



# Cabonne Council CHSP Policies and Procedures Policy

## 1 Document Information

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<b>Owner</b> <i>(Relevant director)</i>	Director of Finance & Corporate Services
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## 2 Summary

This document contains all policies and procedures relating to the operation of Cabonne Council's CHSP Multi-Purpose Outlet

## 3 Approvals

Title	Date Approved	Signature
Director of Finance & Corporate Services		

## 4 History

Minute No.	Summary of Changes	New Version Date
09/12/11-CS22/09	Adopted by Council	21 December 2009
13/09/30	Readopted by Council per s165(4)	17 September 2013
15/04/18	Readopted by Council per s165(4)	28 April 2015
18/07/14	HACC and Home and Community Care changed to CHSP and Commonwealth Home Support Program. Mention of Joint Advisory Committee removed. HADS (HACC and Disability Services) replaced with DEX (Data Exchange). Client	24 July 2018

	Contribution Policy Added at page 49. My Aged Care Eligibility, Assessment and Referral Process procedures added at pages 38, 39 and 41 respectively. Readopted as per s165(4)	
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**5 Reason**

To ensure that the Service operates according to CHSP Program Guidelines, the CHSP Program Manual, Service Description and Funding Agreements under the Home Care Standards and all relevant legislation.

**6 Scope**

Refer to Section 1- Service Management

**7 Associated Legislation**

**8 Definitions**

**9 Responsibilities**

**9.1 GM**

The General Manager is responsible for the overall control and implementation of the policy.

**9.2 Directors and Managers**

Directors and Managers are responsible for the control of the policy and procedures within their area of responsibility.

**10 Related Documents**

Document Name	Document Location

**11 Policy Statements and Procedures**

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## **Section 1 - Service Management**

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### **Responsibility**

The Service is responsible for the provision of:

- high quality, responsive and individually planned services
- services that are accessible and appropriate to the target population
- services that are in response to relative need and assessment

### **Guidelines**

The Cabonne Council will ensure that the service operates according to The Commonwealth Home Support Program Manual, Service Description and Funding Agreements under the Home Care Standards and all relevant legislation.

### **Statement of Purpose:**

The purpose of the Cabonne Council CHSP Service is to help maintain the independence of frail older people, to assist them to remain living safely at home. Many of these older people would otherwise be at risk of premature or inappropriate admission to residential aged care.

### **Goal**

#### **To support service users to live safely and independently in their own homes by:**

- Ensuring that the Service User remains the focus of the service
- Providing and promoting coordinated, individualised, planned and high quality services
- Developing services that respond to individual need and promote the independence and quality of life of the Service User.
- To meet the Aims and Objectives of the CHSP:
  - a. Provide a comprehensive, coordinated and integrated range of basic maintenance, support and care services for frail older people and their carers;
  - b. Support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their admission to long term residential care; and
  - c. Provide flexible, timely services that respond to the needs of these people.

### **Objectives of the Service are to:**

- Ensure high quality service provision to members of the CHSP target population
- Research consumer needs in order to develop appropriate services within the funding agreement
- Maintain a formal assessment system
- Work cooperatively with assessors and referrers
- Employ qualified and experienced staff with the skills and knowledge to provide appropriate services and support to the target group.

- Provide training and development to staff to ensure they have current and relevant skills and knowledge.
- Recruit, train and retain volunteers
- Promote the services throughout the Cabonne Local Government Area
- Monitor and evaluate consumer satisfaction with services provided and utilise this information to inform service development and planning - within a Continuous Improvement approach to the service.
- Liaise with relevant bodies i.e. Department of Health, New South Wales Meals on Wheels Association, New South Wales Neighbour Aid & Social Support Association, other CHSP funded and Health Services

### **Statement of Philosophy**

The Cabonne Council CHSP Service supports the right of individuals to:

- Make choices
- Dignity, respect, privacy and confidentiality
- Be valued as individuals
- Access appropriate services on a non-discriminatory basis
- Have accountable and responsive services available to the community

### **Outcomes**

The desired outcomes for The Cabonne Council CHSP Services are that:

- a) Older people are supported to remain safely in their homes for as long as possible
- b) Family or other primary care givers are supported in their role
- c) The service operates in an effective, efficient, responsive and an accountable manner

### **Target Population** (as defined by the Commonwealth Home Support Programme 2015)

- frail older people with functional limitations as a result of moderate, severe and profound disabilities; and
- the unpaid carers of these frail older people. Older people are defined as people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over.

The target population is frail older people living in the community who, without the basic maintenance, support and care services provided under the CHSP Program, would be at risk of premature or inappropriate long-term residential care.

The CHSP target population also includes older people who might not have, or be able to access long term residential care for cultural or geographic reasons, such as Aboriginal and Torres Strait Islander people in isolated communities, or care leavers, including people from the Stolen Generation.

# **Policies and Procedures**

## **1. Committees**

The service is managed by and is under the auspice of Cabonne Council. Cabonne Council has established Meals on Wheels Committees in Eugowra, Canowindra, Manildra and Yeoval in relation to the CHSP Services.

### **1.1 The Community Services Committee**

#### **1.1.1 Legal responsibilities**

Home Care Standards References: EO 1.1, EO 1.2

#### **Policy:**

Cabonne Council will ensure that:

- a) Cabonne Council CHSP Services operate in line with:
  - CHSP Funding Agreement
  - Service Description
  - CHSP Guidelines
  - CHSP Manual
  - Home Care Standards
- b) Staff employment agreements are complied with, that proper tax is deducted, and safe working conditions are provided
- c) Adequate insurance cover is provided
- d) The service operates within all the relevant Australian, State and Local Government Laws and Regulations and Legislation

#### **Procedures:**

- Organisational structure and decision-making processes are documented clearly.
- The Committee will be provided with regular reports from the Manager providing information relating to compliance with:
  - CHSP Funding Agreement
  - Service Description
  - CHSP Guidelines
  - Home Care Standards
  - WHS requirements
  - Insurances
  - Relevant Regulations and Legislation

#### **1.1.2 Policy and Planning Responsibilities**

Home Care Standards References: EO 1.1, EO 1.4, EO 1.5, and EO 1.6.

#### **Policy:**

Cabonne Council will ensure that:

- a) The policies and procedures are kept up to date and put into practice
- b) The Cabonne Council CHSP Services have clear goals
- c) High quality, effective and efficient services are available to service users
- d) The service meets the needs of those people most in need, including people from Aboriginal and/or Torres Strait Islander backgrounds, Culturally and Linguistically Diverse (CALD) backgrounds; special needs such as sensory loss or dementia.

**Procedures:**

- Policies and Procedures are reviewed regularly.
- The Community Services Committee will ensure that the service Coordinator establishes an audit program for the review of Policies and Procedures. The Corporate Calendar will identify the program of audits.
- Other reviews of Policies and Procedures are triggered by:
  - Changes to Regulations and/or Legislation
  - Changes to Funding Agreement and/or Home Care Standards
  - Continuous Improvement processes identifying a gap in the Policies and Procedures.
  - An incident, accident, complaint or other event that identifies the need for changes to policy or procedures.
- Goals of the service are reported annually by the service Coordinator to the Community Services Committee for discussion and/or review.
- Annual review and evaluation processes will assess the service quality and efficiency and the number of service users with special needs who have been supported. These will include but not be limited to:
  - Service user surveys
  - Service user focus groups
  - Community consultations
  - Gathering of informal feedback
- The Community Services Manager and the service Coordinator are responsible for ensuring that the data from these evaluations is collated, reviewed and utilised to improve service quality, plan for new services, amend policies and procedures and improve operations of the service.
- The annual Continuous Improvement Plan will identify and describe the review and evaluation processes and the actions arising from these.
- The Continuous Improvement Log will be used to detail day-to-day Continuous Improvement actions that are identified and completed in response to various opportunities including but not limited to: formal and informal feedback; complaints, compliments and suggestions; incidents and accidents; staff training.
- The Community Services Manager and the service Coordinator will provide the Committee with regular reports on the operations of the CHSP services. These reports will include information on (see template for Report to Committee):
  - Compliance
  - Finances
  - Progress against the budget
  - Progress against the Strategic Plan
  - Risk Management
  - Quality Reporting issues

- Service statistics

### **1.1.3 Participation in Planning**

Home Care Standards references: EO 1.1, EO 1.4 and EO 1.5

#### **Policy:**

Cabonne Council will ensure that the planning and evaluation processes of the service include:

- a) Ongoing monitoring of the service
- b) Plans are developed and evaluated on an annual basis, including an annual strategic plan
- c) Input from service users, volunteers, staff and other stakeholders
- d) Consideration of service users and potential service users with special needs such as those from ATSI backgrounds, CALD backgrounds, people with sensory loss and people living with dementia.
- e) Unmet needs of the people from the service target group
- f) Regular reporting from the Coordinator

#### **Procedures:**

- Ongoing monitoring and planning will involve:
  - Regular reporting processes to the Committee as detailed in 1.1.2 Policy and Planning responsibilities.
  - Annual review of the service statistics and the service user and stakeholder feedback results by the Committee.
  - The Community Services Manager and the Service Coordinator are required to provide the Committee with an annual report on the service statistics and the client and stakeholder feedback.
  - Consultations and other opportunities for feedback and input from the community and other stakeholders including representatives for people with special needs including but not limited to people with dementia, ATSI community, CALD communities.
- The Committee will provide the Community Services Manager and the Service Coordinator with feedback on the current Strategic Plan prior to the Strategic Planning Day.
- The Committee will provide support to the Community Services Manager and the Coordinator to undertake an annual Strategic Planning Day.
- The Strategic Planning Day will include as many of the following people as possible: representatives of the Cabonne Council Community Services Committee; members of the Advisory Committee; representatives of Community Transport; consumer representatives; other stakeholders including the CHSP Development Officer and representatives from other service providers including those .
- The service Coordinator's regular report to the Committee will include progress against the Strategic Plan.
- The Coordinator will complete an annual Corporate Calendar that details work to be completed for the year including tasks relating to the Strategic Plan.

- Input from service users, volunteers, staff and stakeholders will be gathered informally and formally in a number of ways such as: surveys; focus groups; informal feedback; discussions; volunteer and staff meetings; client service reassessments.
- The feedback will be collated, reviewed, analysed and the information will be used to inform the development of new services, the improvement of current services and the general operations of the service.
- The Continuous Improvement Plan and Log will record and track continuous improvements including those arising from input from our stakeholders.
- The demographic data and social planning data available to Council will be utilised to ensure the unmet needs of the target group are identified and understood.
- The Community Services Committee and the Community Services Manager will assist the service Coordinator to analyse this information and use the data in the Strategic Planning processes and in the review of current services and the development of new services.
- The service Coordinator will undertake regular re-assessment of service users to identify changing and/or unmet needs.
- The service Coordinator will report to the Community Services Manager and the Community Services Committee regarding the identified unmet needs of the target group and strategies to address these needs.
- The Coordinator will provide a regular report to the Community Services Committee and the Advisory Committee, addressing all the issues listed in the template for the Coordinator's report.
- The Coordinator will provide verbal reports to the Community Services Manager regarding issues that require attention before the next scheduled Committee meeting.

#### **1.1.4 Financial**

Home Care Standards references: EO 1.2 and EO 1.6

#### **Policy:**

Cabonne Council's financial responsibility is to make sure that:

- a) Expenditure is kept within budget
- b) Conditions of funding agreement are followed
- c) Funds are properly accounted for and an audit is conducted each year
- d) Audit is completed in time to be attached to the Annual Report, which is submitted to the funding body
- e) Unexpended funds are accounted for through the acquittal process
- f) Financial risk management policies are in place

#### **Procedures:**

- The conditions of the Funding Agreement are reviewed annually by the Coordinator to ensure all conditions are being met.
- The Coordinator will update the financial records to ensure funds are properly accounted for (at least 6 weekly).
- The Community Services Committee will annually review the financial records of the service to ensure unexpended funds are accounted for through the acquittal process.



### **1.1.5 Staff**

Home Care Standards References: EO 1.7

#### **Policy:**

Cabonne Council is responsible for:

- a) The recruitment of staff with appropriate qualifications, skills, experience and attributes.
- b) Upholding and meeting the requirements of the Equal Employment Opportunity Policy
- c) Adhering to WH&S requirements
- d) Providing staff with support, direction, supervision and appropriate training

#### **Procedures:**

- The Human Resources Policies and Procedures of Cabonne Council apply to the employees and volunteers of the Cabonne Council CHSP Services.
- The Coordinator has direct access to the Human Resources Manual of Cabonne Council.
- The HR Department of Council will assist with implementing and executing these procedures where possible.
- The recruitment of staff will adhere to the Council's recruitment policy and procedures. This includes but is not limited to the identification of the relevant skills, qualifications, experience and personal attributes for each position in the service.
- The Community Services Committee will ensure that the Job Description for the Coordinator is relevant and up-to-date.
- The Coordinator will ensure that there are up-to-date job descriptions for each employee position.
- The Community Services Manager will conduct (or arrange for an appropriate person to conduct) annual Performance Appraisals for the Coordinator.
- The Coordinator will conduct annual Performance Appraisals for the employees of the service, or will arrange for an appropriate person to conduct the appraisals.
- The Community Services Committee will ensure that Council's Equal Employment Opportunity Policy is up-to-date and a current copy is available to the Service.
- The Community Services Committee will ensure that the WHS Manual is regularly reviewed to ensure it meets all Legislative requirements.
- An up-to-date copy of the Cabonne Council WHS policies will be provided to the Coordinator.
- The Community Services Manager is responsible for advising staff at the service of the availability of WHS training through Council.
- The Community Services Manager is responsible for ensuring that the Coordinator has appropriate and timely support, direction, supervision and training. This will be achieved by meeting regularly with the Coordinator; reviewing the Coordinator's work plan and Corporate Calendar; conducting annual Performance Appraisals and providing the Coordinator with access to appropriate training to assist with building the capacity and the skills of the Coordinator.

### **Information Management Systems**

Home Care Standards References: EO 1.3

## **Policy**

Council will establish effective information management systems that ensure the safety, security and confidentiality of client and organisational records.

Council will ensure the service's information management systems meet all Commonwealth, and state government law and policy operational requirements for record keeping.

### **Procedures:**

- The Coordinator will keep accurate records and accounts, including receipts, proof of purchase and invoices, to show how funding has been spent and how the services have been provided.
- The Coordinator will maintain up-to-date and accurate records detailing services provided, outcomes achieved and Service User details;
- The Coordinator is responsible for ensuring that data reporting obligations under the CHSP MDS are fulfilled (see Corporate Calendar);
- All Service User related information and files (both paper and electronic) are securely stored in locked cabinets and, in the case of electronic files, with password protection to ensure that access is only permitted to those with the appropriate level of authority.
- Regular file back-up is conducted by Cabonne Council at 5pm every Monday and the back-up storage is securely located offsite.
- Service User records are kept for a minimum period of seven years following the cessation of service delivery;
- Records of business operations, including financial transactions, for a minimum period of seven years.
- The Coordinator is responsible for maintaining and securing accurate case notes on all Service Users. These service user case notes include but are not limited to: Service User name and contact details; Carer or other contact person; assessment form; re-assessment form; care plan or support plan; consent to share information; emergency plan; 'no response' plan.
- The Coordinator ensures that an annual check of service user records is undertaken to ensure that all information is up-to-date. This usually occurs at the time of re-assessment, but may also occur as part of an internal audit of client records.

## **Continuous Improvement**

Home Care Standards references: EO 1.5

### **Policy:**

The Cabonne CHSP Services actively pursues continuous improvement in all aspects of service management and delivery. Continuous improvement is integral to ensuring that the changing needs of service users are met with quality, responsive and individualised services. The service has systems in place to demonstrate quality improvements.

### **Procedures:**

- The Coordinator will develop an annual Continuous Improvement Plan (see template for Continuous Improvement Plan).
- The Coordinator will consult with management, staff and volunteers in the development and review of the Continuous Improvement Plan.
- The Continuous Improvement Plan will be presented to the Advisory Committee and the Community Services Committee for comment and approval.
- The Coordinator will regularly report to the Advisory Committee and the Community Services Committee on progress against the Continuous Improvement Plan.
- All employees and volunteers of the service are encouraged to contribute to continuous improvement activities of the service.
- The Continuous Improvement Log (see template for Continuous Improvement Log) will be used to record identified opportunities for continuous improvement activities in the day-to-day operations of the service.
- The Continuous Improvement Log will record the date the improvement was identified; priority; the issue; strategies/actions; the person responsible and the date the actions are completed.
- The Continuous Improvement Log is accessible to all staff that are expected to identify and record continuous improvement opportunities and strategies for addressing these.
- The Coordinator regularly checks the Continuous Improvement Log (at least monthly) to monitor continuous improvement and to ensure that appropriate actions are taken and that the relevant policies and procedures are amended to reflect any changes.
- The Coordinator is responsible for ensuring that ongoing consultation occurs with stakeholders including service users, management, staff, volunteers and the wider community.
- Consultations will occur in various formats to ensure that many views and experiences of stakeholders are collected. These may include but are not limited to focus groups; surveys; informal comments and discussions; networking meetings; casual comments and feedback from service users and carers and public meetings.
- The Cabonne CHSP Service welcomes and encourages stakeholders to feel safe to provide feedback on the service.
- Service users and their representatives, management, staff, volunteers, suppliers and other stakeholders are given information about how to make a complaint and how to provide suggestions and feedback to the service.
- Complaints are recorded on the Complaint Form, which is stored in the Feedback folder. The issues in the complaint are identified, actions taken and recorded and the person making the complaint is advised of the actions taken.
- The Complaints Register summarises all complaints and records the date of closure and the date any related continuous improvement actions are completed. The Complaints register located in the feedback folder.
- The Coordinator regularly monitors the Feedback Folder (at least monthly) and ensures that complaints are resolved promptly, appropriate actions are taken and recorded and that the person making the complaint is advised of the outcome.
- The Coordinator evaluates the outcomes of the feedback as part of the monitoring process.
- The Coordinator reports regularly (see Coordinator's Report template) to the Advisory Committee and the Community Services Committee on feedback (complaints, compliments and suggestions)
- The continuous improvement processes of the Cabonne CHSP Service include collection, collation and analysis of information, undertaking appropriate actions, and evaluation of these actions.
- The monitoring processes include, but are not limited to: (see Corporate Calendar)

- Internal audits of feedback (complaints, satisfaction surveys etc)
- Internal audits of operations
- Review of the Risk Management Plan
- Review of the Continuous Improvement Plan
- Review of Accidents and Incidents Register
- Review of Policies and Procedures
- The Coordinator ensures that feedback on implemented improvements is given to service users and their representatives, staff, volunteers, management and other stakeholders. This may occur through reports; newsletters; memos; training; noticeboards.

