



Institute for Healthy Communities Australia Limited

COMMUNITY CARE COMMON STANDARDS

EVIDENCE GUIDE

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Some materials were derived from the Community Care Common Standards Guide, Department of Health and Ageing, Australian Government and as such are appropriately referenced.

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Introduction

This evidence guide is a resource for Queensland Home and Community Care (HACC) service providers to guide and support them when preparing for, and undertaking a quality review using the Community Care Common Standards.

The guide does not replace other supports, but rather compliments them. Other supports include the Community Care Common Standards Guide. In preparing for a quality reviews against the Community Care Common Standards, you may access other existing supports such as:

- Your peak bodies;
- Your relevant HACC Service Development Officer or Indigenous Support Officer;
- The Department of Communities HACC Quality Reporting Team: Telephone 07 3006 8846;
- The Community Care Common Standards webpage and help-desk: <http://www.comcarestandards.com.au>;
- The Institute for Healthy Communities Australia website: <http://www.ihca.com.au>.

Note:

This document is a guide only and all items listed in the outcome areas may not be relevant to your individual service's circumstances. The Community Care Common Standards framework is designed to be relevant to the full range of Commonwealth funded Community Care Aged Care services, which includes the vast diversity of organisations within HACC.

Glossary

ACAT: Aged Care Assessment Team.

Accountable: An obligation of a person or group to accept responsibility for a task or outcome, to account for their activities and to communicate the results of their activities to the people involved. For example members of the organisation or the community it represents.

ACCNR: Australian Community Care Needs Assessment – Revised.

ADL's: Activities of Daily Living.

Advocates: Speaks or writes in support of a person or cause, ensuring their voice is heard.

Asset: The physical resources that your organisation own, borrows or leases.

Asset management: The process that guides how the organisation acquires assets, uses, looks after/maintains and then disposes of them in order to make the most of those assets.

Audit: A periodic onsite check to decide whether or not Policies and Procedures are being effectively implemented and the service is compliant to the relevant legislation/regulations. Often used in the context of financial audits conducted annually.

Brokerage: When there is an agreement with another service to deliver services on your behalf or visa versa.

CBDC: Centre Based Day Care.

CCCS Guide: Community Care Common Standards Guide developed by the Australian Government, Department of Health and Ageing available at www.comcarestandards.com.au.

Compliance: behaving in accordance with a legal Act or a formal applicable Regulation.

Consumers/Clients/Service Users: The people who use your services.

Contracted Services: The services provided by yours or another agency that are covered by an agreement with a government funder.

Data: Factual information or measurements that are analysed for a purpose, such as to better understand a problem, prepare reports or make a decision.

Delegation: When one person or group authorises another person to act or make a decision on their behalf for an agreed purpose. The term is often used to differentiate the decision making roles and limitations of the board/management and senior staff, particularly the CEO/Manager.

Demographic: Information or statistics broken down to give a picture regarding the population or a part of it.

Ethical: Following the accepted principles of right and wrong that govern the conduct of an organisation or profession.

Environment: Elements that are around you at work. This includes physical items (for example buildings and furniture) and what happens around you (the way people behave towards each other and their actions).

Evaluation: Reviewing and assessing how well a process, system or other thing works, why and what changes are needed and it's effectiveness.

Evidence-based practice: The proper use of best evidence in making decisions about the care of clients. Informing good decision making for care of the client can include integrating your own clinical experience, knowledge of the client and their situation combined with identifying the best external clinical evidence available.

Financial reporting requirements: What the organisation is expected to tell the government and other funding bodies about its income and expenditure, how and how often it is expected to do this. This is attached to your service agreements with the Department of Communities (HACC) with schedules included.

Formal: Official; what is done that is written and checked by your organisation.

Forward Planning: Thinking about what you might need or want to achieve in the future, and planning for it.

Goal: An observable and measurable end result usually to be achieved within a fixed time frame.

Good practice: A way of doing something that has been proven to work well and to produce good results. Good practice is often identified by an independent external agency that has a good overview of similar practices across the sector and acknowledges it is good practice.

Governance (general): The exercise of authority and use of resources to lead and run an organisation's affairs.

Governance – Corporate: The rules, people and process that allow the proper use of authority and ensure accountability to stakeholders for an organisations performance.

Governance – Clinical: A systematic approach to maintaining and improving the quality of client care within a health system. It is a framework through which an organisation is accountable for continuing improvement of their services whilst still safe-guarding high standards of care, creating an environment that aims for clinical excellence.

Industry standards: The standards (quality bench-marks) that have been developed by the industry (or industries) that your organisation operates within.

Informal: Casual; what staff and clients might do that isn't necessarily in writing by the organisation.

Information: Knowledge, meaning or a collection of facts.

Information management systems: Computer and/or paper based system and programs contained within and organisation needed to manage effectively. This could include IT technologies, documents, people and procedures.

Integrated: Combined and/or intrinsically linked.

KICA: Kimberley Indigenous Cognitive Assessment Tool - an assessment tool developed for Indigenous community in Western Australia, currently being utilised in remote communities in Queensland.

Laws: A system of rules that can be enforced, usually through the legal system and the courts.

Legislative requirements: What the organisation is expected to do by law.

Management systems: The framework of process and procedures used to ensure that an organisation can fulfil all tasks required to achieve its objectives. These are usually written processes and are reviewed on a regular basis. This could include regular staff meetings, reporting on progress, performance planning and review.

MoW: Meals on Wheels service providers.

Performance management: The process of planning with staff what they should be doing in the coming period, linking individual performance to organisational needs, ongoing communication, and the evaluating of their performance. Includes activities that ensure goals are consistently being met in an effective and efficient manner. The focus can be on the organisation/service, a department, employee or contractor.

Physical resources: The things that you can touch and feel. This includes buildings, furniture, grounds, equipment, Information Technology (IT), vehicles, food and supplies and security systems.

Policies: A set of principles, rules or stated beliefs adopted by the organisation which underpin practice or how the organisation goes about running their organisation and delivering service (see procedures below).

Procedures: Are a specified set of actions or operations that have to be executed the same way to always achieve the same result under the same circumstances (i.e. emergency procedure). Procedures put the policies into practice.

Processes: Is the 'doing' part of procedures.

Procurement: The complete process of obtaining assets, from deciding what is required through to receiving and approving the invoice for payment.

Program: A set of related events, or activities with a particular long-term aim. Can relate to activities arranged for a client or group of clients but also components of running the organisation, for example a quality program.

Protocols: A set of rules or accepted or established code of procedure or behaviour in any group, organisation, or situation. An agreed, standardised way of performing a task that is repeatable and reproducible.

QMow: Queensland Meals on Wheels Services Association, the industry body for Meals on Wheel services.

Referral: Where a client/carer is recommended either by themselves, GP or other agency for assistance/care. Or when the service has identified additional needs for a client and recommended them for assistance/care from another care provider for care/assistance.

Regulations: Rules that can be set by governments or other organisations, such as membership or professional organisations.

Regulatory: Required or restricted according to rules, legislation and regulations.

Review: An assessment or examination of something with the possibility or intention of instituting change if necessary. Similar to evaluate, also refers to inspection where by the organisation inspects or reviews it's procedures, policies, protocols to ensure currency and relevance.

Risk: A situation involving exposure, or potential exposure, to danger posing uncertainty on your organisation. Risk can be to clients, staff or the organisation.

Risk Analysis: The process to understand the nature and level of risk to provide the basis for risk evaluation and decisions to limit or eliminate the risk.

Risk Evaluation: Comparing the impact of each risk to the organisation.

Risk Identification: The process of determining what, where, when, why and how something could happen that may have a negative impact.

Risk Management: Coordinated activities to manage the impact of risks for an organisation.

Service: Assistance provided to, or a development activity for clients and/or their carers.

Service Agreements: A signed written understanding between two organisations, where another organisation agrees to provide a service or funding to your organisation at a particular level, and you agree to take on certain responsibilities in return. A service agreement exists for HACC funded service providers with the Department of Communities. The terms under which you accept the funding are outlined within the agreement.

Stakeholders: Anyone who can affect, or be affected by, the actions of your organisation. Stakeholders could include:

- Clients (and their families or carers);
- Staff;
- Partners (other organisations such as specialist services, community agencies, hospitals that work with yours on services, programs and projects);
- External organisations and agencies i.e. other HACC services;
- Funding bodies (i.e. State/Commonwealth Government departments);
- Suppliers (people who provide goods and services to your organisation);

- Volunteers.

Strategic directions: A statement about the results your organisation wants to achieve (usually over a period of several years), and the ways in which it will achieve them.

Strategic planning: The process of defining strategy or direction and making decisions on allocating resources (human, financial and other) to pursue this strategy.

Structure: The way an organisation fits together with all its departments/units. This is often shown by an organisation chart, which indicates the positions of managers and staff, who and what they are responsible for and who they report to.

Sustained: Maintained for a period of time.

SWITC: Support with Interpreting, Translating and Communication - services available to providers (auspiced through the deaf association).

Transparent: Open; able to be seen.

Unauthorised: Not permitted by your organisation.

STANDARD 1: EFFECTIVE MANAGEMENT

PRINCIPLE: *The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.¹*

An organisation should have robust management processes, which ensure the quality of direct services to clients.

Effective management processes include consultation with management staff, clients and their carers, and should be continuously looking at improving the service.

Expected Outcome 1.1: Corporate Governance

The service provider has implemented corporate governance processes that are accountable to stakeholders.²

Corporate governance incorporates the processes the organisation uses to manage its business.³



In a nutshell....

This expected outcome covers the way in which management responsible for governance of your organisation set direction and priorities for the organisation and work with the community, clients, managers, staff and others to make sure that everyone agrees to and works towards these directions and priorities.



Hint:

The role of Corporate Governance is to make sure that organisational objectives are set, modified if necessary (in response to changes in the operating environment), and achieved, and that risk is monitored, assessed and attended to. There needs to be an identifiable flow between operations and governance.

