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RECORD OF REVISIONS: SECTION 1: CONSUMER DIGNITY AND CHOICE

Date	Section/s Revised and Notes	Authorisation
October 2023	Policy and procedures implemented	Management Committee

1.1 CONSUMER DIGNITY AND CHOICE GUIDE

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

CHNC:

- 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 clearly, 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.

1.1.5 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 Australian Government Aged Care Quality and Safety Commission, [Guidance and resources for providers to support the Aged Care Quality Standards](#) (September 2022). Website accessed May 2023

² Ibid., p.4. Note that Ibid means 'in the same source last referenced in the footnote above.'

³ Ibid., p.4.

1.2 SERVICES PROVIDED

1.2.1 OVERVIEW

CHNC provides:

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

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

1.2.2 ACCESS TO SERVICES

Equal access

No consumers are excluded from access to CHNC 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.)

Emergency access CHSP⁴

Older Australians who require access to urgent and immediate services can contact My Aged Care and arrange to access CHSP services for up to 6 weeks without an assessment. If services are required for longer than 6 weeks, CHSP providers must help the client to arrange for an assessment.

Where a consumer has a need for an immediate health or safety intervention that is not available through other means, the services are:

- For a one-off or short-term intervention (e.g. such as nursing for wound care, transport to a specialist medical appointment or the delivery of meals, personal care and other support services due to the absence of a carer) lasting no more than six weeks
- For a direct health or safety intervention that needs to occur before a face-to-face or telehealth assessment can take place
- Monitored by the provider and if the consumer requires long term or ongoing access to services, then we support them to register with My Aged Care (if they have not already done so) and arrange for a RAS or ACAT assessment.

CHSP Waitlists⁵

CHNC does not accept clients to waitlists where services are not imminently available, as this may prevent other local CHSP service providers with capacity from meeting client needs.

1.2.3 MY AGED CARE⁶

The My Aged Care provider portal is used by CHNC to maintain information about the services we provide, including special needs groups we cater for and type and availability of services. To ensure referrals from My Aged Care and the selection of

⁴ Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual](#) 2023-2024 Published 10 July 2023, Access to Emergency CHSP Services

⁵ Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual](#) 2023-2024 Published 10 July 2023, Access to Emergency CHSP Services

⁶ Australian Government Department of Health and Aged Care [My Aged Care Service Provider Portal](#)



CHNC by consumers, the information on the portal is kept up to date by the Aged Care Programs Coordinator. The Aged Care Programs Coordinator is the My Aged Care Administrator.

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.

HCP - Home care service notification form

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. This is also done online via PRODA.

1.2.4 SUBCONTRACTING SERVICE DELIVERY⁷

CHNC subcontracts some care services that we do not provide for consumers through in-house staff. (See 5.4.2 Subcontracting Service Delivery.)

⁷ Australian Government Commonwealth DSS [Terms and Conditions 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 (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 CHNC service delivery, irrespective of program funding. (See 1.3.6 Consumer Rights and Responsibilities)

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.

Home care principles

The Australian Government has identified three principles that underpin home care programs and that are applied across all CHNC service delivery. 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.⁸

Commonwealth Home Support Programme (CHSP)

CHSP Principles

The service delivery principles identified by CHSP are:⁹

- 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:
 - 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.

⁸ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 2.1 What is the philosophy underpinning Home Care?

⁹ Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual](#) 2023-2024 Published 10 July 2023, 1.2.8 Service Delivery Principles

- 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 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 to delivering any services.

CHSP Objectives¹⁰

1. Provide high-quality support, at a low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term basis, to frail older people to maximise their independence at home and in the community, enhancing their wellbeing and quality of life
2. Provide entry-level support services for frail older people aged 65 years and older (or 50 years and older for Aboriginal and Torres Strait Islander people) who are assessed by the RAS as needing assistance, to continue to live independently at home and in their community
3. Support frail older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) on a low income who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation through access to Assistance with Care and Housing and other CHSP services targeted at avoiding homelessness or reducing the impact of homelessness
4. Support frail older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) on a low income who are living with hoarding behaviour or in a squalid environment and at risk of homelessness or unable to receive the aged care services they need through access to CHSP services targeted at reducing the impact of homelessness or hoarding and squalor situations.
5. Support clients to delay, or avoid altogether, the need to move into more complex aged care by being kept socially active and connected with their community, so that whole-of-system aged care costs can be kept at a sustainable level as the population ages and the number of people requiring care increases
6. Ensure that all clients have equal access to services that are socially and culturally appropriate and free from discrimination
7. Ensure compliance with all relevant codes of ethics, industry quality standards and guidelines, to ensure that clients receive high quality services
8. Facilitate client choice to enhance the independence and wellbeing of older people and ensure that services are responsive to the needs of clients
9. Provide a standardised assessment process which encompasses a holistic view of client needs
10. Provide flexible, timely services that are responsive to local needs.

