Chester Hill Neighbourhood Centre Inc. are forwarded to the Centre Manager or Coordinator.

Pornographic, sex related or other junk email is deleted without viewing it. Under no circumstances are staff to respond to it.

viii) Internet

Internet access is restricted to work related purposes. Internet access reports are maintained on the server and are regularly reviewed.

Under no circumstances are staff to access pornographic or sex related sites.

ix) Getting help and reporting problems

We maintain an ongoing support agreement with an IT consulting firm to monitor and maintain our computer system. This includes software installation and updates and monitoring backups.

If a staff person experiences any problems with a program or computer or other piece of equipment they can in the first instance contact the Coordinator. If necessary, the Coordinator arranges for IT to assist.

x) Social media

We are aware that social media (social networking sites (Facebook, Twitter etc), video and photo sharing sites, blogs, forums, discussion Management Committees and websites) promote communication and information sharing. Staff who work in Chester Hill Neighbourhood Centre Inc. are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of consumer information and must not access inappropriate information or share any information related to their work through social media sites.

Staff are required to seek clarification from the Centre Manager if in doubt as to the appropriateness of sharing any information related to their work on social media sites.

Responding to data breaches

Data breach

A data breach occurs when personal information that an entity holds is subject to unauthorised access or disclosure or is lost. Data breaches include:

- Loss or theft of physical devices (such as laptops and storage devices) or paper records that contain personal information
- Unauthorised access to personal information by an employee
- Inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person
- Disclosure of an individual's personal information to a scammer, as a result of inadequate identity verification procedures.¹⁹⁴

Notifiable data breaches

Under the Notifiable Data Breaches (NDB) scheme Chester Hill Neighbourhood Centre Inc is required to notify any individual whose data is breached and the Australian Information Commissioner of data breaches where:

- There is unauthorised access to or disclosure of personal information held by Chester Hill Neighbourhood Centre Inc (or information is lost in circumstances where unauthorised access or disclosure is likely to occur).
- This is likely to result in serious harm to any of the individuals to whom the information relates.
- Chester Hill Neighbourhood Centre Inc has been unable to prevent the likely risk of serious harm with remedial action.

(See Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers)¹⁹⁵

¹⁹⁴ Australian Government Office of the Australian Information Commissioner Data Breach Preparation and Response (A Guide to Managing Data Breaches in Accordance with the Privacy Act 1988 (Cth) p 8

¹⁹⁵ Australian Government Office of the Australian Information Commissioner [Action plan for health service providers](#) 11 February 2020

Chester Hill Neighbourhood Centre Inc also reports the breach, when it is relevant to do so, to other organisations such as:

- Police or law enforcement bodies
- The Australian Securities & Investments Commission (ASIC)
- The Australian Prudential Regulation Authority (APRA)
- The Australian Taxation Office (ATO)
- The Australian Transaction Reports and Analysis Centre (AUSTRAC)
- The Australian Cyber Security Centre (ACSC)
- The Australian Digital Health Agency (ADHA)
- The Department of Health
- State or Territory Privacy and Information Commissioners
- Professional associations and regulatory bodies
- Insurance providers.

(See also 1.6 Privacy and Confidentiality for details of how Chester Hill Neighbourhood Centre Inc respects consumer's privacy.)

Data Breach Response Plan

Key Roles

- Management Committee
 - Responsible for ensuring the security of Chester Hill Neighbourhood Centre Inc data
 - Are advised of all data breaches and actions taken to resolve and to prevent future breaches
 - Approve the procedures for security of data and responding to data breaches.
- Staff
 - All staff are responsible for minimising the chances of a data breach occurring
 - Staff are required to take particular care of any documents or devices, such as phones or laptops, that connect to or contain information related to consumers or Chester Hill Neighbourhood Centre Inc
 - In the event that a device or document is lost it must be reported immediately it is known to be lost, to a Coordinator or the Centre Manager
 - In the event of, or threat of (phishing or a virus) unlawful access to data on the computer system IT worker or designated system administrator is advised immediately, the system is immediately isolated and our computer consultant is requested to immediately attend, deal with the access or threat, identify the extent of the breach, how it occurred and how to prevent it in the future.
- IT Worker
 - Receives reports of data breaches
 - Takes any immediate necessary action to contain or resolve the breach
 - Investigates the breach if appropriate
 - Refers the breach to the Centre Manager.

