KATOOMBA NEIGHBOURHOOD CENTRE

KNC Connecting Our Community

KATOOMBA NEIGHBOURHOOD CENTRE

Blue Mountains Home Modification & Maintenance Service (BMHMMS)

Policies & Procedures

Client Services

February 2015

Contents

Appendices:

A1. CIARR

A2. Prioritisation Tool

A3. Client and Carer Satisfaction Survey **A3.ii KNC Pictorial Satisfaction Survey**

A4. Confirmation of Receipt of Referral and Conditions of Service Letter

A5. BMHMMS Service brochures:

i. General Service Information (Modification and Maintenance)

ii. Maintenance Information

A6. Client Rights and Responsibilities Brochure

A7. Letter Requesting Income Statement

A8. Application for a Review of Fees Letter

A9. Level 1 Status Report

A10. Quotation

A11. Authority to Install Letter

A12a. Letter of Notification of Placement on Waiting List

A12b. Letter to Clients remaining on Waiting List at 3 Month Reviews

A13. Letter of Notification of Removal from Waiting List

A14. Job Sheet

A15. **Deleted**

A16. Site Risk Management Checklist

A17. Client and Carer Satisfaction Survey Register

A18. Service Report

A19. Team Meeting Agenda and Minutes Template

A 20. Complaints Resolution Flowchart

A21. Verbal Complaints Form

A22. Complaints Record Form

Background

Blue Mountains Home Modification and Maintenance Service

Blue Mountains Home Modification and Maintenance Service (BMHMMS) is a program of Katoomba Neighbourhood Centre (KNC).

BMHMMS's client services policies and procedures are subsets of the policies and procedures of the Katoomba Neighbourhood Centre and should be read in conjunction with them.

BMHMMS provides home modification and maintenance services for eligible clients living in the Blue Mountains local government area, servicing the hamlets of Lapstone to Mt Irvine.

BMHMMS services are provided in accordance with the Commonwealth Department of Social Services' Commonwealth Home Support program (CHSP) and Department of Family & Community Services' Ageing Disability & Home Care (ADHC) Service Description Schedule for Service Type: Home Modification and Maintenance.

The purpose of BMHMMS is to maintain people safely in their homes, who are frail aged and people of all ages with disabilities, who are at risk of premature institutionalisation . The BMHMMS also covers and includes the clients' carers. The Service focuses on:

- improving the physical environment so that the client and carer's home environment is safe and able to support their needs ,
- referring to, and
- liaising with other services as necessary.

Work is carried out by qualified trades staff or licensed contractors. The modifications are designed and prescribed by Occupational Therapists.

BMHMMS believes in:

- the right of people to make choices about their own lives;
- the right of people to dignity, respect, privacy and confidentiality and culturally appropriate service provision;
- the right of people to be valued as individuals;
- the right of people to access services on a non-discriminatory basis;
- the right of the community to have accountable and responsive services;
- the right of the individual to be independent and be enabled to meet their goals

Definitions

Care Plan: BMHMMS does not develop a care plan with the client outlining individual goals, but works to the prescribed plan developed by the referring Occupational Therapist (OT) with the client during their assessment. The information for the client/carer "Care Plan" is provided by the referring Occupational Therapist or other referring agency eg Uniting Care. The BMHMM Service develops the Client File.

Client File: Refers to the file created and maintained by BMHMMS outlining the services provided to the client by BMHMMS.

Confirmation of Receipt of Referral and Conditions of Service Letter: will be referred to throughout this document as the "Confirmation of Receipt of Referral Letter".

Occupational Therapist (OT): All clients must have a completed OT assessment and prescription outlining the modification specifications to be undertaken by BMHMMS. Service cannot be implemented without a completed OT assessment. BMHMMS does not operate with OT as part of the team, this function is funded locally for the Commonwealth CHSP (former HACC) clients through the Nepean Blue Mountains Local Health District Primary Care & Community Health Chronic Care team (PC&CH). Referrals for modifications come directly from the PC&CH OT following completion of their assessment. If the referral is referred directly to BMHMMS the referral is then referred on to PC&CH for OT assessment, or where appropriate to a KNC contracted private OT to assess and prescribe the required modifications to be carried out by BMHMMS. Clients/carers with complex needs are referred to Community Health for comprehensive assessment.

One off Service: Each modification or maintenance job is considered a one off stand-alone service. At the completion of the job the client file is closed. If clients require further modifications or maintenance a new referral is made in accordance with the guidelines of the relevant program.

RAS: Regional Assessment Service (RAS) will be implemented with the roll out of the My Aged Care reforms. From July 1st 2015 any existing aged care client requiring further service is to be re-referred through the My Aged Care gateway for allocation to the local RAS for further assessment and referral.

Acronyms

ADHC	Family and Community Services - Department of Ageing Disability and Home Care
ATSI	Aboriginal and Torres Strait Islander
BMHMMS	Blue Mountains Home Modification and Maintenance Service
CALD	Culturally & linguistically diverse
CHSP	Community Home Support Program (Department of Social Services)
CSP	Community Support Program (ADHC)
DSS	Department of Social Services

FM	Financial Manager (KNC)
GM	General Manager (KNC)
HACC	Home and Community Care Program
KNC	Katoomba Neighbourhood Centre
LGBTI	Lesbian Gay Bisexual Transgender & Intersex
OT	Occupational Therapist

Chapter 1 Operation of Client Services

Attachments in Appendix

Service Delivery Model Client Services Policy #001.1

1.1 POLICY STATEMENT

The purpose of this policy is to establish the overarching parameters and frameworks to ensure our operational service models are planned, developed and delivered with a primary focus on achieving positive client outcomes, consistent with a client centred and focussed approach to service delivery, directed and determined by and with the client and their carer and in line with Katoomba Neighbourhood Centre's quality objectives. When the culture and focus of the organisation is on clients, then it becomes a strategic priority for opportunities to be created and nurtured for client/carer engagement and enablement at all levels.

Management and staff are expected to come from a culture that enables and re-ables clients and carers choice and self-determination around their care decisions, enables independence through embracing the concept of dignity of risk in delivering client focused services, enables access to information required by clients and carers to make informed decisions and choices around their care, and continually reinforces mutual respect and valuing of client and carer engagement and involvement at all points in the planning and delivery of the service and care they receive, both through more formal and informal regular contact and feedback. Through really listening to clients' expressed needs, concerns and fears, we can utilise this information to identify and clarify their issues and plan improvements to ensure our services are flexible and responsive to individual needs, goals, choices and preferences.

When there is mutual trust and respect in a relationship, there is an increased willingness to participate. When action is taken on their feedback, clients are further motivated to participate, as they understand their opinions and expressed concerns will influence our ongoing service planning and development. We therefore view the creation of trusting interpersonal relationships as the cornerstone of our service delivery model.

1.2 SCOPE

This policy applies to all programmes and services of BMHMMS.

1.3 BMHMMS SERVICE ELIGIBILITY

BMHMMS is funded under the CHSP and CSP programs (formally HACC). These are eligibility-based programs.

Eligibility criteria is not just frail aged and younger disabled; clients must meet specific criteria, not simply on the grounds of advanced age.

Eligibility for services is based on the level of functional disability. Program eligibility includes the following:

- The client is living in the community.
- They are a frail older person (over 65 years of age, 50 years for ATSI clients) or a person living with a disability (under 65 years of age), who finds independent living difficult, their capacity for independent living is at risk or they are at risk of premature or inappropriate admission to long term residential care.
- They are assessed as having basic needs requiring maintenance and support services within the scope of the CHSP/CSP (formally HACC program).
- This service is also available to carers. Carers are defined as the family members or friends who assist the older person or the person living with a disability to live independently.
- They may have moderate, severe or profound (functional) disabilities which make it difficult to:-
    - perform the tasks of daily living without help or supervision (i.e. dressing, preparing meals, house cleaning and maintenance, using or accessing public transport)
    - engage in social activities and maintain community connections
    - access information and/or referrals to other services or supports, due to their disability and/or frailty and resulting isolation

1.4 PHILOSOPHY

The philosophy guiding the operation of BMHMMS is based on our commitment to a client centred service delivery model. Consequently all service planning, design and development activities should be based around the client's stated goals and focused on how to best meet their individual needs to facilitate improved independence, community connections and quality of life.

