# Active Ageing and Community Access Community Support and Social Group Staff Manual September 2018

# Contents

# Moorabool Shire Council

***"Vibrant and Resilient Communities with unique identities"***

Moorabool Shire Council respects and serves our communities through:

- Planning & delivering sustainable growth;
- Advocating to protecting our rights, heritage and diversity;
- Managing & fairly distributing resources for the overall well-being of the community.

**Corporate Plan**

Moorabool Shire Council Councillors and staff have developed a Council Plan that contains key operational objectives that guide Council's direction and development. The Council Plan specifies core values and goals that Council has identified as the important aspects of its operations.

The Council Plan is updated annually to ensure the contents remain relevant to the community. A copy of the Council Plan can be obtained from reception at either the Darley Community Hub or Ballan Service Centre or on the Moorabool Shire Council's website.

**Best Value**

All Victorian councils are required to adhere to Best Value Legislation. This Legislation governs Council's service provision and requires Council to examine and improve its processes and customer service.
Council's Community Services department has developed Key Performance Indicators (KPI's) that assist staff to improve their productivity and day-to-day performance.

# Organisational Structure

Moorabool Shire Council has seven (7) elected councillors. The Council's organisational structure comprises of three directorates. Social & Organisational Development, Growth & Development and Shire Infrastructure & Development. The Active Ageing & Community Access Unit is managed and aligned within the Social & Organisational Development directorate

## Active Ageing & Community Access Unit - Overview

Council's Active Ageing & Community Access unit provides a comprehensive and flexible range of services to assist people remain as independent as possible.

# Priority clients

Our priority clients under CHSP & HACC PYP are:

- Older people living in their own homes
- People with disabilities
- People from Aboriginal and Torres Strait Islander communities

- People from culturally and linguistically diverse backgrounds –See language services policy
- People who live in rural and remote areas
- People who are financially or socially disadvantaged
- Veterans
- People living with dementia
- People who are homeless, or at risk of becoming homeless
- People who identify as lesbian, gay men, bisexual, transgender and intersex people (including people who are perceived to be, or have in the past lived as such)
- People who are care leavers
- Parents separated from children by forced adoption or removal.

We assist over 600 residents to live independently at home with safety and dignity.
Funding provided to the unit is funded under the Commonwealth Home Support Programme (CHSP) for people aged 65+ and 50 + for Aboriginal & Torres Strait Islanders, while funding for under 65's is funded by the Victorian State HACC PYP Programme. The unit is the largest service within the Council's Social & Organisational Development directorate. It is accredited under the Community Common Care Standards CHSP and is well regarded by its clients.

**Role and Function of the Active Ageing & Community Access unit**

# Our Mission

Moorabool Shire Council is committed to building inclusive communities where diversity is celebrated and valued. Our community includes people from a variety of backgrounds, identities, beliefs and abilities and Council believes this diversity is an asset to our community.

Council has Health and Wellbeing Plan and Active Ageing & Community Access have developed an Age Well Live Well & Access and Inclusion Plan which guides how we work with diverse communities to:

- make Council services inclusive and accessible,
- advocate on important issues for diverse communities, and
- promote greater community awareness and appreciation of diverse communities.

**Key Objectives**

- To improve the quality of life by helping people maintain their safety and independence at home and in the community;
- We actively promote capacity building and a restorative approach to care provided in the community;
- We embrace the philosophies of an Active Ageing and Person Centred Approach which is based on the premise that all clients have the potential to make gains in their wellbeing and that Active Ageing & Community Access can improve their capacity to make these gains;
- To reduce the impact of ageing and disability, on Moorabool residents and their carers.