## **Risk Management**

Home Care Standards References: EO 1.6

### **Policy:**

The Cabonne CHSP Services are actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

### **Procedures:**

- The Coordinator (in conjunction with the Community Services Manager) is responsible for the development of a Risk Management Plan.
- The Risk Management Plan includes but is not limited to: Date identified; Identified risk; Impact; Likelihood; Consequences; Risk Rating; Strategies to minimise or remove the risk; Person Responsible; and Date actions are completed.
- The Risk Management Plan is reviewed and updated annually by the Coordinator
- The Continuous Improvement Log is used to record any identified potential or real risks, the actions taken to minimise or prevent these risks, the person responsible for the actions and the dates the actions are completed. The possible triggers for identifying risks include, but are not limited to the following: Accident / incident; complaint; other feedback; near miss; changing service user needs.
- The ongoing identification of risks occurs in a number of ways including but not limited to: regular internal audits; Home Environment Assessments; reviews of risk management processes; during staff/volunteer meetings.
- The Coordinator and the Community Services Manager consider risk management issues as part of the regular meeting discussion topics.
- Risk Management issues are discussed at staff/volunteer meetings.
- The Coordinator encourages staff and volunteers to actively identify risks, to take a preventative approach and to participate in risk management practices including but not limited to reporting / recording identified risks and taking actions to minimise the risks.

### **1.1.6 Other**

#### **Policy:**

Cabonne Council is responsible for:

- a) Dealing with service issues and problems as they arise and to provide necessary support and assistance

**Procedures:**

- The Coordinator has several avenues for raising service issues and problems with the Council. These include:
  - Via the Coordinator's report
  - During meetings with the Community Services Manager

**1.1.7 Meetings**

Council meetings are held:

- a) Community Services Meetings on the first Tuesday of each month
- b) General Council meetings on the third Tuesday of each month

**1.2 Local Meals on Wheels Committees are responsible for:**

- a) Organising the delivery of hot meals in their own area

**2 Planning And Evaluation**

**Policy:**

Council has a commitment to ongoing planning and evaluation of the service to ensure that the needs of the target group are met as effectively and efficiently as possible and that the service description schedule is followed.

Council will ensure that the Cabonne CHSP Service is actively involved in planning processes for the local community as well as broader regional planning processes.

**Procedures:**

**2.1** Cabonne CHSP Service will be represented at any NSW Department of Health Planning Sessions for the Cabonne Local Government Area or for the Central West Region.

**2.2**

- a) An Annual Service Planning Day will be held to review and amend the current Strategic Plan or to develop a new Strategic Plan.
- b) The Coordinator, in conjunction with the Community Services Manager will develop an Operational Plan in response to the priorities and strategies identified in the Strategic Plan.
- c) Agenda for the Planning Day may include, but is not limited to the following:
  1. Review and progress report on the previous plan
  2. Brief review of the Service Description Schedule, Service Agreement, Service Guidelines and the Home Care Standards
  3. An overview of the CHSP populations and the group serviced by the Cabonne CHSP Services including:

- Data gathered from service users and/or volunteer surveys
  - Summary of feedback (complaints, compliments and suggestions including a summary of the issues, actions and evaluation of outcomes)
  - Service data including units of service currently funded and /or provided
  - Gap analysis ( identified unmet need, unmet outputs, analysis for unmet outputs, recommendations for strategies to address these issues)
  - Demographic data for the community
  - Information on special needs groups and identified needs
  - Number of and description of service users
4. Overview of other services in the area:
- Location
  - Services provided
5. Identification of any duplication, gaps or unmet needs
6. Categorization and prioritisation of plans and strategies for the next year
7. Review of current policies
8. Review of communication strategy including but not limited to newsletter content.
9. Review of adequacy of volunteer numbers, strategies for succession planning and ensuring ongoing volunteer support.

**2.3** The Coordinator will present a mid-year report on the Strategic Plan and the Operational Plan to the Community Services Committee to enable the Committees to review, monitor and revise the Plans.

**2.4** The Coordinator is responsible for the development, implementation and monitoring of the Strategic Plan and Operational Plan.

- The plan will include Key Result Areas, priorities, strategies, actions, the person responsible for the actions and the time frames.
- Progress against the Strategic Plan will be monitored by the Coordinator and reported to the Community Services Committee.

### **3. Volunteer Management**

#### **Policy:**

The Cabonne CHSP Service recognises the valuable contribution made by volunteers to the service and the community. The Cabonne CHSP Service actively encourages the participation of volunteers. Volunteers will not be used to replace paid workers in the service.

The benefits of volunteer participation in the service include:

- Enabling volunteers to contribute to their community
- Encouraging the growth of social capital
- Enhancing the range of services available
- Ensuring community participation in the service

#### **3.1 Volunteer Roles**

- a) Information describing the roles of Volunteers and Volunteer Job Descriptions will be kept in the Volunteer folder.

- b) All Volunteers will be provided with a Volunteer Information Pack which includes but is not limited to:
- Volunteer handbook
  - Written copy of Role of Volunteers
  - Copy of Job Description
  - Copy of Volunteer Agreement for signing
  - Copy of Confidentiality Agreement for signing
  - Service User Rights and responsibilities
  - Code of conduct
  - Volunteer Rights and Responsibilities
  - WHS responsibilities
  - A record and claim form
  - Copy of newsletter
- c) Designated volunteers and volunteers who give an average of six or more direct service hours per month will be subject to an annual appraisal process
- d) Volunteer appraisal will take place annually. This will ensure:
- That volunteers are receiving adequate support and training for their role
  - That the position is being carried out effectively and efficiently
- e) Volunteers who give less than six hours per month will receive support and information as needed, through the newsletter and at information sessions

### **3.2 Volunteer Training**

- a) All new Volunteers will participate in an Orientation Program before commencing work.
- b) The Coordinator will conduct the Volunteer Orientation program.
- c) The Volunteer Orientation program will include but not be limited to:
- i. Meeting the employees and volunteers of the service
  - ii. An introduction to the Philosophy and Goals of the service
  - iii. A summary of the services provided to the community
  - iv. General information about eligibility for the service, target group, service user assessment, and home safety assessment.
  - v. Information about service user Rights and Responsibilities including privacy and confidentiality
  - vi. Information on the Feedback Management process (including complaints, compliments and suggestions)
  - vii. Copy of Volunteer Handbook
  - viii. Access to the Policies and Procedures Manual
  - ix. WHS information (risk management processes, working alone procedures; accidents and incidents reporting; manual handling; infection control; food safety procedures)
  - x. Days and times of work

- d) **On-the-job training** is made available to all new volunteers following Orientation. This involves providing appropriate written material, and arranging for one-on-one training between an experienced volunteer or staff member and the new recruit. This one-on-one training continues until such a time as the new volunteer feels confident enough to carry out the task/job alone. All volunteers will receive the service WHS booklet with other service information at time of orientation.
- e) **Off-site training** such as workshops that are held periodically within the Cabonne LGA will be offered to volunteers as appropriate. Topics for these workshops will be negotiated with volunteers and set on an annual basis.
- f) The Coordinator will use a number of methods to identify the training needs of volunteers. These may include but are not limited to, training needs analysis; changes in service user needs; identified skills gap; discussions at Volunteer meetings; Identification of training needs at annual appraisal meetings.
- g) All volunteers are expected to attend the compulsory training. (see list of compulsory training topics in Training folder)
- h) All volunteers are encouraged to attend additional training sessions and workshops that are applicable to their position. Training will be provided on a number of topics depending upon identified gaps in skills and knowledge; changes in service user needs; specialist training available; new approaches to service provision and core training needs of the service. The topics may include but are not limited to:
- Back care
  - Manual Handling
  - Stress management
  - Use of the hands free car phone
  - Safe food handling
  - Lone worker safety
  - Grief & Loss
  - Keeping safe while on the job
  - Dementia
  - Confidentiality and privacy
  - Communicable Diseases
  - Basic First Aid
  - Person centred care
  - An enabling approach
  - Consumer Directed care
- i) All volunteers will sign the Training Attendance Sheet and this will be noted on the Training Register and in volunteer files.
- j) All volunteers will complete a Training Feedback Form. (see Appendix)
- k) All training sessions are free for CHSP volunteers. The sessions will include free morning/afternoon teas or lunch. Accredited trainers or those with the relevant skills and knowledge will present the training sessions or workshops. Where relevant, certificates will be awarded for attendance and participation.
- l) All Volunteers receive a newsletter bimonthly
- m) International Volunteers Day is recognised every year

### 3.3 Volunteer Safety

- a) The Cabonne Council CHSP Service, because of the nature of the area and the funding, recognises that volunteer staff will be required, at times, to work alone and this may expose them to potential risks. The following risk management procedures have been developed to protect volunteers and to minimise the risks when working alone.



- b) WHS Home Safety Check will be conducted on all service users' homes, and a WHS Venue Safety Checklist will be conducted for all activity venues and locations
- c) Volunteers will be informed of any identified risks/safety issues associated with their work
- d) Volunteers will not work alone in situations of known risk
- e) A mobile phone will be available to volunteers who use the service vehicles
- f) Service vehicles will be serviced regularly to minimise risk of breakdown.
- g) Volunteers are instructed to lock vehicle doors in situations of risk when they are in the vehicle.
- h) Following service user visits, volunteers will report any identified risks/safety issues to the CHSP Staff. These issues will be referred to the Coordinator, recorded in the Risk Register, discussed at the next staff meeting and appropriate actions taken to minimise or eliminate the risk.
- i) The Coordinator will ensure that these actions to minimise the risks are evaluated and the relevant Policies and Procedures are amended.
- j) All volunteers will receive the service WHS Booklet with other service information at the time of orientation or before the volunteer commences work with the service.
- k) In the event of the death or hospitalisation of a service user, volunteers who have been involved with the support of that client will be informed of the situation.
- l) The Coordinator will ensure that appropriate support is available to these volunteers if required.

### **3.4 Volunteer Recruitment Procedure.**

The process used for volunteer recruitment is as follows:

- a) Requests for volunteers will be widely advertised in the community, amongst various groups and within the cultural communities of our service users.
- b) Interested volunteers will complete a Volunteer Application Form (see Appendix)
- c) The Coordinator, or an authorised staff member will conduct an interview. The interview will include the following areas:
  - o Name, address, telephone number
  - o Cultural background
  - o Languages spoken other than English
  - o Areas of interest
  - o Particular skills, talent and/or experience
  - o The type of work that the person would like and is able to do
  - o Any physical/mobility/health restrictions that might affect the type of volunteer work the person can undertake
  - o The service's expectations of volunteers:
    - Service Users' rights and responsibilities will be respected, especially confidentiality and privacy
    - A cooperative approach
    - Honesty
    - Sensitivity to the service users' needs, preferences and choices
    - Good communication skills
    - Good team worker
    - Punctuality
      - Clean and tidy appearance
  - o Times available
  - o Explanation of the procedure for reimbursement of out-of-pocket expenses

- The Coordinator must sight the volunteer's drivers licence, insurance and vehicle registration if applicable to the position
- Police check application forms
- d) Referees will be contacted for supporting evidence
- e) Police check forms will be processed
- f) The Coordinator will advise the applicant of the result of the police check and his/her acceptance or non-acceptance as a volunteer in the service
- g) If the volunteer's application is rejected, they may ask for feedback. The Coordinator's feedback will be based upon the abilities, experience, qualifications and skills relevant to the position applied for.
- h) If the application is accepted the volunteer will be given a Volunteer Information Pack (see 3.1b).
- i) The volunteer will be given sufficient time to read the information and ask questions.
- j) Where possible, the Coordinator will match the volunteer with the needs, interests and attributes of the service user

### **3.5 Grievance Procedure.**

Volunteers will follow the same procedure for employee grievances as is described in the Council's Human Resources Manual, page 44 Employee Grievance Handling. The Volunteer Handbook summarises this procedure.

### **3.6 Volunteer's Rights and Responsibilities.**

(From The Centre for Volunteering website:

[http://www.volunteering.com.au/become\\_a\\_volunteer/rights\\_responsibilities.asp](http://www.volunteering.com.au/become_a_volunteer/rights_responsibilities.asp))

#### **Volunteer Rights**

- Both volunteers and the organisations they work with have rights and responsibilities. Volunteers are engaged to perform a specific job and the organisation agrees to provide the volunteer with a worthwhile and rewarding experience. In return, each has the right to some basic expectations of the other.

#### **Volunteers have the right to:**

- Be treated as co-workers. This includes job descriptions and adherence to the requirements of: Equal Employment Opportunity, Work Health & Safety, anti-discrimination legislation and organisational grievance processes.
- Be asked for their permission before any job-related reference, police or other checks are conducted.
- A job or task worthwhile to them, for no more than 16 hours a week on a regular basis in one role.
- Know the purpose and "ground rules" of the organisation.
- Appropriate orientation and training for the job.
- Be kept informed of organisational changes and the reasons for the changes.
- A place to work and suitable tools for the job.
- Reimbursement of agreed expenses.
- Be heard and make suggestions.
- Personal accident insurance (in place of workers compensation insurance).

- A verbal reference or statement of service, if appropriate.

### **Organisations have the right to:**

- Receive as much effort and service from a volunteer as a paid worker, even on a short-term basis.
- To select the best volunteer for the job by interviewing and screening all applicants. This might include reference and police checks.
- Expect volunteers to adhere to their job descriptions/outlines and the organisation's code of practice.
- Expect volunteers to undertake training provided for them and observe safety rules.
- Make the decision regarding the best placement of a volunteer.
- Express opinions about poor volunteer effort in a diplomatic way.
- Expect loyalty to the organisation and only accept constructive criticism.
- Expect clear and open communication from the volunteer.
- Negotiate work assignments.
- Release volunteers under certain circumstances.

### **Volunteer Responsibilities:**

Volunteers have the responsibility to:

- Maintain confidentiality
- Value the rights of the employees and users of the service
- Discuss any concerns about their job with CHSP staff or a delegated committee member
- Participate in appropriate information sessions, training and support activities
- Follow the appropriate Job Description or negotiate changes with the Coordinator
- Submit claims and statistics in a timely manner

### **3.7 Money Handling Procedures for Volunteers**

- a) When handling money all volunteers will count the money and sign the run sheet
- b) All money received from service users will be receipted and the receipt given to the service user or carer
- c) All money received from service users at Community Restaurants and/or Social Gatherings by a volunteer is accounted in full view of the service user
- d) When money is returned to the office, a staff member will count the money and sign off
- e) When shopping with service users, all purchases will be the responsibility of the service user

### **3.8 Volunteer Insurance**

The service has an insurance policy, which covers all volunteers for any injury they may sustain in the performance of their duties.

## **4 Staff Management**

### **Policy:**

The Cabonne Shire CHSP Service is committed to active staff management processes that ensure the workforce is skilled, well supported and committed to the provision of quality services for our service users.

Staff Management procedures are detailed in the Council Human Resource Manual. Some policies are endorsed by Council to augment present policies and to adhere to funding body (Department of Social Services) requirements.

### **Procedures:**

#### **Staff Accountability**

##### **4.1 New Staff Orientation**

- a) All new staff will receive orientation to their position. This will include but is not limited to: Job Description; job specific information; location of relevant resources; position of work station; information regarding relevant work procedures, use of computer, access to shared drive, security procedures and office procedures/practices; introduction to other staff; tour of staff facilities; Staff Handbook; access to the Policies and Procedures Manual; access to the WHS Manual; discussion of WHS issues relevant to the position.
- b) The new staff member in consultation with her/his immediate supervisor will work through the CHSP Orientation checklist.

##### **4.2 Gifts**

- a) The CHSP Service recognises that making a contribution to others can enhance an older person's self-esteem. A legitimate form of this can be the giving of home grown fruit or vegetables or small gifts to CHSP volunteers or employees.
- b) The CHSP Service recognises the importance of not exploiting or abusing the generosity of service users. With this in mind, employees and volunteers may only accept gifts that have little monetary value.
- c) All employees and volunteers will abide by Council's Code of Conduct.
- d) Employees and volunteers will not accept gifts that may be perceived as being offered with the intent of influencing service provision.
- e) Volunteers and employees of the CHSP Service may accept small gifts on an occasional basis of value up to \$25. Gifts over this amount may not be accepted without consultation with and approval by Council
- f) Staff and Volunteers of the CHSP Service may not purchase goods from service users at less than market value

##### **4.3 Trauma Support for Staff**

The CHSP Service is committed to the provision of information, training and on-going support of employees and volunteers who, during the course of their work encounter traumatic situations involving service users and/or carers. These situations may include but not be limited to physical, verbal or emotional abuse of service user and/or carer; witnessing of, or

involvement in, an adverse event or accident; a natural disaster and death of a service user and/or carer.

**The service will:**

- a) Inform all employees and volunteers of the policy and procedures to be followed in traumatic situations involving service users and/or carers
- b) Make a copy of the policy available to all staff on request
- c) Ensure training that is appropriate to the position is available to all staff
- d) Offer ongoing support, supervision and debriefing to all staff who have encountered traumatic situations.
- e) The need for support will vary from case to case and it is the responsibility of the Coordinator, in consultation with Council's Human Resources Department to negotiate and implement a suitable method with the staff member affected by the traumatic event.

The Coordinator, or another person(s) chosen by the person affected by the traumatic event may provide the support. This may include, but is not limited to another staff member; the Community Services Manager, or another colleague. Offered supervision, debriefing and support may include any or all of the actions below.

- a) Discussing the problems and issues relating to the case in a climate of trust and confidentiality
- b) Sharing some of the frustrations and concerns relating to the case with
- c) Evaluating the nature and quality of service input into the case
- d) Determining the progress of the case to date and exploring future directions
- e) Deciding future directions
- f) Learning and sharing new ideas, skills and techniques for dealing with abuse of service users or their carers
- g) Deciding how to continually develop and improve the service's response to abuse
- h) Setting in place stress management techniques if required
- i) Offering professional counselling if this is a perceived need of the staff member.

