dacs
DEMENTIA & AGED CARE SERVICES

QUALITY PROCEDURE

COMMUNITY CARE SERVICES

HOME CARE PROGRAM

ASSESSMENT AND CARE PLANNING

1.0 OBJECTIVE

To establish and maintain a system which will provide community based clients and their representatives with a consistent process for accessing and reviewing of services provided by Dementia and Aged Care Services (DACS).

This policy and procedure align with the planning requirements as set out in the Disability Services Act 2006 (Qld) of participation, choice, and control, engaging as equal partners in decisions, and including families, carers, and other significant people.

2.0 RESPONSIBILITIES

2.1 The **Chief Executive Officer** or nominated representative is responsible for ensuring that the Director of Home Care and Disability adheres to this procedure.

2.2 The **Home Care Manager** is responsible for ensuring that the staff adhere to this procedure.

2.3 All **Staff** are responsible for adhering to this procedure.

3.0 DEFINITIONS

Client/s Consumer/s

4.0 PROCEDURE

Referral

4.1 Following the initial enquiry from a client, My Aged Care (MAC), Proda phone contact will be made to establish eligibility and priority of needs.

4.2 Referrals will be accepted in MAC and assigned to the appropriate case manager.

4.3 The Case Manager will enter all eligible referrals into VC. The original referral will be uploaded to the client's electronic file.

4.4 Any client that has not come through My Aged Care (MAC) portal will be assisted to register.

4.5 In the event of a waiting list this will be managed through MAC.

4.6 Referrals are to be responded to within one (1) working day. Immediately following initial contact with clients and or their representative.

File Preparation

4.7 Clients' files are located in VisualCare, all client information is to be electronically uploaded to the clients' documents section.

4.8 Upon initial services being delivered, a photograph must be taken by the Case Manager or Care Coordinator and attached to the front page of the clients in-home file and uploaded to VisualCare.

Initial Assessment

4.9 The Manager or delegate will make the appointment promptly.

4.10 Each client and or their representative will receive an DACS Information Folder which includes but is not limited to:

- Dementia and Aged Care Services at Home Brochure;
- Advocacy Brochure;

- Privacy Brochure;
- Advice line card and relevant business card;
- DACS information sheet about the organisation;
- Charter of Aged Care Rights;
- Other relevant brochures such as ADA, Carers QLD etc.

4.11 The CDC information will include but is not limited to:

- CDC Service Agreement;
- Care Plan
- Budget

4.12 Discussion will take place as to what services are agreed upon and times if required. The Case Manager in conjunction with the client and or their representative will complete the following documents prior to commencing services:

- Charter of Aged Care Rights;
- Consent to Collect Information;
- Home Care Agreement;
- Home safety checklist where services are delivered in clients home; and
- Clinical assessments which will be determined by the client's assigned package level and needs, refer to 4.30 and 4.31.

4.13 DACS require a signed copy of the Charter of Rights. All attempts to provide the client with the Charter of Rights is to be documented, should the client refuse or fail to return a signed copy to DACS.

4.14 The Case Manager will use the Enquiry/Admission form *(COMD-F-001)* to ensure that all points have been discussed with the client and or their representative. Once completed, this form is to be signed by the Case Manager and client and or their representative and upload to VisualCare.

4.15 Information is sought from clients and or their representative regarding services being received from other agencies so that DACS

4.16 services can be scheduled and coordinated appropriately.

4.17 Confirmation of the process to be followed if the client does not respond to the scheduled visit. This is outlined in the client's Care Plan.

4.18 Provisions of the Privacy Act 1988 are explained to the client and or their representative as it pertains to them and is asked to complete and sign the Consent to Collect Information Form and Consent to Collect and Share Information.

4.19 Agreement and consent forms are signed, and a copy is to be provided to the client. All documents are to be uploaded to the client documents in VisualCare.

4.20 No client can commence services without a signed Service Agreement.

Coordination of Service

4.21 The Administration Officer will issue a letter to the clients' doctor with a copy of the signed Consent to Collect Information. Requesting a copy of the client's medical history summary (patient health summary).

4.22 Client Care Plan will be completed, and a copy will be provided with the proposed monthly budget prior to commencement of services.

4.23 All clients' documents and paperwork will be uploaded to VisualCare and kept in the documents section of each client profile.

4.24 The Case Managers will enter the services required into VisualCare and will be responsible for the ongoing maintenance of information to ensure accuracy and currency.

4.25 Staff will be made aware of new clients via staff meetings or phone calls before service commences.

Care Planning

4.26 There will be a holistic plan developed by the health care team in consultation with the client, family, and/or significant others. Staff will be trained to encourage client participation in the development and implementation of care plans.

4.27 Staff will respect the right of clients to have full participation in decisions affecting their lives.

4.28 Staff will consult with clients concerning any proposed changes in the services offered.

4.29 Staff will respect the right of clients to have an advocate of his or her choice to represent his or her interests.

4.30 The client's consent must be obtained before all reviews and/or assessments. On admission a discussion is held with the client to ensure they understand the recommendations for reviews.

4.31 Admission assessments and Clinical reviews will be conducted based on the assigned HCP package level: & the level of service provided. If any nursing or personal care services are delivered it is recommended:

- HCP Level 1 & 2 undergo targeted assessment on admission and at least annually or as required by client's condition;
- HCP Level 3 & 4 are completed upon admission and then 6 monthly.