# Services types / programs

| Service Type | Description |
|---|---|
| Domestic Assistance | To provide frail, older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment. |
| Personal Care/Personal Assistance | To provide frail, older people with support in activities of daily living that help them maintain appropriate standards of hygiene and grooming. |
| Flexible Respite Care | To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so their regular carer can take a break. |
| Property Maintenance | To provide home maintenance services that assist clients to maintain their home in a safe and habitable condition. Maintenance services provided must be linked to assisting clients to maintain their independence, safety, accessibility and health and wellbeing within the home environment. Maintenance services can also assist in creating a home environment that facilitates a client's reablement goals. |
| Home Modifications | To provide home modifications that increase or maintain levels of independence, safety, accessibility and wellbeing. Modification services can also assist in creating a home environment that supports reablement and restorative practices. |
| Meals | A midday meal delivered to the client's home. Frozen meals are delivered weekly to areas outside the Bacchus Marsh and Ballan townships.<br>Centre base meals programs are also run from the Bacchus Marsh Senior Citizens club on Tuesday and Ballan Senior Citizens club on Friday.<br>Uniting Church meals programs are also available. |
| Other Food Services | To educate, train and re-skill frail, older people in preparing and cooking a meal in their own home to promote their independence. |
| Social Support Groups | To assist frail, older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.<br><br>Social Support programs are also available for people living with dementia. |
| Senior Citizens Centres | Centres provide an interesting range of activities for seniors and are located in Bacchus Marsh, Ballan, Bungaree & Blackwood. |
| Coffee & Conversation | Coffee & Conversation is a support group for carers of people living with dementia. The group is facilitated by the Dementia Nurse. People living with dementia are welcome to attend with their carer. |
| | |

| Service Type | Description |
|---|---|
| Allied Health – Occupational Therapy | Qualified Occupational Therapists are able to assist you to remain safe at home and in the community.<br>Occupational Therapists can undertake hygiene assessments, assist with fatigue management, assess for home modifications, cooking programs and capacity building programs. |
| Regional Assessment Service | Clients requesting services need to make initial contact with **My Aged Care** contact centre. The My Aged Care contact centre staff will register the client, conduct a screening process over the phone and refer to the Regional Assessment Service for the area they live.<br>**Regional Assessment Service Officers (RAS)** will conduct a face-to-face assessment in the client's home or other appropriate location using the **National Screening Assessment Form (NSAF)**, building on the information collected by the My Aged Care contact centre.<br>RAS officer will then refer back to the service provider via the My Aged Care portal requesting service on behalf of the client including a detailed support plan. |
| Vulnerable People | Active Ageing & Community Access provide the following to support the vulnerable clients:<br>• planning for vulnerable people in emergencies;<br>• vulnerable persons registers; and<br>• identification of facilities housing vulnerable people.<br>The term 'vulnerable' can be defined broadly in relation to emergencies. The activities and processes set out in the policy and the supporting materials target a clearly defined group within the community and do not seek to address all 'at risk communities and people'.<br>The activities outlined in and facilitated by the policy are integrated with a range of activities relating to prevention, preparation, response and recovery that target people who may be vulnerable for a variety of reasons and to a variety of hazards. |

# Eligibility & Target Groups

Eligibility does not mean entitlement to services. Persons eligible for HACC/CHSP services are assessed and based on the outcomes of the assessment, prioritised for services provision.

**Inclusion criteria:**

Participants must meet Commonwealth Home Support Guidelines (CHSP) and be assessed by My Aged Care as eligible.

For clients under 65 contact service directly.

**Exclusion criteria:**

CHSP services cannot be offered:

- To permanent residents of residential aged care facilities;
- Where a residents accommodation contract provides for similar services to those under CHSP (some disability accommodation/lifestyle providers)

# How to Refer:

- See intake policy
- See Demand management policy

All referrals are welcome and anyone can refer. The Commonwealth and Victorian Government funds Social Support/PAG and criteria for the program is based on these guidelines.

- For People aged under 65 contact the Moorabool Shire Council on 5366 1219 between the hours of 9am–5pm Monday to Friday.
- For People aged over 65, contact My Aged Care website and request the Moorabool Shire Council service as Commonwealth Home Support Program.

# Target group

Target groups for the CHSP are:

- Frail older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) who need assistance with daily living to remain living independently at home and in the community.
- Frail older clients aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) who need planned respite services, to provide their carers with a break from their usual caring duties.
- Frail older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) on a low income who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation.

CHSP service providers and their client base that will benefit from a range of activities that are designed to support, develop and strengthen the service system and the sector. In exceptional circumstances, CHSP services may be provided to people who do not meet the target group criteria and who need assistance with daily living to remain living independently at home and in the community.