BMHMMS aims to provide a caring, effective and accountable service for all people who meet the CHSP (formally HACC) guidelines, as identified above, within its geographical catchment area. The philosophy underpinning its service provision includes the following:

- BMHMMS recognises and actively seeks client and carer input surrounding the service provision they receive, client and carer consultation and feedback is actively sought through direct client satisfaction surveys and feedback mechanisms essential to ensure our service is meeting the individual expressed needs of the client/carer.
- Where clients and/or carers have concerns in relation to BMHMMS, their right to make a complaint and have it dealt with fairly, promptly and confidentially is supported by BMHMMS. The complaints mechanism is documented in the Rights & Responsibilities overview, and the

Confirmation of Receipt of Referral Letter. The KNC Complaints procedures are followed. In the event a client phones in a complaint directly to BMHMMS the issue is detailed and recorded on the Job Sheet on the Client File, and registered and followed up according to KNC Policies and Procedures

- BMHMMS believes that clients and carers have the right to access an advocate to represent them and will support and encourage this, when requested. If a client or carer requests an advocate the procedure utilised by the Katoomba Volunteer Home Visitors service will be utilised.

- BMHMMS functions as a non-profit community service. The service believes in maintaining accountability to funding bodies, each governing neighbourhood centre, its clients, carers, and the community for the delivery of the service.

1.5 PROCEDURE

1.5.1 Referral for Service and/or Information

- Referral for BMHMMS can come from the individual themselves, community members, carers, families, friends and other service providers. Where a referral for services comes from any source other than the client themselves consent must be gained from the individual being referred for service, or their elected guardian or advocate, before the referral for service is enacted.

- Verbal consent to enact the referral from the individual or via their elected guardian or advocate is acceptable to commence the process, including the initial phone contact, client assessment and home visit. Receipt of the verbal consent must be recorded on the CIARR (A1).

- Signed consent is preferred on the Quote (A10) or, where appropriate, minor works contract, however where the individual is unable to sign, verbal consent is acceptable. This will be noted on the CIARR, Job Sheet (A14) or Quote as appropriate.

- Information can be supplied to any individual making an enquiry. Individuals may be referred from the Coordinator to other Blue Mountains CHSP services, general services appropriate to the client/carer's needs, specific disability services, the KNC HACC Program Intake worker and the My Aged Care gateway, if this is appropriate and undertaken with the client's consent.

- At point of referral, for self-referrals, the client will be initially assessed, usually over the phone, using the fields contained within the CIARR.

- On referral to the BMHMM service (self-referral, carer referral, service and or agency referral) the referrer will be advised of the purpose of the assessment, any relevant, requested or required information will be provided over the phone, literature will be posted where applicable or they will be directed to relevant service organisations or websites e.g. My Aged Care, Community Health Intake, Blue Mountains Neighbourhood Centre Websites.

- This initial assessment will cover:-
    - relevant personal details,
    - why assistance is being sought,
    - services or family/ community supports currently being received (eg. church),
    - health information,
    - home and safety and access issues,
    - client/carer needs and referral actions required,
    - other relevant information,
    - rights and responsibilities, if felt appropriate at this point, otherwise the Rights and Responsibilities Brochure (A6) will be sent with the Confirmation of Receipt of Referral Letter (A4).
- At the conclusion of the initial phone assessment, the client will be referred to a private OT if funding is available, or to a Community Health OT via Community Health Intake. For CHSP eligible older clients they will be assisted to access the My Aged Care gateway for screening and referral to direct service provider or the local Regional Assessment Service when appropriate.
- Depending on service availability within the BMHMMS program, it may be necessary for initial referrals to undergo a priority ranking process to determine which referrals are of greatest need to receive service as the priority, and to guide referrals to OTs and work by trades staff. Priority assessed need will be undertaken by the delegated BMHMMS staff member receiving the referral or the KNC Home and Community Intake worker at point of intake, when multiple referrals are received for service (see Prioritisation Tool (A2) designed to provide an indication of the relative needs of each client, based on the completed individual assessment).
- The Prioritisation Tool assessment process is designed to indicate levels of need and involves:-
    - Client's situation;
    - The family support structure which is available to the client, and the realistic level of assistance available from family members;
    - The client's living arrangements, considering if they live alone, or with a carer, also assessing the needs of the carer;
    - The client's ability to carry out normal daily living tasks, and the degree of difficulty they may have;
    - The client's social contacts, the extent to which assistance is provided by other individuals and how reliable or appropriate this assistance is;
    - Whether the client is socially or geographically isolated;

- Whether the client is financially disadvantaged;
- Other services in place such as Home Care packages;
- Health/medical diagnosis;
- History of falls;
- OT concern;
- Frequency of use of the environment;
- Existing environment unsafe;
- Equipment needed to mobilise;
- The client's ability to respond in the event of fire or emergency impacting their local area is also collected for prioritisation needs in the event of a disaster or emergency.

- The assessment with the Prioritisation Tool (A2) is preferably undertaken on the initial phone assessment when demand for service is high therefore availability of service may be impacted.

1.5.2 Independence, Autonomy and Inclusion

- Clients will be assessed to determine individual needs and identify the client's goals and expectation of service, any service provided will occur in consultation with the client and carer, advocate and/or guardian (where appropriate) and reflect the client's stated needs and expectations. The needs of each client are recognised as being individual, and options for service delivery will be provided based on these expressed individual needs.
- The service respects the client's desire to remain living in their own home as independently as possible, and the service will aim to facilitate or assist the client and carer to develop and/or maintain links with the broader community.
- The service enables independence through embracing the concept of self-determination and dignity of risk in delivering client directed service.
- BMHMMS believes that each individual has the right to privacy and confidentiality, and that service delivery must occur to ensure respect of the individual and maintenance of their dignity. BMHMMS adheres to all KNC policy and procedural requirements around privacy, confidentiality and records management.
- All workers (paid and unpaid) are required to sign the KNC Code of Conduct outlining the need to maintain the client's confidentiality and privacy and that client information is held in confidence.
- Education and training and the organisational expectations of volunteers and paid workers, related to privacy and confidentiality, is covered in the relevant service induction and orientation processes, and relevant organisation's policies and procedures.

- All client records (whether paper based or electronic), are held according to the relevant standards covering client records and documentation.

1.5.3 Client Goal Directed Planning

- BMHMMS believes that clients and carers have the right to make choices in their lives, including choosing the appropriate services from a range of options which will assist them to maintain a quality of life and level of independence which is appropriate for them. The service respects the right of each individual to determine how they will live their lives and the service BMHMMS can provide is aimed at assisting them to achieve their goals.
- Through the assessment process, clients and carers' choice and self-determination around their care decisions and goal setting forms the basis of the individuals' service.
- Client independence is enabled through the concept of dignity of risk in goal setting and developing a client centred plan for BMHMMS service. All relevant information is supplied to clients around their cited needs, through the assessment process, to facilitate them to make informed decisions and choices around their care.
- The process of goal directed planning is a facilitated process between the OT or referring agency undertaking the assessment, the client and/or the carer.

1.5.4 Culture, Customs and Beliefs

- BMHMMS will provide services that are non-discriminatory, non-judgmental and non-biased, accepting each person's right to individual religious, cultural and political beliefs. The service needs to be provided in a manner which will make people from a range of backgrounds and dispositions feel welcome and comfortable.
- Clients will be given information on their rights and responsibilities when being assessed for service or requesting service information. The rights and responsibilities information is located in the client rights and responsibilities brochure (A6), and reflects the need for the service to adhere to best practice around culture, custom and beliefs and how to make a complaint in the event a client feels this is necessary.

