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RECORD OF REVISIONS: SECTION 3: PERSONAL CARE AND CLINICAL CARE

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

3.1 PERSONAL CARE AND CLINICAL CARE GUIDE

3.1.1 CONSUMER OUTCOME[1]

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

3.1.2 ORGANISATION STATEMENT[2]

CHNC 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 POLICY[3]

- 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 CHNC, 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

- CHNC 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 and endorsed through the Clinical Care Committee Representative and approved through the Management Committee
- 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. Registered Nurses can delegate care to Enrolled Nurses and support workers relevant to their scope of practice. Senior clinicians report personal and clinical care performance to the Clinical Care Committee and clinical team meetings. The Allied Health professionals work within their scope of practice

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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.42. Note that Ibid means 'in the same source last referenced in the footnote above.'

3 Ibid., p.42.

- The Registered Nurse assesses clinical care needs, coordinates the review of consumers, develops clinical care support plans, refers consumers to appropriate health professionals, and conducts clinical reviews where required. The Registered Nurses and relevant allied health professionals provide education, training, competency assessment and supervision of support workers in the delivery of delegated care tasks as appropriate.
- 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).

3.2 DELIVERING PERSONAL CARE AND CLINICAL CARE

3.2.1 PRINCIPLES OF DELIVERING PERSONAL CARE AND CLINICAL CARE

CHNC 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[4]
- 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
- Supporting staff to be 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.

3.2.2 RISK ASSESSMENT: MINIMISING HARM

Assessment processes are described in Section 2 Assessment and Planning and in the Assessment and Support Planning Practice.

Risks to Consumers

Consumers may be at risk of events that can have a serious impact on 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
- 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 of consumers in the above areas is conducted on commencement with CHNC and ongoing. Referral and handover information from other agencies and consultation with the consumer and/or their representative assists in identifying risks. If risks are identified, we may seek health professional information and input to inform the development of an appropriate Support Plan and/or provide the consumer with information relevant to their risks.

[4] An example of evidence based nursing procedures is Mosby's Pocket Guide to Nursing Skills and Procedures (9th Edition) 2018

(See Assessment and Support Planning Practice.)

Home Care Packages

The Aged Care Programs Coordinator 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:[5]

- 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 support workers.

Support planning

Support plans are developed in consultation with the consumer and/or their representative to reduce the risk of harm to consumers. These are reviewed when care needs change, following admission to hospital and on a twelve-monthly schedule, (or six-monthly, if the consumer has complex care needs). The support plan is revised to respond to changes in condition and to 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.

Risk management

Significant risks identified through risk screening and linked to factors under the control of CHNC are reported to the Aged Care Programs Coordinator on a Tell Us What You Think form for clinical risk consideration at the next meeting of the Clinical Governance Committee.

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

Personal care is scheduled 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 Programs Coordinator and are provided with consumer details and the service type. Staff advise their supervisor 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)

[5] See Policies and Procedures/Resources/Consumer Resources

Staff deliver the support described in the support plan/s and complete Case Notes if an exceptional event has occurred. For example, if the support worker notices a change in condition or other exceptional event, they make a note in the case notes and email the Aged Care Programs Coordinator. The Coordinator follows up as required; any notes of the follow up are recorded in the consumer's record in the Consumer Management System - Lookout. Staff use the Incident Form to record hazards, medication errors or adverse events in addition to making a notation in the progress notes and may use their Handover Report to assist in remembering issues that need to be raised with their Coordinator.

Support 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 support workers to discuss any issues arising in the support they provide, and the Aged Care Programs Coordinator is available by telephone, at any time, if necessary.

Home Care Packages

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, 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 Aged Care Programs 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).

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.

Comprehensive clinical assessment

All decisions in relation to patient care are made by appropriately qualified personnel.[6] 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.

A range of support plans are used:

- A Support Plan for consumers with non-complex support needs
- 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.

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

[6] Victorian Department of Health, Wellbeing, Integrated Care and Ageing Division and the Home and Community Care Program Comprehensive health assessment of the older person in health and aged care Assessment template 2014 Disclaimer Website accessed November 2020

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.

CHNC 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 2.3.7 Support Plans/ 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)
- Medication management (see Medication Management Guiding Principles Practice, Support Worker Medication Support Practice)
- Providing end of life care (see Palliative and End of Life Care Practice)
- Minimising the use of restrictive practices (see 8.10.8 Abuse and Neglect/Minimising the use of restraint)

3.3.2 CONSUMER-FOCUSED CARE POLICY

Quality and safe care is provided to all CHNC 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 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.

3.3.3 AFTER DEATH - NOTIFYING MY AGED CARE

(See Palliative and End of Life Care Practice for information on the Australian Death Notification Service.)

3.4 MEDICATION MANAGEMENT POLICY

CHNC 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 Support Workers. Support Workers can not provide medication management support. Consumers are encouraged to remain independent 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[7]
- Department of Health and Aged Care Guiding Principles for Medication Management in the Community 2022[8]. (See also the **Fact Sheet** Guiding Principles for Medication Management in the Community[9]

The legislation guiding medication management in NSW is the Poisons and Therapeutic Goods Act 1966 and Poisons and Therapeutic Goods Regulation 2008[10]; however, this legislation does not define the roles of support workers in medication management.

The practices supporting the medication policy include:

- Medication Management Guiding Principles Practice Community Care
- Support Worker Medication Support Practice.

Definitions

(See 3.1.7 Definitions.)