¹⁰ Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual](#) 2023-2024
Published 10 July 2023, 1.2.5 Objectives

Home care packages program

Intent of the program¹¹

The HCP Program supports older Australians with complex ageing related care needs to live independently in their own homes, using a consumer-directed care approach to maintain the care recipient's capabilities as they age. Home care packages ('packages') deliver co-ordinated packages of care and services to meet people's assessed ageing related care needs within the limits of their individual home care budget and the scope of the Program. How care and services are identified and delivered should reflect and respect the individual, their ageing related care needs, personal situation and preferences.

Consumer directed care

The following (taken from the Home Care Packages Programme Operational Manual 2023) reflects CHNC'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.

The Aged Care Quality Standards require providers to deliver safe and effective services and supports for daily living that optimise the person's independence, health, well-being and quality of life. Services and supports for daily living include, but are not limited to domestic assistance, home maintenance, transport and recreational and social activities.

These may include services and supports to maintain care recipient's capabilities:

- Well and independent – including personal care, nursing services, allied health
- Safe in their home – including cleaning, home maintenance and modifications specific to ageing related capabilities, assistive technology
- Connected to their community – including transport and social support services.

It is important to note that a Home Care Package is not a source of income that care recipients can use completely at their own discretion.

Providers need to work with care recipients to ensure that funding is used appropriately and transparently. Care recipients should be actively involved in deciding how their package funds are spent. This includes due consideration of the legislated exclusions from a package. Care recipients will accrue unspent funds if their package funds are not fully expended each month.

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 care recipients 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' and is discussed further at Section 9 of the HCP manual. An approved provider is responsible for the compliance and quality of all care and services provided under a package.

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

HCP included services and excluded services

All staff involved in service delivery, including managers, assessment staff and support workers, are familiarised with HCP included and excluded services and of the importance of following the support plans. Any changes or clarifications in Government policy related to service delivery are always discussed in staff meetings.

¹¹ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 2.2 What is the intent of the Home Care Packages Program?

HCP included services are specified in detail in the [Home Care Packages Program Operational Manual: A Guide for Home Care Providers](#) Section 9.2 Specified Inclusions. Excluded services are specified in Section 9.3 Specified Exclusions.¹²

Additional information is provided in the following documents:

- Department of Health and Aged Care Home Care Packages Program [Inclusions and Exclusions – FAQs for Providers](#)¹³
- Department of Health and Aged Care Webinar: [Home Care Packages \(HCP\) Program provider webinar: inclusions and exclusions](#).¹⁴

Aged Care Voluntary Industry Code of Practice¹⁵

CHNC pledges our support for the Aged Care Voluntary Industry Code of Practice (the Code). The Code outlines seven principles:

Principle 1 Consumer-led and community shared value - from A Matter of Care.

Consumers are central to care decisions and outcomes.

Principle 2 Living well and integrated models of care - from A Matter of Care

Focus is on the consumer's quality of life and realising their choice through holistic and integrated models of care.

Principle 3 Board governance - from A Matter of Care

Strong governance underpins performance, mitigates risk and drives culture.

Principle 4 Best-practice sharing and industry benchmarking - from A Matter of Care

Sharing lessons learnt and better practice supports continuous improvement and contributes to improved care and support for consumers.

Principle 5 Education and training, including workforce accreditation - from A Matter of Care

Appropriately skilled and qualified staff deliver improved support and care for consumers.

Principle 6 Workforce planning - from A Matter of Care

Holistic and innovative care practices and improved care outcomes require enhanced workforce planning.