1.5.5 Participation

- Clients and carers are the focus of the service. The service exists to meet the needs and expressed goals of the client and carer and each client and carer is an individual with different needs determined by various factors and lifestyles.
- Client and carer feedback is actively encouraged formally and informally.
- The Client File includes information about the physical, emotional, cultural, religious social and/or economic needs and preferences of the client. The OT specification is developed with the client and reflects their goals of care with their goals directing the service provided or planned. A copy of the OT specification is provided to the client and kept on file.

- If a client re-refers or is referred for BMHMMS in a timeframe exceeding 6 months, a new assessment by an OT is required. A new assessment is also required by an OT if the client or carer's situation has changed.
- Formal feedback is also actively sought from clients/carers provided service. Client and Carer Satisfaction Surveys (A3) are sent on completion of each job. The feedback obtained from these processes informs the BMHMMS Annual Service Review, with results being reported to the KNC Board and analysed for trends and patterns and then used to inform the KNC continuous quality platform. Clients and carers are also invited to participate in the BMHMMS planning process, encouraged to feedback to the service generally using the Tell us What You Think feedback form, access the KNC website and attend KNC's Annual General Meeting.
- Carers, clients and volunteers have the opportunity to apply as representatives on the relevant BMHMMS and/or KNC's Service Advisory mechanisms.
- Informal feedback mechanisms include reporting back by staff on client comments and phone calls from clients. These are reported at weekly team meetings.

1.5.6 Information Provision

- Clients and their carers assessed for the BMHMMS service are provided with information to assist them make decisions about service provision. This relates both to the service BMHMMS can provide and information relevant to other services available in the community.
- Clients are assessed using the CIARR Assessment Form (A1). This form incorporates information about other service providers and includes referral action as part of its process.
- Other client information actively provided to BMHMMS clients includes:-
    - Confirmation of Receipt of Referral Letter (A4) containing:
        - Explanation of standards of work
        - Estimated time frame
        - Reference to Rights and Responsibilities Brochure (A6)
        - MDS data collection information
        - ADHC's Policy on Privacy and MDS collection
    - the BMHMMS General Service and Maintenance Brochure (A5)
    - Safe and Sustainable Gardening Booklet and Checklist
    - OT Minor Modifications book illustrating Service work, used during the OT assessment and again by trades staff when quoting on work
    - the Blue Mountains Community Care Guide produced by Blue Mountains City Council which includes information on HACC transport services, food services, dementia support services, the Aged Care Assessment Team and how to access services such as Commonwealth Carelink and Carer Respite Information Line

- provision of links to the My Aged Care website.

1.5.7 Special Needs

General strategies to ensure special needs are met:

- BMHMMS ensures it is up-to-date with the demographics of special needs groups in the Blue Mountains by reviewing the Blue Mountains Community Profile and Tri-Community Multicultural Carer Profiles.
- BMHMMS ensures that clients and carers who request or require an advocate or guardian are supported in gaining access to one (see KNC's KVHV Client Advocacy Policy). BMHMMS provides information sessions to community groups utilising a display board of types of work done and appropriate written information about the service.
- If a special tradesperson is required, this will be organised.
- Client Files/OT referrals are developed for each client that identify and respond to their particular preferences and needs. These may include the physical, emotional, cultural, religious, social and/or economic needs and preferences of the client.
- Training will be provided for staff relating to special needs. Education sessions at team meetings will include speakers covering special needs issues.
- Details on the special and specific needs of clients are collected as part of the standard information requested on the CIARR Form (A1). This data is analysed using the Minimum Data Set (MDS) which then informs the BMHMMS's planning and evaluation process (see 3.4.8 Formal Review of Service Provision).

The BMHMMS also recognises that there are several groups within the HACC and Disability target population that find it more difficult than most clients to access services. These special needs groups are:

- People from culturally and linguistically diverse (CALD) backgrounds;
- Aboriginal and Torres Strait Islanders;
- People with dementia;
- Financially disadvantaged people;
- People exiting the criminal justice system, and
- People living in remote or isolated areas.

1.5.8 Addressing Barriers to Access

BMHMMS has developed specific strategies to overcome access barriers for special needs groups. These strategies are outlined below.

Culturally and Linguistically Diverse Clients

- BMHMMS has access to and ensures HACC brochures that have been produced in various community languages are available at strategic locations in the local community.
- BMHMMS has obtained and utilises the HACC CALD Resource Manual, as required. A CALD resource manual developed by Tri Community Exchange is also available.
- In cases where the client does not speak English, an interpreter service through Tri Community Exchange will be used to ensure that the client understands the assessment and review processes, and the services available or being offered. The need for an interpreter service will be clearly identified on the client's file.
- Cultural safety issues will be included in staff training.

Aboriginal and Torres Strait Islander Clients

- BMHMMS endeavours to provide Aboriginal clients with culturally appropriate service contact and will seek guidance, advice, training and volunteer recruitment support from the appropriate local Aboriginal specific services e.g. the Aboriginal Culture and Resource Centre, Katoomba, Blue Mountains Aboriginal 'Healthy 4 Life' Program to ensure this occurs.
- BMHMMS considers the group vulnerable and gives priority to ATSI clients.
- Clients will be advised of the availability of ATSI specific services and where requested, client referrals will be made to HACC services at the Aboriginal Cultural and Resource Centre (ACRC) at Katoomba and to the 'Healthy 4Life' program.
- Cultural safety training is sourced from our service partners for staff of the BMHMMS, when available and appropriate.

Clients with Dementia, Memory Loss and other related conditions

The BMHMMS staff will receive training in how to support people with dementia or specific disabilities (where possible and as resources allow) and every effort made to ensure that services are delivered in an appropriate and sensitive way.

- For people with severe dementia, severe intellectual or psychiatric disability or brain injury, the OT or referring agency will ensure that the carers, advocates and/or guardians are fully aware of the information regarding assessment, review, client care plans and services. However, to whatever extent possible, the client should also be given the same information and their questions answered.
- BMHMMS will liaise with local services related to special needs eg. Dementia Specific Day Care Programs, when required.

Financially Disadvantaged People

If a client is not on a full or part pension a "Letter requesting Income Statement" (A7) is sent to the client to enable the calculation of the client fee. Clients are able to negotiate to pay client fees in instalments. If further or complete subsidy is requested an Application for Review of Fees Letter (A8) is sent to the client.

Service Subsidies are budgeted for annually. This is monitored at the monthly KNC General Manager/KNC Manager Finance & Resources scheduled meetings.

No client is refused service on the basis of inability to pay, only on the basis of the capacity of BMHMMS to carry out the work.

People Exiting the Criminal Justice System

The needs of people exiting the criminal justice system to be treated with dignity and respect and free from harassment or intimidation are acknowledged. BMHMMS will work actively to provide service that is sensitive and responsive and supportive of the rights and welfare of the individual and the broader community. In the event that BMHMMS is working with clients who have recently exited the criminal justice system, we will help the client to connect within the broader community by ensuring we assist them to access information and any required referrals to other community services & activities.

People living in remote or isolated areas

BMHMMS does not restrict service to clients in the more remote areas of the Blue Mountains LGA. Clients are addressed in accordance with the Prioritisation Procedure (see 2.5.2. Prioritisation). Travel time is not considered when calculating the full cost of the job.

1.5.9 Client Contributions

Fees Policy

BMHMMS is not a free service. All clients assessed as having the capacity to pay are charged fees.

Fees for home modification and maintenance services are based on the total cost of the works completed (including materials, labour and sub-contractor costs) but excluding travel and other items in accordance with the policy of the funding body.