It is the responsibility of the Cabonne Council Community Services Manager to negotiate and implement a suitable support method if the Coordinator is the affected staff member.

**4.4 Staff Protection**

The Cabonne Council CHSP Service, because of the nature of the area and the funding, recognises that employees will be required, at times, to work alone and this may expose them to potential risks. The following risk management procedures have been developed to protect staff and to minimise the risks when working alone.

- a) WHS Home Safety Check / WHS Venue Safety Checklist & Venue Risk Assessment Check will be conducted on all service user homes and all activity venues and locations.
- b) Safety audits of the workplace will regularly be undertaken
- c) Staff will be informed of any identified risks/safety issues associated with their work
- d) Staff will not work alone in situations of known risk
- e) A mobile phone will be available to staff who travel alone in the course of their work
- f) Service vehicles will be serviced regularly to minimise risk of breakdown.
- g) Staff are instructed to lock vehicle doors in situations of risk when they are in the vehicle.

- h) Following service user visits or activities, staff will report any identified risks/safety issues to the Coordinator. These issues will be recorded in the Risk Register, discussed at the next staff meeting and appropriate actions taken to minimise or eliminate the risk.
- i) The Coordinator will ensure that these actions to minimise the risks are evaluated and the relevant Policies and Procedures are amended.
- j) All staff will receive the service WHS Booklet with other service information at the time of orientation or before the staff member commences work with the service.
- k) Where an employee is working alone on the premises the following will apply:
  - i. Where possible doors will be locked
  - ii. The phone will be clearly labelled with emergency contact numbers
  - iii. Where possible staff will avoid working after dark
  - iv. Where possible staff will avoid entering or leaving the premises after dark
  - v. Where this is not possible, strong exterior sensor lights will be activated to light the car park and rear door
  - vi. Cars will be parked as near as possible to lighting

#### **4.5 Purchasing**

- a) All purchasing of equipment will be in accordance with the Local Government Act and in harmony with the current CHSP Service Outlet Budget.
- b) Payments of accounts due ie Volunteer Reimbursements are made by the completion of a requisition through Council's accounting system Synergysoft
- c) Payments under \$30.00 can be made using the Petty Cash system maintained by the CHSP Administration Officer
- d) Purchase of equipment or goods over \$30.00 is made by using Council's accounting system Synergysoft
- e) Regular orders ie Frozen Meals are made by CHSP Staff by completing a requisition
- f) All equipment over the value of \$1,000.00 will have an asset number allotted prior to purchase
- g) Purchase of equipment or goods will be in compliance with Council's Policy

#### **4.6. Code of Behaviour for All Staff (Employees and Volunteers)**

All staff will follow the Council's Code of Behaviour as set down in the Council Policies and Procedures Manual.

All employees and volunteers are provided with a copy of the Council's Code of Behaviour when they commence work with the service.

### **5. Insurance**

#### **Policy:**

The CHSP Service Outlet will comply with all legal requirements with respect to insurance.

#### **Procedures:**

- a) Insurance will include as a minimum:
  - Public liability for \$10,000,000
  - Property- fire

Contents- theft  
Volunteer insurance- personal accident  
Vehicle insurance  
Professional indemnity

- b) Insurance is through the Community Related Insurance and Superannuation Program
- c) All paid staff will be insured through the Council's insurance policy
- d) All insurance policies will be kept on file with Cabonne Council.

## 6. Students

### Policy:

Welfare (or other relevant courses/faculties) students are welcome to view the operations of the CHSP services when deemed appropriate by the Coordinator.

Students on placement must be covered by the appropriate insurance by their University, TAFE or other educational institution.

**6.1** Students from relevant faculties/courses (eg welfare; aged care; community services) can apply to access quality workplace training with this organisation.

When the educational institution contacts the Coordinator regarding student placement, the following process will be followed:

- a) The student will be interviewed by the Coordinator to determine suitability
- b) The Coordinator will contact the educational institution regarding the decision of whether or not to accept the student for placement
- c) If the decision is not to accept the student, an explanation will be given to the student and the educational institution
- d) If a student is accepted for a student placement with the service, the following steps will be taken:
  - i. The student will be informed of the starting date and time.
  - ii. The Coordinator (or another delegated staff member) will provide an Orientation Program before the student commences work. This Orientation Program is consistent with the Volunteer Orientation Program (see 3.2)
  - iii. The Rights and Responsibilities of volunteers will also apply to students (see 3.6)
  - iv. The student will adhere to the standards set in this service
- e) An Information Pack will be given to the student. The contents of the Information Pack will include but is not limited to:
  - i. Volunteer handbook
  - ii. Copy of Confidentiality Agreement for signing
  - iii. Service User Rights and Responsibilities
  - iv. Code of conduct
  - v. Volunteer Rights and Responsibilities
  - vi. Information on accessing the Policies and Procedures
  - vii. WHS responsibilities
  - viii. Copy of newsletter
- f) The student and the service will enter into and sign a learning contract

- g) A student work plan will be formulated from the learning contract
- h) The student will be allocated tasks, supported and supervised by the Coordinator in the performance of those tasks
- i) The Coordinator, the student and a representative of the educational institution will complete a mid-term assessment.
- j) The student work plan will be modified if required after the assessment
- k) The Coordinator will complete a final assessment which will be submitted to the educational institution.
- l) Should the student perform well, then a letter of reference will be written by the Coordinator and given to the student. All appropriate and approved expenses incurred while engaged in workplace training will be reimbursed
- e) Training may be terminated if the student does not comply with the learning contract and plan or if he/she contravenes the Code of Conduct.
- f) The student will sign an agreement to adhere to these procedures.

## **7. Work Health and Safety**

### **Policy:**

The Cabonne Council CHSP Service is committed to providing a safe and positive working environment for its staff (employees and volunteers), acknowledging that staff wellbeing is a major factor in enabling them to perform their duties to the best of their ability. It is recognised that the service has a responsibility to provide safe working conditions and work practices.

The Cabonne Council WHS Manual applies to the Cabonne Council CHSP Service. A copy of the Council WHS Manual is located at the CHSP Service office.

All employees and volunteers are provided with training in WHS and are given access to the WHS Manual.

The CHSP Service is covered by Council's WHS Policy with the following expansions:

### **7.1 First Aid**

- a) A First Aid Kit is located in the bottom locker in the Coordinators office
- b) A First Aid Kit is located in the glove compartment of each service vehicle
- c) The Coordinator will appoint a staff member to be responsible in ensuring the First Aid Kits are properly maintained
- d) The Register of Injuries is kept near the office First Aid Kit
- e) All Injuries or incidents will be recorded and dealt with according to Council's policy
- f) All paid staff will hold a current Senior First Aid Certificate
- g) Accidents and Incidents will be recorded in the Accident and Injury file. The outcomes of these events will be recorded and actions taken to avoid recurrence will be noted.
- h) The Coordinator will regularly review the Accident and Injury file to ensure that relevant issues have also been recorded in the Continuous Improvement Log for actions and appropriate review of Policies and procedures.
- i) The Coordinator will report on Accidents and Injuries as part of the Risk Management and Continuous Improvement reporting to the Community Services Committee. This data will also be reviewed at the Annual Planning Meeting to inform future Risk Management Plans and Continuous Improvement Plans.



- j) Should a trend in accidents, injuries or risks be identified, the Coordinator will, in consultation with the Council Risk Officer ensure appropriate measures are taken to prevent recurrence or to minimise the risk. The relevant Policies and Procedures will be amended and employees and volunteers advised and educated in relation to these changes.

## **7.2 Immunizations.**

All staff (employees and volunteers) will be offered immunization against the current influenza virus

## **7.3 Staff Protection.**

The Cabonne Council CHSP Service will have appropriate procedures in place to ensure the workplace is safe for staff (employees and volunteers). (See 4.4)

## **7.4 Keys**

- a) All keys allocated will be recorded in a register which lists date of issue, to whom and when returned.
- b) The number of keys issued will be kept to a minimum.
- c) Personnel leaving the service must return all keys. If this does not occur, the locks will be changed.
- d) All keys must be kept in a secure place.

## **7.5 Cash and Valuables**

- a) All cash and valuables are to be kept at a minimum at the Cabonne CHSP site
- b) All cash and valuables that are kept on site will be locked in a secure place
- c) Personnel will be discouraged from bringing large amounts of cash and valuables to the Cabonne CHSP site
- d) A sign stating, "No cash kept on premises" will be displayed
- e) Monies will be banked frequently
- f) Cash should be counted in a secure place out of sight
- g) Staff should not take cash home unless permission is given by their supervisor

## **7.6 Staff and Volunteer Phone Numbers**

All staff (employees and volunteers) are not to give out their private (home and/or mobile) phone numbers to service users.

## **7.7 Client Home Safety Check**

- a) At the time of conducting the service user assessment, the Coordinator will also complete the WHS Home Safety Check.
- b) The completed WHS Home Safety Check and the Risk Indicator Chart will be used to calculate risk for staff (employees and volunteers) when they are attending the service user's home.
- c) The Coordinator will prioritise and undertake appropriate actions (based upon the calculated Risk Category) to minimise or remove the identified risk. These actions will be recorded in the service users' file and also in the Risk Log and the Continuous Improvement Log if appropriate.

- d) The Coordinator will ensure that the Continuous Improvement actions include revision of the relevant Policies and Procedures and advising and educating employees and volunteers regarding any changes.

## **7.8 Serious Incidents**

### **Policy:**

Cabonne Shire CHSP Service has a commitment to minimise the risk of harm to service users and staff members from:

- i. the CHSP services they deliver; and
- ii. the environment in which they deliver CHSP services.

If a serious incident does occur during or as a result of service delivery, staff (employees and volunteers) must respond appropriately (as detailed in the Procedures below).

The Cabonne CHSP Service will have procedures in place to ensure that the appropriate people and organisations are notified of any serious incident.

A serious incident is an incident that occurs as a result of, or during, the delivery of CHSP services, and includes:

- i. the unexpected death of a service user, staff member, subcontractor or volunteer;
- ii. a serious injury to a service user, staff member, subcontractor or volunteer;
- iii. allegations of conduct that may result in death, harm or injury, made in relation to a service provider's organisation, staff, subcontractors or volunteers;
- iv. allegations of unlawful or criminal activity, made in relation to a service provider's organisation, staff, subcontractors or volunteers; and
- v. a serious fire, natural disaster, accident or other incident which will or is likely to prevent service provision, or which results in closure or significant damage to premises or property, or which poses a significant threat to the health and safety of service users, staff, subcontractors or volunteers.

### **Procedures:**

#### **7.8.1**

If a serious incident occurs as a result of, or during, the delivery of CHSP services, staff must:

- a) Respond to the immediate needs of the individual
- b) Re-establish a safe environment;
- c) Immediately advise the Coordinator or most senior staff member available
- d) The Coordinator will advise the staff member of further actions to be taken eg Call 000 or the Police
- e) The Coordinator is responsible to immediately notify the Department of Social Services in writing. The Coordinator must make this notice to the Department within 24 hours of the incident occurring or within 24 hours of the Coordinator becoming aware of the incident.
- f) The Coordinator will document the incident in the client file.

- g) The Coordinator will also record the incident in the Accident and Incident register and log the details in the Risk Register if there is potential for recurrence.
- h) Actions, outcomes and any amendments to Policies and Procedures will be recorded in the Continuous Improvement Log.
- i) Staff (employees and volunteers) will be advised of any changes to procedures and relevant education provided.

(Also refer to this requirement being set out in clause 35 of the Aged Care Funding Agreement. In addition, the specific requirements for notices made under the Aged Care Funding Agreement are set out in clause 50.)

## 7.8.2 Death of a Client

### Procedure:

- a) If staff (employee or volunteer) of the CHSP Service are the first on the scene of the death of a service user, they will:
  - i. Call 000 and report the death to the Police
  - ii. Do not move, or even touch the service user
  - iii. Notify the office on 63 441 199
  - iv. Wait for the police or ambulance to arrive
  - v. Office staff will then organise someone to take over any further work duties the staff member involved may have (ie other service user appointments, delivering meals, library book delivery)
  - vi. Staff are expected to assist police with inquiries if required
- b) At all times the decisions of the bereaved family will be respected as will any cultural or religious beliefs and practices of the service user and/or his or her family.
- b) The Coordinator (in consultation with the Community Services Manager) will assess whether this event requires notification to the Department of Social Services as a 'serious incident'. If so, the Coordinator will notify the Department within 24 hours of the event occurring or within 24 hours of the Coordinator being made aware of the incident.
- c) Following the incident:
  - i. The Staff member (employee or volunteer) and Coordinator will write an incident report or, if the incident takes place outside of Canowindra the volunteer will contact the Health Centre, the hospital or the committee member who represents the town where the incident occurred. In this instance these two people will write a report of the incident and send it to the CHSP office as soon as possible. **In all cases the Coordinator or most senior staff member at the CHSP office should be notified.**
  - ii. The incident report will then be forwarded to Council on the day it is received
  - iii. As with any traumatic incident, informal debriefing or formal counselling will be offered to the staff member involved
  - iv. The staff member involved may be assisted or supported to attend the funeral if this is the wish of the staff member.

### **7.8.3 Support for staff following a serious incident**

- a) Following the death of a service user, bereavement support will be offered to the staff involved. Support from a bereavement counselling service will be sought if necessary.
- b) Carers who receive support from the Cabonne CHSP Services will not be denied service provision because the service user has died or has moved into residential aged care. Carers will receive support during the grieving period and assisted to find ongoing support services if required.

## **8. Suspected abuse of service users and / or carers**

### **Policy:**

This policy has been developed to:

- Provide all staff (paid and unpaid) with guidelines for identifying and responding to these situations
- Clarify the roles of the service in responding to these situations
- Clarify the type and range of responses that can be provided to victims of abuse

### **a) Introduction & Background**

The term 'elder abuse' was adopted in the 1980s to describe family violence situations involving older people, and is still used in many countries. The definition was adopted from the Australian Network for the Prevention of Elder Abuse (ANPEA): Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, and social and/or neglect. (ANPEA 1999).

Elder abuse is a complex issue, which can challenge views about the nature of families and the status of older people in our community. In many cases, both the victim and perpetrator may not be aware that what is occurring is abuse.

CHSP recognises that abuse of service users and their carers does exist in the community and that, in the course of work, staff (paid or unpaid) may encounter suspected or actual abuse situations involving services users and carers.

CHSP will ensure that services users, carers and volunteers are protected from abuse if possible. It is the right of every individual to be safe in their own home.

### **b) Definitions**

Abuse as it is used throughout this Policy refers to sexual assault, physical, emotional and financial abuse, domestic violence, and neglect.

Abuse is the wilful or intentional harm caused to an individual by another person with whom they have a relationship implying trust.

There are different categories of abuse and each specific type has different contributing factors. These are:

- Financial or material abuse – the illegal or improper use of a persons property or finances
- Emotional abuse – includes verbal assaults, threats or maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge the persons existence
- Physical abuse – the infliction of physical pain, injury or physical coercion
- Sexual assault and abuse – sexual assault and abuse includes a range of offences including rape, indecent assault and sexual harassment. It also includes sexually exploitative or shaming behavior, such as leaving an aged person undressed
- Domestic violence – violence, abuse and intimidation perpetrated by one person against another in a personal, intimate relationship. Occurs between two people where one has power over the other causing fear, physical and / or psychological harm
- Social abuse – the forces isolation of older people, restricting or stopping social contact with others, including attendance at social activities
- Neglect – failure of a service or carer to provide the necessities of life to a person for who they are caring for which has a detrimental effect of the older person's health and / or welfare. This include failing to provide adequate food, shelter, clothing, medical or dental care, hygiene, and failure to medicate or over-medicate.

### **c) Principles**

The following principles are to be observed by CHSP staff (paid and unpaid) in relation to elder abuse.

#### **i. Prevention**

CHSP acknowledges that prevention is the best protection from abuse.

Effective prevention strategies will include recruitment screening process to protect service users from exposure to individuals who have a history of harming vulnerable people. By ensuring both paid and unpaid staff is adequately screened, CHSP can maximize the chances of employing suitable individuals to work with vulnerable service users.

Prevention strategies will include

- Clear expectations regarding behaviors towards service users included in Position Descriptions
- References provided by applicant will be thoroughly checked
- Criminal record checks will be processed on all applicants before employment commences
- Induction and ongoing training sessions will be conducted, which will include:
  - Inappropriate treatment of service users
  - Identifying the risk factors for abuse
  - Service Code of Conduct
  - Service users Rights and Responsibilities

Protection of service users and prevention of harm will be enhanced by fostering an organizational culture that actively encourages and supports service users and their carers to access complaint mechanisms and raise

concerns about service delivery. This includes ensuring service users have the opportunity to express their needs positively.

**ii. Detection**

Suspected and / or actual abuse situations may be detected by staff (paid or unpaid) in a number of ways:

- Observing signs and changes in a service user or carer's status that may indicate an abuse situation
- Observing signs and change in a service user or carer's behaviour that may indicate an abuse situation
- Witnessing an incident of abuse involving the service user and/or carer
- Noticing a home environment that is hazardous to a service user's and/or carer's health, or where there is evidence of neglect
- Disclosure of abuse by service user or carer

**d) Intervention Principles and Procedure**

**i. Principles**

The following principles will apply wherever CHSP identifies a case of abuse:

- Victims will be encouraged and assisted to make their own decision, and be provided with information about all relevant options including the right of service refusal
- Intervention will be victim focused with a view of ensuring safety
- Victims of abuse should be offered protection only through legal remedies
- Assault and other forms of abuse are criminal offences
- Confidentiality of information is to be respected
- The desire of the victim for an independent advocate of their own choice will be respected

**ii. Procedure**

The following procedure will be used in cases of suspected or actual abuse:

- The staff member (paid or unpaid) who is the first to identify the abuse situation will discuss the situation with the Coordinator
- The staff member will pass on all relevant information and complete part of the Identification of Abuse Form. The staff members will be offered support and debriefing.

**e) Duty of Care, Privacy and Confidentiality**

CHSP has a duty of care to its services users and carers who may be affected by the service's action or inaction. This duty of care refers not only to the actions of staff, but also to advice which they give, or fail to give.