Principle 7 Proactive assurance and continuous improvement - from A Matter of Care

High performance is built on information, transparency and a culture of continuous improvement.

¹² Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual: A Guide for Home Care Providers](#) Version 1.4 – August 2023

¹³ Department of Health and Aged Care [Home Care Packages Program Inclusions and Exclusions – FAQs for Providers](#) – version 1 April 2023 Website Accessed May 2023

¹⁴ Australian Government Department of Health and Aged Care [Home Care Packages \(HCP\) Program provider webinar: inclusions and exclusions 4 April 2023](#) Website accessed May 2023

¹⁵ Aged Care Workforce Industry Council (ACWIC) [The Aged Care Voluntary Industry Code of Practice](#) Website Accessed February 2020.
Note: this code is voluntary

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.¹⁶

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 and 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 support staff and
- Service delivery is monitored to ensure cultural safety.

Reconciliation Action Plan

CHNC 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 our 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.¹⁷ 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.

1.3.4 EMOTIONAL AND PSYCHOLOGICAL SUPPORT

CHNC 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)
- 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)

¹⁶ 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

¹⁷ Meaningful Ageing Australia [National Guidelines for Spiritual Care in Aged Care 2016](#) Website accessed January 2023

- 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

CHNC recognises the crucial role that carers play in supporting consumers to live in the community 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.¹⁸
- Early support for carers is important to prevent strain on the caring relationship. Carers now have better access to early intervention support (via Carer Gateway) and access to additional CHSP respite services (Flexible respite and Centre-based respite). These additional services will help to reduce carer stress and support the care relationship.¹⁹

Carer Gateway

To ensure early support for carers to prevent strain on the caring relationship we provide information to all carers on the [Carer Gateway](#).

¹⁸ Australian Government Carer Recognition Act 2010 p 9

¹⁹ Australian Government Department of Health and Aged Care Commonwealth Home Support Programme(CHSP) Manual 2023-2024 Published 10 July 2023

Services offered through the Gateway focus on early-intervention and, preventative and skills building supports. Carer Gateway aims to improve well-being and long-term outcomes of the care relationship, as well as crisis support when needed.

Assistance is available by telephone: 1800 422 737. We assist carers to access the Gateway as required.

1.3.6 CONSUMER RIGHTS AND RESPONSIBILITIES

Consumers are the focus of CHNC 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 CHNC 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 and Aged Care 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 an 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).²⁰

Consumer rights²¹

Consumers have the right to:

1. Safe and high-quality care and services
2. Be treated with dignity and respect
3. Have their identity, culture and diversity valued and supported
4. Live without abuse and neglect

²⁰ Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights \(information for providers\)](#) Web page accessed August 2023

²¹ Australian Government Department of Health and Aged Care and Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) (Effective 1 July 2019) Web page accessed August 2023

5. Be informed about their care and services in a way they understand
6. Access all information about themselves, including information about their rights, care and services
7. Have control over and make choices about their care, and personal and social life, including where the choices involve personal risk
8. Have control over, and make decisions about, the personal aspects of their daily life, financial affairs and possessions
9. Their independence
10. Be listened to and understood
11. Have a person of their choice, including an aged care advocate, support them or speak on their behalf
12. Complain free from reprisal, and to have their complaints dealt with fairly and promptly
13. Personal privacy and to have their personal information protected
14. Exercise their rights without it adversely affecting the way they are treated.

Consumer responsibilities²²

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 deliver quality 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 Law²³:

- 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
- 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.²⁴

1.3.7 CONSUMERS WITH SPECIAL NEEDS

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

²² Australian Government Department of Health and Aged Care and Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) (Effective 1 July 2019) Web page accessed August 2023

²³ Australian Government Competition and Consumer Act 2010

²⁴ Taken from Australian Government Department of Health and Aged Care advisory email: [Home Care Providers – Know your Rights and Obligations](#) 6 August 2018

Special needs groups

People with special needs include the following:²⁵

- People from Aboriginal and Torres Strait Islander communities
- People from culturally and linguistically diverse (CALD) backgrounds
- 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, intersex, queer or asexual (LGBTIQ+).