For most clients fees are charged on a sliding scale (with 5% of the total cost of the job as the lowest subsidy and 35% the highest subsidy depending on income). Higher subsidies are provided for higher cost modifications (ie the portion over $1000 is subsidised as 50%), in line with the ADHC fees policy. There are limits on the amount and frequency of these subsidies.

Clients experiencing financial hardship can apply to have their fees reviewed. BMHMMS will discuss options to assist clients who are having difficulty paying their fees. Where a client is assessed as having no capacity to pay, home modifications can still be provided subject to funding availability.

BMHMMS will allocate priority to clients based on the Prioritisation Policy. In some cases, where demand is high, lower prioritised clients may not be able to receive home modification service within the expected timeframes. In this event clients are placed on a waiting list, they are contacted during this period in writing at each 3 month period for review whist they are on the waiting list, in the event of an extended period on a wait list (at 12 months), the client will be notified that they will be removed from the waiting list.

In periods of high demand, where an individual client's home modification needs are varied between high and lower priority modifications, the high priority work will be attended and the lower priority work deferred, and in some cases wait listed as above.

Clients and their advocates have the right of appeal against a fee determination. The appeals process is outlined in section 2.5.10 "The Right to Appeal".

Some eligible clients will be charged a higher rate ('full cost') for home modifications eg. people receiving care packages. People who are not eligible for services will be charged the market (commercial) rate e.g. those not identifying as eligible clients.

No client will be refused service for inability to meet a requested client contribution. The work will completed as planned, the client will be offered the ability to pay in instalments over 12 months or longer if needed; they can apply to have their fees reviewed. There is allowance within the BMHMMS operating procedures in certain cases of extreme hardship, for the contribution to be further subsidised.

Clients will be billed directly on completion of the work for any agreed to client contribution for home modification and maintenance.

Chapter 2 Service Access

Client Services Policy #001.2

Katoomba Neighbourhood Centre's Access and Equity Policy applies to BMHMMS. Refer to the KNC Access Policy. Below are the specific policies and procedures that must be met by the Service in relation to that policy.

2.1 POLICY STATEMENT

The purpose of this policy is to ensure that each client's access to a service is based on program eligibility, equity and relative need, within BMHMMS' available resources and capacity to respond.

It is the policy of BMHMMS that clients and/or their carers or advocates participate in entry and care planning consultation processes and be given all relevant information to assist them in making informed choices from available service options.

2.2 SCOPE

This policy applies to all programs and services of BMHMMS.

2.3 DEFINITIONS

Eligibility refers to the specified criteria for access for each program type, as determined by the relevant funding agreements.

2.4 PHILOSOPHY

This policy reflects the commitment of BMHMMS to the social justice principles of equity and access and the application of these principles organisation-wide to eliminate any form of discriminatory practice. It acknowledges our social and ethical obligations to all clients and prospective clients to respect their individual human rights to be treated with equality and dignity.

2.5 PROCEDURES

2.5.1 Eligibility for Entry

The National Program Guidelines for the Home and Community Care Program define the HACC target population as:

(a) persons living in the community who, in the absence of basic maintenance and support services provided or to be provided within the scope of the Program, are at risk of premature or inappropriate long term residential care, including:

- older and frail persons aged over 65 years with moderate, severe or profound disabilities;
- an older Aboriginal person i.e. 50 years of age and over;
- younger persons with moderate, severe or profound disabilities;

- adults under 65 years of age (50 years and over for Aboriginal or Torres Strait Islanders) suffering from an age-related illness; and
- such other persons as are agreed upon by the Commonwealth Minister and the State Minister; and

(b) the unpaid carers of people assessed as being within the National Program's 'target population'.

Therefore, clients must be considered HACC eligible to receive BMHMMS services or services operated by the Blue Mountains HACC Program. Eligibility for services is based on the level of functional needs and/or disability the individual is living with. Program eligibility includes the following:

- The client is living in the community
- They are a frail older person (over 65 years of age, 50 years for ATSI clients) or a person living with a disability (under 65 years of age), who finds independent living difficult, specifically related to:-
    - performing the tasks of daily living without help or supervision (i.e. dressing, preparing meals, house cleaning and maintenance, using or accessing public transport)
    - engaging in social activities and maintaining community connections
    - accessing information and/or referrals to other services or supports, due to their disability and/or frailty and resulting isolation
- Their capacity for independent living is at risk or they are at risk of premature or inappropriate admission to long term residential care
- They are assessed as having basic needs requiring maintenance and support services within the scope of the CSP (formally HACC program) to be maintained safely in their home
- This service is also available to carers. Carers are defined as the family members or friends who assist the older person or the person living with a disability to live independently

If the client is found to be ineligible for a particular service type, they will be provided with information about other services that may be able to assist.

The program also recognises that there are several groups within the HACC target population that find it more difficult than most clients to access services. These special needs groups are:

- People from culturally and linguistically diverse (CALD) backgrounds;
- Aboriginal and Torres Strait Islanders;
- People with dementia;

- Financially disadvantaged people;
- People exiting the criminal justice system and
- People living in remote or isolated areas.

2.5.2 Prioritisation

Priority for access to services is based on the client's level of need, relative to other people referred for the same service. Priority for available services will be given to those clients with the highest level of need. The service uses the Prioritisation Tool (A2) at the point of referral to determine each client's priority. If a client is placed on a waiting list, they will be kept informed regarding their progression on that list, and when they can expect their service to commence (see 2.5.7 Response Times). If a client or carer's situation changes the prioritisation will be reviewed.

The following factors will be used to determine relative need:
Client's situation:

- The family support structure which is available to the client, and the realistic level of assistance available from family members;
- The client's living arrangements, considering if they live alone, or with a carer, also assessing the needs of the carer;
- The client's ability to carry out normal daily living tasks, and the degree of difficulty they may have;
- The client's social contacts, the extent to which assistance is provided by other individuals and how reliable or appropriate this assistance is;
- Whether the client is socially or geographically isolated;
- Whether the client is financially disadvantaged;
- Other services in place such as Home Care packages;
- Health/medical diagnosis;
- History of falls;
- OT concern;
- Frequency of use of the environment;
- Existing environment unsafe;
- Equipment needed to mobilise.

Carer's situation:

- Is the carer caring for a person with a severe disability?
- Is the carer the sole carer?
- Does the carer have limited support networks or have dependent children?
- Is the carer frail, ill, stressed or does he/she have a disability?
- Does the carer have extensive commitments which may include employment?
- Is the carer socially or geographically isolated?
- Is the carer financially disadvantaged?
- What are the general health needs of the carer, including emotional health?

Other factors - when considering the level of need of each request for assistance, the following factors will also be taken into consideration:

- The difference the service will make to the person's circumstances;
- The availability of other appropriate services which could meet the client's needs. It should be noted that clients who are receiving other services, whether from HACC or not, are not discriminated against, based on their access to these other services.

BMHMMS assessment of self-referred clients and carers is currently undertaken using the Client Information and Referral Record Form (CIARR). Client information gathered on the CIARR form includes personal details, social and family details, relevant health details, home safety and access issues, individual client/carer needs, referral actions and client consent. At the point of assessment, a HACC eligible client will be offered referral to an OT for assessment.

It must be noted that when a client is requesting re-entry to the service this is handled as a new referral/assessment and decisions are made based on current prioritised needs. If a client has previously been refused a service, this will not prejudice future attempts to access BMHMMS services. Again, this is treated as a new referral, and decisions are based on prioritised need.

2.5.3 Initial Contact

1. Self-referral

When eligibility has been determined, the CIARR is completed and agreed to by the client to send details to OT for assessment.

Information will be provided to assist the client through the service entry process, including their right to have an advocate or support person present, and how they may access an advocate. The initial consultation visit will be planned as soon as it is feasible and convenient to the client and his/her nominated primary carer/advocate. This is carried out by the OT.