These circumstances include where:

- The client is receiving a certain level of care under a program that was consolidated under the CHSP prior to 1 July 2015 and should therefore expect to retain this service level until other suitable care options become available.
- Specific arrangements have been agreed to by the respective state or territory governments and the Commonwealth.
- The Commonwealth determines that other circumstances justify the delivery of services to a younger person

# Priority of Access - Moorabool Shire Day Programs

See Priority of Access policy
Residential status of applicants. Priority is given to residents in accordance with the following criteria:

- Living alone, with a carer or another frail, aged or disabled person;
- The primary carer is the person who, either resides with the resident or lives nearby and takes on a carer role devoting a great deal of time to the person's daily living tasks. The following factors are also taken into consideration:
- The carer frail, ill, distressed or has a disability
- The carer has limited support networks and is socially/geographically isolated.
- The carer is financially disadvantaged.

The CHSP recognises the following special needs groups, which align with those identified under the Aged Care Act 1997, however acknowledges this is not an exhaustive list and there are other groups such as people with a disability, people with mental health problems and mental illness and people living with cognitive impairment including dementia:

- people who identify as Aboriginal and Torres Strait Islander
- people from culturally and linguistically diverse backgrounds
- people who live in rural and remote areas
- people who are financially or socially disadvantaged
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
- people who are homeless, or at risk of becoming homeless
- people who are lesbian, gay, bisexual, transgender and intersex
- people who are Care Leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations) • parents separated from children by forced adoption or removal.

The concept of special needs does not mean at the individual level that one person is prioritised for service against another person. It is an acknowledgment that people may be prevented from using services because of barriers that exist that are reflective of social / cultural background, location or disability.

Clients offered a place with the program will be contacted by the Coordinator and a time arranged to discuss the program specifics and starting date.

# Waiting list

When the number of eligible clients wishing to participate in a particular program exceeds the number of places available in the program, a waiting list will be established. This waiting list will be used to prioritise eligible clients for service. Priority of access will be given to those clients, relative to other clients on the list, with the highest need and/or those from special needs groups. The following factors will be taken into account when prioritising clients for service.

Whether the client experiences any of the following factors:

- Social isolation
- Little or no family support
- Living alone
- Difficulty with a range of tasks of daily living

- Multiple disabilities and complex support needs

Whether the client is from one or more of the following special need groups:

- Culturally and Linguistically Diverse
- Aboriginal and Torres Strait Islander Background
- Living in remote and isolated areas
- Financially disadvantaged

# Client Assessment, Re-assessment & Review

- See Assessment policy and procedure
- See Support planning policy
- See webpage that shows assessment and care planning tools and procedures from intake to service delivery.

***Client Assessment***

Prior to receiving any of Council's Active Ageing & Community Access services, a potential client must undergo a holistic assessment to determine their level of need, and eligibility to receive the services. Assessments are undertaken by either RAS for 65+ or Home Care assessor for under 65's, once the referral has been received via My Aged Care or Connecting Care. The target group for Commonwealth Home Support Programme and VIC HACC PYP (including Social Support Groups) are frail older people, people with a disability and their carers'.

Once the client has been referred to the Social Support Program, the Assessment Officer will make a time to undertake a service specific assessment either over the phone or face to face. The Assessment Officer will build on the National Screening Assessment Form (NSAF) information already collated by the Regional Assessment service or ACAT. The information will be collated in the Home Care Manager electronic client file system under the assessment tab. Assessment for SSG is necessary to:

- find out about the person, diversity characteristics, interests, likes and dislikes, aspirations;
- find out about the person's independence, health and wellbeing (e.g. need for support)
- find out about the care relationship and carer's needs (if the person has a carer)
- build on the information available through the National Screening and Assessment form and the person's broader goals;
- find out why the person is interested in the SSG, and what has changed recently to prompt the interest;
- consider whether the support available through the SSG is appropriate to the person's care and safety needs (e.g. communication, mobility, personal care, medication etc.);
- find out about the outcomes they are seeking from their participation;
- think about other options and opportunities that might meet the person's social needs (e.g. Neighbourhood House or community centre);
- consider what support the person might need to attend and participate;
- think about whether, on balance, a SSG is a good option for the person and is likely to contribute to their independence and wellbeing;
- form the foundation for the person's care plan and agreed goals;
- meet the national Community Care Common Standards (and future Home Care Standards):

All people using a HACC/CHSP service are required to participate in an assessment and in the development of a service plan.