Other people whose needs CHNC 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

CHNC meets the needs of people with special needs through a range of strategies including:

- Identifying the special needs groups in the community including: people with dementia, people with disability, people with mental health issues, 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) the use of cue cards, electronic devices and other modes of communication appropriate to the person
- The use of interpreter services
- Ensuring family members are aware of key information and have a copy of written information (with the consumer's consent)
- 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 Disability 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.

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 needs of each individual throughout the assessment and support planning process.

²⁵ Australian Government Aged Care Act 1997 Section 11-3

In addition to the above CHNC has committed to trialling the strategies and action plans described in the Aged Care Diversity Framework²⁶.

Strategies for consumer groups

Aboriginal and Torres Strait Islander consumers

CHNC 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 that have Indigenous identified workers and support services.

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 and Aged Care translated information brochures and 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 consumers, we have regard for each individual's diversity, by considering 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 impaired²⁷

Consumers who are blind or vision impaired are 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.

Strategies we employ to support people with vision impairment include:

- The provision of information in large text
- The provision of information verbally
- Recorded information
- Aids and equipment individualised in consultation with the consumer.

Our staff can also support consumers who have support from an assistance or guide dog.

Consumers with hearing impairment

We refer to the Deafness Forum of Australia Good Practice Guide in establishing and maintaining an effective hearing assistance program.²⁸

²⁶ Australian Government Department of Health and Aged Care Sector Committee Diversity Sub-group Aged Care Diversity Framework December 2017 pp 9-10

²⁷ Australian Government Department of Health and Aged Care [Information for Aged Care Providers Newsletter Issue 12](#) August 2018

²⁸ Deafness Forum of Australia [Good Practice Guide Reference resources for aged care hearing assistance programs](#) September 2019

Consumers with hearing impairment are provided with:

- Support in accessing hearing services, if required
- Support in accessing sign language interpreting services. Consumers who are deaf, deafblind, or hard of hearing who are seeking to access or are in receipt of Commonwealth funded aged care services can access free sign language interpreting services. Face-to-face sign-language interpreting and Video Remote Interpreting services are available to support clients to engage with:
 - Activities of daily living
 - My Aged Care
 - Regional Assessment Services
 - Aged Care Assessment Teams
 - In-home aged care service providers
 - Residential aged care service providers, and
 - Other organisations involved in the provision of Commonwealth funded aged care services.

Sign language services are available in Auslan, American Sign Language, International Sign Language, and Signed English for deaf or consumers who are hard of hearing, and tactile signing and hand over hand for deafblind consumers.

Information on how service providers and consumers can access interpreting services is available at My Aged Care on 1800 200 422 or [Deaf Connect](#): Bookings for an interpreter can be made at [Deaf Connect Bookings](#) or by calling 1300 773 803 or emailing interpreting@deafconnect.org.au.

Information on how service providers and clients can access interpreting services is also available at [Translating and Interpreting Service \(TIS National\)](#).

- Information in writing
- Subtitles on TV and movies (including assistance to access these at home).

Consumers living with dementia or cognitive impairment²⁹

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 2023 (p100), 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

²⁹ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 12.2 What is changing cognition. This information can be applied to all programs

- 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.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) consumers

The Australian Government is committed to ensuring services provided to older gay, lesbian, bisexual, transgender and intersex (LGBTI) 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 (LGBTI 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 LGBTI 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 LGBTI issues where appropriate
- LGBTI-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 LGBTI 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 LGBTI-inclusive organisational policies and procedures.

We are also utilising the Val's LGBTI Ageing & Aged Care LGBTI-Inclusive Practice Review Tool to become culturally safe and inclusive for older lesbian, gay, bisexual, trans and intersex (LGBTI) people.³⁰

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).

³⁰ Val's LGBTI Ageing & Aged Care [LGBTI-Inclusive Practice Review Tool for Services Supporting or Caring for Older People](#) October 2020

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)
- Encouraging and supporting consumers to actively make choices and decisions around the care and services that will be provided
- Inclusion in the Service Commencement Practice items that support choice and independence
- 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](#))
- 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).

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
- 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 support 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

CHNC 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 Wellness and Reablement)

- Delivering Home Care 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 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).

Wellness and reablement

(See 2.3.1 Wellness and reablement.)

Consumer directed care³¹

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 clearly explain the reasons to them and document the reasons 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 packages

Consumers are encouraged to be involved in managing their Home Care Package. This can include contacting service providers, negotiating fees, and scheduling service provision.