4.32 These assessments will include:

- Dietary assessment (where help with food preparation or assistance with meals is required);
- Hygieneand Mobility and/or FRAT/FROP assessments where personal care is delivered and where possible these will be attended by a Physiotherapist or Occupational Therapist;
- Skin integrity assessment;
- Medication assessment where assistance with medications is requested;
- Communication assessments;
- Additional targeted assessments will be carried out based on the needs of the clients such as continence or wound assessments;
- Lifestyle Assessment – this may not need to be completed at every review but only on admission.

4.33 Case Manager reviews will occur at least every 12 months but will be dependent on the level of care and services required by the client.

4.34 Acare plan will be developed based on this assessment and will be the document that directs and advises care by unregulated workers such as DRA's or CSW's. The care plan will be available in VisualCare and made visible to all workers who attend or review the client via the VWorker app.

4.35 A discussion will be held with the client about care plan content, the client signs the care plan, and a signed copy is left with or provided to the client.

4.36 If any subsequent agreed changes are made to the care and services being delivered the assessment and care plans must be updated and a new signed copy of the care plan is given to the client.

Review

4.37 The admission and any subsequent review will take into account:

- the client's needs (including health, wellbeing, and safety needs), goals;
- the supports that DACS can provide to meet their needs, goals, and aspirations;
- the client's preferred links to family, friendships, and other support networks;
- the client's and their supporters' age, ability, gender, sexual identity, culture, religion, or spirituality;
- any barriers to community participation and strategies that could be put in place to help clients overcome them;
- how, when and where the client requires the supports to be delivered;
- the safety of staff when DACS staff are delivering care and services and the environment where care will be delivered and
- the financial budget of the client

4.38 Where possible, services provided to clients should:

- support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, cognitive ability, and cultural circumstances;
- help clients to take control of and responsibility for their choices and enhance their autonomy, independence, and community participation.

4.39 The Manager will monitor and review the clients care needs, as well as the carers support needs on a regular basis to ensure that the appropriate services are being provided. The Manager or delegate will complete the relevant Client Contents File Review Audit (HCP-F-050) on a six (6) monthly basis.

4.40 The client and or their representative has the right to request a review of the clients care plan at any time.

4.41 A review may result in an increase or reduction in services provided, or a different combination of services to be provided.

4.42 In the event of termination of services, the Manager will discuss concerns with the client and/or representative and agree upon a time of transition to another service or termination. Written notice will be provided to the client upon agreement. The written notice will include the following information:

- the decision;
- the reasons for the decision;
- when the decisions are effective of; and
- the client's rights about leaving, including the right of access to the complaint's resolution mechanisms, independent complaints processes, and an advocacy service.

*For more information, please refer to the *Clients Rights and Responsibilities Policy and Procedure (HCP-P-006).*

4.43 Staff involved in assessment, planning and review activities have the relevant skills (or the capacity to acquire skills) in order to provide:

- active engagement and early intervention strategies, including with families
- strength-based planning, assessment, and review;
- holistic and collaborative approaches to service delivery;

4.44 All documentation relating to assessment, planning and review will be maintained on client files.

4.45 During all assessments, planning and review activities, staff will discuss client's rights and responsibilities with them. They will confirm clients' understanding verbally, using an interpreter or advocate where required.

4.46 Staff will advise the person of their right to involve a support person in their dealings with DACS.

4.47 Where required, clients will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. *Refer to DACS' Decision Making and Choice Policy and Procedure (DACSHCP-P-005).*

4.48 In accordance with the *Privacy and Confidentiality Policy and Procedure*, respect for and protection of clients' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

4.49 If necessary and with the client or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to clients will be included in assessment, planning and review activities.

4.50 Staff will take into account the client's wishes in regard to accepting or rejecting particular support options.

5.0 REFERENCED DOCUMENTS

AAQ-P-12	Privacy & Confidentiality Policy & Procedure
DACSHCP-P-001	Access to Services & Service Delivery Policy & Procedure
DACSHCP-P-005	Decision Making & Choice Policy & Procedure
DACSHCP-P-006	Clients Rights & Responsibilities Policy & Procedure
DACSHCP-P-008	Fees for Services Policy & Procedure
DACSHCP-P-022	Providing Information, Advice & Referrals Policy & Procedure
COMD-F-001	Enquiry/Admission form
COMD-F-002	Consent to Collect Information
COMD-F-022	Lifestyle Assessment
DACSHCP-F-001	Client Care Plan
DACSHCP-F-003	HCP Service Agreement
DACSHCP-F-125	Skin Integrity Assessment
DACSHCP-F-128	Wound Assessment
DACSHCP-F-133	Ballarat Urinary Assessment
DACSHCP-F-130	FRAT Assessment
DACSHCP-F-127	Client Medication Assessment
DACSHCP-F-126	Dietary Assessment

DACSHCP-F-136	Hygiene Assessment
DACSHCP-F-140	Communication and Sensory Assessment
DACSHCP-F-139	Mobility Assessment
DACSHCP-F-070	Home Safety Checklist for In Home Services
DACSHCP-F-094	Doctor Letter – Request for Clinical History
DACSHCP-F-056	Falls Risk for Older People – Community (FROP-COM) Assessment
	VisualCare
	Budget
	Charter of Aged Care Rights

Manual for Queensland Community Care Services, 4th Edition. Queensland Government, Department of Communities, Child Safety and Disability Services.

Aged Care Act, 1997. Compilation 73 15 May 2020

Information Privacy Act 2009, Queensland

Australian Privacy Principles. Australian Government, Office of the Australian Information Commissioner.

Home Care Packages Program Manual for Care Recipients. Version 1.4 January 2023. Department of Health and Aged Care, Australian Government.

APPROVED BY: _____
CHIEF EXECUTIVE OFFICER

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