- Centre Manager
 - Action significant data breaches referred to it by an IT Worker or designated administrator
 - Review all data breaches
 - Review any immediate action taken
 - Identify and implement additional action required
 - Determine if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme
 - Determine if it is likely that any person's data is at risk of being viewed or utilised by others and advising the affected persons
 - Consider on an ongoing basis how to improve the protection of data
 - Testing of the data breach response plan.

Data Breach Report

Data breaches are reported using an Adverse Event Report with a Data Breach Report attached.

Procedure for Dealing with a Data Breach

In the event of a data breach or suspected breach the steps below apply as appropriate to the breach and to Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers.

- Immediately advise a supervisor of the breach and complete an Adverse Event Report with an attached Data Breach Report.
- The supervisor determines if any immediate action can be taken to contain or resolve the data breach (e.g. delete mobile phone, advise Police) and implements the action. The Adverse Event Report is updated.
- The supervisor advises the IT and Data Support Coordinator or designated system administrator of the breach and of any action taken. The Adverse Event Report is updated.
- The IT Worker or designated administrator considers whether any other immediate action should be taken. The IT Worker or designated administrator reports the breach to the Centre Manager to action. This is determined on:
 - The number of people affected by the breach or suspected breach
 - Whether there is a risk of serious harm to affected individuals now or in the future
 - Whether the data breach or suspected data breach may indicate a systemic problem with our practices or procedures
 - Other issues relevant to the circumstances, such as the value of the data or issues of reputational risk.¹⁹⁶
- The Centre Manager requests the IT Worker to investigate fully how the breach occurred, what information was breached, how the breach can be ameliorated and how to prevent future breaches. The Adverse Event Report is updated.
- The IT Worker forwards the Adverse Event Report to the Centre Manager for review.
- The Centre Manager determines if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme. This is determined on the factors noted above in

¹⁹⁶ These items are included on the Data Breach Report

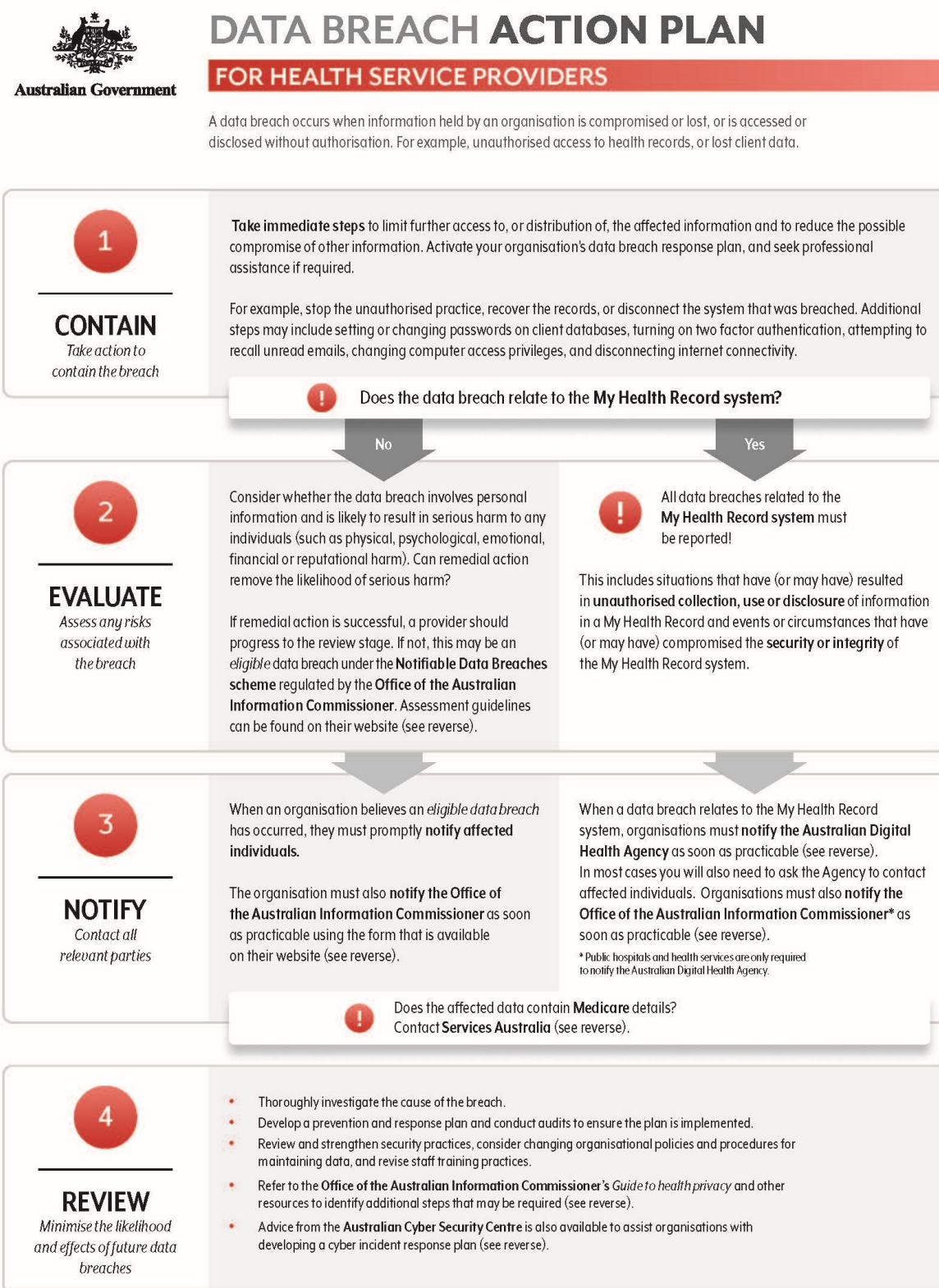
Notifiable Data Breaches¹⁹⁷ and in consideration of Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers. The Centre Manager lodges the report and updates the Adverse Event Report.