The level of consumer involvement and control that has been agreed is documented in the consumer's support plan along with details of the providers and the services to be provided. This information may vary over time as the consumer's needs change. All changes are included in the support plan.³²

³¹ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 7.7 Can I decline a care recipient's request to sub-contract services?

³² Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 10.4 What happens if a care recipient wants to self-manage their package?

CHNC will still maintain oversight over what services self-managing consumers receive and how they spend their package budget.

We provide care management including payments for services, regular reviews, ongoing support and advice and reviewing the care plan to ensure delivery of safe and quality care and services based on the consumer's needs, goals and preferences. As this incurs staff time, we charge a care management price proportionate to the work incurred to oversee the consumer's self-management.

In reviewing requests to self-manage we consider:

- 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 prior to a decision being made.

***Can consumers employ family and friends to deliver their care?*³³**

The HCP guidelines state that payment to families and friends for care services are typically a program exclusion.

Consideration can be given under strict conditions where there is a lack of other providers such as in rural and remote areas and Aboriginal and Torres Strait Islander and CALD populations. (See the HCP Manual for the conditions.)

Consumer choice and risk

(See 8.10.7 Consumer Choice and Risk.)

1.4.4 INCLUSION IN COMMUNITY

Consumer participation in community

CHNC 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 CHNC's Social Support Programs. To foster participation CHNC:

³³ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 10.5 Can a care recipient employ family and friends to deliver their care?

- 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 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 CHNC, 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
- 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 Consumer Reviews and Reassessment.)

Community involvement

Community involvement is important in promoting awareness and referrals to CHNC, 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.

CHNC staff also participate in the following community activities:

- Regional network meetings and
- Program forums

The Manager and/or Coordinator regularly engage with 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 CHNC 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 Open Disclosure and other Principles in Managing Complaints).
- All staff receive information in encouraging and supporting consumers to communicate their decisions
- Information conveyed verbally is documented and forwarded to the Manager and Aged Care Programs Coordinator (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)
- 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

CHNC 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 Board members to ensure they are familiar with the information.

Changing the consumer handbook

The Consumer Handbooks' currency is maintained by the Aged Care Programs Coordinator. When information in the Handbook changes the Aged Care Programs Coordinator:

- 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 CHNC
- Contacting CHNC
- 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.
- Keeping appointments (see 1.5.5 Other Information/Home care - keeping appointments)
- Changing Home Care Providers
- Unspent Home Care Funds

1.5.3 CONSUMER AGREEMENTS

General

All consumers are offered an Agreement at the Service Commencement Meeting. The Agreement is explained to the consumer/representative and changes and details discussed and tentatively agreed to. We ensure the consumer has adequate time to review and understand the agreement and advise them that once they receive the finalised agreement, they are welcome to further discuss it or ask questions before signing it.

The agreement must be signed either by the consumer, or their representative if they are unable to sign because of physical incapacity or mental impairment before services are delivered. A support plan must also be completed and provided to the consumer before the agreement is signed.

Home care agreement HCP

The Home Care Agreement specifies, amongst other things:

- The purpose of the Agreement
- 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 CHNC
- 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.³⁴

Consumer declines to sign the home care agreement³⁵

Wherever possible, both the consumer and CHNC 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
- A file note of the discussion with the consumer about the basis of the agreement (including the date the discussion took place); and/or

³⁴ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 6.5 What should I include in a Home Care Agreement?

³⁵ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 6.7 What do I do if a care recipient won't sign a Home Care Agreement?

- 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 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 a copy of an agreement, both of which are verbally explained to them. Consumers are encouraged to ask questions about the care and services and operations of CHNC. (See 1.5.3 Consumer Agreements and 2.3.6 Assessment and Support Planning Process/ Service Commencement Meeting.)

1.5.5 OTHER INFORMATION

Home care - keeping appointments

Support staff 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 support staff arrive payment for that visit is requested as we still need to pay the support staff 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

CHNC is committed to the principles outlined in the Privacy Act 1988 and the Privacy Amendment (Enhancing Privacy Protection) Act 2012³⁶. 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 Information³⁷ and the Guide to Health Privacy³⁸, as guides to our privacy plan and processes.