**Reassessment**

See reassessment policy

If a client's situation changes, they may require a reassessment of their needs. This may be due to ill health, increased frailty, a change in their social support network, i.e. spouse/carer may pass away, or a client's need for services may actually decrease or increase for various reasons.

A reassessment may be undertaken following a client request for a reassessment, or when a Community Support worker reports a change in the care needs or health status of a client they are assisting. Reassessments are undertaken to ensure the appropriate level of care is being provided at all times.

Community Support Workers are to complete the *Support Loop Feedback form* for clients under the CHSP so that a referral for assessment can be put through on the Commonwealth My Aged Care Portal for clients 65+ years or 50+ years for Aboriginal and Torres Strait Islanders.

Clients under 65 and 50 years for Aboriginal and Torres Strait Islanders will continue to be reassessed by the Home care assessor.

**Review**

Reviews of each client are undertaken at least every 12 months. This will usually occur in the client's home. Occasionally a review is conducted over the telephone, depending on the situation. A review is undertaken to monitor the care needs of the client, and to ensure an up to date care plan is available for use by Community Support Worker. If you feel a client's needs or health status has changed, please complete a Client Review form and return to the Intake and Response Officer.

Community Support Worker will be required to complete the Support Loop feedback form with their clients annually. If there is significant changes in the client's condition a request for review/reassessment will be conducted as explained above.

**Reablement & Restorative Care**

The wellness and re-ablement framework for CHSP is applied to all our clients and is based on:

- Interpreting the support plan with a wellness approach in mind and consulting with the client
- Working with individuals and their carers, as they seek to maximise their independence and autonomy
- Building on the strengths, capacity and wishes of individuals, and encouraging actions that promote self-sufficiency
- Embedding a cultural shift from 'doing for' to 'doing with' across service delivery
- Being alert to changing circumstances and goals of the client and consulting with the My Aged Care Regional Assessment Services where appropriate to review the client's support plan; and
- Consult the Living well at home: CHSP Good Practice Guide to assist in the development of good practices within a wellness approach.
- All staff must complete wellness training and the importance of the approach and what it means for the client is discussed with the client at the service commencement visit.

**Safety Checks**

See OHS safety checklist tool

Prior to any in-home assistance being provided, a Home Safety checklist is undertaken. The safety check is to identify any potential risks or issues that may impede the staff undertaken the household tasks or working within the home environment. The client's house is considered a "work place" whilst staff are there and as such should not present any occupational or personal threats to safety.

Any safety concerns the Community Support Worker may have relating to their workplace (usually the client's home), must be reported to the Service Coordinator, and documented as a workplace hazard on OHS Hazard Form and returned to the office.

An equipment audit is also undertaken to determine that the equipment provided by the client is suitable to the task and in good working order. Clients are also advised of approved cleaning products.

As with all tasks undertaken by employees within a workplace, a reasonable level of care needs to be taken by individual staff, to ensure they perform safe work practices at all times, and that no risk taking behaviours are practiced.

We recognise and support a client's right to use an advocate when dealing with our organisation or with other organisations. Whenever possible, we will facilitate client access to an advocate should a client wish us to do so.

# Advocacy

- See Authorised representative policy

An advocate is a person who supports a client to protect and promote their rights and interests. An advocate can, with the client's permission, negotiate on a client's behalf or support the client to negotiate for themselves. An advocate does not conciliate or arbitrate between an organisation and client. An advocate 'stands beside' a client to support them to make their own decisions. An advocate is an important resource for a consumer in situations where a consumer feels confused, overwhelmed, intimidated or under-confident. An advocate can be a family member, friend or an outside organisation.
Staff members within our organisation will not become a client's advocate in relation to our own organisation.
If a client chooses to use an advocate, the advocate's name and contact details will be documented in Home Care Manager.
If an authorised representative is acting on behalf of the consumer, we will require proof of representative authority.
Authorised representatives include:

- Guardians
- Attorneys under enduring powers of attorney
- Agents under the *Medical Treatment Act 1998*
- Administrators under the *Guardianship and Administration Act 1986*
- A person otherwise empowered by the consumers to act or make decisions in the best interests of the person.