In the case of abuse, confidentiality is between the service user and / or carer and CHSP, not the individual staff member (paid or unpaid). The staff member who identifies the symptoms of abuse will not discuss the suspected abuse with anyone other than the Coordinator, or in the Coordinator's prolonged absence, the Community Services Manager. An exception to this would be if the threat of danger is physical and imminent, then, as duty

of care, the staff identifying the abuse should contact the Police immediately. The Coordinator should be informed of this outcome as soon as practical.

The services and carer has the right to decide what personal information is to be revealed to another organisation. Failing that, the service user/carer needs to be aware that confidentiality cannot be maintained in some circumstances.

Circumstances where a service user's/carer's confidentiality may be over-riden include:

- There is an obligation not to conceal a completed or intended crime
- Disclosure may be required when in a person's interest i.e. the person may be suicidal
- There may be a duty of care to warn a third party who may be in danger

#### **f) Supporting Staff**

CHSP is committed to the provision of information and training on abuse issues and on-going support for those who encounter abuse situations involving service users or carers.

CHSP will:

- Inform all paid and unpaid staff of agency policy and procedure to be followed in cases of suspected or actual abuse situations involving service users or carers
- Make a copy of this policy available to all paid and unpaid staff on request
- Ensure that training is available by offering information sessions as required
- Offer on-going support, supervision and debriefing to all staff (paid and unpaid) who have encountered abuse situations
- It is the responsibility of the Community Services Manager to negotiate and implement a suitable support method for the Coordinator when and if needed

## **9. Disaster and Recovery**

### **Policy:**

Cabonne CHSP Service will have a Disaster/Emergency Plan to ensure quality service to users is not disrupted in time of emergency and that the safety of service users, staff (employees and volunteers) and equipment is protected.

As the Cabonne CHSP service is not an emergency service provider, this plan will focus on securing rather than rescuing.

### **Procedures:**

#### **9.1 The Securing of Service User and Volunteer Data**

- a) Each service user will be allocated a code number
- b) The service user data base will be protected with an access code
- c) All current service users records will be entered onto the data base
- d) All new service user data will be entered onto the data base as soon as possible after being received
- e) All service user minimum data will be filed in hard copy
- f) A back up of all information will be occur weekly
- g) The back up of information will be kept off premises in a secure place
- h) A copy of the volunteer register will be held with the service user data

## **9.2 The Securing of Service Policies**

- a) A hard copy of the policies and procedures will be kept in the Commonwealth Home Support Program office
- b) The policies and procedures will be stored in the computer
- c) A back up disk will be kept in a fire-proof container in the strong room
- d) Cabonne Council will hold a soft copy of the policies and procedures
- e) The CHSP Office will be locked when staff vacate the premises

## **9.3 The Securing of Equipment**

- a) All equipment will be entered onto an equipment register
- b) All equipment will be fully insured
- c) Provision will be made in the budget for asset replacement
- d) The CHSP Office will be locked when staff vacate the premises

## **9.4 Protection of People in the CHSP Service Rooms**

- a) A roll will be compiled of all attendees at the beginning of each session
- b) Staff will be responsible for maintaining the roll and for its safe removal from the premises
- c) The Exit Plan will be explained at the beginning of each session
- d) An Exit Map will be prominently displayed. The map will detail the location of Fire Extinguishers, Fire Blankets and Meeting Points
- e) First Aid Kits will be well signed
- f) Fire Extinguishers, First Aid Kits, Universal Precautions Kits and Fire Blankets will be regularly inspected and updated as required

## **9.5. Recovery Plan**

To ensure that services will return to normal as soon as possible, prescribed procedures will be followed:

- a) Council will be informed of the disaster and the extent of damage, if known
- b) Council will provide assistance in acquiring premises and setting up a temporary office
- c) The insurance company will be informed of damage
- d) All information that has been lodged with Council for safety will be obtained
- e) Service users and volunteers will be informed of any interruptions to service provision
- f) Alternative sources of service provision will be investigated if the disruption is expected to be lengthy.
- g) Service provision will be resumed as quickly as possible

## **10. Use of Equipment and Vehicles**

### **10.1 Register of Equipment and Training**

- a) A register of all equipment will be kept up-to-date
- b) The WHS Policy must be followed when operating any equipment
- c) The Coordinator will arrange for the provision of appropriate training for any staff member who is inexperienced in the use of any equipment
- d) The Coordinator will arrange appropriate training as required (eg new equipment) to update staff on the use of equipment.

### **10.2 Photocopier**



The purpose of the photocopier is for the use of Cabonne CHSP Service administration.

- a) Office staff only may use the photocopier
- b) Service use cost is borne by the project
- c) All other photocopying must be paid for as per the Council Fees and Charges Policy

### **10.3 Laminator**

- a) The purpose of the laminator is for the use of Cabonne CHSP Service administration.
- b) The laminator may only be used by office staff for the administration of the service unless otherwise negotiated with the Coordinator at an appropriate cost.

### **10.4. Computers and Internet Access**

- a) The Computers owned by the Cabonne CHSP Service may only be used by staff of the service.
- b) Personal use of Internet access is limited and should not interfere with work related duties. This must be in accordance with established Council Policies.

### **10.5 Fax**

The purpose of the fax machine is for the use of the Cabonne CHSP service administration.

- a) Office staff only may use the fax.
- b) Service use cost is borne by the project.
- c) All personal use of the fax must be paid for at the cost as set by Cabonne Council

### **10.6 Telephones**

- a) Only office / Council staff, or people authorised by an employee may use the office telephones
- b) Service use cost is borne by the program
- c) Use of the lines for personal calls should be kept to a minimum and not interfere with work related duties
- d) All personal STD calls are to be paid for at standard rates

### **10.7 Mobile Phones**

Staff (employees and volunteers) will have access to a mobile phone while driving the Commonwealth Home Support Program vehicles and are engaged in service work.

The Cabonne Commonwealth Home Support Program Service will abide by the Council Mobile Phone Policy with the following amendments and expansions:

- a) In 7.2.1.2 The standard greeting does not apply but will reflect the actual service involved and the contact phone number will be 02 63 441 199
- b) In 7.2.3.3 the suffix does not apply. The phone based in the Home and Community Car Service vehicle is only used for service calls. The coordination phone will be accounted each month against the users mobile phone account
- c) All staff (employees and volunteers) that use the Commonwealth Home Support Program vehicles will be trained in the use of the mobile phone. This will form part of the orientation pack for new staff members (paid and unpaid)
- d) A short list of emergency contact phone numbers will be kept with the mobile phones
- e) The office phone number is pre-programmed into the Commonwealth Home Support Program mobile phones

- f) The mobile phone is recharged regularly by Commonwealth Home Support Program office employees to ensure reliability of service in the event of a safety issue or emergency occurring

### **10.8 Freezers**

- a) The purpose of the freezers is to hold frozen meals for the Frozen Meal Service. They should be used exclusively for that purpose.
- b) Any other use must be negotiated with the Coordinator.

### **10.9 Loan of Equipment**

Service users may access equipment if assessed as needing this service

## **11 Vehicle Management.**

- a) The use of all vehicles is subject to Council's Motor Vehicle Management Policy.
- b) The service vehicles may only be used for service-oriented work and not for private use with the exemption of the vehicle under leaseback conditions
- c) One vehicle will be used primarily for the Coordination of the service
- d) One vehicle will be used primarily for Commonwealth Home Support Program and the Community Visitor Scheme service provision and may be used by staff for activities related to the position
- e) A register of vehicles must be kept up-to-date and held by Council
- f) Staff (employees and volunteers) who drive a service vehicle must have an appropriate current drivers licence
- g) Vehicles are locked at all times when unattended
- h) Vehicles are cleaned on a regular basis by the contracted cleaner
- i) Required servicing and maintenance is carried out by qualified Council staff at the Cudal or Molong depots
- j) Fuel, oil and tyre pressure are regularly checked
- k) Petrol is purchased from the assigned depot and accounted against the appropriate vehicle job number using the CHSP Fuel Card
- l) Should petrol need to be purchased away from this point, an application for reimbursement will made to Council and reimbursement made when a Tax Invoice is presented
- m) If the vehicle is damaged, this must be reported to the CHSP office as soon as possible
- n) When vehicles are in use a Council Log Sheet will be kept and submitted to Council at the end of each two-week period by the Food Services Officer
- o) A first aid kit will remain in the vehicle. This kit will be updated and items renewed as necessary
- p) Emergency telephone numbers are available in the vehicle.
- q) A vehicle safety check sheet will be filled in by the cleaner and drivers encouraged to check this form prior to each trip
- r) An incident/accident reporting form must be kept in the vehicle
- s) Smoking is not permitted in CHSP Service vehicles

### **11.1 Motor Vehicle Accident**

Any staff member (employee or volunteer) who has a car accident while driving a project vehicle should follow the endorsed Council Motor Vehicle Management Policy. A summary of this policy is kept in car glove box.

## **12 Annual Presentation of Data**

### **12.1 Reporting to the Department of Social Services – as the funding body**

- Submission of First Quarterly CHSP MDS Report – no later than 25 October
- Submission of Second Quarterly CHSP MDS Report – no later than 25 January
- Submission of a Progressive Output Variation Report – due 31 March
- Submission of Third Quarterly CHSP MDS Report – no later than 25 April
- Submission of Final Quarterly CHSP MDS Report – no later than 25 July
- Submission of Annual Output Variation Report for 12 month period – due 30 September
- Submission of Annual Financial Accountability Report for 12 month period – due 30 September

### **12.2 Ongoing monitoring** of the service will occur through numerous mechanisms:

- a) The Coordinator will report regularly to the Community Services Manager. This report will cover all the above items and any other issues that may affect service outputs and/or service quality.

### **12.3 Annual Report**

**A detailed annual report** will be prepared and submitted to Council.

This Report will include but is not limited to:

- a) Statistics of the services provided including number of service users; basic demographic information regarding service users' profile; outputs in comparison with estimated outputs and any other data that the Coordinator see relevant to the Report.
- b) Progress against the Strategic Plan and the Operational Plan.
- c) A general summary of the variety of services provided
- d) Summary of the feedback from service users and other stakeholders regarding satisfaction with the services
- e) Review of Risk Management; Continuous Improvement activities
- f) The data and information from the Annual report will be used to inform the development of the Annual Service Plan and the review of the Strategic Plan

## **13. Feedback**

(See Continuous Improvement)

- a) Feedback will be sought from service users, carers and other stakeholders including but not limited to community members, other service providers, representatives from special needs groups including CALD communities, ATSI communities, ageing people with a disability

- b) Service users are encouraged to provide formal feedback through surveys, focus groups, and at time of reassessment.
- c) Informal feedback from service users will be gathered verbally. This will be recorded and given to the Coordinator.
- d) Feedback in various formats will be sought from volunteers and employees.
- e) Feedback will be sought from other Service Providers by questionnaire at least tri-annually
- f) The Coordinator will collate and analyse the feedback. This information will be included in the Coordinator's Reports to the Community Services Committee.
- g) The Coordinator will utilise the information from feedback to inform the service planning and development processes and the continuous improvement activities throughout the year.
- h) The Coordinator will annually evaluate and review the feedback processes to ensure that:
  - i. Stakeholders (especially service users, carers and their representatives) are given every opportunity to provide feedback (both positive and negative)
  - ii. The feedback is collated and analysed appropriately
  - iii. The information from the feedback is used to improve service quality and to meet the changing needs of the service users and carers.
  - iv. Policies and Procedures are amended as appropriate, in response to feedback.
  - v. Employees and volunteers are advised of changes and provided with the relevant education.

#### **14. Statistics**

A variety of statistics will be recorded, collated, analysed and used to inform Continuous Improvement activities and the development of the Strategic Plan and the Operational Plan.

The data that is collected will include but is not limited to:

- a) Number of service users
- b) Number of people refusing the service and reasons why
- c) Number of people who have been refused a service and why
- d) Number of people on the waiting list over the year and waiting times experienced by potential service users
- e) Identified gaps in the service
- f) Identified unmet needs of the target group
- g) Feedback folder (complaints, compliments and suggestions) including actions, outcomes, evaluations of the resolution and continuous improvement actions arising from the feedback
- h) Feedback from employees, volunteers and other stakeholders.
- i) Analysis of the Accidents / Incidents Register; Risk Register and Risk Management Plan; Continuous Improvement Plan and Log

## **Section 2 – Service Users Service Management**

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**Home Care Standard 2: EO 2.1, 2.2, 2.3, 2.4, 2.5**

**Home Care Standard 3: EO 3.1, 3.2, 3.3, 3.4, 3.5**

## **Eligibility**

To be eligible for the Commonwealth Home Support Programme an individual must:

- Be having trouble doing everyday activities without help, and
- Need support to live independently in the community.

In addition, are:

- 65 years or older (50 years or older if Aboriginal or Torres Strait Islander)
- 50 years or older (45 years or older if Aboriginal or Torres Strait Islander) and on a low income, homeless or at risk of being homeless.

Eligibility is determined by My Aged Care.

## **Equity of Access**

### **Expected Outcome 2.1**

The Cabonne Council CHSP Service aims to provide equity of access for all eligible service users.

To ensure service users have equal access to the service, a number of strategies are in place:

- Service users are not denied a service because of their inability to pay.
- Pre-paid envelopes will be used when service users are asked to return questionnaires, surveys, etc.
- Where special needs groups appear to be underrepresented among the service's service users, the service will explore the reasons for this and identify strategies to address the issue
- Any inequality of access will be investigated and strategies to address the inequality will be implemented. This information will be utilised in the Annual Planning processes of the service to ensure that the services meet the needs of the target population.
- Service users in receipt of other services are not discriminated against in receiving additional services.
- People who are assessed as needing a service from this agency will not be discriminated against in any way.
- Access to service will depend solely on assessed and relative need.

## **Service Users with Special Needs**

Cabonne Council ensures that access to services by service users with special needs, including those unable to pay, is decided on a non-discriminatory basis.

- a) People who are assessed as needing a service from this agency will not be discriminated against because of race, religion, political persuasion, or any other

reason. Access to service will depend solely on assessment and the prioritised relative need as set out below in the 'Prioritising Need' section of this document.

- b) Culturally and Linguistically Diverse service users will have access to an interpreter service, or a family member or trusted friend may be used as an interpreter, with the service user's permission. An information leaflet, which lists the appropriate telephone numbers, will be given to service users of non-English speaking background. The need for an interpreter will be clearly defined at the front of the service users file by the placement of a yellow dot on the upper left hand side of the folder containing the file.
- c) Aboriginal service users will be provided with culturally appropriate services wherever possible. The need for a culturally appropriate service will be clearly defined by the placement of a blue dot on the upper left hand side of the folder containing the file. Staff will ensure information regarding assessment; reviews and services are available in culturally appropriate formats and are clearly explained to the service users. Where necessary, staff will seek information from and work in co-operation with the Aboriginal Access Worker, aboriginal organisations and associations. Any official looking forms involving service provision to aboriginal service users will NOT be coloured blue.
- d) For service users who have difficulty reading or writing, staff will ensure that all information is clearly explained. Where necessary, the services of specialist communicators will be used. Any literacy needs will be clearly defined in the service users file and where appropriate, the placement of an orange dot on the upper left hand side of the folder containing the service users file. Advocates or family members may be asked to assist if the service user gives permission. For service users with dementia or specific disabilities, every effort will be made to ensure services are delivered in a sensitive manner. The assessment process will involve the carer, if appropriate, to assist the Coordinator to fully understand the service user's needs and any triggers for challenging behaviours and strategies for supporting the service user. Staff will focus on ensuring that carers or advocates are fully informed regarding assessment, re-assessment, care plans, service provision and any costs involved. To whatever extent it is possible, the service user will be involved in the decision making process. Cognitive impairment needs will be clearly defined in the service user's file and a white dot placed on the upper left hand side of the folder containing the file.
- e) For service users who are unable to pay, an individual plan will be set in place to address their needs ie a sliding scale of fees or an instalment payment plan may be applicable.

## **Assessment**

### **Expected Outcome 2.2**

Assessment for all CHSP services is provided through My Aged Care (MAC). The assessment helps to ensure the individual will receive the care and support they need and also what types of services they are eligible for.

My Aged Care can be contacted in three ways:

1. 1800 200 422
2. [www.myagedcare.gov.au](http://www.myagedcare.gov.au)
3. Cabonne CHSP can do an online referral direct for individuals

When an individual has been referred to Cabonne Council CHSP, the Coordinator will conduct a service specific assessment.

The Coordinator will provide the service user and/or carer with a copy of the Service User Information Handbook and will carefully explain the information in the Handbook to ensure that the service user and carer understand the information. This explanation will include, but is not limited to the service users rights and responsibilities, privacy and confidentiality, the complaints process, services available, fees, and the service users right to have an advocate speak on his/her behalf. The Coordinator will ensure that the service user and/or carer have an opportunity to ask any questions.

At the time of assessment service users are given information on services available including costs.

The Coordinator will assess the potential service user in his/her own home (another venue may be arranged if necessary). The service specific assessment and care planning process will actively involve the service user and carer (if appropriate), so that the Care Plan reflects the needs, goals and priorities of the service users and carer. The Coordinator will identify the service user's strengths and capacities and will work with the service user to identify how the services may enhance the service user's independence.

Every service user who needs repetitive service will be formally assessed to: -

- a) Establish level and length of needed services
- b) Ascertain benefits to the service user by providing the service
- c) Determine special needs
- d) Calculate the level of service required
- e) Identify the existing formal and informal support networks, including other service providers
- f) Enable the service to support the carer
- g) Determine an approximate date for reassessment and/or service review date
- h) Identify existing support system
- i) Identify any barriers to service provision
- j) Develop an individualised Care Plan that identifies the service user's goals, abilities and the strategies and services that will be implemented to enable the service user to progress towards his/her goals.

The Coordinator will monitor the service to ensure that each service user receives coordinated services that are planned, reliable and meet his or her specific ongoing needs.

If access to service is denied, reasons will be explained to the potential service user, the incident fully documented and referrals made if appropriate

## **Service users with special needs**

### Service users from Aboriginal and Torres Strait Islander backgrounds

The service endeavours to provide Aboriginal and Torres Strait Islander service users with culturally appropriate services. The Cabonne Council CHSP Service works closely with local agencies, such as the CHSP Aboriginal Development Officer, to ensure that services are



culturally appropriate and that service users are supported whilst accessing and receiving support.