2. Referral from OT or other referring agency

Information will be provided by the OT or other referring agency to assist the client through the service entry process, including their right to have an advocate or support person present, and how they may access an advocate.

2.5.4 Inability to Respond

Where it is determined that BMHMMS cannot provide a service due to inability to respond effectively, capacity issues or the client's ineligibility for service, a referral to other more appropriate services will be discussed with the client and/or carer/advocate, and written information will be provided on alternative service and support options if necessary. In the provision of information, consideration will also be given to addressing the needs of the carer. When requested, referrals will be made on the client and/or carer's behalf (see also Referral Protocols below*)*.

Reasons for refusal of entry are to be explained to the client and documented on the assessment record.

2.5.5 Referral Protocols

Once eligibility has been determined, the relevant BMHMMS staff or, at the point of intake if appropriate, the Blue Mountains HACC Program Intake Worker, is to ensure that all incoming and outgoing client referrals are recorded on the Client Information and Referral Record (CIARR) (A1).

The Level 1 Status Report (A9) will record:

- The name and town of the client
- The Job Number
- The date the referral was received
- The source of the referral
- Description of work required
- The referring OT
- The priority rating
- Any special instructions
- Pensioner status
- The current status of the job

Entries are to be monitored against the anticipated response times identified in this policy (see also 2.5.7 Response Times*)*. Any identified timeline deviations are to be analysed to determine whether patterns are arising that represent a reducing capacity to respond as a result of increasing demand, with results reported to management to inform ongoing service planning. Referrals are monitored weekly at BMHMMS team meetings.

No incoming referrals will be accepted without the express consent of the potential client/ carer/advocate/guardian.

Referrals made by BMHMMS to other service providers and agencies may only be made with the client's informed consent. Consent to share information in the form of referral to other services at the point of intake, or registration is to be indicated on the CIARR. Once a client has been assessed and is receiving service, appropriate client consent (see Client Consent), is required before referral can progress. This is initially on the CIARR (A1) and ultimately on the accepted Quotation (A9) or minor works contract.

Where regional protocols have been established for internal or trusted source use for support and care coordination, those protocols are to be followed.

2.5.6 Client Consent

Consent from the client/carer is recorded on the CIARR (A1) and on acceptance on the Quotation (A10) and on the minor works contract if this is appropriate.

If the client is not the property owner, the property owner or their delegate will also need to give consent for the works to be carried out, on the Authority to Install Form (A11).

2.5.7 Response Times

1. Self-referral

When a client has been referred to BMHMMS without OT assessment and funding is available it is anticipated that the CIARR is sent to an OT with a request for assessment within 3 working days of receipt of referral and that the home visit/assessment will be conducted as soon as is convenient for the client and OT.

2. Referral from OT or other referring agency

When a client has been referred to BMHMMS with an OT assessment it is anticipated that an initial contact with the client will be made in writing within 5 working days. The relevant BMHMMS staff member will send the client/carer a Confirmation of Receipt of Referral Letter stating approximate time frame for contact by a delegated BMHMMS staff person or BMHMMS contractor. This response time reflects the urgency determined by the Prioritisation Tool (A2) and staff /contractor availability.

In the event the relevant BMHMMS staff member is on leave and not replaced, the client, their carer or representative will be given the expected return date of the relevant BMHMMS staff member and informed that contact will be made within 3 days of their return to work.

The anticipated response time for actual commencement of BMHMMS will be determined by the priority rating allocated by the Prioritisation Tool (A2) (using details on the CIARR (A1) and OT report) and the current work load. Clients given a priority rating of 1 are most urgent and will be seen as soon as possible. Clients with a low priority rating of 5 will be informed of the likelihood of a longer waiting period, depending on the current work load. They may be placed on the formal BMHMMS waiting list, in which case they will be notified in writing (A12a). If placed on the waiting list, the client receives formal contact in writing at each 3 month interval they are on the list (A12b). All

BMHMMS clients either active or on waiting list undergo process of Level One Status Report, reviewed weekly with jobs allocated and reallocated.

Clients on the waiting list for 6 months will need reassessment by an Occupational Therapist. The client and the referring OT will be contacted to arrange this.

Clients with a low priority rating who have been on the waiting list for a minimum of 12 months will be sent the Notification of Removal From the Waiting List letter (A13).

2.5.8 The Right to Refuse

Any potential client has the right to refuse an offer of support from the BMHMMS, such a refusal will not prejudice any future attempt to access any BMHMMS service or any relevant KNC general services or HACC program services.

Should a client refuse care, the relevant BMHMMS staff member is to contact the OT or referring agency and explain the reason for refusal of service. The Job Sheet (A14) in the Client File will record that the client refused service, the reason, if given, and the date of refusal.

If a client refuses service before a quotation is given or before work is carried out they will not be sent a Client/Carer Satisfaction Survey (A3). The Confirmation of Receipt of Referral Letter (A4) informs clients how to give feedback to the service e.g Tell Us What you Think feedback.

Where a client's care and support needs escalate beyond the capacity of BMHMMS to respond, or impact on BMHMMS compliance obligations for ensuring worker safety or adherence with relevant regulations, BMHMMS reserves the right to refuse or withdraw services to that client.

Should a client refuse care, the BMHMMS staff member will contact the referring agency and explain the reason for refusal of service. The Client File will reflect that the client refused service and the date of refusal.

Service is only ever refused when the request is for:

- Work which is outside BMHMMS Guidelines
- Cosmetic work which has no safety implications for the client/carer
- Situations which would place the staff in danger from:
  - physical hazards
  - violence
  - sexually inappropriate behaviour
- Work which is outside BMHMMS Guidelines and is carried out by other agencies
- Work for people who do not fall into the HACC target group
- Work which is outside BMHMMS height restrictions

When service is refused:

- the person requesting service is advised immediately giving reasons why the service cannot be provided;
- information is provided on other available services and, if appropriate, a referral is arranged. Due to restrictions under our licence we cannot recommend specific private contractors;

- information is provided about the types of services provided by BMHMMS;
- the person is made aware of the Complaints Resolution policy and procedure when service is refused to the client, reassurance is given that it will not prejudice future attempts to access the service;
- records will be kept of service refused.

2.5.9 Service Interruptions or Closure

Where a client is temporarily absent from home in hospital, overnight respite or on holiday, the agreed service will be held and reactivated on the client's return, provided that the client has provided BMHMMS with appropriate notification.

If the client is absent for a period of more than six months, OT reassessment will be required in consultation with the client and his/her carer/advocate/representative, to decide what continuing services, if any, may be required.

2.5.10 The Right to Appeal

Clients will be informed that should they wish to appeal a service provision decision about service changes or closure, the procedures for raising a complaint are to be followed.

Chapter 3. Assessment and Review

Client Services Policy #001.3

3.1 POLICY

The purpose of this policy is to ensure that each BMHMMS client participates in assessment and review processes that are appropriate and responsive to their individual needs, respectful of their individual rights, and encourage maximum independence and autonomy.

Holistic approaches will be adopted in conducting assessments, which acknowledge the interdependence of socio-economic, psychological, physical, cognitive and environmental indicators in determining individual wellbeing, as well as the role and place of the individual's culture, customs and beliefs.

3.2 SCOPE

This policy applies to all programs and services of BMHMMS.

3.3 PHILOSOPHY

In supporting our client-focused service delivery model, the community development principle of empowerment drives our operational practices. In accordance with this philosophy we will act to ensure clients and/or their carers/advocates are provided with relevant and appropriate information to enable them to make informed choices from the service options available to them, and that assessment and review processes are conducted in a manner designed to facilitate participation in decision-making processes.

3.4 PROCEDURES

3.4.1 Individual Needs Assessment

Clients will be assessed to determine individual needs by the Occupational Therapist. Any service provided will occur in consultation with the client and carer, advocate or guardian where appropriate. The needs of each client are recognised as being individual, and options for service delivery will be provided based on these expressed individual needs.