Reviewer may look at:	Actual Document/Process may include:
<p>Documented governance arrangements, including:</p> <ul style="list-style-type: none"> ○ Roles and responsibilities (or rules/terms of reference) of the Board and/or Management Committee and/or senior executives; ○ Board policies, including delegations; ○ Records related to Board and/or Management Committee and/or senior executive meetings, including timing of meetings, decision making, recording of minutes, attendance records. 	<ul style="list-style-type: none"> ○ Board and committee structure; ○ Constitution/model rules, terms of reference; ○ Code of Conduct for the Board, Committee/s and/or Executive Management; ○ Board Manual; ○ Clear roles and responsibilities statements for Board, Committee/s and/or Executive Management; ○ Duty statements for Board, Committee/s and/or Executive Management; ○ CEO/Manager's employment contract; ○ Organisational Chart; ○ Delegation policy/procedures; ○ Annual General Meeting (AGM) agenda, reports, participation and minutes; ○ Meeting minutes (Board, Committee/s and/or Executive Management); ○ Attendance Records.
<p>Orientation and training records for Board and/or Management Committee members and/or senior executives.</p>	<ul style="list-style-type: none"> ○ Records of orientation and skills training for Board members/management committee and/or senior executives; ○ Performance planning and review policy and procedures for the Board, Committee/s and/or Executive Management; ○ Committee Handbook (i.e. QMoW).

Reviewer may look at:	Actual Document/Process may include:
Audits, reports and plans required by Board and/or Management Committee members, service/funding agreements and other regulations/legislation.	<ul style="list-style-type: none"> ○ Annual Report; ○ Audit Report; ○ Service Agreement; ○ Legislation listed; ○ Brokerage Agreements.
Records of compliance with contractual obligations and service/funding agreements (e.g. reporting requirements, Minimum Data Set (MDS) reports).	<ul style="list-style-type: none"> ○ Relevant statutory and funding responsibilities of Board, Committee/s and/or Executive Management; ○ HACC Reports – quarterly/six monthly (as defined within your service agreement); ○ MDS Report (or specific organisational software reports).
Organisational records that demonstrate the involvement of the board and/or management committee in organisational decision making (e.g. minutes of meetings, reports).	<ul style="list-style-type: none"> ○ Board, Committee/s and/or Executive Management meeting agendas, minutes and attendance register.
Organisational plan and other planning documents.	<ul style="list-style-type: none"> ○ Strategic Plan; ○ Business Plan; ○ Action Plan; ○ Program Plan; ○ HACC Service Agreement; ○ Organisational Budget; ○ Regular reviews of the Strategic Plan by the Board, Committee/s and/or Executive Management.
Budgets and financial reports related to community care services, including reports to the Board and/or Management Committee.	<ul style="list-style-type: none"> ○ Budget; ○ Budget or finance committee meeting agendas and minutes.
Processes for ensuring that Community care services are provided within budget and in accordance with funding program requirements.	<ul style="list-style-type: none"> ○ Budget; ○ Budget or finance committee meeting agendas and minutes.
Documented roles and responsibilities of staff/volunteers.	<ul style="list-style-type: none"> ○ Duty statements for all Staff/volunteers; ○ Clear roles and responsibilities statements for all Staff/volunteers.
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Delegation; ○ Performance planning and review for the Board, Committee/s and/or Executive Management; ○ Client, community and other external stakeholder consultation; ○ Staff participation.

Expected Outcome 1.2: Regulatory Compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.⁴

Organisations have a responsibility to identify the regulatory and legislative requirements with which they need to comply. These are often many and varied, and depend on the service type, size and complexity of the organisation.⁵



In a nutshell....

This expected outcome covers the laws, rules and regulations that your organisation should comply with; how you know about them and how you make sure that it complies with these laws, rules and regulations.



Hint:

Ensuring you know:


- What your contract with the government is (i.e. HACCC Service Agreement);
- What legislation applies to your service and ensuring you meet it (i.e. Food Safety Act; WH&S Legislation; Fair Work Act, etc);
- What regulations must be met and that you are meeting them;
- The professional standards that apply to your service (i.e. Finance & Audit Act) and ensuring these standards are met.



Note:

You may keep up-to-date with your requirements through subscribing to a peak body or specialist organisation.

Reviewer may look at:	Actual Document/Process may include:
<p>Procedures to identify and monitor regulatory compliance, including:</p> <ul style="list-style-type: none"> ○ Ongoing identification of relevant regulations and legislation; ○ Identification of funding agreement and program guideline requirements; ○ Internal audit results to monitor compliance with relevant legislation; ○ Reviews and updates to policies and procedures to reflect changes in legislative requirements; ○ Communication of changes to staff, volunteers, and where applicable, service users. 	<ul style="list-style-type: none"> ○ Quality Policy; ○ Legislation listed (i.e. MoW Policy Template which identifies required legislation) in the policy; ○ Funding agreement between Department of Communities and the organisation; ○ Internal audit reports; ○ Compliance audits; ○ Food licence/council inspection certificate; ○ Minutes of meetings which record acceptance of changes to policies and procedures; ○ Memos, minutes (staff meeting) and/or notices of change.

Reviewer may look at:	Actual Document/Process may include:
Appropriate policies and procedures to reflect legislative requirements (i.e. occupational health and safety, equal employment opportunity, superannuation, awards, privacy, insurances, food safety, etc.).	<ul style="list-style-type: none"> ○ Workplace Health and Safety Policy; ○ Recruitment & Retrenchment Policy; ○ Privacy Policy; ○ Food Safety Policy (<i>if applicable</i>); ○ Police Checks Policy (<i>if applicable</i>); ○ Human Resource Policy.
Up-to-date records of health professional qualifications such as registrations, evidence of completion of qualifications and training.	<ul style="list-style-type: none"> ○ Register of staff qualifications & training; ○ Staff/Volunteer training register; ○ Register of vehicle licenses and motor vehicles (when used to deliver services).
Police check registers and processes to ensure that all staff and unsupervised volunteers have police checks as required by program guidelines and applicable legislation.	<ul style="list-style-type: none"> ○ Police Checks Policy (if applicable) and register of staff/volunteers clearance (<i>if applicable</i>). <p> Hint: Although Police checks are not mandatory for a HACC funded service, many services choose to have a policy instructing all staff to obtain as they provide services to a wide range of clients.</p> <p>Services that are dual funded (i.e. HACC, CAPS, EACH, EACHD, NRCP) must comply with the Commonwealth requirement and have Police checks.</p>
Documentation related to sharing of regulatory compliance information such as new requirements or changes to requirements (e.g. memos, minutes, training records, papers).	<ul style="list-style-type: none"> ○ Memos, minutes (staff meeting) and/or notices of change; ○ WH&S report; ○ OH&S report; ○ Insurance Policy Register.
Staff and volunteers' knowledge of relevant regulatory requirements.	<ul style="list-style-type: none"> ○ Staff/Volunteer Orientation policy/procedure; ○ Record of Staff/Volunteer training; ○ Register of staff/volunteer training and development; ○ Minutes of staff meetings.
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Quality; ○ Workplace Health and Safety; ○ Recruitment & Retrenchment; ○ Privacy and Confidentiality; ○ Food Safety (<i>if applicable</i>); ○ Police Checks (<i>if applicable</i>); ○ Human Resources.

Expected Outcome 1.3: Information Management Systems

The service provider has effective information management systems in place.⁶

Information management includes how an organisation identifies information requirements and maintains, shares and stores information.⁷



In a nutshell....

This expected outcome covers the manner in which the service collects, stores and uses information to ensure it is used to help the service, the community, its clients and staff.




Hint:

This includes:

- The computer systems including all data stored on the computer, backups and access to this data.
- All documented information and the management of such, i.e. storage of files, archiving of files, procedures, work instructions, etc.

Reviewer may look at:	Actual Document/Process may include:
Policies, procedures and systems for managing information systems.	<ul style="list-style-type: none"> ○ Computer/IT use policy/procedure (backup, access, use); ○ Policy/procedure regarding how to store paper-based confidential information; ○ MDS data collection and transfer policy/procedure or work instructions.
Minutes of meetings for Board and/or Management Committee, senior management, staff/volunteers and service users, where discussion has taken place and decisions made regarding information management.	<ul style="list-style-type: none"> ○ Board, Committee/s and Executive Management meeting minutes; ○ Staff meeting minutes.
Information for service users.	<ul style="list-style-type: none"> ○ Privacy and Confidentiality Brochure; ○ Newsletters (reminding of policy/s).
Storage of service user records including assessments, reassessments, records of care/services, medication records, service delivery data, complaints records, accident and incident records.	<ul style="list-style-type: none"> ○ Client File/data policy/procedure or work instructions; ○ Staff File/data policy/procedure or work instructions; ○ Client files (Stored in lockable draw; archived appropriately); ○ Minimum Data Set (MDS) records; ○ Complaints policy, procedure and register; ○ Accident and Incident policy/procedure and register; ○ Client information collection/sharing consent forms; ○ Medication Policy (where appropriate);

Reviewer may look at:	Actual Document/Process may include:
<p>Storage systems for records including security, Confidentiality, retrieval, archiving and destruction (including staff/volunteers' files and records, service user files and records, administration records) with consideration to the requirements of relevant privacy legislation.</p>	<ul style="list-style-type: none"> ○ Information client consent form. ○ Information management policy/procedure; ○ Archive records – Legal requirements; ○ Records collection/destruction policy/procedure (how long are they to be kept and how are they to be destroyed). <p> Hint: Financial records, client records, clinical records, HR files all have different rules. Check with your organisation's requirements.</p>
<p>Processes for service users to access their information.</p>	<ul style="list-style-type: none"> ○ Client file access policy/procedure; ○ Freedom of Information (FOI).
<p>Staff and volunteers' knowledge of relevant information management processes.</p>	<ul style="list-style-type: none"> ○ Register of staff/volunteers induction/training; ○ Guide on best use/management of systems.
<p>Systems for educating and training staff and volunteers in the use of policies and procedures and strategies for informing staff and volunteers of updates to policy, procedures and organisation changes.</p>	<ul style="list-style-type: none"> ○ Staff/volunteers induction policy/procedure; ○ Staff/volunteers induction records/register; ○ Staff/volunteers training policy/procedure; ○ Staff/volunteers training register.
<p>Service user satisfaction with relevant information management processes (e.g. confidentiality of information, access to personal information).</p>	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions.

Expected Outcome 1.4: Community Understanding and Engagement

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.⁸

To deliver appropriate services to meet the needs of service users, service providers need to understand the community in which they operate and their target population, and use this information to plan and develop services.⁹



In a nutshell....

This expected outcome encourages your organisation to deliver services appropriate to the needs of the community through working cooperatively with other organisations, to improve services and to advocate for improved health for its community.