The Coordinator ensures that the information regarding the assessment, review, care plan and services is clearly explained and understood by the service user and their family. Staff and volunteers are trained in the provision of culturally sensitive care.

#### Service users with Cultural and Linguistically Diverse backgrounds

Service users' cultural needs are addressed by:

- a) A leaflet will be provided for service users of non-English speaking background
- b) Staff members are provided training in cultural awareness
- c) A list of interpreter services will be available for those who need an interpreter service
- d) An interpreter information flier will be displayed in the CHSP office.

#### Service users with Dementia, memory loss and similar disorders

The needs of service users with dementia, memory loss and similar disorders are addressed:

- a) The assessment and care planning processes will involve the service user as much as possible. The carer will also assist the Coordinator to identify and understand any triggers for challenging behaviours and successful strategies for managing these
- b) Staff are trained in how to work with and support people with dementia and similar conditions
- c) The role of carers and other support persons is recognised
- d) Principal carers will be involved in any decision making and informed of all service decisions.

The needs of service users with special needs will be addressed using a number of strategies, including but not limited to:

- a) The Coordinator will involve (with the service user's consent) organisations or service providers with expertise in meeting the special needs of the service user, as necessary, to assist with understanding the service users needs, goals and priorities.
- b) Resources will be updated as required

### **Referral processes**

#### **Expected Outcome 2.3**

Service users receive services that include appropriate co-ordination and referral processes.

- a) A list of relevant service providers will be kept up-to-date by staff
- b) The Coordinator will keep in contact with relevant service providers by attendance at the appropriate meetings
- c) The service will be promoted to other service providers
- d) Service users will be asked for permission to refer before a referral is made
- e) The service will endeavour to work in partnership with other services where ever possible
- f) All service users are to be referred to My Aged Care for the assessment of additional services.

The Coordinator will communicate and coordinate with other service providers to ensure that services optimise resources and enhance service user independence and quality of life. Coordination will ensure that services are not duplicated.

- a) Co-ordination with the Cabonne Community Transport Scheme
  - i. The Cabonne Community Transport Scheme will provide, where possible, transport for the Cabonne CHSP service users to attend Community Restaurants and Social Support activities
  - ii. The co-ordinators of both services will co-operate in organising the above events, in that, the Cabonne CHSP Co-ordinator will organise the events and the Community Transport Co-ordinator will organise the transport
  - iii. The Cabonne CHSP Co-ordinator will ensure the activities are published in the “Keeping in Touch” newsletter
- b) Wherever possible the service encourages a partnership approach to service provision.

## **Care Planning**

### **Expected Outcome 2.4**

An individualised Care Plan will be developed at the time of assessment, in close consultation with the service user and the carer (if a carer is involved). The Care Plan will include the service user’s personal goals and the services and service plan that have been agreed upon by the service user and the Coordinator. The Care Plan is tailored to individual need and outlines the service the service user can expect to receive.

The Care Plan will also include details of the procedure the Cabonne Council CHSP Service will follow if the service user does not respond to a scheduled service. These procedures will be noted in the Care Plan and will reflect the preferences and wishes of the service user and carer.

The service user and/or the carer and the Coordinator will sign the Care Plan. The Care Plan will be kept in the individual service user file and a copy will be offered to the service user or carer to be left in his or her home.

The Care Plan is reviewed at the time of re-assessment or service review. Any amendments to service provision will be made in consultation with the service user or carer and with his or her permission.

Where appropriate and possible, staff (paid and unpaid) are matched to service user to best meet service user’s needs.

The service that has the role of principal service provider will take responsibility for coordinating all services to the service user, including the CIARR implementation, plus developing and monitoring a care plan

At time of re-assessment the service user’s input will be sought to ensure the plan is suited to the individual needs and goals of the service user.

Service users are encouraged to participate in formulating and amending when required, the care plan.

Staff (paid and unpaid) will be informed of any changes to the Care Plan if appropriate

### **When a service user does not respond to a scheduled visit or service**

Cabonne Council CHSP Service will take every reasonable precaution and action to ensure the safety of our service users.

Every service user of Cabonne Council CHSP Service will have a documented and planned response for when he/she does not respond to a scheduled visit or service. This will be documented in the Care Plan.

- The Service will take an individualised approach so that the procedures are flexible and responsive to individual needs and preferences.
- The purpose of these procedures is to ensure the service user's safety while maintaining individual autonomy.
- The levels of responsibility for the service provider, care worker, service user and/or carer / advocate are to be acknowledged.

### **Procedures**

1. The Coordinator who is conducting the assessment and care planning must include discussion regarding actions to be taken if the service user does not respond to a planned visit or activity. This discussion will include the carer/advocate if appropriate and with the service user's consent.
2. Each service user is to have a documented, planned approach to be implemented should s/he not respond to a planned visit or activity.
3. This response plan is to be included in the service user's individual care plan and a copy is to be given to the service user.
4. If the service user does not want any response, this is to be documented in the care plan. In these circumstances, if a care worker is concerned about a service user's non-response, the care worker should contact the service Coordinator and document their concerns.
5. The response will include information such as:
  - ❖ Actions for the care worker to take (knock on doors; ring the service users home / mobile; contact service Coordinator or office to see if the service user has advised the service s/he will not be attending)
  - ❖ Person(s) to contact (eg. family member; neighbour)
  - ❖ Whether employees are to enter the premises with or without carer/family member/advocate
  - ❖ Contact Police (with prior consent of the service user)

## **Re-assessment**

Every service user who has been assessed will be re-assessed and service provision reviewed at least annually or sooner if necessary. Annual reassessment will be done via the telephone. If an earlier re-assessment is required this will be done face to face. Triggers for an earlier reassessment include but are not limited to: change in the service user's needs; discharge from hospital; prolonged absence from the service (eg an extended holiday); carer circumstances change; service user requests a review.

At the time of reassessment, the service user's input will be sought to ensure the plan is suited to the individual needs and goals of the service user.

The service user's Care Plan will be monitored at the time of reassessment:

- a) The Care Plan will be monitored at time of re-assessment by assessing whether the service user's needs and abilities have changed and by requesting input from the service user
- b) Service provision may be changed or amended as a result of this monitoring process
- c) Any change to service provision will be noted on the Care Plan
- d) The date of the next service review or re-assessment will be noted on the Care Plan
- e) All appropriate staff (paid and unpaid) will be given information on service changes
- f) The service user will be asked to sign the new Care Plan and will be offered a copy.

The outcomes of a reassessment may include, but are not limited to:

- a) Cease service delivery if no longer required
- b) Verify suitability of service delivery
- c) Change the way a service is delivered if appropriate
- d) Review and amend care plan as needed
- e) Make appropriate referrals within 3 working days
- f) Determine an approximate date for re-assessment and/or review
- g) Inform service user of any changes to the fee structure if any changes to service provision are planned.
- h) Follow up progress of referral with the agency concerned within 10 working days to clarify status of referral.

The timing for follow up of referrals is monitored by the Coordinator using an electronic spreadsheet. This spreadsheet identifies both due dates for follow up of referrals and for service users' reassessments. The Coordinator checks this spreadsheet weekly.

Following the assessment process, service will commence as soon as possible. This will depend upon service vacancies and the priority of service for the individual service user. The Coordinator will advise each new service user of the expected timing for the commencement of services.

Following reassessment, service will be amended as soon as possible to ensure continuity of care for service users.

## **Appeal**

If a service user or carer is not happy with any part of the assessment he or she may appeal against any decision made using the Complaints and Grievance Procedure.

## **Prioritising Need**

### **Protocol**

Service users are allocated available resources according to prioritised need.

The financial resources of the service may not always be sufficient to meet the needs of all who request assistance. The Coordinator will assess, when necessary, the relative need of service users to ensure that those who have the highest level of need and/or are at risk will receive timely and appropriate services to assist with the service user's safety and wellbeing.

The following factors will be used to determine relative need:

- a) The service user is at risk of inappropriate admission to residential care
- b) The service user is at risk of abuse
- c) The home or surrounds have become physically unsafe
- d) The family support structure is non-existent or at risk of breaking down
- e) The service user and carer are both frail, ill or have a disability
- f) The service user has a moderate to severe disability that places twenty-four hour demands on the carer
- g) The service requested is one that the service user and/or carer cannot physically manage
- h) The service user lives alone, or with a carer who is under stress because of their caring role
- i) The service user and/ carer are socially or geographically isolated
- j) The service user and/or carer are financially disadvantaged
- k) The carer is a sole carer who has limited support networks

## **Waiting List**

When the financial resources of the service are not sufficient to meet the needs of all who request assistance, a waiting list will be kept and a priority weighting given based on the Priority Check List.

- a) The waiting list and priority rating will be explained to the service user or carer
- b) Waiting Lists will be reviewed bi-monthly **or** when a vacancy occurs to ensure the service users are listed according to their priority rating. Access to service is given only according to relative need.

Following each review of the waiting list, service users will be informed of their status.

## **Service users who reapply for a service**

Service users in receipt of other services are not discriminated against in receiving additional services.

Service users who decline a service or are denied access to services for any reason may reapply for the service at a later date. Their assessed needs will be prioritised according to their relative need.

A service user who has declined service or who has been denied service will

- a) Be informed of other service options
- b) Be informed of the right of appeal
- c) Be informed of how to reapply for service if the need arises
- d) Be informed of circumstances that will allow him/her to receive service
- e) Be informed of the reasons why the service has been denied
- f) Be informed of the waiting list and priority rating system

A service user who reapplies for service following withdrawal for any reason will:

- a) Not be discriminated against in any way
- b) Be subject to the assessment process

## **Fees**

A fee will be charged for some services and service users will be aware of any charges, fees or costs associated with their service provision.

- a) All service users will be told of any cost of services to be provided. Cost of service may be negotiated on a sliding scale appropriate to level of service user's income
- b) Service will not be refused to any service user who has been assessed as needing the service but has an assessed inability to pay
- c) If a service user is assessed as being unable to pay, then alternative arrangements will be made. This may include, but is not limited to: travel with another service user at a reduced cost; a sliding scale of fee payment; payment by instalment; or a waiver of the fee, according to need.
- d) If service users are receiving, or have received, compensation payments intended to cover community care then the full cost of the service will be charged
- e) Service users with similar income and service usage patterns will be charged equivalent fees for equivalent service provision
- f) Fees will be negotiated for service users who have a high level of need to ensure there is no financial hardship caused by the higher level of service provision that the service users needs. Extra costs will be borne by the service
- g) Solicited donations are regarded as fees
- h) Fees will not exceed the cost of the service provided
- i) Fees will cover cost of material used in the provision of services
- j) All policies for the determination and collection of fees will take into account the service user with special needs

- k) Assessment of ability to pay will be simple, confidential and as unobtrusive as possible
- l) Service users will be informed of their right of appeal regarding fees or changes in costs

For Food Services/ Meals on Wheels Service users:

- a) The service users will meet the cost of the meal, or
- b) If a service user is assessed as being unable to pay, assistance will be sought from the Meals on Wheels Association

For Neighbour Aid/Social Support Service users:

- a. Some services, such as telephone support, visiting, and related activities will be supplied at no cost to the service users
- b. Supported transport will be \$5.00 per in town trip, \$15 if out of town
- c. If a service user is assessed as being unable to pay for a service an alternative but like type of service will be sought, or if more appropriate:
  - 1. a lower level of service negotiated,
  - 2. an instalment plan introduced or
  - 3. the fee waived.

For Lawn Mowing and Low Level Maintenance Services

Subsidised services will be subsidised at the rate of \$10.00 per hour, the service user will pay the difference or as otherwise negotiated

Service user fees collected will allow expansion or enhancement of the service:

- a) Fees collected will be administered according to Council's accounting procedures
- b) Revenue from the fees will be used to enhance or expand service provision
- c) All procedures for the determination of fees will be fully documented

**Ceasing services for service users**

Cabonne Council CHSP will ensure that a service user exit will be completed in such a way that it will cause the least trauma possible and without discrimination of any kind.

- a) Exit procedures will be strictly adhered to.
- b) At all times the process will be without discrimination on any grounds

Should a service user discontinue service at any time without explanation, the Coordinator will contact the service user to ascertain reasons for ceasing services.

**Procedure for ceasing service to a service user:**

- a) When a service user is assessed as no longer needing the service, the following steps will be taken:
  - i. Service user file will be removed from the current file and placed in the safe box for non-current service users
  - ii. Service user name will be removed from the mailing list
  - iii. Service user information will be removed from the current data base
  - iv. Withdrawal will be entered as a statistic on the current month's service report
  - v. Service user will be informed that he or she may access the service again if the need arises
- b) When a referral to another service provider is required, due to the Cabonne Council

CHSP Service being unable to meet the needs of the service user, the following steps will be taken:

- i. Service user and/or carer is fully informed of the process
- ii. Service user and/or carer is involved in the process
- iii. Service user and/or carer consents to the referral
- iv. Referral form is filled in and referral is made to the appropriate service provider
- v. Feedback is sought from the referred to agency

c) The service will ensure that the service user is informed of any decisions made regarding withdrawal of service. The process will include, but is not limited to:

- i. At time of exit the service user or carer will be informed of the Complaints and Grievance Procedure and the right to appeal any decision made regarding a change to service provision
- ii. If the service user is assessed as needing a service at a later date, service will be resumed without delay or the service user will be placed on the waiting list according to assessed need.

Cabonne Council CHSP Service will ensure that service users are made aware of their rights regarding exit from the service.

- i. Service users and/or their carers will be made aware of the reason for their exit from the service
- ii. Information regarding the exit process and other services available will be given verbally and in writing
- iii. Service users and/or their carers will be informed of their right to appeal any decision regarding service provision
- iv. Service users and/or their carers will be informed that they may reapply for service if the need arises
- v. Reasons for exit will be noted on the service user's file and on the current Department Data Tool.

Cabonne Council CHSP Services will ensure that service users exit from service provision only takes place under certain circumstances.

Service users will be exited from the service if the:

- a) Service user moves from the area, in which case a referral will be made to appropriate service providers in the new area following discussion with the service user or their carer and the service and only if the service user or carer consents to the referral
- b) Service user is a danger or a perceived danger to the service staff because of any of the following:
  - i) Physical, verbal, sexual abuse
  - ii) Staff feels threatened
  - iii) Service user is adversely affected by drugs or alcohol
  - iv) Service user exhibits unacceptable social behaviour that may cause damage to the property of staff or the service in which case, two members of staff (the co-ordinator and one other) will visit the service user to review the situation and either appropriate strategies will be established which will allow for the protection of staff, or, a referral to an appropriate service will be made.
- c) Service user dies
- d) Service user enters into full time residential care



- e) Service user is the recipient of a Home Care Service (CACP; EACH) or similar (Services may be continued on the principle of full cost recovery)
- f) Service user is assessed as no longer needing the service because:
  - i) need was assessed as being short-term and is no longer current
  - ii) improvement in service user's abilities has meant service user is able to manage independently
  - iii) a change has occurred in the caring role which renders service unnecessary
  - iv) a more appropriate service can be obtained for the service user by referral to another service
  - v) other change of circumstances has made service provision unnecessary
  - vi) duplication of service provision has been identified and the service user has no preference of service provider
- g) Service user is assessed as having the ability to pay for service and refuses to do so after receiving verbal and written advice of the debt. The service user will be offered referral to other appropriate services, reassessment of financial status or payment by special arrangement.
- h) Service user requests that the service be discontinued.

Service user will be informed (verbally and in writing) of the reasons for his/her exit if a service is denied him/her.

Reasons for exit will be documented on the service user's file.

**Service users** who have exited the service and who reapply will be assessed with needs being prioritised.

People who are assessed as needing a service from this agency will not be discriminated against for any reason. Access to service will depend solely on assessment and relative need.

- a) All proposed overall changes in service delivery will be put forward to service users and comments sought via the newsletter.
- b) Service users will be encouraged to comment on service delivery at time of re-assessment.
- c) A reply paid envelope to encourage response will accompany satisfaction surveys.

## Client Contribution Policy

### Policy Statement

Cabonne CHSP will ensure that it operates in accordance with the National Guide to the CHSP Fees Contribution Framework (2015), which reinforces fairness, transparency and consistency in the collection of fees.

Cabonne CHSP intends to improve the sustainability of the organisation by collecting a target of 15% of the total grant revenue provided by the Australian Government.

This policy will be publicly available to all stakeholders and will be provided to new clients of the organisation (in a format relevant to their needs). Revenue from fees will be used to enhance and expand services.

This policy will be reviewed annually to ensure it aligns with regulatory and legislative requirements.

## **Procedure**

### **General principles**

- The full cost of services will be charged if clients are receiving or have received compensation payments intended to cover the cost of community services
- Those who are not eligible for subsidised services (for example, those under the age of 65 years) may be charged at a higher rate determined by the individual service
- A record of client contributions will be maintained and reported to the Department of Social Services as per funding contract requirements.