Self-referral

BMHMMS carries out the minimum assessment required to allow referral to an OT and collects information required to prioritise the referral process, including:

- Name address and contact details
- Date of birth, country of birth, indigenous status and language spoken
- Client needs and carer details
- Details of any other services being received
- Living arrangements and accommodation details

- Health problems and difficulties
- Pensioner status
- Equipment used to maintain independence
- Any factors that could affect safety or access for the service provider
- Consent – usually verbal consent over the phone

If a client has been referred to BMHMMS, assessment has been carried out by the OT or referring agency.

Each individual assessment forms the basis for determining the relative needs and priorities of the client.

Holistic client assessments are undertaken by the OT or the appropriately trained staff in the referring agency. The assessment tools and processes used will reflect the specific needs of the individual client and the requirements of the relevant program guidelines. Specialised assessments will be conducted as required to clearly identify the individual care needs and level and type of support required. Should this involve referral to external OT, client consent is obtained (see the CIARR (A1)).

Approved assessment tools are considered to be controlled documents, accessed by staff responsible for conducting assessments. These documents are version controlled and cannot be altered without administrator approval and access.

Each individual assessment forms the basis for determining the relative needs and priorities of the client. The Prioritisation Tool (A2) is to be completed, using the assessment information. The Priority Rating allocated as a result of this process will determine the urgency of the work.

3.4.2 Client Representatives

The client and their representative/support person will be encouraged to actively participate in the assessment process and to express their preferences for how their support needs, including any special needs, may best be met.

3.4.3 Home Safety Assessment

This is undertaken by delegated service staff utilising and populating the Site Risk Management Checklist (A16).

1. Self-referral

The delegated service staff member will undertake an initial run through of the Site Risk Management Checklist with the client during the initial phone assessment, and will populate the Checklist accordingly. The populated Checklist will then be taken on site by the relevant trade staff for review and adding to as necessary.

At any stage where a safety hazard is identified during the completion of the Site Risk Management Checklist, a risk assessment using the Risk Assessment Guide is utilised and a Risk Management plan developed and noted on the Site Risk Management Checklist (A16) and on the Job Sheet (A14) in the Client File.

If the client is referred to an OT, the information is passed on via the CIARR (A1).

2. Referral from OT or other referring agency

Where a safety hazard is identified by an OT or other referring agency, a risk assessment using the Risk Assessment Guide is undertaken by the BMHMM Service Coordinator and a Risk Management plan developed and noted on the Site Risk Management Checklist in the Client File. The BMHMMS carpenters have this information when they attend the client's home. Contractors have the Risk management plan incorporated in their work order. In the event BMHMMS attend a site and identify risk, they populate the site risk management checklist with details of the identified hazards/issues and notify the Service Coordinator of the changed environment. If they believe it is unsafe to proceed they will notify the Service Coordinator for a full review and development of a risk management plan to be negotiated with the client. They will not enter the site (see WHS policy & procedure).

No action may be taken to minimise risk from identified hazards without the client's agreement. BMHMMS reserves the right to refuse services to a client if the environment is considered unsafe for our staff as this represents a breach in our Duty of Care to the workers.

3.4.4 Development of the Client File (Care Plan)

This is carried out by the OT or referring agency and consists of the OT Report and Specifications. It is contained within the Client File (see 4.5.6 Client Records and 4.5.7 Progress Notes).

The OT specifications for work to be carried out at the client's home will have been developed in consultation with the client and his/her chosen representative or support person, to address the client's identified care and support needs. The OT report and specification and subsequent trade assessment will document any special needs, record the agreed risk management plans to address any issues of concern, acknowledge and document any agreed carer support strategies, and

articulate the client's personal goals for maintaining his/her independence and quality of life. These are recorded on the Job sheet (A14) in the Client File.

With the agreement of the client/carer, BMHMMS provides the client with a quote/minor contract for work specified by the OT. The client signs the Quotation (A10)/minor works contract to indicate their agreement for the work to be carried out at their home.

Should the quote or OT report/specification be refused by the client, the date of refusal is to be recorded on both the Job Sheet and the Quotation, adjacent to the signed confirmation. If possible the reason of refusal is also recorded.

Summary:

On receipt of the referral BMHMMS prioritises the client, sends a Confirmation of Receipt of Referral Letter (A4) and issues a job number via the Job Sheet. If necessary, permission to carry out the work is obtained using the Authority to Install Form (A11). The client is contacted by the relevant BMHMMS staff member. All contact and work progress is noted on the Job Sheet. The client is provided with a Quotation (A10) and the Fees Policy (see 1.5.9) is discussed. On completion of the job, the Client /Carer Satisfaction Survey (A3) is sent with a return envelope.

The client file is kept for 7 years.

3.4.5 Development of the Carer Support Plan

It is acknowledged that for many clients, their capacity to remain living at home is directly related to level of informal support able to be provided by the primary family carer, and the carer's capacity to maintain a safe and supportive environment.

The OT or referring agency will also carry out a carer assessment when assessing the client.

Consideration of the primary carer's psycho-social and physical support needs is integral to the safety and wellbeing of the client. Where identified risk factors combine to constitute a potential risk of harm, the procedures specified in the Katoomba Neighbourhood Centre Workplace Safety Policy and BMHMMS WHS Procedures are to be followed.

3.4.6 Non-response by Clients to a Scheduled Visit

All clients living alone are to be considered vulnerable. The Client File will document the Risk Assessment, and the Plan to Manage Risk.

When a client does not respond to a scheduled visit, the worker will:

- Note the date and time,
- Contact the delegated BMHMMS/KNC staff member to inform them.

The delegated BMHMMS staff will:

- Attempt to contact the client,

- Contact the OT,
- In some instances contact the police to gain entry to the home.

3.4.7 Monitoring and Review

It is recognised that different options should be offered to clients/carers and their advocates to encourage feedback on whether the service is meeting the clients/carers' needs and enable them to be actively involved in decisions made about changes to their service provision. Some informal options undertaken by BMHMMS include the following:

a. The relevant BMHMMS staff member maintains regular contact with clients either over the phone or through home visits. The relevant BMHMMS staff member will note the following:

   - If the needs of the client are changing;
   - If the client needs to be referred to other services;
   - If the service BMHMMS is providing is suitable and relevant for the client.

   Any requests for changes by the client/carer are discussed with the OT for approval and at BMHMMS team meetings and follow up actions are to be noted on the Job Sheet (A14) in the client's file.

b. If a relevant BMHMMS staff member is receiving complaints about the service from a client/carer or advocate they should contact the BMHMMS Co-ordinator and notify them of the nature of the complaint. The relevant BMHMMS staff member can provide the client with information about making a complaint to the service. The process will follow the Katoomba Neighbourhood Centre procedure.

c. Information is provided to the client/carer and family through service literature, which provides updates on BMHMMS and information about other services available. The information also offers an opportunity for client/carer input and this is encouraged and supported by BMHMMS.

d. The relevant BMHMMS staff consults with OTs and other agencies that are involved in the client's care and notes feedback on the Job Sheet (A14) in the Client File.

3.4.8 Formal review of service provision

Outline of formal review process

a. Feedback from individual clients/carers – via Client/Carer Satisfaction Survey (A3), complaints feedback procedures. All comments are recorded in the Client / Carer Survey Register (A17). Feedback directly affecting service provision is recorded in the Level 1 Status Report (A9) and reported to KNC management via the bi-monthly Service Report (A18).

b. Information gathered from weekly team meetings is recorded on the Job Sheet (A14) in the Client File and information directly affecting service provision is recorded in the Level 1 Status Report

(A9), minutes of the team meeting and reported to KNC management via the bi-monthly Service Report (A18).

c. Service provision is reviewed at monthly meetings with the KNC General Manager and Financial Manager using information collected from team meetings and client surveys and the complaints feedback process as recorded in the Level 1 Status Report (A9).

d. The bi-monthly Service Report (A18) to the KNC Board will include actions and recommendations gathered from the Level 1 Status Report (A9).

e. Quarterly OT network meetings with OTs and other home modification services identify and discuss issues around service provision. These are minuted and reported as necessary at monthly, bi-monthly and annual meetings.

f. Service provision is reviewed at the annual service review (yearly planning session) and in the KNC Annual Report.