Hint:

This expected outcome relates to:

- Building relationships and working with other organisations for the benefit of its community and clients;
- Knowing your community – the needs of the HACC target population and what other service providers deliver by consulting with the community;
- Working with other organisations for more effective advocacy and planning;
- Gathering statistical information (i.e. numbers on client demand);
- Including gathered information into the service planning to ensure all potential clients and their needs are being met.

Reviewer may look at:	Actual Document/Process may include:
Information on the community profile.	<ul style="list-style-type: none"> ○ Demographic profile report for service region which may include: <ul style="list-style-type: none"> ● Area information (i.e. age range, gender, ethnicity, access); ● Australian Bureau of Statistics data; ● Peak body information (i.e. QMoW, Diversicare, Local Government); ● Profile data on special needs groups; ● MDS Bulletin; ● HACC network meeting minutes; ● Other interagency meeting minutes; ● List of other services in region and details regarding their service delivery focus (in areas where Access Point operates this could be capacity register).
Information on service users.	<ul style="list-style-type: none"> ○ Demographic profile report for service clients (includes: age range, gender, ethnicity).
The process for identifying gaps in service delivery.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report;

Reviewer may look at:	Actual Document/Process may include:
	<ul style="list-style-type: none"> ○ Community profile report; ○ MDS Bulletin; ○ Review of services operating within the region.
The process for ensuring service delivery is in accordance with funding/service agreements.	<ul style="list-style-type: none"> ○ Service Management Plan; ○ Service Agreement with Department of Communities; ○ HACC periodic performance reports; ○ Previous Quality Action or Improvement Plan.
Results of community surveys and other data collection activities.	<ul style="list-style-type: none"> ○ Community survey records and schedule; ○ Community survey outcomes report; ○ Focus group outcomes; ○ Informal/formal feedback; ○ Complaints/compliments – actions/improvements.
Records of consultations with service users and key community groups or people (such as minutes of meetings, focus groups, etc.).	<ul style="list-style-type: none"> ○ Client reference group meeting minutes; ○ Client reference group report to management and acceptance of such by management minuted; ○ Analysis of referrals report (both to and from the service); ○ Community consultation meeting notes; ○ Case conferencing notes. <p> Note: The reviewer may look at how the results have influenced changes in service delivery.</p>
Records of participation in networks/links with other service providers (such as interagency meetings).	<ul style="list-style-type: none"> ○ HACC Forum minutes; ○ Interagency network meeting minutes;
Policies and procedures.	<p>Policy and Procedure:</p> <ul style="list-style-type: none"> ○ Community Understanding and Engagement (if applicable). <p> Hint: This policy should address:</p> <ul style="list-style-type: none"> ○ How is your service going to understand and engage with the community; ○ How the service explores possible future relationships to meet the changing needs.

Expected Outcome 1.5: Continuous Improvement

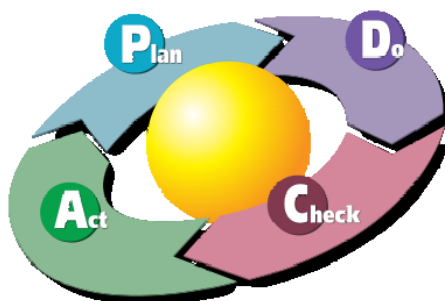
The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.¹⁰

Continuous improvement is an ongoing process of striving to improve outcomes for service users, staff, volunteers and the organisation through leadership, research, monitoring, consultation and evaluation.¹¹



In a nutshell....

This expected outcome identifies areas of improvement, implement the improvements and then evaluate whether the improvements are effective – this is a continuous cycle to ensure the best possible service provision.



Hint:

A continuous improvement approach:

- Requires an identifiable flow from identification of are to be improved to implementation of an improvement, followed by review with further improvements implemented, if necessary;
- Communication to staff and clients and other relevant stakeholders.

Reviewer may look at:

Mechanisms to identify opportunities for improvement (e.g. capture of verbal and written feedback, complaints, suggestions, corrective action sheets, incident/accident reports, hazard identification reports, audits, etc.).

Actual Document/Process may include:

- Quality Management policy/procedure;
- Quality Improvement Officer position description;
- Quality Improvement Officer reports/notes;
- Management committee minutes (quality improvement as agenda item);
- Improvement forms;
- Incidents/complaints reports;
- Complaints/compliment brochure;
- Client surveys, ad-hoc suggestions;
- Quality Action Plan/Improvement Plan;
- Continuous Improvement Plan;
- A method for capturing informal feedback.

Feedback from service users, carers and representatives, staff, volunteers and other

- Client survey records and schedule;
- Client survey outcomes report;

stakeholders.	<ul style="list-style-type: none"> ○ Staff/volunteer survey records and schedule; ○ Staff/volunteer survey outcomes report; ○ Completed Improvement forms; ○ Minutes of staff meetings.
Processes and reports analysing improvement information (e.g. quality improvement logs, complaints registers, accident/incident reports) and identifying strategies for service improvement.	<ul style="list-style-type: none"> ○ Quality Improvement register/logs – outcome reports; ○ Complaints/Compliments register – outcome reports; ○ Accident/incident register/reports – outcome reports.
Processes and reports for monitoring and evaluating outcomes of improvement activities.	<ul style="list-style-type: none"> ○ HACC Quality Action Plan/Improvement Plan; ○ HACC Periodic performance report (Schedule 3B – Identifies issues and how they have been or are going to be addressed); ○ Continuous Improvement Plan/s; ○ Action Plan/s.
Processes and records of changes to services in response to feedback.	<ul style="list-style-type: none"> ○ Current Service plans; ○ Current organisational plan; ○ Quality Improvement register/logs; ○ Minutes of meetings.
Processes and documents to inform stakeholders of outcomes of improvement activities including service users, management, staff, volunteers and the wider community.	<ul style="list-style-type: none"> ○ Newsletters/bulletins/memos/notices/website; ○ Interagency meetings; ○ HACC Forum; ○ Community engagement days (i.e. Seniors week, youth days, outings, etc); ○ Staff/volunteer communication board.
Minutes of meetings and/or discussions regarding quality with management, staff and volunteers.	<ul style="list-style-type: none"> ○ Management and Staff/volunteers Agenda/Minutes (with quality improvement as an agenda item).
Staff and volunteer education, training and knowledge in relation to continuous improvement.	<ul style="list-style-type: none"> ○ Memos to staff/volunteers; ○ Staff/volunteers training register (identifying training in quality improvement).
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Quality Management; ○ Complaints/Compliments; ○ Accidents/Incidents; ○ Client Participation; ○ Accreditation certification (i.e. Food Safety Certificate);

Expected Outcome 1.6: Risk Management

The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.¹²

*Risk management involves the ongoing identification of risks to service users, staff, volunteers and the organisation, and the identification of strategies to minimise the occurrence of these risks and to deal with the risks should they occur.*¹³



In a nutshell....

This expected outcome covers how the organisation makes sure it is aware of what events could potentially affect its operations and how it prepares itself to deal with them if they happen.



Hint:

- Being able to identify things, which may put clients, staff, volunteers and the organisation at risk of either physical, psychological or financial harm;
- Understanding, monitoring and reviewing all elements of risk;
- Using information about these risks so that the service can manage them better;
- Identifying what the service would need to do if any of these events did occur;
- Training and informing staff so that they know what to do to manage these risks;
- Working with other agencies if a coordinated response is needed;
- Knowing the laws and regulations relevant to risk, and complying with them;
- Ensuring risk management strategies are up-to-date and relevant for your service.

Reviewer may look at:	Actual Document/Process may include:
Processes for identifying and managing potential risks.	<ul style="list-style-type: none"> ○ Risk management policy/procedure including: <ul style="list-style-type: none"> ○ Identification of risk; ○ Analysis of risk; ○ Evaluation of risk; ○ Treatment of risk; ○ Disaster and Emergency management plan.
A risk management plan or other documentation showing the identification of risks and the management of risks to service users, staff, volunteers and the organisation, including appropriate insurance coverage.	<ul style="list-style-type: none"> ○ Risk Management Plan; ○ Risk Register; ○ Current Insurance certification.
Documentation showing the ongoing monitoring of risks, including identification and reporting of potential risks/noncompliance with risk reduction strategies.	<ul style="list-style-type: none"> ○ Risk Register; ○ Incident Reports; ○ Business continuity plan.
Documentation demonstrating the management of specific risk areas such as: <ul style="list-style-type: none"> ○ Occupational health and safety risks to staff, 	<ul style="list-style-type: none"> ○ Risk management report; ○ OH&S review schedule and reports; ○ Risk assessment checklist (i.e. Home safety

Reviewer may look at:	Actual Document/Process may include:
volunteers and service users; <ul style="list-style-type: none"> ○ Infection control; ○ Clinical risks associated with nursing and allied health services; ○ Financial management risks; ○ Brokerage, subcontracting or other outsourcing of services risks; ○ Service users who do not respond to scheduled visits. 	access; vehicle safety confirmation); <ul style="list-style-type: none"> ○ Clinical Risk Policy; ○ Subcontracting policy/procedure; ○ Client Non-attendance policy/procedure; ○ Financial management policy/procedure; ○ Vehicle maintenance register;
Staff/volunteer education, training and knowledge in relation to specific risks such as occupational health and safety and infection control.	<ul style="list-style-type: none"> ○ Staff/volunteers induction records; ○ Memos to staff/volunteers; ○ Staff/volunteers training register (identifying training in risk identification and management).
Policies and procedures.	Policies and Procedures: <ul style="list-style-type: none"> ○ Risk Management ○ Clinical Risk; ○ Financial Management; ○ Client Non-attendance; ○ IT/Assets Management; ○ External environment risk management (i.e. client's homes).

Expected Outcome 1.7: Human Resource Management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.¹⁴

Human resource management is the provision of support to management, staff and volunteers to ensure that the goals of the organisation are being met and that service users are being provided with appropriate and quality service.¹⁵




In a nutshell....

This expected outcome covers all the things the organisation does with and for its staff in order to make sure they delivery the best possible service.



Hint:

- Making sure that staff have the right skills, to do their job and that the qualifications and experience of the workforce is appropriate to provide safe, high quality care to the community;
- Providing good opportunities for staff to take responsibility, speak up and work together;
- Supporting staff to do training or learn on the job so that they can develop or improve their knowledge and skills, maintain professional registration, do things better or upgrade their qualifications;
- Dealing fairly with a staff member if they cause trouble or upset a client;
- Ensuring you follow correct Hiring and Firing processes (legislation).