### **Hardship provisions**

- Clients who are undergoing hardship may request a meeting in person with the Coordinator to negotiate the client contribution
- Where a client is considered to be undergoing hardship they may be asked to pay a minimum contribution or have their contribution waived for a designated period of time determined by the service
- If a client proves they are unable to pay the minimum client contribution, Cabonne CHSP will make an application to NSW Meals on Wheels Association for a financial subsidy, if the service they are requesting is Meals (approval for this subsidy is dependent upon funding and strict guidelines and criteria apply)
- The client may be referred to relevant agencies for assistance with financial management / counselling (with consent)
- A meeting will be held with the client after a two month period to review the client contributions and the client's hardship status
- If able, the client will continue paying the cost of the services from this meeting onwards

### **Collection of Fees**

- Accounts will be provided on a weekly / fortnightly / monthly basis
- Account can be paid via direct debit, Centrelink deductions or via cash / cheque provided at the Cabonne CHSP office
- A receipt will be issued upon payment of services
- Other fees collected may be in the form of "membership fees" "annual subscriptions" and/or "donations"
- Bundling of fees and/or a different fee structure may be considered for couples

### **Legislation**

- The Aged Care Act 1997
- CHSP Guidelines (2015)
- CHSP Manual (2015)
- Client Contribution Framework (2015)
- National Guide to the CHSP Fees Contribution Framework (2015)

## Home Care Standard 3

### Information Provision

#### Home Care Standard 1: EO 1.4

#### Home Care Standard 3: EO3.1

Cabonne Council CHSP Service will ensure that each service user is informed about his or her rights and responsibilities and the services available and consulted about any changes required, using a number of strategies:

- a) At time of assessment every service user will be given a Service User Information Handbook that includes a copy of the Service User's Rights and Responsibilities.
- b) An item will appear in the service newsletter at least annually to remind service users of their rights and responsibilities.
- c) Staff will ensure that all information contained in the Information Handbook is clearly explained to service users on numerous occasions to remind service users of their rights and responsibilities and to ensure they understand.
- d) Employees and volunteers will pay special attention to ensuring that service users with special needs clearly understand their rights and responsibilities. Employees and volunteers will be sensitive to any language or comprehension difficulties experienced by the service user and/or carer and use plain English to explain service user rights and responsibilities.
- e) Orientation for employees and volunteers will emphasise the rights and responsibilities of service users and the expectation that employees and volunteers respect these rights.
- f) Employee Handbook and Volunteer Handbook describe service user rights and responsibilities.
- g) At the time of assessment every service user will be given written and verbal information about services available.
- h) This information will be explained in detail by the staff.
- i) The carers of service users with dementia will also be given the written information about the service as well as having the information explained in detail by staff.
- j) Staff will ensure that the information is understandable and accessible for service users with special needs.
- k) A bi-monthly newsletter will be sent to all service users. This newsletter will include information about services available and updated information as changes occur.
- l) At the time of re-assessment every service user will be reminded of the information about the service and will be given written information if required.
- m) Staff will ensure that information is provided in a manner that is appropriate to the literacy and language skills of the service user and/or carer.
- n) Wherever possible, service users will have the right to choose how and when a service is delivered to them.
- o) The Coordinator will ensure that employees and volunteers have access to up-to-date information about other services available in the area.
- p) Service users will be informed of other services available in the area as appropriate.
- q) Information about other services will be displayed in the office and available for service users, carers and community members to take home.

Cabonne Council CHSP Service will ensure that service users are informed of the basis of service provision, including changes that may occur. A number of strategies will be used to achieve this, including, but not limited to:

- a) At the time of assessment every service user will be given information about the fee for the service(s) the service user requires. This is calculated on an individual basis.
- b) Service users will participate in the decision making process, including what service will be provided, how long it will be provided and, if possible, the person who will provide the service.
- c) A bi-monthly newsletter will be sent to all service users. This newsletter will include information about costs if and as changes occur. It will also give an explanation of those changes.
- d) Individual service changes will be explained fully to the individual service user. This explanation will be given verbally and in writing.
- e) The staff will ensure that the information is accessible and understandable for service users with special needs.
- f) Service users will be fully informed of their right to appeal any changes to service provision.
- g) At the time of reassessment, every service user will receive up-to-date information about the current costs of the service they receive.
- h) When a service is ceased, the service user will be informed of the reasons for exit, alternative services available and a letter will be sent to the service user detailing the circumstances in which the service will be able to assist the service user again.
- i) At the time of exit, service users will be informed that they may re-enter the service on request and following an assessment.

Cabonne Council CHSP Service will ensure that service users, prospective service users, service providers and the local community are informed of the services available by promoting the service throughout the area.

The strategies for promoting the service include, but are not limited to:

- a) The service will ensure that other service providers are regularly informed of services available through the Cabonne CHSP Service. This will include, but is not limited to attendance at networking meetings; participation in community events; direct contact with other service providers and agencies in the area.
- b) General Practitioners, Discharge Planners and other sources of potential referrals will be given (at least annually) information on the services provided.
- c) The service will be promoted to service users, prospective service users, volunteers and the general public by:
  1. Newspaper items
  2. Keeping in Touch articles
  3. Staff attending and occasionally speaking at service related forums, public forums and service club meetings
  4. Letterbox drops
  5. Shop-front window displays
  6. Communicating with other service providers in the area
  7. Distributing calendars with service information to service users, volunteers and network service providers
  8. Holding promotional displays at Health Fairs and Road Shows held throughout the area as funding permits
  9. Displaying service information posters in libraries, chemist shops and other relevant areas accessed by potential service users and carers

## Complaints

### Home Care Standard 3: EO 3.3, 3.4

Cabonne Council CHSP Service welcomes and encourages stakeholders to feel safe to provide feedback on the service.

- Service users, carers and their representatives, committee members, employees, volunteers, suppliers and other stakeholders are given information about how to make a complaint and how to provide suggestions and feedback to the service.
- Complaints are recorded on the Complaints and Grievances Form, which is filed by the Coordinator. The issues in the complaint are identified, actions taken and recorded and the person making the complaint is advised of the actions taken.
- The Coordinator regularly monitors complaints and feedback (at least monthly) and ensures that complaints are resolved promptly, appropriate actions are taken and recorded and that the person making the complaint is advised of the outcome.
- Continuous Improvement activities / actions that arise from a complaint are recorded in the Continuous Improvement Log and the actions are monitored and evaluated.
- The Coordinator evaluates the outcomes of the feedback as part of the monitoring process.
- The Coordinator ensures that feedback on implemented improvements is given to service users and carers and their representatives, employees, volunteers, committee members and other stakeholders. This may occur through reports; newsletters; memos; training; and noticeboards.

Cabonne Council CHSP Service will ensure that each service user has access to fair and equitable procedures for dealing with complaints.

Service users are made aware of the complaints process:

- a) The Complaints and Grievance Procedure will be explained to service users (verbally and in writing) at time of assessment
- b) Each service user will be given a Service User Information Handbook that contains the Complaints and Grievance Procedure
- c) If no Service User Handbook is available then a copy of the relevant pages will be given to the service user
- d) All service information brochures will feature the heading "Do you have a prickly problem?" and advice on who to contact and how.
- e) At least once a year the service user newsletter will feature the heading and the advice as in c) above, together with the procedure as explained in the Service User Information Handbook.
- f) Staff and volunteers will remind service users of the Complaints and Grievance Procedure at various times and encourage service users to feel safe to raise concerns or make a complaint.

Each service user complaint about a service, or access to a service, will be dealt with fairly, promptly, confidentially and without retribution:

- a) Service users will not have services withdrawn if they complain.
- b) All complaints will be handled in a confidential manner.
- c) All grievances/complaints received at the Cabonne Commonwealth Home Support Program office will be noted on the Complaints and Grievances Form (attached as an appendix).
- d) The grievance/complaint form will be referred to the Commonwealth Home Support Program Coordinator with any action taken noted. If action has been taken the service user who has lodged the complaint/grievance will be contacted by the Coordinator and the results discussed. If the service user is satisfied with these results no further action will be taken. If the service user is not satisfied with the results further action options will be discussed and acted upon.
- e) If no action has been taken, then the CHSP Coordinator will contact the service user, action options will be discussed and the agreed action will be taken.
- f) All action to be taken will be entered on the complaint form in the appropriate place.
- g) The CHSP Coordinator will advise the service user of the actions taken and results achieved.
- h) If the service user is happy with the results no further action will be taken.
- i) If the service user is not happy with the results other options may be explored and the Coordinator will take any further action as agreed between the Coordinator and service user.
- j) Any complaints or grievances will be noted and dated on the service user's file; any outcomes will be also noted and dated as they occur.
- k) Service Users will not be discriminated against because of a complaint.
- l) The complaint, action taken and results will be noted on the service users file and the complaint form will be kept in the complaints section of the service users locked filing cabinet in the CHSP office. It will be available only to the Coordinator or an authorised person
- m) All complaints will be followed up with the complainant within two working days
- n) If a complaint is not resolved within 5 working days, a list of options will be discussed with the complainant. Following this consultation, an appropriate action plan which

includes a time frame will be drawn up to ensure either the resolution of the complaint or referral to the Community Services Manager of Council or the Aged Care Complaints Scheme or Community Services Commission

A copy of the Complaint and Grievance form is filed in the Feedback folder. The Summary sheet at the front of the folder records a summary of each complaint and the status of the complaint.

The Coordinator regularly (at least monthly) reviews the Feedback folder to monitor the progress of complaints and to ensure the actions arising from complaints have been evaluated.

As part of the Continuous Improvement processes, the Coordinator will ensure that the issues and actions arising from complaint trigger the review of appropriate Policies and Procedures and if appropriate, services are modified as a result of substantiated complaints:

- a) When service is under review all substantiated complaints will be taken into account before a service plan is completed.
- b) At the Annual Planning Day, substantiated complaints will be reviewed and may lead to a modification in the way services are provided.

Each service user receives assistance, if requested, to help with the resolution of conflict about a service that arises between a frail elderly person or the younger person with a disability and his or her carer:

- a) If staff become aware of a dispute between a service user and his or her carer, which concerns the service and the services provided, they should refer the situation to the Coordinator who will either:
  - I. Mediate and attempt a solution, or
  - II. With the service user's permission, bring in someone with mediation skills to mediate.
- b) If a dispute arises that does not involve the service, staff should not become involved but should, if requested, refer the matter to the Coordinator. The Coordinator will refer the service user and his or her carer to an appropriate mediation service.

Each service user has the right to complain if he or she is not happy with the handling of a complaint:

- a) If the service user is not satisfied with the Coordinator's handling of the grievance/complaint then the service user will be referred to Cabonne Council Community Services Manager for further action.
- b) In this circumstance a copy of the complaint form will be given to both the service user and the Cabonne Council Community Services Manager and any further action noted.

If the service user is still not happy then he/she will be given information on the Aged Care Complaints Scheme.

### **Suspected abuse of service users and/or carers**

Abuse of service users and/or their carers will be responded to according to the following Elder Abuse Policy and Procedure. See Section 1: 8 Suspected abuse of service users and/or carers

- a) The abuse policy will be strictly adhered to.

- b) At all times the process will be without discrimination of any kind.

## **Service user Rights and Responsibilities**

### **Home Care Standard 3**

#### **Privacy, Confidentiality and Access To Personal Information**

##### **Home Care Standard 3: EO 3.1, 3.2, 3.4**

Cabonne Council CHSP Service will ensure that each service user's rights to privacy and confidentiality are respected and he or she has access to personal information held by the agency.

Protecting the privacy of service users is very important and the following policies and procedures are designed to ensure that details about service users are kept confidential, and only disclosed with the service user's permission for the purposes of ensuring that service users are receiving the services they need. (See Privacy and Personal Information and Protection Act 1998)

Each service user's rights to privacy and confidentiality are respected. Information will be communicated in a manner that is accessible, and understandable to the individual. This may include but is not limited to: written material; staff verbally explaining the information using plain English; the use of interpreters where appropriate and with the consent of the service user. The information will be presented to service users at various times including assessment and reassessment and in various formats such as the newsletter; personal letter; reminders from staff on outings; Service Users Handbook.

- a) All service users will be informed, by means that the service user understands, of their rights to privacy and confidentiality.
- b) All service users will be informed, by means that the service user understands, that referral information and some details are required for reporting purposes. Service user consent will be obtained before sharing any information.
- c) Staff will ensure that the service user is aware that he or she cannot be personally identified when data is transferred for reporting purposes and that they will retain their anonymity.
- d) Service users will be re-informed of confidentiality issues by regular articles in the Keeping in Touch.
- e) If the service user consents to the transfer of information it will be noted on their file
- f) Service users will be informed that they may withdraw permission to transfer information from their file.
- g) If the service user does not consent to the transfer of information it will be noted on the front of the service user's file.
- h) If a carer or advocate signs the Consent to Transfer Information form then the service will sight documentation verifying their authority.
- i) The initial assessment of a service user and any follow-up or reviews should take place where possible in the service user's own home. On all occasions it should take place in an area that provides privacy and confidentiality.



- j) The assessment and reviews should be between the Co-ordinator, appointed staff, or the District/Community nurse and the service user, and with the service user's consent, his/her legal guardian or advocate only.
- k) The Assessor should note any particular privacy requirements of the service user e.g. the preference for a male or female carer.

### **Confidentiality**

All service user information is kept strictly confidential:

- a) Service users will be informed of the types of information this service keeps.
- b) Service user information will only be gathered direct from the service user, their carer or advocate or from other sources with the consent of the service user, their carer or advocate.
- c) The only information held by the Cabonne Commonwealth Home Support Program Service about a service user will be information necessary to assess the need for a service, and to provide an appropriate-to-need service. Information should be as non-obtrusive and objective as possible, yet relevant and up-to-date.
- d) The service user has the right to withhold information for privacy reasons.
- e) Information about a service user will not be shared with another agency without the permission of the service user or his/her legal guardian or advocate. This consent may be written and, if verbally given, this should be noted on the service user's file.
- f) The service user has the right to withdraw permission at any time.

### **Access to information about the Service User**

Only appropriate persons will have access to service user files in an emergency:

Service users will be informed that information will be released in certain circumstances. These may be:

- a) In the case of an emergency the service user's files will be released to the appropriate person at the discretion of the Coordinator and one other of the following: -
  - i. The chair person of the committee
  - ii. The local representative
  - iii. The Council Community Services Manager

In the Coordinator's absence, the Council's Community Services Manager will act in the Coordinator's role. Should both the Coordinator and the Community Services Manager be unavailable, the chain of responsibility will be followed upwards (ie the Director of Finance and Corporate Services, the General Manager, the Mayor) for a decision to be made.

- b) If duty of care obligations are present
- c) If mandatory reporting or legal obligations are present

Any of the above will be noted on the service user's file and authorised persons accessing the file will sign it.

Confidential information will only be passed on to staff on a need to know basis:

- a) The Coordinator needs to know.
- b) Staff (paid and unpaid) need to know if the confidential matter will affect the way a service is to be delivered or a safety risk to staff (paid or unpaid) is perceived.
- c) Confidentiality may be disclosed when duty of care obligations, mandatory reporting or legal obligations, are present.
- d) If staff (paid or unpaid) breaches confidentiality disciplinary action will occur.

## **Service Users accessing personal file**

Service users are able to gain access to their personal information:

- a) Service users or their authorised representative have the right to read any personal information kept about them by the Cabonne Commonwealth Home Support Program Service. Requests from the service user to access files should be referred to the Coordinator who will ensure that assistance is provided for the service user to access information on his/her files within ten working days. The Coordinator will be available to explain any terminology to the service user.
- b) If the Coordinator is unavailable and the service user can not or will not wait for the Coordinator's return, then the Council Community Services Manager will appoint a staff member to assist the service user in accessing his/her information. Should neither the Coordinator nor the Community Services Manager be available the procedure set out in 5.3a) will be followed.
- c) Service users may amend their records if they think they are inaccurate, misleading or incomplete. Such amendments will be signed and dated by the service user.

## **Service Users Records**

Individual files will be kept for each service user:

- a) Individual service files will be kept for each Service User. These will include care plans, the CIARR or assessment forms, risk assessment form, any consent forms or agreements, correspondence, regular reviews or re-assessments, any changes to service provision, on-going involvement of volunteers, staff or service providers and any complaints or grievances and how they have been addressed.
- b) Episodes of service will be entered onto the MDS data base.
- c) All service users' files will be up-dated regularly.

Service user records will be filed in a locked cabinet:

- a) Information regarding service users will be stored in a filing cabinet.
- b) The filing cabinet will be locked at all times when not in use.
- c) The keys will be held by the Coordinator. A spare key will be kept in a secure place and access to it provided through the Community Services Manager or, if they are not available, the procedure set out in 5.3a) will be followed.
- d) Service user files will not leave the office unless the service user moves from the area and requests that the file be sent to the new CHSP service. In this instance written or verbal consent must be obtained from the service user and the file will be sent by certified mail.
- e) Service user records are only accessible to the Coordinator and other CHSP funded employees of Cabonne Council as/when designated by the Coordinator. Should the Coordinator be unavailable the procedure set out in 5.3a) will be followed.
- f) The records of service users who have been exited during the past twelve months will be filed separately and reviewed each January. They will either be kept in an on-hold file in the filing cabinet or moved to an archive box and stored in the strong room.
- g) Service user records will be securely stored for a minimum of seven years after the service user has ceased to use the service.
- h) In January of each year the files of service users who have exited the service for more than seven years will be disposed of by shredding or burning
- i) The MDS data base Data Exchange (DEX), will be protected with a password. Only CHSP employees have access to the DEX password.

## **Service Users Rights and Responsibilities**

### **Home Care Standard 3**

From 1 July 2012 the Commonwealth Charter of Rights and Responsibilities for Home Care will also apply to the delivery of services under the CHSP Program (see CHSP Manual 2015). The following Rights and Responsibilities are from this Charter.