- The Centre Manager determines if the breach must be reported to any other authorities and lodges the report/s. (See Notifiable Data Breaches above for a list of possible agencies to be notified¹⁹⁸.) The Centre Manager updates the Adverse Event Report.
- If the Centre Manager determines that it is likely that any person's data is at risk of being viewed or utilised by others, the person/s are advised of the type of data breached, action taken, potential consequences and what we have done to ensure it does not occur again. Advice may be written, verbal or face to face or a combination, depending on the breach and consequences.
- In the event of unlawful access to data on the IT system the system is immediately isolated and the IT Worker is requested to immediately attend and identify the extent of the breach, recover lost information if possible, secure the system, determine how the breach occurred and how to prevent it in the future.
- The Data Breach Report is updated by the IT Worker and processed and closed out by the Improvement Committee as per 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information. The Improvement Committee reviews the data breach and the appropriateness of the response and considers if any improvements can be made to the data breach process.
- The Centre Manager reports all data breaches to the next Management Committee Meeting. (See Table 8.3.1: Management Committee Meeting.)

¹⁹⁷ These items are included on the Data Breach Report

¹⁹⁸ These agencies are included on the Data Breach Report

Figure 8.11.2: OAIC Data Breach Action Plan for Health Service Providers





CONTACT INFORMATION

Office of the Australian Information Commissioner (OAIC)

The OAIC oversees the Notifiable Data Breaches scheme and privacy aspects of the My Health Record system. For more information on notifiable data breaches:

Web: oaic.gov.au/data-breach-preparation-and-response

Assessing an eligible data breach

Web: oaic.gov.au/data-breach-response-steps

Report a notifiable data breach

Web: oaic.gov.au/report-a-data-breach

Report a My Health Record data breach

Web: oaic.gov.au/my-health-record-data-breach

Guide to health privacy

Web: oaic.gov.au/guide-to-health-privacy

Enquiries

Web: oaic.gov.au/contact-us

Phone: 1300 363 992

Services Australia (Medicare)

Services Australia can assist breached organisations by placing impacted customers on a watch list to monitor for any compromise or misuse of customers' Medicare records.

Email: protectyouridentity@servicesaustralia.gov.au

Phone: 1800 941 126

Australian Digital Health Agency (My Health Record system)

All data breaches related to the My Health Record system must be reported to the Australian Digital Health Agency. The Agency will contact affected healthcare recipients, when this is required under the *MyHealthRecords Act 2012*. Where a significant number of people are affected, the general public will be notified.

Web:

myhealthrecord.gov.au/for-healthcare-professionals/howto/manage-data-breach

Email: MyHealthRecord.Compliance@digitalhealth.gov.au

Phone: 1800 723 471

Australian Cyber Security Centre (ACSC)

The ACSC leads the Australian Government's efforts to improve cyber security, with the role of helping to make Australia the safest place to connect online. For advice on what to consider in developing an incident response plan:

Web: cyber.gov.au/advice/developing-an-incident-response-plan

Report a cyber security incident

Web: cyber.gov.au/report

Alert service: Sign up to the ACSC's Stay Smart Online free alert service on the latest online threats and how to respond at staysmartonline.gov.au

*You can also seek support from Australia's national identity and cyber support service, **IDCARE** by calling **1300 432 273***