Reviewer may look at:	Actual Document/Process may include:
Staff/volunteer position descriptions and selection criteria	<ul style="list-style-type: none"> ○ Staff/volunteer position descriptions; ○ Recruitment records.
Recruitment processes and documentation including advertising of positions, short-listing, interviewing, police check systems (if relevant) and reference checking.	<ul style="list-style-type: none"> ○ Recruitment policy/procedure; ○ Position advertisement records; ○ Recruitment records; ○ Police check policy/procedure (if applicable).
Staff/volunteer information such as handbooks.	<ul style="list-style-type: none"> ○ Staff/volunteer Induction Handbook.
Rosters and duty statements.	<ul style="list-style-type: none"> ○ Current Staff/volunteer duty statements; ○ Staff/volunteer rosters (where applicable).
Education and training records including: <ul style="list-style-type: none"> ○ Compulsory and optional education and training; ○ Training needs identification strategies; ○ Course content; ○ Staff/volunteer participation records; ○ Monitoring of education and training; ○ Evaluation of education and training. 	<ul style="list-style-type: none"> ○ Staff/volunteer orientation policy/procedure; ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Staff/volunteer orientation records; ○ Training plans and attendance records. <p> Hint: These can vary from small services or large services or could be specific to duties.</p>

Reviewer may look at:	Actual Document/Process may include:
Regular checking of staff and volunteers' driving licences and/or motor vehicle insurance, as required by organisation procedures.	<ul style="list-style-type: none"> ○ Staff/volunteer licensing register; ○ Asset policy/procedure (includes section on Motor Vehicles); ○ Insurance policy.
Staff/volunteer personnel files, to verify orientation, position descriptions, employment contracts, supervision and performance reviews.	<ul style="list-style-type: none"> ○ Staff/volunteer files includes (not limited to): <ul style="list-style-type: none"> ● Orientation records; ● Employment contract; ● Position description (including delegations); ● Performance reviews; ● Training records; ● If applicable: <ul style="list-style-type: none"> ▪ Police checks; ▪ Blue Card registration; ▪ Professional qualification certification (current); ▪ Licence and Vehicle insurance checks.
Feedback from service users, staff and volunteers.	<ul style="list-style-type: none"> ○ Staff/volunteer surveys; ○ Staff/volunteer survey results report; ○ Orientation evaluation; ○ Training evaluation; ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients and staff/volunteers to reviewers at time of Quality Review.
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Human Resources i.e.: <ul style="list-style-type: none"> ● Orientation; ● Training; ● Performance reviews; ● Equal Employment Opportunity; ● Employee Assistance; ● Grievance; ○ Vehicle use.

Expected Outcome 1.8: Physical Resources

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.¹⁶

*The physical resources applicable to each service provider may differ depending on the services they provide. In managing these resources, consideration needs to be given to the safety of both service users and staff/volunteers, while acknowledging that many risks are not controllable for service users living with support in the community.*¹⁷




In a nutshell....

This expected outcome covers all the physical things that are owned or leased by the organisation, and how the organisation makes sure physical resources are safe, and maintained in a good working order. These things could include clinical equipment, furniture, vehicles, food, medical supplies, building sites, IT, etc.



Hint:

- Making sure that the service has sufficient appropriate and relevant physical resources, to do the job;
- Knowing what physical resources it has and where the resources are;
- Making sure these physical resources are safe for staff, clients and anyone else who uses or comes into contact with them;
- Keeping these physical resources secure and in good working order;
- Looking after the environment;
- Keeping the building and grounds in a safe condition.

Reviewer may look at:	Actual Document/Process may include:
Assets register and the system for the replacement of physical resources.	<ul style="list-style-type: none"> ○ Assets management policy/procedure (including depreciation/usable life); ○ Assets register.
Maintenance programs and records for physical resources – preventative and corrective maintenance including equipment and motor vehicles.	<ul style="list-style-type: none"> ○ Assets maintenance schedule (including, clinical equipment, vehicle, buildings); ○ Assets maintenance reports; ○ Material Safety Data Sheets (MSDS).
Staff/volunteer training in the use of equipment and other resources.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Staff/volunteer certification of competencies.
Appropriateness of the service delivery environment for service users, including the service user's home and service provider's premises such as accommodation areas, meeting areas, food preparation and eating areas, and arrangements for people with special needs (where applicable to the services delivered).	<ul style="list-style-type: none"> ○ Service site audit report; ○ OH&S audit report; ○ Food safety audit report; ○ Environmental audit report. <p> Hint: Audits need to be planned (regular intervals) and evaluated.</p>

Reviewer may look at:	Actual Document/Process may include:
Suitability of the service provider's premises for staff/volunteers including office areas.	<ul style="list-style-type: none"> ○ Service site audit report (including identification of adequate storage and space); ○ Environmental audit report; ○ Service Plan (including needs for space and access and security).
Occupational health and safety and other regulatory requirements including disabled access to premises and facilities, fire alarms, exit doors, safe entry and exit, food preparation, chemical storage in the organisation's community care facilities.	<ul style="list-style-type: none"> ○ OH&S Audit report; ○ Fire safety audit report; ○ Annual Queensland Fire Service certificate; ○ Compliance to <i>Building Fire Safety Regulation 2008</i>; ○ Food safety audit report; ○ Chemical/cleaning management of, and procedures; ○ Emergency notices/signage.
Emergency procedures in the organisation's community care facilities, including fire and evacuation.	<ul style="list-style-type: none"> ○ Fire & Evacuation policy/procedure; ○ Fire & Evacuation instructions and records; ○ External emergency (i.e. fire/flood) processes; ○ Internal emergency (i.e. medical emergency) processes.
Staff/volunteer education and training in emergency procedures, including the use of fire protection equipment (where appropriate) and evacuation of premises in the organisation's community care facilities.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register and records (identifying training in emergency procedures); ○ Emergency procedures training evaluation; ○ Fire and Evacuation training evaluation.
Staff/volunteer knowledge of safety and emergency procedures.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register and records; ○ Emergency procedures training evaluation; ○ Fire and Evacuation training evaluation.
Service user feedback on the service environment and facilities such as vehicles and meeting areas.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints improvement suggestions; ○ Vehicle inspection report (Department of Transport and Main Roads);
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Staff/volunteer Induction and Training; ○ Asset Management (includes maintenance, replacement, useable life); ○ Client/Staff/Volunteer Safety Management; ○ Emergency (Internal & External); ○ Fire and Evacuation; ○ Financial Management.

STANDARD 2: APPROPRIATE ACCESS AND SERVICE DELIVERY

PRINCIPLE: *Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.*¹⁸

People within the community in which the service operates can access services, if they are eligible for and require the service. Each person accessing the service should be assessed to determine his or her needs. Access to services should be prioritised based on clients' needs and the ability of the service to meet those needs within the guidelines of the funding received.

All clients must have:

- A suitable assessment;
- A care/service plan developed and provided to them;
- Periodic reassessment (i.e. annual); and
- The opportunity to be referred to other service providers if the service provider is unable to meet their assessed needs.

Expected Outcome 2.1: Service Access

Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.¹⁹

Service users and/or their representatives should be afforded access to services in accordance with funding program guidelines and their assessed needs, with consideration given to the amount and type of services the service provider is funded to provide.²⁰



In a nutshell....

This expected outcome relates to ensuring all potential clients having equitable opportunity to receive services from the service of their choice, in consultation with them, based on their assessed eligibility and needs.



Hint


- *Service access process include:*
 - *Understanding the needs of the clients;*
 - *Planning the services and programs to meet the needs of the clients/community within funding guidelines;*
 - *Monitoring the approach to assessment and planning to ensure the effectiveness;*
 - *Making sure that the services are available to everybody who needs them and removing or reducing obstacles that prevent or discourage people from participating in services or programs.*



Note:

A service provider should only be providing services based on the service types they are funded for and when there are suitable vacancies/available spaces.

Reviewer may look at:	Actual Document/Process may include:
Information for potential service users on the services available, the service target group and eligibility in accordance with funding agreements/guidelines.	<ul style="list-style-type: none"> ○ Service Information brochure; ○ Client Handbook or Information kit.
Information for special-needs groups.	<ul style="list-style-type: none"> ○ Brochures targeting clients from special-needs groups; ○ Policy and procedure for accessing interpreter services; ○ Information detailing links with special needs groups' providers within the region.
Forms for intake.	<ul style="list-style-type: none"> ○ Client Assessment (i.e. ONI, ACCNA-R, KICA, screening tool), intake forms; ○ Confirmation of HACC Eligibility.
Service user assessment records and their Aged Care Client Record (ACCR) if an Aged Care Assessment Team (ACAT) approval is required	<ul style="list-style-type: none"> ○ Client Assessment (i.e. ONI)/intake forms; ○ Referral records.

Reviewer may look at:	Actual Document/Process may include:
(if higher needs than the HACC program can provide is identified).	
Timeliness of assessments/intake and provision of services.	<ul style="list-style-type: none"> ○ Access to Service policy/procedure; ○ Analysis of time taken to assess and commence service to ensure meeting policy.
Information on other relevant community services.	<ul style="list-style-type: none"> ○ List of other relevant services in community.
Referral records.	<ul style="list-style-type: none"> ○ Referral records on client's files; ○ Analysis of referral outcomes.
Waiting list and processes to advise service users about their position on the list.	<ul style="list-style-type: none"> ○ Service access policy/procedure; ○ Waiting list register.
Internal quality processes, including audits of service users' files in relation to eligibility.	<ul style="list-style-type: none"> ○ Client file audit report; ○ Client reassessment report.
Arrangements for people with special needs (such as liaising with representatives, use of interpreters, information in different languages or media, and other strategies for assisting those with special needs).	<ul style="list-style-type: none"> ○ Access to Service policy/procedure (clause covering clients with special needs); ○ Evidence of usage of Interpreter service (if available); ○ Documents which will be provided to clients in various formats (i.e. Hearing Impaired services, Pictorial Books).
Staff/volunteer education, training and knowledge in relation to service access and eligibility.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Training Evaluation and attendance records; ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
Service user knowledge of services available and eligibility.	<ul style="list-style-type: none"> ○ Service Information brochure; ○ Client Handbook/Information kit; ○ Feedback from clients to reviewers at time of Quality Review.  <p>Note: In various formats to cater for clients with special needs.</p>
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Access to Service (including waiting list policy); ○ Accessing interpreter services; ○ Staff/volunteer training.