#### **Service users have the following rights:**

##### **General**

- a) To be treated and accepted as an individual, and to have individual preferences respected
- b) To be treated with dignity, with privacy respected
- c) To receive care that is respectful of the service user, the service user's family and home
- d) To receive care without being obliged to feel grateful to those providing the service users care
- e) To full and effective use of all human, legal and service user rights, including the right to freedom of speech regarding individual care
- f) To be treated without exploitation, abuse, discrimination, harassment or neglect

##### **Participation**

- a) To be involved in identifying the home care most appropriate for individual service user's needs
- b) To choose the care and services that best meet the service user's assessed needs, from the home care able to be provided and within the limits of the resources available
- c) To participate in making decisions that affects the service user
- d) To have a representative participate in decisions relating to the service user's care if the service user does not have capacity

##### **Care and Services**

- a) To receive reliable, coordinated, safe, quality care and services which are appropriate to the service user's assessed needs
- b) To be given before, or within 14 days after commencement of receiving care, a written plan of the care and services that the service user expects to receive
- c) To receive care and services as described in the plan that take account of the service user's lifestyle, other care arrangements and cultural, linguistic and religious preferences
- d) To ongoing review of the care and services the service user receives (both periodic and in response to changes in the service users personal circumstances), and modification of the care and services as required

##### **Personal Information**

- a) To privacy and confidentiality of the service user's personal information
- b) To access the service users personal information

##### **Communication**

- a) To be helped to understand any information the service user is given
- b) To be given a copy of the Charter of Rights and Responsibilities for Home Care

- c) To be offered a written agreement that includes all agreed matters
- d) To choose a person to speak on the service user's behalf for any purpose

### **Comments and Complaints**

- a) To be given information on how to make comments and complaints about the care and services the service user receives
- b) To complain about the care and services the service user receives, without fear of losing the care or being disadvantaged in any other way
- c) To have complaints investigated fairly and confidentially, and to have appropriate steps taken to resolve issues of concern

### **Fees**

- a) To have the service user's fees determined in a way that is transparent, accessible and fair
- b) To receive invoices that are clear and in a format that is understandable
- c) To have the service user fees reviewed periodically and on request when there are changes to the service user's financial circumstances
- d) Not to be denied care and services because of the service user's inability to pay a fee for reasons beyond the service user's control

### **Service Users have the following responsibilities:**

#### **General**

- a) To respect the rights of care workers to their human, legal and industrial rights including the right to work in a safe environment
- b) To treat care workers without exploitation, abuse, discrimination or harassment

#### **Care and Services**

- a) To abide by the terms of the written agreement
- b) To acknowledge that individual service users needs may change and to negotiate modifications of care and service when individual service user's care needs do change
- c) To accept responsibility for the service user's own actions and choices even though some actions and choices may involve an element of risk

#### **Communication**

- a) To give enough information to assist the approved provider to develop, deliver and review a care plan
- b) To tell the approved provider and their staff about any problems with the care and services

#### **Access**

- a) To allow safe and reasonable access for care workers at the times specified in the service user's care plan or otherwise by agreement
- b) To provide reasonable notice if the service user does not require a service

#### **Fee**

- a) To pay any fee as specified in the agreement or negotiate an alternative arrangement with the provider if any changes occur in the service user's financial circumstances
- b) To provide enough information for the approved provider to determine an appropriate level of fee

## **Advocacy**

### **Home Care Standard 3.4**

Cabonne Council CHSP Service will ensure that each service user has access to an advocate of his or her choice

For the purpose of this document the word advocate means “A person who, with the authority of the service user, represents the service user’s interests”

Service users will be made aware of advocacy services – where they are and how to use them:

- a) At the time of assessment the service user’s right to advocacy will be explained verbally and in writing
- b) At the time of assessment each service user will be given a Service User Information Handbook that contains service user’s rights and a description of advocacy
- c) If no Service User Information Handbook is available then a copy of the relevant pages will be given to the service user
- d) At least once per year the service user’s newsletter will feature an article on advocacy emphasising the right of service user to use an advocate and including a description of an advocate
- e) Staff and volunteers will receive appropriate training in the role and use of advocates
- f) All people designated by the service user to be an advocate will be given the Guidelines for Advocates leaflet
- g) Staff will act as advocates for a service user if they are requested to do so
- h) A list of appropriate advocates will be kept in the office for the use of staff and service users
- i) Service users wishing to use an advocate should inform the service in person or in writing of the person they wish to negotiate on their behalf
- j) The service user has the right to change their advocate at any time and should inform the service in person or in writing of this change

Cabonne Council CHSP Service will ensure that service users know of their rights to use an advocate:

- a) Service users will be made aware of their rights to use an advocate if they desire
- b) These rights will be explained verbally and in writing in a manner the service user can understand

Each service user has access to an advocate of his or her choice:

- a) Service users may use an advocate of their choice to negotiate on their behalf. This may be a family member, a friend or an advocacy service
- b) Advocates may be used during assessments, reviews, and complaints or for any other communication between the service user and the service

Cabonne Council CHSP Service will assist service users to involve advocates to represent the interests of the service user, if this is the wish of the service user.

Advocates who have received an information pack regarding advocacy from the service will be accepted by the service as representing the interests of the service user.

## **Effective Management**

### **Home Care Standard 1: EO 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7**

Cabonne Council CHSP Services will ensure that service users receive the benefit of well-planned, efficient and accountable management.

## **Continuous Improvement**

### **Home Care Standard 1: EO 1.5**

Continuous improvement is integral to all aspects of service management and delivery. Continuous improvement assists the service to ensure that the changing needs of service users are met with quality, responsive and individualised services. The service has systems in place to demonstrate quality improvements.

Procedures:

- The Coordinator will develop an annual Continuous Improvement Plan.
- All employees and volunteers of the service are encouraged to contribute to continuous improvement activities of the service.
- The Continuous Improvement Log will be used to record identified opportunities for continuous improvement activities in the day-to-day operations of the service.
- The Continuous Improvement Log will record the date the improvement was identified; priority; the issue; strategies/actions; the person responsible and the date the actions are completed.
- The Continuous Improvement Log is accessible to all staff who are expected to identify and record continuous improvement opportunities and strategies for addressing these.
- The Coordinator regularly checks the Continuous Improvement Log (at least monthly) to monitor continuous improvement and to ensure that appropriate actions are taken and that the relevant policies and procedures are amended to reflect any changes and that these changes are evaluated to ensure they have achieved the desired outcomes.
- The Coordinator is responsible for ensuring that ongoing consultation occurs with stakeholders including service users, carers, Committee members, employees, volunteers and the wider community.
- Consultations will occur in various formats to ensure that many views and experiences of stakeholders are collected. These may include but are not limited to focus groups; surveys; informal comments and discussions; networking meetings; casual comments and feedback from service users and carers and public meetings.
- The continuous improvement processes of the service include collection, collation and analysis of information, undertaking appropriate actions, and evaluation of these actions.
- The monitoring processes include, but are not limited to:
  - Internal audits of feedback (complaints, satisfaction surveys etc)
  - Internal audits of operations
  - Review of the Risk Management Plan
  - Review of the Continuous Improvement Plan
  - Review of Accidents and Incidents Register
  - Review of Policies and Procedures

## Planning and Evaluation

### Home Care Standard 1: EO 1.3; 1.4, 1.5

Cabonne Council CHSP Service has a commitment to ongoing planning and evaluation of the service to ensure that the needs of the target group are being met effectively and efficiently.

The Coordinator will ensure that feedback is recorded appropriately and used to inform the annual evaluation and planning processes.

The planning and evaluation of the service is the responsibility of the Coordinator in conjunction with the Community Services Manager and the Community Services Committee. They will ensure that the process includes a number of strategies to involve service users, carers, employees, volunteers and other stakeholders in the evaluation and planning processes.

These include, but are not limited to:

- Ongoing monitoring of the service. This monitoring includes but is not limited to: monitoring incidents/accidents; monitoring feedback (complaints, compliments and suggestions); monitoring continuous improvement; staff performance appraisals; staff training outcomes; audits and reviews; monitoring of the demographic profile of the catchment area; identification of gaps in services and unmet needs in the community; formal and informal feedback from service users, carers, employees, volunteers and other stakeholders,
- Formal and informal feedback is sought from service users at various times, including but not limited to: times when services are being provided; informally at community restaurants and social activities; the time of reassessment; by attendance at focus groups and invitations to meetings; and by participation in regular service satisfaction surveys and questionnaires. Service users are encouraged to provide feedback. Feedback is recorded and filed so that the Coordinator may include the information in the evaluation and planning processes.
- Service user and carer input is sought through the newsletter.
- Data will be collected on community needs (met and unmet) and future estimates of need through community consultations. This assessment of need will include special needs groups.
- Service users and carers are encouraged to attend committee meetings and focus groups
- Statistics will be kept on the current service user's characteristics, complaints, waiting lists and people who have been refused a service
- Data will be collected from the census and other information available from the Council's planning processes
- Monthly staff meetings will be held to discuss various events from the previous month, including but not limited to: review of the Continuous Improvement Log; review of feedback (complaints, compliments and suggestions); review of incidents/ accidents; review of policies and procedures.
- Volunteers are encouraged to provide informal feedback and to participate in annual formal surveys;
- Feedback from employees is sought through surveys, staff meetings and through involvement in planning days;
- Feedback from other services is sought through local and regional networking meetings and CHSP forums
- Feedback is sought from local relevant agencies including those supporting people with special needs including Aboriginal and Torres Strait Islander communities and

organisations, Culturally and Linguistically Diverse community organisations and organisations for people with special needs. This will include information collected by referrals from and to other agencies and annual formal surveys;

- Service provision may change or be modified as the result of service evaluation
- Any changes will be monitored to measure their effectiveness
- Service users will be informed of the results of surveys through newsletter items.

The Coordinator will ensure that all feedback and evaluation information is recorded appropriately and utilised to inform the evaluation and planning processes for the organisation.

The Coordinator is responsible for collation, analysis and evaluation of the data to identify trends, gaps, and areas for improvement as well as good practice and good ideas. This information will be used to measure the quality of past service provision and to inform the planning processes at various levels, including but not limited to the Annual Planning sessions; Strategic Planning; development of the annual Continuous Improvement Plan; staff and volunteer training and development plans; service development plans.

### **Management practices**

Cabonne Council CHSP Service will employ accountable management practices, including but not limited to:

#### **Service users:**

- a) Service user representation will be sought at committee level.
- b) Input from service users, carers and other stakeholders will be sought regarding proposed overall changes in service delivery. This will be communicated via the newsletter.
- c) Service users and carers will be encouraged to provide feedback on service delivery.
- d) A reply paid envelope to encourage response will accompany satisfaction surveys.

#### **Financial Management:**

- a) Council's accounting staff will monitor all transactions.
- b) CHSP funding will be reported in Council's Budget Papers
- c) All monies will be subject to audit annually.

#### **Employees and Volunteers:**

- a) Employees will participate in an annual performance appraisal
- b) Employees will be encouraged to attend and have input into staff meetings
- c) All staff will be encouraged to attend training that is relevant to the position.
- d) Volunteers will participate in annual performance appraisals as recorded in Section 1: 3.1d
- e) The Coordinator will seek feedback from volunteers regarding training needs and service performance.
- f) Volunteers will be encouraged to attend volunteer meetings and information sessions

#### **Reporting:**

- a) The Coordinator will submit a written report to the Council's Community Services Committee regularly.
- b) The Coordinator, in conjunction with the Community Service Manager will ensure that the service complies with all the reporting requirements of the funding body.



- c) The Coordinator will report verbally to the Council Community Services Manager at least monthly.
- d) The service will comply with the requirements of the Home Care Standards.

Cabonne Council CHSP Service will ensure that service users receive services from appropriately skilled staff. The strategies will include but are not limited to:

- a) Council's staff selection process will be followed and the Council's Human Resources Policies and Procedures will be followed.
- b) Staff with the relevant skills and experience will be selected with the position in mind.
- c) Staff will participate in the appropriate performance appraisal processes as determined by the Council's HR Manual.
- d) Employees and volunteers will be encouraged to attend training and development (including workshops) that is appropriate to the position.

Cabonne Council CHSP Service will ensure that service users will have access to food that is safely handled.

Food should be handled in the safest possible manner

- a) Whenever possible hands should not touch food
- b) Clean utensils, that are durable, washable, unchipped and uncracked, should be used to prepare food
- c) Only microwave safe containers and materials should be used in a microwave
- d) Separate utensils should be used for raw and cooked food
- e) New gloves should be worn when alternating between raw and cooked food
- f) Protective gloves should always be worn when cleaning up
- g) Protective gloves should fit neatly and be disposable
- h) Separate cutting boards should be used for raw and cooked food
- i) At the end of each function, boards should be cleaned thoroughly and stored in an area free of dust and vermin
- j) Smoking is not permitted at any time when any food is being prepared
- k) A Safe Food Handling Plan will be kept and updated annually

### **Duty Of Care V Dignity Of Risk**

**The service will ensure that duty of care is identified and the service user's right to make informed choices and take calculated risks is recognised.**

#### **Definitions:**

Duty of Care exists where a service user is reasonably likely to be affected by what the service does or does not do. Duty of Care is part of common law and an aspect of the law of negligence.

To establish negligence it must be shown that:

- a) A duty of care exists
- b) There has been a breach of duty, meaning that the incident could have reasonably been foreseen, and the service failed to take reasonable steps to prevent the incident from occurring
- c) That harm has been suffered, which was caused by a breach of the duty of care

Dignity of Risk refers to the service user's right to make an informed choice to experience life and to take advantage of opportunities for learning, developing competencies and independence and, in doing so, takes a calculated risk.

The Coordinator will ensure that staff and volunteers recognise and understand Duty of Care to Service Users. This information will be presented in various ways, including, but not limited to: at orientation; in the Staff and Volunteer Handbooks; at staff meetings

The service will ensure that staff is aware of the basic elements of the law of negligence and understand the scope of their duty of care

The service will ensure that appropriate policy and procedure is in place to minimise the risk of harm, illness, injury or death of the service users. These policies and procedures will be regularly reviewed.

To ensure the safety of service users, all volunteers who drive the Commonwealth Home Support Program vehicle will have access to a mobile phone for emergency use.

- a) The mobile phone will be checked as part of the safety check procedure
- b) The mobile phone will be serviced as required
- c) All volunteer drivers who have access to the mobile phone will:
  - I. Report to the Commonwealth Home Support Program staff if there is a problem with the phone
  - II. Use the mobile phone only for emergency or important calls
  - III. Keep the calls brief
  - IV. Ensure that the phone is plugged into the car's electrical system
  - V. Switch the phone on when commencing a journey and off when the journey is completed

To allow service users the Dignity of Risk the Cabonne Commonwealth Home Support Program Service will ensure service users are given correct and relevant information about the benefits and risks involved in any activities to allow them to make informed choice

The well being of service users will be safeguarded as much as possible while they are attending any activity offered by the service.

- a) For all service activities the service will check venues and activities for safety and to identify the likelihood of risk
- b) Where a service user chooses to act in a way that could harm him or her and has an understanding of the risk, this will be noted on the said service user's file
- c) Where a service user chooses to act in a way that could harm him or her and has little or no understanding of the risks involved, then the service user will be informed fully of the risks involved and any action taken by the staff will be documented
- d) Confidentiality may be breached by staff if the service user is at risk of harm, illness, injury or death and has no understanding of that risk
- e) Confidentiality may be breached if there is reason to believe that the service user is intending harm to another person
- f) The service will keep an accident and injury record to help identify "at risk" service users and "at risk" venues
- g) The service will take action to change situations that have resulted in injury or near injury to a service user
- h) Suitable measures will be taken to minimise risk factors
- i) Training will be provided to staff to develop their skills and knowledge to enable them to recognise and minimise risks without sacrificing benefits to service users
- j) Staff (paid and unpaid) will be chosen with care to ensure the safety of the service users

At social events

- a) The ratio of staff (paid or unpaid) and/or carers to service users when on a bus trip will be 1 to 14 service users or part thereof
- b) The ratio of staff (paid or unpaid) and/or carers to service users in wheel chairs will be 1 to 1 service users
- c) The ratio of staff (paid or unpaid) and/or carers to service users when at a social or learning activity will be:
  - 1 to 20 service users or part thereof if the activity is sedentary, or
  - 1 to 10 service users or part thereof if the event is active
- d) Should the service users be particularly frail, in the middle or advanced stages of a dementing illness or have other specific needs that warrant individual consideration and care, then a designated carer will be assigned to each service user as needed

### **Paid Staff**

All staff will be required to have a current Police Check.

Council policies regarding the employment of suitable paid staff will be strictly adhered to including advertising the position, culling and interviewing applicants. See the Cabonne Council HR Procedures.

### **Volunteer Staff**

All volunteers will be required to have a current Police Check.

### **Notification of incidents and issues**

#### **Policy:**

As part of Cabonne Council CHSP Service's commitment to minimising risk of harm to staff and service users, the service will respond appropriately to any incident that does occur and will notify the Department of Social Services of any serious incidents.

#### **Procedures:**

If a serious incident does occur as a result of, or during, the delivery of Cabonne Council CHSP services, the Coordinator and/or staff will:

1. Notify the Department
  - The Coordinator will notify the Department in writing, within 24 hours of the incident occurring or within 24 hours of them becoming aware of the incident. The Coordinator will refer to clause 35 of the Aged Care Funding Agreement and to the specific requirements for notices made under the Aged Care Funding Agreement as set out in clause 50 when preparing the notification for the Department.
  - The Coordinator will use his/her judgment to consider the specific circumstances of an event to determine whether a particular incident warrants notifying the Department.
  - Cabonne Council CHSP Service use the definitions as detailed in the CHSP Program Manual 2015 section 5.1.9 *Notification of incidents and issues*.  
"Defining a serious incident:

A serious incident is an incident that occurs as a result of, or during, the delivery of CHSP services, and includes:

- the unexpected death of a service user, staff member, subcontractor or volunteer;
- a serious injury to a service user, staff member, subcontractor or volunteer;
- allegations of conduct that may result in death, harm or injury, made in relation to a service provider's organisation, staff, subcontractors or volunteers;
- allegations of unlawful or criminal activity, made in relation to a service provider's organisation, staff, subcontractors or volunteers; and
- a serious fire, natural disaster, accident or other incident which will or is likely to prevent service provision, or which results in closure or significant damage to premises or property, or which poses a significant threat to the health and safety of service users, staff, subcontractors or volunteers.

2. Respond to the immediate needs of the individual and re-establish a safe environment; advise senior staff members.

- Staff will ensure that the actions are documented in the Continuous Improvement Log and the Risk Register.
- The Coordinator will ensure that the relevant Policies and Procedures are reviewed and amended as necessary to minimise the risk or to avoid recurrence of the incident.

## **Section 3 – Principles for Service Delivery**

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Home Care Standard1: EO 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8

Home Care Standard 2: EO 2.1, 2.2, 2.3, 2.4,

Home Care Standard 3: EO 3.1.,3.2, 3.3, 3.4., 3.5

The Cabonne CHSP Multi-Purpose Outlet, which encompasses Meal Services, Other Food Services, Social Support and Home Maintenance, will strive to deliver quality services in accordance with the following principles:

- a) Service users will remain the focus of the project at all times
- b) Each service user will be treated as an individual who has individual needs that may be determined by age, gender, cultural background, religion or other life circumstances
- c) Each service user has the right to access safe, responsive, effective and efficient services
- d) Each service user will have the right to make choices about their own lives
- e) Each service user will have the right to be treated with dignity and respect
- f) Each service user will have the right to have their own affairs treated with confidentiality and privacy
- g) Each service user will have access to the service on a non-discriminatory basis
- h) Each service user will have access to an advocate of their choice if this is required
- i) The community has the right to expect that the Cabonne Commonwealth Home Support Program Service is accountable to service users, to volunteers, to staff, to the funding body, to the auspice and to the community

### **POLICIES AND PROCEDURES FOR SERVICE DELIVERY**

#### **1. Social Support**

##### **1.1 Individual Service Provision**

Service users who are assessed as needing an individual type service will have access to a quality service.