Responsibilities

Support worker responsibilities

The Support Workers are responsible for medication support by:

- Never being involved in the management and/or administration of consumer medication
- Being adequately trained to identify potential adverse effects medication may have on the consumer (within their knowledge and skill)
- Liaising with their supervisor 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 an Incident Form
- Never providing medication advice or information to consumers/representatives.

Aged Care Programs Coordinator responsibilities

The Aged Care Programs 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)

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7 Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013 Accessed May 2023

8 Australian Government Department of Health and Aged Care Guiding Principles for Medication Management in the Community 2022 Accessed May 2023

9 Australian Government Department of Health and Aged Care **Fact Sheet** Guiding Principles for Medication Management in the Community Accessed May 2023

10 NSW Government Poisons and Therapeutic Goods Act 1966 and Poisons and Therapeutic Goods Regulation 2008

- Liaising with the doctor, pharmacist and registered nurse as required – refer consumer to a Registered Nurse if medication assistance is required
- Developing a medication plan for the consumer and identifying who will provide the medication support including medication support by the Support Workers (blister packed medications and other medications Support 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 Support Worker medication responsibilities.

Consumer medication

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.

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.

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.

Support 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.

3.5 RESTRICTIVE PRACTICES: RESTRAINT MINIMISATION AND USE POLICY[11] [12]

A restrictive practice in relation to a consumer is any practice or intervention that has the effect of restricting the rights or freedom of movement of the consumer and includes:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion.

3.5.1 DEFINITIONS OF RESTRICTIVE PRACTICES[13]

Chemical restraint

Chemical restraint is a practice or intervention that is, or involves, the use of medication or a chemical substance for the primary purpose of influencing a consumer's behaviour, but does not include the use of medication prescribed for the treatment of, or to enable the treatment of, the consumer for a diagnosed mental disorder or physical illness or a physical condition or end of life care for the consumer.

Examples of chemical restrain are the administration of any medication, including prescribed, pro re nata (prn or as required) and over the counter medication, to a consumer which influences, moderates or controls their behaviour.

Examples of pharmacological agents used as chemical restraint are antipsychotic, antidepressant, antimanic, anxiolytic and hypnotic medications.

Inappropriate use of chemical restraint

- The use of medications to restrict the movement and free will of a consumer when it is not being used to treat a medical condition.

NOTE: Inappropriate use of restrictive practices is reported to the Serious Incident Response Scheme (SIRS) as outlined in 8.10.9 SIRS Incident Management.

Environmental restraint

Environmental restraint is a practice or intervention that restricts, or that involves restricting, a consumer's free access to all parts of the consumer's environment (including items and activities) for the primary purpose of influencing the consumer's behaviour.

Examples of environmental restraint are restricting a consumer's access to an outside space, removing or restricting access to an activity or outside, or limiting or removing access to a wanted item, such as a walking frame, by putting it out of reach.

Mechanical restraint

Mechanical restraint is a practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a consumer's movement for the primary purpose of influencing the consumer's behaviour, but does not include the use of a device for therapeutic or non-behavioural purposes in relation to the consumer.

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[11] Australian Government Department of Health and Aged Care Decision-making Tool: Supporting a Restraint Free Environment in Residential Aged Care 2012 Accessed January 2023

[12] The Joanna Briggs Institute Aged Care Nursing Manual: Restraint Standards 2013

[13] The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021 and Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices March 2022

Examples of mechanical restraint include use of a lap belt or princess chair, bed rails, low beds or use of clothing which limits movement and is unable to be removed by the consumer.

Physical restraint

Physical restraint is a practice or intervention that is or involves the use of physical force to prevent, restrict or subdue movement of a consumer's body, or part of a consumer's body, for the primary purpose of influencing the consumer's behaviour; but does not include the use of a hands-on technique in a reflexive way to guide or direct the consumer away from potential harm or injury if it is consistent with what could reasonably be considered to be the exercise of care towards the consumer.[14]

Examples of physical restraint are physically holding a consumer in a specific position to enable personal care issues such as showering to be attended to, pinning a consumer down, or physically moving a consumer to stop them moving into a specified area where they may wish to go.

Seclusion

Seclusion is a practice or intervention that is, or involves, the solitary confinement of a consumer in a room or physical space at any hour of the day or night there: voluntary exit is prevented or not facilitated or; it is implied that voluntary exit is not permitted for the primary purpose of influencing a consumer's behaviour. Seclusion significantly affects a consumer's dignity and rights and should only be used after all other forms of behaviour management or alternative restrictive practices have been exhausted. Seclusion is an extreme form of restrictive practice and should never be used as a punishment.

Examples of seclusion are placing a consumer alone in a space or room from which they cannot exit, including a space by themselves where their access to a call bell or walker is limited, or imposing a 'time out'.

3.5.2 RESTRICTIVE PRACTICES POLICY

CHNC promotes a restrictive practices 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 restrictive practices.

We also abide by the Australian Government's legislative framework, including the Quality of Care Principles, to reduce the use of restrictive practices and acknowledges that a restraint-free environment is a basic human right for all consumers and restrictive practices, such as the use of any form of restraint, should not be implemented until all alternatives are explored. We are committed to the following rights for consumers:

- 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 use restrictive practices on 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, however; a risk assessment is conducted to ensure the safety of the consumer in regard to the use of safety belts.

[14] The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021

3.6 INFECTION PREVENTION AND CONTROL (IPC) - MINIMISING INFECTION RELATED-RISKS

(See 2.7 Infection Prevention and Control.)