Expected Outcome 2.2: Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.²¹

The assessment process ensures that the services delivered are appropriate to the needs of the service user and are in accordance with the funding requirements and guidelines.²²



In a nutshell...

This expected outcome covers the way in which your service makes sure it understands the needs of its clients.




Hint:


- Working with individual clients to assess their needs;
- Ensuring service/program and client plans are implemented as intended;
- Monitoring the approach to assessment and planning to ensure the effectiveness;
- Intake is integrated and priority-based (i.e. waiting list);
- Processes for managing demand when it exceeds capacity to provide services and programs are required.



Note:

- The assessment tool used should assist you complete the above;
- When a client is assessed with a need (service type) that the service is not funded to provide then this client needs to be referred on to an appropriately funded service and there should be follow-up with both the client and referred service in an appropriate time frame.

Reviewer may look at:	Actual Document/Process may include:
The suitability of assessment tools for conducting assessments of service users and their carer (when required).	<ul style="list-style-type: none"> ○ Access to Service policy/procedure; ○ Community/Service specific assessment tool or ONI (i.e. ACAT, KICA, ACCNA-R).  <p>Note: Quality Assessor would be looking to identify that the tool is relevant, current, and is consistent with the HACC national assessment framework as defined with the HACC National Program Guidelines.</p>
The skills, competencies and training undertaken by staff completing the assessments of service users.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Staff training needs analysis; ○ Training Evaluation and attendance records; ○ Particular qualifications are identified for relevant assessment, such as Nursing Services (if relevant).
Completed assessments, including:	<ul style="list-style-type: none"> ○ Access to Service policy/procedure;

Reviewer may look at:	Actual Document/Process may include:
<ul style="list-style-type: none"> ○ Timeliness of assessments including responding to the referral or initial contact and scheduling and completing the assessment; ○ Involvement of the service user and/or representative; ○ Completeness of the assessment, including whether signed and dated by the assessor and confirmed by the service user and/or their representative; ○ Quality of the assessment in identifying required care/services. 	<ul style="list-style-type: none"> ○ Analysis of time taken to assess and commence service to ensure meeting policy; ○ Analysis of time between referral and assessment; ○ Brokerage Agreements; ○ Record of referral, referral documentation – appropriately completed; ○ Referral register; ○ Evidence of client participation in assessment and/or referral.
<p>Use of specific assessment tools that may be mandated or required under program guidelines.</p>	<ul style="list-style-type: none"> ○ Access to Service policy/procedure; ○ Community/Service specific assessment tool or ONI (i.e. ACAT, KICA, ACCNA-R).  <p>Note:</p> <ul style="list-style-type: none"> ○ The ONI is the recommended HACC assessment tool; ○ Quality Assessor would be looking to identify that the tool is relevant, current and consistent with the HACC national assessment framework as defined with the HACC National Program Guidelines; ○ It is recommended that MoW services use the core ONI as an assessment or screening tool.
<p>Arrangements for people with special needs.</p>	<ul style="list-style-type: none"> ○ Access to Service policy/procedure (should include section regarding clients with special needs); ○ Evidence of usage of Interpreter service; ○ Documents that can be provided to clients in various formats (i.e. Hearing Impaired services, Pictorial Books); ○ SWITC.
<p>Processes for monitoring the time frames and quality of assessments such as audits and service user surveys.</p>	<ul style="list-style-type: none"> ○ Results of client feedback survey; ○ Analysis of time taken to assess and commence service to ensure meeting policy; ○ Waiting list register (including intake dates, referral dates, assessment dates – identifies times between assessment and service commencement).
<p>Staff knowledge of assessment processes and service eligibility.</p>	<ul style="list-style-type: none"> ○ Staff/Volunteer Orientation policy/procedure; ○ Orientation records; ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register (specifically identifying client assessment training); ○ Feedback from staff/volunteers to reviewers at time of Quality Review.

Reviewer may look at:	Actual Document/Process may include:
Service user perceptions of the assessment process.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures.	Policies and Procedures: <ul style="list-style-type: none"> ○ Access to Service; ○ Referrals and waiting lists; ○ Staff/volunteer Orientation; ○ Staff/volunteer training; ○ Brokerage Agreements.

Expected Outcome 2.3: Care Plan Development and Delivery

Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.²³

The service provider determines the complexity and layout of the care/service plan but, it should describe the care/services being delivered in enough detail to guide staff in the delivery of care/services.²⁴



In a nutshell...

This expected outcome covers the way in which your service ensures the services and programs it provides are well designed, of high quality, safe, and client-focused.



Hint:

- *Providing clients with information that explains the reason your services and programs are provided and what the potential benefits and risks are;*
- *Having documented service and program plans that reflect client input*
- *Maintaining accurate client records and keeping them in a safe place;*
- *If appropriate, working with clients to plan for the time when they will no longer use the service or program.*
- *Services and programs follow care plans developed with clients.*

Reviewer may look at:	Actual Document/Process may include:
Whether care/service planning tools reflect the needs of service user and the requirements of the funding programs/guidelines.	<ul style="list-style-type: none"> ○ Community/Service specific care plans including such items as: <ul style="list-style-type: none"> ○ Health and dietary requirements; ○ Assessed need; ○ Planned service (days/times/frequency); ○ Special needs; ○ Comprehensive assessment; ○ Strategic and Operational (Action) Plans, for example identification of independence or enablement model.
The skills, competencies, education and training of staff completing the care/service plans.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Staff training needs analysis; ○ Training evaluation and attendance records.
Completed care/service plans, including: <ul style="list-style-type: none"> ○ Timeliness of the care/service plan development following assessment; ○ Involvement of the service user and/or representative; ○ Completeness of the care/service plans, 	<ul style="list-style-type: none"> ○ Client file audit report; ○ Analysis of client file audit report; ○ Community/Service specific care plans including such items as: <ul style="list-style-type: none"> ● Health and dietary requirements;

Reviewer may look at:	Actual Document/Process may include:
<p>including whether signed and dated by the assessor and agreed with by the service user and/or their representative;</p> <ul style="list-style-type: none"> ○ Extent to which the care/service plans identify services related to the assessment; ○ Service user's goals/outcomes and strategies to achieve these; ○ Arrangements for people with special needs; ○ Strategies aimed at promoting functional independence, social inclusion and enhancing the service user's quality of life; ○ Any equipment and/or aids to be provided and used (if required); ○ Role of the service provider and any other individuals or organisations providing services; ○ Coordination of care and services with other service providers for service users with complex care needs; ○ Process for ensuring service users and/or representative have received a copy of the plan and the effectiveness of the plans in informing service users about the services they will receive, how often and where they will be provided; ○ Time frames for the review of the care/service plan. 	<ul style="list-style-type: none"> ● Assessed need; ● Planned care (days/times/frequency); ● Special needs (i.e. specific equipment required, assistance animal, etc); ● Comprehensive Assessment (where applicable); ● Identified goals on care plan; ○ Care Plans (signed & dated by client/carer) copy on client file and client has a copy; ○ MoW – letter of agreement for service (including payment arrangement); ○ Signed consent form/s; ○ Service Operational Plan; ○ Brokerage/subcontracting contracts/agreements; ○ Case conferencing notes (where applicable); ○ Interagency meeting minutes; ○ Position Descriptions; ○ Evidence of care plans having been evaluated and changes made where necessary to care plan; ○ Schedule of care plan reviews; ○ Service Brochure.
<p>Service agreements that include:</p> <ul style="list-style-type: none"> ○ Services being offered to meet the service user's care needs; ○ Circumstances under which the type, duration or frequency of service delivery may be changed, refused, suspended or withdrawn. 	<ul style="list-style-type: none"> ○ Client/Carer care plans/letter of agreement between client and service provider; ○ Schedule of care plan reviews; ○ Client Access policy/procedure (including section on refusal of service, suspension or withdrawal of service).
<p>How service providers ensure that care/service workers:</p> <ul style="list-style-type: none"> ○ Have appropriate skills and qualifications to deliver specified services; ○ Are familiar with the care/service plan and know what services should be delivered to the service user; ○ Record and report any problems that may have been observed or occurred during the care visit; ○ Record reasons for not providing a particular service; ○ Are meeting appropriate care and/or professional standards while delivering care to service users, particularly services involving clinical care, which may also be services specified in the Quality of Care 	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Staff/volunteer meeting minutes; ○ Staff/volunteer memos; ○ Daily run sheets (signed by staff & client); ○ Staff training needs analysis; ○ Training Evaluation and attendance records; ○ Staff Performance review records; ○ Incident reports; ○ Client progress notes; ○ Evidence of staff debriefing and supervision following critical incidents (i.e. included in minutes of meetings).

Reviewer may look at:	Actual Document/Process may include:
Principles under the <i>Aged Care Act 1997</i> ; <ul style="list-style-type: none"> ○ Receive regular direct supervision by senior staff. 	
How care/service staff or contractors inform the service provider if changes are needed to the care/services being delivered.	<ul style="list-style-type: none"> ○ Client Care policy/procedure; ○ Staff/volunteer meeting minutes; ○ Staff/volunteer memos; ○ Daily run sheets; ○ Newsletters.
How service providers ensure that services delivered under brokerage/subcontracting arrangements meet their contractual requirements, including adherence to the Community Care Common Standards, funding program requirements and guidelines and ongoing reporting of service delivery activities and service user outcomes.	<ul style="list-style-type: none"> ○ Brokerage/subcontracting policy/procedure; ○ Brokerage/subcontracting contracts/agreements; ○ Review schedule of brokered services (if applicable).
The procedures that are in place and processes that are followed in the event that a service user does not respond to a scheduled visit.	<ul style="list-style-type: none"> ○ Client care policy/procedure (including clause on Client not responding to scheduled visit {No Show}); ○ Daily run sheets; ○ Client No Show register and report; ○ Staff progress notes/diary entries.
How service providers ensure that staff and/or contractors are delivering services as documented in the care/service plan.	<ul style="list-style-type: none"> ○ Client feedback survey; ○ Care plan reviews.
Staff knowledge of care/service planning processes.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer training register; ○ Minutes of Staff/volunteer meetings; ○ Staff/volunteer notice board; ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
Service user perceptions of the care/service planning process and of their care/service plan.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures.	Policies & Procedures: <ul style="list-style-type: none"> ○ Brokerage/subcontracting; ○ Staff/volunteer training; ○ Client Care; ○ Organisation communication flow-chart.