##### **Procedure**

When a service user is assessed as needing an individual type service (ie telephone support, visiting, shopping assistance, assistance with accessing services in their community etc) the following steps will be taken:

- a) The Coordinator will conduct a Home Safety Check at the service user's home to identify any risks and to ensure safety to staff (paid and unpaid) if staff will need to enter in the course of delivering a service
- b) Service users will be assessed by the Coordinator (see 'Assessment' in Section 2, page 4) to assess needs and goals and to ensure that the service to be provided is the service they require
- c) The Coordinator will provide service users with a copy of the Service User Information Booklet
- d) If required, a volunteer will be matched to the service user
- e) Volunteers will be reimbursed for any costs incurred while engaged in providing the service

## **Fees**

No fees will be attracted by the individual service types offered unless previously negotiated with the service user

## **List Shopping**

Should it be necessary to do list shopping for a service user who is temporarily unable to accompany the volunteer then the following steps will be taken:

- a) The coordinator will arrange a staff member (paid or unpaid) to do the shopping. This will preferably be the volunteer already involved with the service user's service provision
- b) Arrangements will be made and a time set to pick up the list
- c) Arrangements will be made with the shop to either:
  - i) Bill the service, or
  - ii) Bill the service user direct
- d) The order may either be:
  - i) Phoned through to the store, or
  - ii) The designated staff member will do the shopping
- e) If the service is billed, then:
  - i) The tax invoice will be copied and the original given to the service user
  - ii) An account will be sent to the service user from the service
- f) If the service user is billed by the shop then no further action is taken
- g) The shopping will be delivered to the service user's home by either:
  - i) The staff member, or
  - ii) The store home delivery service
- h) All monies will be processed according to Council's policies
- i) The relevant service user data will be recorded on the MDS
- j) Service units will be recorded for reporting and planning purposes

## **1.2 Social Outings and Activities**

Service users who are socially or geographically isolated and/or would benefit from these services will have access to high quality social activities. These services aim to improve the social independence of these service users and to enable these service users to stay connected with their local communities

### **Procedure**

- a) The Coordinator conducts venue safety checks for each venue or location where service users are taken by the service for an outing or activity.
- b) The Coordinator conducts an assessment of the service user to identify individual needs, capacities and goals.
- c) The Coordinator develops a service user risk profile that identifies the areas where the individual service user may need assistance.
- d) If the service user is assessed as being at very low risk, no action will be needed beyond the venue safety check
- e) If the service user is assessed as being at low to medium risk, procedures will be put in place to minimise the risk
- f) If a service user is assessed as being at high risk, he/she will not be accepted into the program unless he/she is accompanied by a carer or designated volunteer.

- g) The Coordinator will consult with the service user to develop a Care Plan that identifies individual needs and goals and the services to be provided. The Care Plan will also indicate any special conditions which determine whether the service user is able to attend the outings and activities eg accompanied by a carer
- h) Activities will be planned in consultation with the target population by using the information gained from surveys, community consultations, focus groups or service user individual input
- i) Venues will be chosen and assessed for safety
- j) If required, a group leader will be engaged
- k) Activities will be advertised in the Keeping in Touch or by mail out
- l) Service users will be informed of the nature of the activity, date, time, venue and any costs involved
- m) Service users will be given a RSVP date if appropriate
- n) If assistance with transport is needed, the service will arrange this
- o) All monies received will be receipted
- p) Money will be accounted against the appropriate Council Job Number
- q) Application will be made to the Council accounting department for any monies owing
- r) This debt will be accounted against the appropriate Council Job Number
- s) Council will send a cheque to the relevant service providers
- t) The relevant service user data will be recorded on the MDS
- u) Service units will be recorded for reporting and planning purposes

### **1.3 Home Maintenance - One-Off Events**

Service users will have access to quality one-off subsidised events where a need has been identified, be this either through the assessment process or self identified. All one-off events will be offered to service users through the Keeping in Touch newsletter or by mail-out. These events will support and develop the service user's independence.

#### **Procedure**

Identified needs for one-off events are:

- A. Blanket and Large Items Wash
  - a) Price will be negotiated with a local credited laundry
  - b) Service users will be informed of what, where, when, how and costs involved
  - c) Service users will book in for the service by the nominated date
  - d) Articles will be collected and delivered as required
  - e) Service users contributions will be receipted against the appropriate Council Job Number
  - f) The laundry will bill the service and will be paid by cheque through the Council accounting system
  - g) Relevant service user data will be recorded on the MDS
  - h) Unit data will be recorded for reporting and planning purposes
  
- B. Low Level Maintenance Subsidy – Window Wash, Gutter Clean, Rose Pruning
  - a) Price will be negotiated with a service provider or a volunteer recruited
  - b) Local service provided will be used where possible to minimize travel costs
  - c) Service users will be informed of the what, where, how, when and costs involved
  - d) Service users will book in for the service by the nominated date
  - e) Service users will receive Subsidy Vouchers

- f) Service users will be informed of the date, time of service and the name of the service provider
- g) Service user contributions will be receipted and accounted against the appropriate Council Job Number
- h) Vouchers will be used to verify the service provider's claim
- i) Cost of service will be accounted against the appropriate Council Job Number
- j) Relevant service user data will be recorded on the MDS
- k) Unit data will be recorded for reporting and planning purposes

#### **1.4 Lawn Mowing/ Handy Person Subsidy Service**

##### **Policy**

Service users who are assessed as needing the lawn mowing / handy person subsidy will receive a safe and high quality service. This service aims to support and develop the service user independence.

##### **Procedure**

- a) The coordinator will approach service providers from the community and negotiate service costs
- b) CHSP staff will compile a list of service providers willing to offer a subsidised service to service users
- c) The list will state the name, address, phone number, cost and insurance status of each service provider
- d) Service users will be assessed by the Coordinator (see Assessment in Section 2, page 4)
- e) Service users who have been assessed as needing the subsidy service will receive information about the Cabonne CHSP Service, a copy of the Service User Information Booklet, information about the lawn mowing/ handy person subsidy, and the service provider list
- f) Service users will have the choice of service providers from the list
- g) Service users employ the service provider and will make contact when the service is required
- h) CHSP will subsidise the fee
- i) If required, CHSP will act as advocate for the service user and organize the service with the service provider of the service user's choice. If this occurs, the service will inform the service of all outcomes from action taken
- j) Service user will receive a subsidy of ten dollars per hour to the value of \$200.00 in any one financial year, or as otherwise negotiated with the Coordinator
- k) The Coordinator will ensure that service users with special needs understand the service and have access to services in a manner that is respectful of their needs. These services will be negotiated on a case by case basis.
- l) Service users will be issued with subsidy vouchers
- m) Information on service user satisfaction will be sought at least annually by way of service survey
- n) The service provider will receive information about the service including information about how the subsidy works, rights and responsibilities, claim forms
- o) The claim form will be filled in by the service provider, subsidy vouchers attached and returned to the CHSP for processing
- p) The claim forms are used to process service provider payment
- q) Vouchers verify the claim



- r) Application is made to the Council accounting department for subsidy monies owing to the service provider
- s) This debt will be accounted against the appropriate Council Job number
- t) Council will send a cheque or direct deposit to the service provider
- u) The service users contribution will be accounted against the appropriate Council Job Number
- v) When necessary, a waiting list (see details on Waiting Lists in Section 2, page 10) will be maintained and reviewed at least quarterly
- w) Service users on the waiting list are priority listed
- x) Service users on the waiting list are informed of their status following the review
- y) Service users may request a review of their subsidy needs at any time

## **2. Meal Services**

The provision of this service has several aspects and offers service users choices of the type of meal service they wish to receive. The responsibility for service provision rests with each local Meals on Wheels Committee and the Cabonne CHSP Multi-Service Outlet.

### **Policy**

Service users who have been assessed as needing a meal service will be able to access a safe, flexible, high quality meal service with a variety of food options. See details of Assessment in Section 2, page 4.

Service users in need of a meal service and who have not received formal assessment will receive the service for a short time until an assessment can be arranged.

### **2.1 Hot and Cold Delivered Meals**

#### **Procedure**

**Local Committees** have the responsibility to:

- a) Organise the safe delivery of meals
- b) Prepare volunteer rosters
- c) Organise reimbursement of volunteers either by
  - i) sending an account to the CHSP office and paying volunteers with their own cheque or,
  - ii) by forwarding the Volunteer Signature Forms to the office
- d) Organise service user payments
- e) Ensure the receipting of all monies taken
- f) Arrange for the banking of monies to the appropriate Council Job Number
- g) Forward service user data to the office

**Volunteer Deliverers** have the responsibility to:

- a) Ensure meals are delivered to the service users in a safe manner. Volunteers are trained in the procedures for the safe delivery of meals.
- b) Inform paid staff of any concerns regarding the service user or the method used for food delivery. The Coordinator provides training and guidance to volunteers regarding the need to observe for changes in service users' circumstances or abilities and the procedures for reporting these to the Coordinator.

**Paid Staff** has the responsibility to see that:

- a) Service users are assessed and a care plan completed. (See more details in Assessment in Section 2, page 4)

- b) The Coordinator assesses the service user's home and surrounds to identify any risks and to ensure for safety to staff (paid and unpaid) if staff will need to enter in the course of delivering a meal
- c) Volunteers are informed of the principles of safe food handling as it applies to meal delivery. The Coordinator reminds volunteers of this information in the Newsletter and offers training in Safe Food Handling from time to time.
- d) Service user data is entered in his/her file and on the MDS
- e) Unit data is recorded for reporting and planning purposes
- f) Service user's feedback is sought regarding the quality of the meals. This information is recorded and used to improve services and in the planning and evaluation of the service.
- g) Accounts are checked against data received from local committees
- h) Payments of accounts are arranged by following Council accounting procedures
- i) Payments are accounted against the appropriate Council job numbers

### **2.1.2 Quality Control of Hot and Cold Delivered Meals**

#### **Policy**

A contract will be set in place with each service provider to ensure a high standard of service provision is maintained.

#### **Procedure**

- a) The service provider who provides the meals is responsible for:
  - i) The supply of nutritionally balanced meals
  - ii) Monitoring the temperature at which meals are provided (65+)
  - iii) Checking temperatures randomly at least once per month
  - iv) Providing menu choice
  
- b) The CHSP program is responsible for:
  - i) The timely and safe delivery of meals
  - ii) Menu selection
  - iii) Randomly checking the temperature of meals at the beginning and ending of each run (65+ for hot and under 6 for cold) to ensure meal temperatures remain in the safety zone during delivery
  - iv) Seeking feedback from service users annually (ie survey, focus groups, consultation, at time of reassessment or service review) to gauge service user satisfaction with the meals and the service. This information is recorded and used in service improvement and planning and evaluation processes.
  - v) Randomly sampling meals for taste and presentation
  - vi) Reporting data to the appropriate service provider if necessary
  - vii) Negotiating changes following data collection if required
  - viii) Following up and resolving any service user complaints and negotiating changes with the service provider using the grievance as a guide

### **2.2 Frozen Meals**

#### **Policy**

Service users who have been assessed as needing a meal service will be able to access a safe, flexible, high quality meal service with a variety of food options. See details of Assessment in Section 2, page 4.

Service users in need of a meal service and who have not received formal assessment will receive the service for a short time until an assessment can be arranged.

## Procedure

1. Each service user is provided with an information pack that includes:
  - i) Menu and order form
  - ii) How to order information
  - iii) How to care for frozen foods information
  - iv) Heating instructions
  - v) Costs involved
2. The service user may access this service by ordering using the order form, by telephone or by obtaining meals directly from the CHSP office
3. Meals are sold to service users at cost price
4. A receipt is written. The Food Services Officer is responsible for marking off stock sheets.

### 2.2.1 Quantity and Quality Control of Frozen Meals

1. Several steps are taken to ensure that that adequate stock is kept and a choice of menu is available:
  - a) A stock sheet is kept
  - b) All purchases are marked off against the sheet
  - c) Information on the sheet is used when re-ordering
  - d) A new stock sheet is produced after order is placed in freezers
  - e) Meals are stacked in freezers with the closest "use by date" on top or to the front
  - f) Meals are checked monthly to determine if there is any "out of date" stock
  - g) Out of date stock are disposed of and accounted against the appropriate Council job number
2. Product testing is carried out to ensure that the taste and appearance of meals are appealing to service users:
  - a) Four times each year meals are randomly selected (from meals nearing the use by date)
  - b) Service users or volunteer are randomly selected to test the product and report results of the test to the Food Services Officer
  - c) A staff member is selected to test the product and report results of the test at the following Staff Meeting
  - d) Test meals are supplied free of charge and are accounted against the appropriate Council job number
  - e) Information gained from these tests is relayed to the service provider
3. Freezers are maintained to ensure food is kept at the optimum quality:
  - a) Freezers are maintained at below -17 degrees
  - b) Weekly temperature checks are recorded
  - c) Cabinet doors are kept firmly closed when not in use
  - d) Freezers are thoroughly cleaned twice per year
  - e) Maintenance is carried out annually ie motor cleaning
  - f) When servicing is required an accredited service provider is used
4. Ordering – using the information on the stock sheet:
  - a) An order is written on a frozen food order form
  - b) The order form is faxed to the service provider
  - c) The service provider is phoned to verify that the order has been received

- d) A new stock sheet is made and the old stock sheet is filed
- e) A requisition for the order amount is made in Synergysoft
- f) When the order is delivered the meals are checked against the order form and any disparity noted
- g) The meals are stacked into the freezers as quickly as possible making sure that the nearest use-by dates are either on top or to the front
- h) If a disparity is found in the order the service provider will be notified
- i) Once requisition is approved, the Purchase Order and Invoice are sent to Council for payment

### **3. Other Food Services**

#### **Policy**

Home Care Standard 3: EO 3.5

Any service user who has been assessed as needing a food service other than a meal delivery will have access to flexible, high quality services relevant to his/her needs. These services aim to support and enhance service users' functional and social independence. See more details on Assessment in Section 2, page 4.

Other Food Services may include but are not limited to: assistance with food shopping, stacking freezers, peeling vegetables, information on nutrition, budgeting, special diets, and referral.

Community Restaurants provide an opportunity for isolated service users to eat together in a safe supportive environment and are subject to the same conditions as found in Social Outings and Activities (1.2) The Community Restaurants enable service users to develop and sustain their social support networks and remain connected with their local communities.

Service users who have not received formal assessment will receive the service for a short time until an assessment can be arranged.

### **4. Food Safety Policy**

#### **Philosophy**

Much of the service provision of the Cabonne Council CHSP Multi Purpose Outlet is concerned with the provision of food. The Service is committed to Food Safety. It firmly believes in providing the service users with a quality and safe food product. The service wholly accepts its duty to comply with the ANZFA legislation, all other current, relevant legal requirements and the Meals on Wheels Food Safety Management System. We expect all suppliers to share this philosophy:

- a) All staff members will abide by the policy including all procedures and codes of practice laid down by the service. It is expected that they will make every effort to maintain all written procedures

- b) It is the aim of the Cabonne Commonwealth Home Support Program Service to operate with due diligence to food safety

#### **4.2.1 Responsibilities and Duties of the Service**

a) The Food Supplier will

- Supply meals that are nutritious and of high quality
- Comply with food safety requirements
- Monitor meal temperature
- Contact the co-ordinator if food safety concerns arise

b) The Service Staff will

- Ensure a copy of current relevant legal food safety requirements is available
- Implement and review the Food Safety Policy regulations and practices on a regular basis
- Act on any incidence that impacts on food safety
- Ensure that all staff is trained in the requirements of food safety
- Monitor records and forms to assess further staff training needs
- Maintain a procedure of random temperature checks to ensure safe delivery of food
- Abide by relevant legal food safety requirements
- Maintain all records and systems an relation to food safety
- Follow all personal hygiene rules
- Keep all work areas clean and free from pests
- Report incidents that impact on quality of food
- Report if they are suffering from a communicable disease and take appropriate preventative actions

c) Volunteer deliverers will

- Abide by the rules governing safe food delivery
- Report any concerns to the coordinator or the contact person in their own area.

#### **4.2.2 Training**

- All paid staff receive training in Safe Food Handling Practices
- All volunteers are offered training in Safe Food Handling Practices
- Volunteers will be reminded of Safe Food Handling Practices annually via the Newsletter

### **5. Hygiene Policy**

Staff, care-givers and volunteers will at all times follow proper hygiene procedures to eliminate the risk of transmission of infections such as gastroenteritis, hepatitis A and B. These hygiene procedures when followed are more than adequate to prevent the transmission of H.I.V.

- A. Cuts or lesions (e.g. dermatitis or eczema) on the hands should be covered or disposable gloves worn when dealing with faeces, urine or blood. Healthy skin provides an adequate barrier to infection so it is important to look after skin (e.g. use hand cream after washing hands).
- B. The service will encourage the following procedures to be carried out at all times by the care-giver, staff, volunteers and Service Users to:
- a) Always wash hands
- I. Before preparing food
  - II. Before eating

- III. After toileting
- IV. Before (if possible) and after giving first aid
  - b) Wash blood, faeces and urine off skin with warm soapy water
  - c) Clean up any spilt blood or faeces with a bleach solution of 1 part household bleach to 10 parts water
  - d) Soak any bloodied cloths or implements used for First Aid in the recommended bleach solution.
- C. Staff (paid and unpaid) will be encouraged to receive immunisation for:
  - a) Hepatitis B
  - b) Tetanus
  - c) Influenza

## **6. Service User Input into Service Provision**

Each service user will have the opportunity to provide feedback regarding the way a service is provided:

- a) Service users will be surveyed three to four months after commencement of service to gauge service user satisfaction
- b) The Coordinator will reassess service users at least every 12 months (see Reassessment in Section 2, page 8 ) to identify changes in service user needs, abilities and goals. The reassessment will include a review of the care plan to ensure it continues to meet individual service user needs and promotes independence.
- c) Service users input will be sought at least annually by survey, focus groups or at time of reassessment
- d) Service to service users may be amended as a result of service users input and/ or the reassessment process.
- e) Service provision details will be recorded in the service user's file
- f) Units of service provision will be recorded in DEX

A safety check on service user's homes will be carried out

## **7. Recording of Service User Service Units**

### **Policy**

Service units will be recorded by relevant staff and placed in the MDS folder for entry on the DEX data base

## **8. Harassment in the Workplace Policy**

See Council's Staff Policy