3.4.9 Reinforcement of Client Rights and Responsibilities

In the Confirmation of Receipt of Referral Letter (A4) and subsequent contact, the client is reminded of his/her rights and responsibilities. This is recorded on the Job Sheet (A14) in the Client File.

The Client /Carer Satisfaction Survey (A3) encourages clients to comment on their experience with the service in relation to:

- Receiving a quality service
- Autonomy and choice in decision-making
- Protection of their confidentiality and privacy
- Access to information held about them
- Processes for raising a complaint
- Nominating an advocate
- The effectiveness of the work

Chapter 4 Care Coordination and Delivery

Client Services Policy #001.4

4.1 POLICY

Note: BMHMMS does not provide case management services.

This policy establishes operation guidelines to ensure that each client of BMHMMS receives coordinated and reliable services that respect their individual rights, are responsive to the client's specific needs and preferences, and are delivered in a way that promotes and encourages maximum independence, participation and community integration.

4.2 SCOPE

This policy is to be applied for the provision of services by BMHMMS.

4.3 DEFINITIONS

Coordination is defined as delivery of services in a harmonious and seamless combination.

4.4 PHILOSOPHY

Our primary focus is on achieving positive client outcomes, consistent with KNC's Quality Objectives. It is therefore a strategic priority for us to ensure services are coordinated across the scope of the community care continuum and across the breadth of available community supports to accrue maximum individual benefit and quality of life outcomes.

4.5 PROCEDURES

4.5.1 Coordination of Care

- BMHMMS coordinates provision of service by trade contractors
- BMHMMS coordinates provision of service by OTs
- BMHMMS does not provide case management services
- The BMHMMS Co-ordinator will discuss any change to the level of service provided to a client with the OT or other referring agency

4.5.2 Interagency Cooperation and Collaboration

Coordination of care in collaboration with external service providers may be required in order to develop effective responses for clients with complex care needs.

Where applicable and with the client's consent, staff are to cooperate with external agencies in joint assessment activities (for example, with bi-lingual workers, Occupational Therapists conducting home modification assessments, staff from referring agencies), sharing of referral data sheets and

assessment records between other agencies involved in the client's care, and participation in case management meetings when required.

BMHMMS staff are expected to establish and nurture close collaborative relationships with other providers across the region to contribute to a more effective use of resources and to avoid unnecessary and inefficient duplication of services. We acknowledge these relationships are consolidated through participation in interagency group meetings, special interest groups, and regional planning forums. It is expected the Coordinator will give priority to attendance at these networks to share information and develop collaborative working relationships.

BMHMMS attends monthly Blue Mountains Community Care Forums, quarterly regional HMMS meetings and participates in and hosts the quarterly OT/HMMS meetings.

4.5.3 Brokerage and Outsourcing

Where the BMHMMS Coordinator believes it to be in the best interests of an individual client to enlist the support of another service provider to address a client's special needs, we assert our right to establish brokerage arrangements with that provider to deliver services on our behalf (for example, for provision of a bi-lingual, bi-cultural care worker). This strategy is designed to strengthen our service delivery capacity in provision of individually responsive and flexible services. Similarly, where a particular qualification, competency and skills set exists within our own staff team, their services may be brokered to other providers to enhance their service options in delivering an optimum client outcome.

Formal agreements are to be entered into for all brokerage situations to provide confidence in the delivery of continuous, sustainable, high quality services. Individual service agreements or contracts will be developed for each brokerage agency covering the period of brokerage or service provision, as per Katoomba Neighbourhood Centre's policy for the Blue Mountains HACC program. A brokerage service agreement will clearly state the expected deliverables in relation to the type and frequency of service and anticipated quality of output, agreed payment arrangements, responsibilities of each party, review mechanisms, and processes for dispute resolution.

Where a service or part of a service is outsourced to a third party (for example, provision of information/training for a community education program), it is the responsibility of the BMHMMS Coordinator to ensure that the product or service provided by the third party is evaluated appropriately.

4.5.4 Principles of Service Delivery

BMHMMS provides only home modification and maintenance services. The client's case manager, OT or nominated staff from the referring agency address complex needs.

Issues affecting service provision identified by staff in client's homes and in the community are discussed and recorded at weekly team meetings.

Gaps and issues relating to special needs groups are discussed at HACC (also referred to as Community Care) Forum meetings, regional HMMS meetings and at quarterly OT network meetings.

BMHMMS is committed to the ongoing professional development and training of staff and contractors to ensure an appropriate range and level of skills and competencies in delivering planned services (refer to the KNC Human Resource Management Policy #002.4 Strategic Performance Management for further information). Wherever possible, staff rosters and allocation of contractors will consider the best possible match of skills against individual client needs. The Coordinator is responsible for ensuring relevant workers are kept informed of job changes. Workers are responsible for immediately notifying the BMHMMS Coordinator of any client concerns or changes in health status. The social and emotional needs of clients are also taken into account in the job planning and delivery. Within the capacity of BMHMMS to deliver support, clients are to be encouraged and assisted to maintain their preferred community involvements and personal social networks, to enable an optimal level of independence, community participation and integration. We acknowledge each client as an individual, and job planning and delivery processes are to be as flexible and responsive as possible to individual needs and circumstances. The coordination of service delivery activities is directed towards achieving this goal. The allocation of jobs and schedule of work is reviewed at weekly BMHMMS team meetings using the Level 1 Status Report (A9) and more frequently if required.

4.5.5 Client Assistance in Exercising their Rights

All staff and contractors of BMHMMS are expected to acknowledge the rights of each individual client and to support him/her in exercising those rights. Staff and contractors will be provided with information on client rights and responsibilities during their induction program. This is a mandatory training requirement. The induction program includes familiarisation with all operational policies, and each member's responsibility to understand and comply with documented procedures. All staff are required to sign an Induction Checklist (KNC) to verify completion of the induction program and their acceptance and understanding of the information provided.

Clients of BMHMMS services will be assisted by staff/contractors in exercising their right to:

- Decline an offer of service without penalty
- Be treated with dignity and respect
- Have their individual customs, culture and religious beliefs respected without discrimination or prejudice
- Have a support person or advocate of their choice present during any care-related discussions

- Have their personal information, and/or their personal images or photographs protected in accordance with our legal obligations to them, and only released with their written consent
- Request access to any personal information we hold about them
- Make a complaint without fear of retribution.

BMHMMS acknowledges that with rights come reciprocal obligations which may impact on the rights of others. Staff and contractors will ensure clients are informed of their responsibility to:

- Treat staff and other clients of BMHMMS with respect and courtesy
- Provide a safe work environment for BMHMMS workers/contractors coming into the client's home
- Accept responsibility for the results of any decisions or choices they make in relation to the care and support they receive.

The Confirmation of Receipt of Referral Letter (A4) contains general information for the client with regard to their rights and responsibilities. The Rights and Responsibilities Brochure has more detail and is included with this letter.

4.5.6 Client Records

The Coordinator is responsible for ensuring that a new client file is established within five working days of the initial contact. The standard data collection is to include:

- a CIARR (A1) (with signed consent, client profile, and entry data, emergency contacts and next of kin details);
- Job Sheet (A14) with communications and home visit details;
- OT report & specifications;
- Confirmation of Receipt of Referral letter (A4);
- Assessed priority rating;
- Completed risk assessment tools: phone safety checklists and Site Risk Management Checklists (A16), risk management plans;
- Signed Quote (A10) and minor works contract if appropriate;
- Signed Authority to install if necessary;
- Client /Carer Satisfaction Survey (A3);
- Progress reports and/or instructions from external agencies (eg. ACAT).