Expected Outcome 2.4: Service User Reassessment

Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user's needs. Each service user's care/service plans are reviewed in consultation with them.²⁵

Service user needs may change, resulting in the need for reassessment and a change to their care/service plan. Service users requiring complex care will generally require more regular reassessment, as their care needs are likely to change more frequently.²⁶



In a nutshell....


This expected outcome covers how client's needs are monitored to ensure appropriate care and service delivery.



Hint:

- Client's needs at any point in time should be known, recorded and being met (within contract guidelines);
- That re-assessment occurs after services and/or program is provided to evaluate its effectiveness;
- There is client consultation and participation;
- There are records of service planning, review and improvement;
- There is individual care planning, review and improvement;
- Ensuring service care plans are monitored, assessed and the goals have been met;

Reviewer may look at:	Actual Document/Process may include:
The period for regular reviews of service users (with consideration to program guidelines requirements) and the extent to which reviews are carried out.	<ul style="list-style-type: none"> ○ Client Care policy/procedure (including review timeframes and work instructions relating to content review, diary notes, etc); ○ Client Re-assessment register/schedule.
The skills, competencies, education and training of staff completing the reassessment and care/service plans.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy and procedure; ○ Staff/volunteer training register; ○ Staff training needs analysis; ○ Training Evaluation and attendance records.
Processes for monitoring the progress of service users and the need for out of period reviews. Service providers are generally expected to ensure that each service user's condition and circumstances are carefully monitored and any changes to care needs are recorded in the service user care record, such as: <ul style="list-style-type: none"> ○ A change in physical or mental health; ○ Discharge home from hospital treatment including day procedures; ○ Changed support from carer(s) and/or changed support arrangements. 	<ul style="list-style-type: none"> ○ Client Care policy and procedure (including review timeframes and work instructions relating to content review, diary notes, etc); ○ Progress/case notes; ○ Case conference records; ○ Referral records; ○ Records of ad-hoc advice from client's family/carer; ○ Up-to-date assessment; ○ Reassessments completed once change noted in progress notes.

Reviewer may look at:	Actual Document/Process may include:
Processes for scheduling and monitoring reassessments.	<ul style="list-style-type: none"> ○ Schedule of assessment reviews (re-assessment register).  <p>Hint: Should also include duty lists of key staff that monitor and schedule the re-assessments.</p>
Processes for ensuring staff or contractors report any changes in service users condition or circumstances.	<ul style="list-style-type: none"> ○ Client care policy/procedure; ○ Staff/volunteer training policy/procedure; ○ Service agreements need to include statement relating to how contractors/brokered services report/record services users changed circumstances/needs; ○ Formal/informal audit of service agreements/brokerage arrangements - annual reassessments should occur between providers to ensure services are provided as per contract; ○ Records of review/audit of compliance with policies and procedures; ○ Staff/volunteer handbook (detailing their role in identifying and reporting changing client needs); ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
Processes for informing service users about changes in service provision.	<ul style="list-style-type: none"> ○ Client care policy/procedure; ○ Clients and/or carers are included in the process and sign care plan when reassessed; consent may need reviewing where a change in service delivery may occur; ○ Newsletters; ○ Notice board notices; ○ Letters to clients advising of change/s on client file; ○ Feedback from clients to reviewers at time of Quality Review.
<p>Service user files including:</p> <ul style="list-style-type: none"> ○ Care/service plans; ○ Service user care records; ○ Reassessments; ○ Revisions to care/service plans; ○ Service user and/or representative input into the reassessment and revised care/service plans; ○ Comprehensiveness of the reassessment; ○ Appropriateness to service users' needs. 	<ul style="list-style-type: none"> ○ Client file; ○ Client file audit report and actions from the report.

Reviewer may look at:	Actual Document/Process may include:
Arrangements for people with special needs.	<ul style="list-style-type: none"> ○ Notations on client care plan/file; ○ Information to clients with special needs regarding advocacy, translator services and other services available; ○ SWITC,
Staff knowledge of monitoring and reassessment processes, as appropriate to their position.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Daily run sheets, rosters and communication notes relating to notifying of a change in care; ○ Duty lists outlining who reviews run sheets and action changes; ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
Service user perceptions of the reassessment process.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Client care; ○ Staff/volunteer training; ○ Brokerage.

Expected Outcome 2.5: Service User Referral

The service provider refers service users (and/or their representative) to other providers as appropriate.²⁷

Community care providers are responsible for providing care and services to service users in accordance with the funding they receive. If a service provider is unable to provide appropriate services, they are required to refer service users to another service provider.²⁸



In a nutshell....

This expected outcome covers when a service provider is unable to deliver the appropriate care referral is made to other suitable providers to ensure client's needs are met.



Hint:

- There are two types of Referral:
 - To the service – that is another service refers a client to you for care which you are able to provide; or
 - From the service – that is you refer the client to another service for care which you cannot offer/provide;
- Knowing what to do if the client demand for services or programs is greater than the places available or not within funded guidelines;
- Providing effective access, referral, continued care and follow-up for services delivered by different service providers;
- How services make sure that they work with other services/organisations with the client's needs in mind, even when the client has a number of different needs;
- How services connect up with different services so that it is easy for clients to use two or more services if they need to.

Reviewer may look at:	Actual Document/Process may include:
Links and protocols with other service providers.	<ul style="list-style-type: none"> ○ Attendance at external forums (i.e. case conferencing); ○ HACC Forum attendance (minutes); ○ Documented links with other services such as: Carelink, hospitals, GP's, wider aged care environment; ○ Links with multicultural advisors in the local area or other key organisations such as Diversicare; ○ Links with your relevant HACC Service Development Officer, Indigenous Service Development Officer or QMoW Regional Support Officer (i.e. email advice from these supports).
Processes for ensuring the consent of service users or their representatives to referrals and to the sharing of information between agencies.	<ul style="list-style-type: none"> ○ Client information Sharing consent form (Consent received and evidenced in client files); ○ Client Privacy policy/procedure.

Reviewer may look at:	Actual Document/Process may include:
<p>Coordination processes between agencies that ensure service user's needs are met including:</p> <ul style="list-style-type: none"> ○ Information sharing (with consent from service user); ○ Case conferencing; ○ Documenting of care responsibilities of other service providers in the service user care record; ○ Provision of support for service users during the transition to other services; ○ Participation in service provider networks (where they are established). 	<ul style="list-style-type: none"> ○ Client Privacy policy/procedure; ○ Client care policy/procedure; ○ Case conference notes; ○ Evidence of who is the lead service provider for client; ○ Interagency network meeting minutes.
<p>Referral forms or other information on referrals, such as in service user care records.</p>	<ul style="list-style-type: none"> ○ Referral register; ○ Referral forms; ○ File notes on client's file detailing referral; ○ Inter-agency or Intra-agency referral forms; ○ Case conferencing should involve discussions and documentation of lead agency.
<p>Staff education, training and knowledge in referral processes.</p>	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Human Resource policy/procedure; ○ Staff orientation records; ○ Training and education records relating to care and referral documentation; ○ Evaluation of staff training and knowledge; ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
<p>Service user perceptions of the referral process.</p>	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
<p>Policies and procedures.</p>	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Client Privacy; ○ Consent; ○ Client care; ○ Client Referral (including follow-up process following onwards referral to other service providers); ○ Staff/volunteer training; ○ Human Resources.

STANDARD 3: SERVICE USER RIGHTS AND RESPONSIBILITIES

PRINCIPLE: *Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.*²⁹

Each client and/or their carer is provided with information to assist them in understanding:

- The services that are available;
- The costs of services;
- Their rights and responsibilities in receiving community care services;
- The complaints processes and the role of advocacy services;
- Any other relevant information that may affect how and when services are delivered.

The information should be sufficiently comprehensive to enable people to make choices about the services they receive and supports they can access if they have any issues to raise.

Services need to ensure that all client, carers and prospective clients understand their rights and their responsibilities with regard to service provision.

The service needs to ensure that once a client has been provided with information about possible services, they are then consulted with and finally informed (usually in writing) about the services to be provided (the Service Agreement/Care Plan). This should include:

- The services being offered;
- The reasons why;
- Any costs;
- The circumstances under which service provision may change.

Expected Outcome 3.1: Information Provision

Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.³⁰

Providing information to prospective service users ensures that they understand the type and amount of services that they may be eligible to receive and their rights and responsibilities as service users.³¹



In a nutshell....

This expected outcome covers how clients are made aware of the services available and their rights and responsibilities.



Hint:

Clients and/or their carers are made aware of the following:

- Services they will receive including:
 - Type of service to be received;
 - Number of hours;
 - Frequency of service;
 - Cost (if any);
- Their rights including (but not limited to):
 - Right to refuse service;
 - Right to choose the service provider;
 - Right to complain (without retribution);
- Their responsibilities including (but not limited to):
 - To behave in a respectful manner to staff/carers;
 - To advise services of changes to their circumstances.