1.6.2 PRIVACY PLAN

The CHNC 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 CHNC are:

- We have clear lines of accountability for privacy management. The Board has approved the Privacy Plan and has delegated day to day responsibility to the Manager. The Manager is directly responsible for privacy and for reporting to the Board on any issues including breaches. The Aged Care Programs Coordinator is responsible for ensuring our policies, processes and procedures are implemented and followed and report on any issues in their reports to the Manager. Staff with any privacy issues or queries can approach their immediate supervisor or the Aged Care Programs Coordinator
- 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 Board members and is utilised as a reference for senior management in the management of privacy³⁹
- 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 CHNC 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
- 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 (see 1.6.4 Consumers Right to Access Information) subject to the Grounds for Refusing Access specified in the Privacy Act 1988
- Consumers are supported by us should they have a complaint or dispute regarding our privacy policy or the management of their personal information

³⁶ Australian Government Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012

³⁷ Australian Government Office of the Australian Information Commissioner [Protecting Customers Personal Information](#) Accessed 8 August 2019

³⁸ Australian Government Office of the Australian Information Commissioner (OAIC) [Guide to Health Privacy September 2019](#) Accessed January 2023

³⁹ A copy of the OAIC Guide to Health Privacy is maintained in our Resources folder

- 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 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 by 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 principles⁴⁰
- The provision of information to people outside the service is authorised by the relevant supervisor
- 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 support 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).

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 CHNC 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 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.

⁴⁰ Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) webpage accessed August 2023



CHNC POLICIES AND PROCEDURES
SECTION 1: CONSUMER DIGNITY AND CHOICE

**1.6 PRIVACY AND
CONFIDENTIALITY**

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

CHNC 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 consumers⁴¹

CHNC 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
- 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 provider⁴²

Consumers can change providers if they are looking for a better fit, or for any other reason. Any unspent Home Care funds follow the consumer and CHNC 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

⁴¹ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 3.4.1 Security of tenure

⁴² Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 13 Changing home care providers

- Provide care until the day prior to the cessation day. Home care subsidy is not paid to CHNC 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 transfer of funds (See 8.5.2 Home Care Package Fees/ Improved Payment Arrangements and Unspent 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

(See also 2.2.2 Receiving Consumer Referrals Process/Commencing a home care package/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.

Consumers leaving the HCP program⁴³

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.

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.

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 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.

⁴³ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 14. Leaving the HCP Program

Inappropriate consumer behaviour

Inappropriate consumer (or representative) 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 their line manager verbally and complete an Incident Report.

The relevant team member assesses the consumer behaviour. If it is found inappropriate the relevant team member 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 line manager 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.

CHNC 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 1.7.3 Business Continuity and 8.10.10 Business Continuity Plan.)

1.7.2 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
- Advise My Aged Care
- Record all relevant information in the consumer record.

For HCP consumers see 1.5.3 Consumer Agreements and 8.5.2 Home Care Package Fees /Requirements for Consumers Leaving our HCP Service.

Deceased consumers⁴⁴

See 2.3.9 Deceased Consumers and Australian Death Notification Service.

This will also remove the consumer from the Home Care Package national priority system.

1.7.3 BUSINESS CONTINUITY

CHNC complies with CHSP program guidelines and the Aged Care Funding Agreement provisions that relate to ensuring continuity of service in the event of an adverse event. As part of our risk management processes, we have developed an Emergency Management Plan and a Business Continuity Plan that includes Risks for Vulnerable Consumers and a Business Transition Out of Service Plan.

(See 8.10.10 Business Continuity Plan for details.)

Service continuity

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.

⁴⁴ Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme Program Manual](#) 2023-2024
Published 10 July 2023, 2.1 Introduction, Recording deceased clients

1.8 LEAVE PROVISIONS

1.8.1 MAINTAINING COMMUNITY LINKS

CHNC 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 Packages⁴⁵

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.⁴⁶

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 ⁴⁷ are not payable
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 to avoid service delivery staff arriving when the person is unavailable.

⁴⁵ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 6.5.2 Care and services and 11 Leave

⁴⁶ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 11.1 When can a care recipient take leave?

⁴⁷ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide For Home Care Providers](#) Version 1.4 – August 2023, 11.2 What is the impact of leave on the home care subsidy and supplements? 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