Where relevant, a copy of the Carer Support Plan and Notification of an Advocate or Support Person is also to be included in the client file, as well as other applicable records. Feedback Forms submitted

by the client are to be included. Progress reports and/or instructions from external agencies (eg. from ACAT) are to be included in the relevant section in the client's file.

Risk Assessments and Risk Management Plans:

Initial client assessments will identify any risk factors related to the client's physical, intellectual and psychological health status and/or likely behavioural challenges. The Client File will document a plan to manage any identified risk. This may include having two or more workers to attend the client.

All clients will have a Site Risk Management Checklist (A16) completed. Self-referring clients will have an initial run through of the Site Risk Management Checklist completed over the phone with the client before referral to the OT.

Services will not commence until identified environmental safety hazards have been addressed.

The Coordinator is responsible for ensuring client file updates of progress notes, formal review documentation, and outcome assessments are promptly recorded on the Job Sheet (A14) in the Client File.

4.5.7 Progress Notes

The progress notes are to document the progress of the individual client's job.

The Coordinator is responsible for recording details of the client's progress and changes on a regular basis in the progress notes.

The progress notes on the Job Sheet are to document the individual client's job progress and/or changing care and support strategies to enable goal attainment eg.

- Variations to the OT specifications to better suit technical issues and the needs of the client/carer after consultation with the client/carer,
- Consultations with the OT or referring agency.

This results in Client File monitoring processes.

All entries are to be dated, clearly legible, and include the designated position title and signature of the delegated BMHMMS staff making the record entry.

Notes made include:

- Receipt of referral
- Prioritisation
- Site Risk Management Checklist (A16) and subsequent risk management strategies
- Referral sent to OT if applicable
- Quotes given and quotes being accepted
- Contracts entered into (if appropriate)
- Variations made to specifications

- Recording of any new or changed instruction from OT
- Travel and work time
- Telephone calls and emails
- Work orders to contractors
- Cost of materials for the job
- Surveys sent
- Additional supporting documentation being received
- Other administration including invoicing and receipting, MDS recording etc

The delegated BMHMMS staff involved in the individual Client File is required to record details of the work progress and changes on a regular basis in the progress notes.

Chapter 5 Complaints and Feedback

Client Services Policy #001.5

5.1 POLICY STATEMENT

The purpose of this policy is to establish an effective and consistently applied framework for the management of complaints and feedback so that BMHMMS activities, systems and processes can be continuously improved. Underpinning our Complaints and Feedback Policy and our procedures for resolution are principles of natural justice, and we support the right of clients and stakeholders to equal and fair treatment, to protection of confidentiality, to promptness of response, and to access to advocacy support. This policy needs to be read in conjunction with the Katoomba Neighbourhood Centre (KNC) Complaints Management & Resolution Policy (Human Resources Policy #7).

5.2 SCOPE

This policy is to be followed by staff for all feedback, complaints or concerns received in relation to the provision of BMHMMS services.

5.3 PHILOSOPHY

Our organisational values confirm our commitment to quality in client services. Quality is ultimately determined by the client, and it is therefore critical that we encourage feedback from clients, and that the information received is linked into action planning cycles for continuous improvement. Any complaints, concerns or suggestions regarding the planning and operation of our service will therefore be welcomed as opportunities for improvement. Clients, their carer or advocate can nominate the KNC staff person they wish to have as the key contact regarding the complaint (where the staff member agrees). Where the client nominated staff person is considered to be part of the investigation of the complaint then the client will be given assistance to select another key contact.

5.4 PROCEDURES

5.4.1 Informing Clients

The Confirmation of Receipt of Referral Letter (A4) and Rights and Responsibilities Brochure (A6) inform the client of his/her rights and responsibilities including their right to complain about the service if they are not satisfied. Clients will also receive a KNC Complaints Flowchart outlining how to make a complaint. The BMHMMS follows the KNC Complaints Management & Resolution policy and procedure. Clients are informed of their right to access and be supported by an independent advocate of their choice to assist them through the complaints process, or that a relevant KNC staff member will assist them to lodge a complaint, assist them to complete the KNC Complaints Record form, or complete and action a KNC Verbal Complaints form. Clients are informed of their right to access external complaints' mechanisms and are provided with information on the NSW Ombudsman contactable on 1800 451 524; Aged Care Complaints Scheme on 1800 550 552, Aged

Care Advocacy on 1800 700 600; the Commonwealth Ombudsman on 1300 362 072 and any other relevant agencies. This information is contained in the KNC Complaints Flowchart

Clients, their carer or advocate can nominate the KNC staff person they wish to have as the key contact regarding the complaint (where the staff member agrees). The staff member nominated by the client as the key contact may not be the person carrying out the full investigation of the complaint, but they will have access to all relevant information and processes to be able to work with the client or their nominated advocate around the complaints investigation & resolution process. Where the client nominated staff person is considered to be part of the investigation of the complaint then the client will be given assistance to select another key contact.

5.4.2 Encouraging Feedback

All input from clients and stakeholders is valued, and we aim to remain open to positive change and development. Our quality commitment is explained to clients on entry in the Confirmation of Receipt of Referral Letter (A4) and they are supplied with a Tell Us What you Think feedback form. Clients are to be encouraged to raise any concerns or complaints if they are dissatisfied with any areas of service delivery. They are to be reassured that all complaints or concerns raised will be dealt with in a fair, prompt and confidential manner, and will not result in discriminatory treatment or retributive action toward them. Clients are to be assured that by raising their concerns or complaints they will be making a positive contribution towards assisting us improve services for themselves and others.

Client/carer feedback is obtained:

- formally through the Client/Carer Satisfaction Survey (A3)
- informally on an ongoing basis to ensure accessibility and relevance of service provision
- feedback is also obtained from staff through weekly team meetings and individual phone calls from clients, carers , OTs and other referring agencies. The feedback obtained from these processes will inform BMHMMS planning. Clients, carers and staff are also invited to participate in BMHMMS planning and KNC Annual General Meetings.

5.4.3 Processes for Raising a Complaint or Concern

Our standard procedure for raising a complaint or concern is through completion of a Client/Carer Satisfaction Survey (A3). If a client or carer raises a complaint during the course of a job with a BMHMMS staff member, in line with KNC Complaints Resolution Policy and procedure, the complaint can be taken and actioned by the staff member using a KNC verbal complaints form. Formal complaints are encouraged to be received in writing from the client or carer and KNC staff will assist the client or carer access external support or advocacy around their complaint or assist them to complete a KNC Complaints Record form. Clients are reassured that all complaints or concerns raised will be dealt with in a fair, prompt and confidential manner, and will not result in discriminatory treatment or retributive action toward them.

Clients, their carer or advocate can nominate the KNC staff person they wish to have as the key contact regarding the complaint (where the staff member agrees). The staff member nominated by the client as the key contact may not be the person carrying out the full investigation of the complaint, but they will have access to all relevant information and processes to be able to work with the client or their nominated advocate around the complaints investigation & resolution process. Where the client nominated staff person is considered to be part of the investigation of the complaint then the client will be given assistance to select another key contact.

5.4.4 Registering Complaints

All complaints received are to be documented in the Client/Carer Survey Register (A17) and relevant KNC Complaints Register if a formal complaint is made. The relevant BMHMMS staff member receiving the complaint is responsible for ensuring the initial entry has been made, noting which staff member has been nominated as the clients key contact (where relevant).

5.4.5 Anticipated Response Timelines

Complaints received are expected to be dealt with promptly. A response to the complaint is to be initiated within 5 working days of its receipt. It is anticipated that the majority of complaints will be able to be resolved to the complainant's satisfaction within 30 days of the complaint being raised.