Reviewer may look at:	Actual Document/Process may include:
<p>Information provided to service users. This information is expected to include (but not limited to):</p> <ul style="list-style-type: none"> ○ The Charter of Rights and Responsibilities for Community Care (and/or other program policy documents); ○ Services available; ○ Service agreement; ○ Assessment, care plan development and reassessment; ○ Referral process; ○ Services to be provided including when, amount and cost; ○ Processes for changing services; 	<ul style="list-style-type: none"> ○ Client Induction kit (Information kit or booklet - service overview) providing set of brochures (can be provided verbally or in hard copy but needs to be documented as having been provided) including: <ul style="list-style-type: none"> ● Right & Responsibilities (HACC); ● Complaints & Compliments; ● Consent; ● Privacy/Confidentiality; ● Advocacy; ● Carelink; ● Other appropriate information relating to other providers in area (i.e. community booklet listing important phone numbers)

Reviewer may look at:	Actual Document/Process may include:
<ul style="list-style-type: none"> ○ Other relevant community services; ○ Service fees policy; ○ Internal and external complaints processes ○ Privacy of information; ○ Access to personal information; ○ Advocacy; ○ Other information relevant to the service. 	<ul style="list-style-type: none"> etc); ● Fees; ● Access to personal information; ● Care plan included for some services; ● Meal options (MoW); ○ Client Referral policy/procedure; ○ Client care plan/contract of service; ○ Client Review process; ○ Service Fees Policy; ○ Complaints policy/procedure; ○ Client Privacy policy/procedure; ○ Brochures on service fees, complaints and privacy.
<p>Processes to ensure that every service user and prospective service user receives relevant information and a verbal explanation about service arrangements (e.g. responsible staff/volunteer positions, use of an intake check sheet, signature of service user to confirm receipt and explanation of information, notes in the service user care record, specified time frames, audits of service user records, service user surveys).</p>	<ul style="list-style-type: none"> ○ Service Access policy/procedure; ○ Client access register; ○ Client information sessions (i.e. guest speakers regarding diabetes, chronic disease management; indigenous GPs outreach services); ○ Client file notes (signed by clients to confirm information provision); ○ Client file audit report & actions.
<p>Arrangements for people with special needs.</p>	<ul style="list-style-type: none"> ○ Service Access policy/procedure; ○ Notations on client care plan/file; ○ Info to clients with special needs regarding advocacy, translator services and other services available; ○ SWITC.
<p>Review of service user files including:</p> <ul style="list-style-type: none"> ○ Records of service users being provided with a copy of a service agreement; ○ Records of the provision and explanation of information; ○ Records of the update of information; ○ User preferences and special needs in regards to information. 	<ul style="list-style-type: none"> ○ Client file; ○ Client file audit report and actions; ○ Service information brochure; ○ Service Newsletter; ○ Service Information available in various languages / formats (i.e. video, audio, Braille, etc).
<p>The availability of information in a variety of formats to meet service users' requirements (e.g. newsletters, videos, CDs, brochures, posters, web pages, information in other languages).</p>	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> ○ Newsletters; ○ Videos; ○ CDs; ○ Brochures; ○ Web pages; ○ Information in other languages; ○ Posters in services offices/centres, notice boards showing info.

Reviewer may look at:	Actual Document/Process may include:
Processes for reinforcing information for service users and/or their representatives.	<ul style="list-style-type: none"> ○ Reminders in newsletters; ○ Documentation provided at reassessment; ○ Newsletter reminders of informational topics, changes to service provision, hours of operation, public holidays, etc; ○ Primary contact card/HACC contact card fridge magnets.
Staff/volunteer knowledge of information provided to service users, as appropriate to their position.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff meeting minutes and memos to update staff; ○ Posters in services, notice boards showing information; ○ Staff are provided with same information as clients by attending sessions or via meetings/memos; ○ Human Resource policies/procedures; ○ Client feedback; ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
Service user feedback on information provided.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Client Referral; ○ Client Review; ○ Service Fees; ○ Complaints; ○ Client Privacy; ○ Service Access; ○ Staff/volunteer training.

Expected Outcome 3.2: Privacy and Confidentiality

*Each service user's right to privacy, dignity and confidentiality is respected including the collection, use and disclosure of personal information.*³²

*Service users have a right to privacy, dignity and confidentiality.*³³



In a nutshell....

This expected outcome covers how the service protects the rights, privacy and dignity and ensures the confidentiality of their clients.



Hint:

- Information a service collects should be directly related to that needed to provide a service to the client and is not to be shared with anyone without the client's permission;
- Ensuring everything the service does shows respect for the clients and community;
- Respecting the privacy and confidentiality of information the service keeps about clients, and complying with privacy legislation;
- Making sure that clients fully understand, and agree to, any service or program for which they are recommended and the collection and use of any information about them by the service;
- Having in place ethical standards or a code of ethics for staff, volunteers and other people involved, relating to the provision of services and programs, and to the conduct of research and making sure these standards are met.

Reviewer may look at:	Actual Document/Process may include:
<p>Staff/volunteer education and training on the relevant requirements under State/Territory and Commonwealth legislation, such as:</p> <ul style="list-style-type: none"> ○ Appropriate processes and circumstances for obtaining verbal and written consent, including: ○ Prior to the release of personal information; ○ For the release of personal information in an emergency situation and to meet the requirements of the quality review process access to service user information; ○ Identification of who may give consent on the service user's behalf (authorised representatives); ○ The service user's right to withdraw consent to the release of personal information; ○ The circumstances under which a request to gain access to personal information may be denied. 	<ul style="list-style-type: none"> ○ Information release Consent form (must address privacy, <u>dignity</u> and confidentiality); ○ Assignment of authorised representative form; ○ Privacy & Confidentiality policy/procedure; ○ Information Access policy/procedure; ○ Information Release policy/procedure; ○ Right to withdraw consent policy/procedure; ○ Quality Improvement process including audits conducted locally to ensure privacy, dignity and confidentiality is complied with; ○ Training for staff and management relating to the <i>Privacy Act</i> requirements and the 10 National Privacy Principles (NPP's).
<p>Understanding of the legislative requirements relating to 'health information', 'personal information' and 'sensitive information.'</p>	<ul style="list-style-type: none"> ○ Training of staff/management regarding the clauses in Privacy Policy covering Legislative requirements on: <ul style="list-style-type: none"> ● Access to Health Information;

Reviewer may look at:	Actual Document/Process may include:
	<ul style="list-style-type: none"> • Access to personal information; • Access to sensitive information; ○ Analysis of staff work practices; ○ Evaluation of training and knowledge of staff/management.
Information provided to service users on their right to privacy and the process to ensure that this occurs.	<ul style="list-style-type: none"> ○ Privacy and Confidentiality policy/procedure and Information brochures (included in client kit); ○ Info provided to clients that the organisation / service abides by a code of conduct for staff and volunteers; ○ Evaluation of information provision to clients and their understanding of information provided; ○ Client copy of correspondence to other providers.
Procedures for the appointment and verification of authorised service user representatives and the process for service users and/or their representative to access personal information.	<ul style="list-style-type: none"> ○ Clause in Privacy and Confidentiality policy/procedure regarding appointment and confirmation of client's approved representative; ○ Record on client file identifying authorised representative;
Service user consent to share documentation, including: <ul style="list-style-type: none"> ○ Completed consent forms; ○ Details on who information can be released to; ○ The type of information that can be released. 	<ul style="list-style-type: none"> ○ Consent Form (must address privacy, <u>dignity</u> and confidentiality). Detailing who and what can be shared; ○ Services to consider process for obtaining consent for quality reviewers at the time of review.
Arrangements for people with special needs	<ul style="list-style-type: none"> ○ Clause in Privacy & Confidentiality policy/procedure regarding clients with special needs. ○ Notations on client care plan/file; ○ Info to clients with special needs regarding advocacy, translator services and other services available.
Staff/volunteer knowledge of service user's rights to privacy as appropriate to their position.	<ul style="list-style-type: none"> ○ Staff/volunteer training policy/procedure; ○ Staff/volunteer induction and training records; ○ Training for staff and management relating to the <i>Privacy Act</i> requirements & the 10 National Privacy Principles (NPP's); ○ Links to privacy website and resources available to service providers (i.e. privacy department); ○ Position descriptions/duty statements for staff and volunteers include knowledge of privacy; ○ Staff meeting minutes & memos to update staff;

Reviewer may look at:	Actual Document/Process may include:
	<ul style="list-style-type: none"> ○ Assessment of Staff knowledge and understanding.
Service user feedback on privacy.	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures.	<p>Policies and Procedures:</p> <ul style="list-style-type: none"> ○ Privacy & Confidentiality; ○ Information release; ○ Right to withdraw consent; ○ Access to health information by service staff; ○ Human Resources; ○ Complaints and Compliments (Client Feedback clause).

Expected Outcome 3.3: Complaints and Service User Feedback

Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.³⁴

Complaints and service user feedback provide information for improving your services.³⁵



In a nutshell....

This expected outcome covers how clients are made aware of the complaints process (both formal and informal process), how they are reminded of the process and they are treated in a fair and non-discriminatory manner.



Hint:

- All clients/carers have a right to complain, both formally (in writing) and informally (verbal);
- Complaints should be addressed in a consistent approach with no fear of retribution (withdrawal of services) for the client/carer;
- Clients should be informed as to the manner in which complaints can be made (both to the service and external bodies);
- Feedback should be provided to the client/carer regarding the outcome of complaints;
- Clients/carers should have to opportunity to provide the service with feedback on the quality of the service, both formally (via surveys) and informally (verbal and suggestions);
- The information gathered from both complaints and feedback should be used to ensure service delivery is of a consistently high standard.

Reviewer may look at:	Actual Document/Process may include:
Process for managing complaints, including feedback to the complainant and timeliness of responses	<ul style="list-style-type: none"> ○ Complaints/Compliments and Feedback policy/procedure; ○ Minutes of meetings (staff and management); ○ Quality Improvement process to monitor completion of complaints, improvements are acted on where appropriate; ○ Reports available at management meetings regarding the number of complaints and analysis of data trends.
Process for ensuring that there is no retribution to complainants	<ul style="list-style-type: none"> ○ Clause within Complaints/Compliments and Feedback policy/procedure which addresses the "no retribution" policy.
Information on complaints and feedback processes provided to service users and/or their representatives	<ul style="list-style-type: none"> ○ Client information Pack (includes info sheet); ○ Regular communications (verbal and written) to clients/carers and through newsletters reminding of process and right to complain; ○ Complaints brochure and form provided in information kit; ○ Reminders at reassessment phases; ○ Advocate on behalf of client/carer for complaint or improvement process; link to QADA; national relay service (TTY) and other

Reviewer may look at:	Actual Document/Process may include:
	special needs; <ul style="list-style-type: none"> ○ Provision of education to clients/carers relating to the Department of Communities external complaints process; ○ Evidence in client file of complaints filed and responded to (response letters).
Complaints register (if available) and completed complaints forms, including: <ul style="list-style-type: none"> • Timeliness of responses • Action taken and appropriateness to the complaint • Feedback to the complainant • Complainant's satisfaction with the outcome of the complaint 	<ul style="list-style-type: none"> ○ Complaints/compliments and feedback register; ○ Organisational/service complaint form; ○ Suggestion/feedback/complaints box visible for clients to use; ○ Improvement forms; ○ Improvement action reports; ○ Complaint outcome confirmation from clients (i.e. letter on file).
Arrangements for people with special needs	<ul style="list-style-type: none"> ○ Clause in Complaints/Compliments and Feedback policy/procedure regarding clients with special needs; ○ Notations on client care plan/file; ○ Information to clients with special needs regarding advocacy, translator services and other services available; ○ SWITC.
Staff/volunteer education, training and knowledge in relation to the complaints/feedback processes, as appropriate to their position	<ul style="list-style-type: none"> ○ Staff/volunteer induction and training records; ○ Training for staff and management on complaints investigation and management; ○ Staff newsletters, whiteboard notices, etc; ○ Assessment of staff knowledge and understanding.
Results of the review and analysis of complaints information and service improvements resulting from complaints	<ul style="list-style-type: none"> ○ Staff/Management meeting minutes; ○ Updated processes and evidence of change following an analysis of complaints/feedback.
Reports to board and/or management committee and senior staff	<ul style="list-style-type: none"> ○ Reports tabled at meetings; ○ Meeting minutes; ○ Improvement forms.
Service user knowledge of the complaints process and attitudes to complaining	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures	Policies and Procedures: <ul style="list-style-type: none"> ○ Complaints/Compliments and Feedback (includes statement regarding no retribution for lodging a complaint); ○ Staff Training.

Expected Outcome 3.4: Advocacy

*Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.*³⁶

*An advocate is a person selected to act on behalf of a service user or their representative. The service provider has a responsibility to support the right of a service user to an advocate.*³⁷



In a nutshell....

This expected outcome covers how advocates are involved in the representing the rights of clients.



Hint:

- Clients/carers should know and understand the options to have a third party speak on their behalf, or support them speak, in regards to service decisions, complaints and general matters;
- Services should ensure clients/carers are educated about the Advocacy options available to them.

Reviewer may look at:	Actual Document/Process may include:
The process for service users to access and use an advocate of their choice including forms	<ul style="list-style-type: none"> ○ Advocacy policy/procedure.
Information on the right to an advocate that is provided to service users and/or their representatives including information on the role of an advocate and the process for involving an advocate (this may be provided as part of a general information pack for service users)	<ul style="list-style-type: none"> ○ Advocacy brochure (provided in client kit); ○ Notation on chart/client file regarding preferred advocate (where applicable); ○ Information displayed regarding options available for advocates; ○ Guest speakers at services for client and staff education (i.e. public trustee, QADA); ○ Newsletters as reminders for advocacy services available; ○ SWITC; ○ Reminders to clients/carers at time of reassessment for use of advocate;
Documentation related to service users who have used an advocate	<ul style="list-style-type: none"> ○ Completed advocacy form; ○ File note documentation on client file; ○ Documentation in progress notes, diary entries where an advocate has been used.
Arrangements for people with special needs	<ul style="list-style-type: none"> ○ Clause in Advocacy policy and procedure regarding clients with special needs; ○ Notations on client care plan/file; ○ Info to clients with special needs regarding advocacy, translator services and other services available; ○ SWITC.
Staff/volunteer education and training records in	<ul style="list-style-type: none"> ○ Staff/volunteer Induction and training

Reviewer may look at:	Actual Document/Process may include:
relation to advocacy that covers: <ul style="list-style-type: none"> ○ What an advocate is; ○ The right of service users to use an advocate of their choice; ○ The process for service users to use an advocate; ○ Assisting service users to identify an appropriate person to act as an advocate; ○ Working with advocates. 	records; <ul style="list-style-type: none"> ○ Staff newsletters, whiteboard notices, etc; ○ Assessment of Staff knowledge and understanding; ○ Advocacy policy/procedure; ○ Information sessions for clients; ○ Brochure on advocacy.
Staff/volunteer knowledge of advocacy as appropriate to their position	<ul style="list-style-type: none"> ○ Staff/volunteer Induction and training records; ○ Staff newsletters, whiteboard notices, etc.; ○ Assessment of staff knowledge and understanding; ○ Feedback from staff to reviewers at time of Quality Review.
Service user knowledge of their right to an advocate	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback from clients to reviewers at time of Quality Review.
Policies and procedures	Policies and Procedures: <ul style="list-style-type: none"> ○ Advocacy; ○ Staff Training & Induction.

Expected Outcome 3.5: Independence

*The independence of service users is supported, fostered and encouraged.*³⁸

*One of the key aims of all community care service provision is to support, foster and encourage service user independence.*³⁹



In a nutshell....

This expected outcome covers how the service supports and encourages clients to work towards maintaining and or improving their overall health and to become (or remain) a contributing member of their community.



Hint:

- For the client this could be in relation to:
 - Building capacity for the service users to remain within the community through re-skilling or maintaining skills if re-skilling is inappropriate;
 - Supporting positive health and social outcomes;
 - Self management and knowledge attained;
 - The service provider adopting an enabling approach by not doing tasks for the service user/s that they be supported to do themselves;
 - Services being delivered to accommodate a services user's social/community based activities;
- For the service this could be in relation to:
 - Working with the community to address the determinants of wellbeing;
 - To identify needs and to plan and implement appropriate services, including sessions in CBDC services;
 - How the service workers with other organisations and special needs groups to improve the capacity to meet consumer needs.



What is Independence?

Independence (wellness) programs are organized and coordinated programs that have the goal of enhancing the physical, mental, and emotional status of individuals. Depending on the setting, a wellness health plan may also address spiritual and vocational well-being. The goal is to encourage physical and mental activity among the people who use the centre on a regular basis. Organisations may support independence in varying ways (i.e. offering physical education classes, activities that challenge and exercise cognition and in general encourage good health).

Reviewer may look at:	Actual Document/Process may include:
Processes for ensuring that all service staff/volunteers support, foster and encourage service user independence and respect service users' rights to make decisions and choices about their lives.	<ul style="list-style-type: none">○ Fostering Client Independence policy/procedure (if applicable);○ Evidence of short term/long term client service usage;○ Statistics analysed in regards to MoW meal provision over Christmas break - hours of care provided around holiday period (if

Reviewer may look at:	Actual Document/Process may include:
	<ul style="list-style-type: none"> ○ applicable); ○ Program outcome reports (including client attendance).
<p>Information on independence provided to service users and/or their representatives (this may be provided as part of a general information pack for service users), which may include information on a range of ways services users can support their own independence and on where and how service users can access aids and services that support their independence.</p>	<ul style="list-style-type: none"> ○ Independence brochure - provided in client kit (if applicable); ○ Expos – encouraging clients to attend healthy ageing expos; ○ Invite guest speakers to centres (i.e. how to look after your feet, cooking for one).
<p>Service user assessments and whether these include the assessment of independence including:</p> <ul style="list-style-type: none"> ○ Mobility and dexterity in activities of daily living; ○ Maintaining adequate nutrition and hydration (the ability to source and prepare food); ○ Social networks including family and community links. 	<ul style="list-style-type: none"> ○ ONI, ACAT, ACCNA-R KICA, other assessment tool; ○ Functional Independence – functional improvement approach care plan needs to be adjusted to meet this. Care plan/service plan with goal setting; ○ Ensure inclusion of mobility, dexterity and social independence in assessment process (i.e. ONI, assessment documentation).
<p>Care plans/service agreements and whether they contain effective strategies to promote and foster service users' independence, such as:</p> <ul style="list-style-type: none"> ○ Retraining in activities of daily living; ○ Facilitating access to allied health services such as physiotherapy, occupational therapy and dieticians; ○ Encouraging participation in local health-promoting activities; ○ Strengthening social support including family and community links. 	<ul style="list-style-type: none"> ○ Client Care plans/service agreements; ○ Care plans should state goals/strategies that include opportunities for independence such as care routines which: <ul style="list-style-type: none"> ● Link clients up to other community groups; ● Procedures for MoW (i.e. opening containers); ● Retraining in ADL's; ● Encouraging family support in addition to current dependant service; ○ MoW – frozen food requests; ○ CBDC run courses on independent activities (i.e. how to cook in the home, computer courses/access; usage of the Wii or like for active participation).
<p>Records of induction and ongoing training of staff/volunteers in concepts of promoting and fostering independence while working with service users</p>	<ul style="list-style-type: none"> ○ Staff/volunteer induction and training records.
<p>Arrangements for people with special needs</p>	<ul style="list-style-type: none"> ○ Clause in Fostering Client Independence policy/procedure regarding clients with special needs (if applicable); ○ Special needs identified relating to specific needs.
<p>Staff/volunteer knowledge with respect to supporting, fostering and encouraging service user independence</p>	<ul style="list-style-type: none"> ○ Staff/volunteer induction and training records; ○ Local orientation for staff on commencement relating to fostering independence of clients

Reviewer may look at:	Actual Document/Process may include:
	accessing services; <ul style="list-style-type: none"> ○ Feedback from staff/volunteers to reviewers at time of Quality Review.
Service user perceptions of whether independence is supported, fostered and encouraged	<ul style="list-style-type: none"> ○ Client survey records and schedule; ○ Client survey outcomes report; ○ Ad-hoc; compliments/complaints; improvement suggestions; ○ Feedback fro clients to reviews at time of Quality Review.
Policies and procedures	Policies and Procedures: <ul style="list-style-type: none"> ○ Fostering Client Independence (if applicable); ○ Staff Training.



Resources:

For more information you could refer to the following websites (note: these are only a few of the possible resources):

- Community West – Staff Development & the Wellness Approach to community home care: <http://www.communitywest.com.au/Wellness/View-category.html>
- Southern Cross Care (Vic) Enhancing Independence Project http://www.southern-cross.org.au/pdfs/Enhancing_Independence_Project.pdf
- Wellness Approach To Community Home Care (A Community West & WA HACC Initiative) <http://www.chpcp.org/resources/Wellness%20Approach.pdf>
- WATCH – Developing wellness promoting service models http://www.chpcp.org/resources/developing_wellness_promoting_service_modelsWATCH.pdf
- Silver Chain – Independence and Wellness models in Community Aged Care <http://www.silverchain.org.au/assets/Sydney-Catholic-Care-7-Sep-10.pdf>
- Uniting Care Ageing - Wellness and Restorative Model of Care Project http://www.unitingcareageing.org.au/_data/assets/file/0015/53232/WellnessBACKGROUND_PAPER.pdf
- Established by Feros Care, LifeLink products and services aims to support seniors in community connectedness, independence and healthy ageing. www.lifelinkresponse.com.au

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