Proof of the representative authority will be sighted and a copy of that document placed in the consumers file. Proof of authority includes Guardianship or Administration Order or Enduring/Medical Power of Attorney.

# Client Service Plans

**What is Client Service Plan?**

At the initial client assessment, a Client Service Plan is developed in consultation with the client and/or their carer. The Client Service Plan contains information that is specific to the services to be provided by Moorabool Shire Council's Active Ageing & Community Access Services. Individual goals and objectives are identified. The plan is developed based on information gathered from

- Discussion with client & carer
- Assessments already undertaken by the Regional Assessment Service
- Observation and interaction with the client

**Client Service Plan**

At the time of the assessment for CHSP clients, it is established what the clients strengths are and the challenges they are having and a referral for service provision will be made via the Commonwealth My Aged Care Portal. For clients under 65 HACC PYP program the support plan will be developed by the Home Care Assessor. A Service plan is developed, placed in a blue folder and provided to the client. It is requested that this list is placed somewhere that is visible to the Community Support Worker. Where personal care assistance is required staff will be provided with instruction after the Occupational Therapist has completed a hygiene assessment as to what assistance the client requires. This should also be placed in the blue folder. The Home Care assessor will undertake a service specific assessment for Domestic assistance; Respite and Social Support Programs and a goal directed care plan will be developed to complement the RAS support plan.

Building on the assessment process, care plans are developed in consultation with the client, their carers and other relevant service providers. Care planning is a process of translating the information collected during the assessment and may include reference to both formal and informal support and services. It is important that the client has the opportunity to articulate their needs and goals, and define what range of services and level of support is appropriate to meet those needs. Clients with complex needs may prefer to have an advocate speak on their behalf, and this will be respected by the service.

In every case, the client will be offered the opportunity to sign their Care Plan and a copy of the Plan will be left with the client or their advocate. Additional resources will be utilised for clients experiencing dementia, intellectual disability or sensory loss to maximise their participation in the care plan process.

A copy of the care plan is kept on the clients file and is updated with each review. Individual care plans are monitored and reviewed regularly to assess the whether objectives have been achieved and if they are still relevant and achievable.

Individual objectives and goals identified in the care plan are a result of:

- Discussion with the client / carer
- Information obtained at initial assessment
- Completion of Individual information & care plan.
- Ongoing observation and interaction with client.

**What is expected of staff?**

Staff are expected to work to the support plan and are not to provide assistance to clients that are outside of the tasks detailed. Prior authorisation /instruction should be sought about providing any assistance that is not been discussed or documented.

Undertaking tasks not specified in the plan may lead to misunderstandings on the client's part about the nature and involvement of the service and results in a lack of continuity when other staff work in the client's home. The time allocated for the client is to reflect the tasks that are to be undertaken. Please discuss with the Service Support Coordinator any concerns in relation to time allocation or additional requests being made by the clients.

Community Support Worker who feel a task needs to be added to the client's plan, should complete a *Support Loop feedback form*. On occasions, situations may arise that necessitate Community Support Worker to provide unplanned and unauthorised assistance for the immediate safety and wellbeing of the client. In such instances, Community Support Worker should assist the client as necessary (as long as they do not put themselves at risk) and inform the office as soon as is practicable.

# Staff Support

- See Human Resource Management policy
- See police check policy

**Staff Structure**

The Active Ageing & Community Access Unit is located in the Shire Offices, Halletts Way, Darley (Darley Community Hub).

The Manager Active Ageing & Community Access oversees the operations of the Regional Assessment Service (RAS), CHSP and State HACC PYP funded services and staff. In addition to the Manager, the team comprises of Regional Assessment Service Officers, Occupational Therapist, Building Inclusive Communities Rural Access Worker, Social Support Groups Coordinator/Assessor, Intake & Response Officer, Service Support Team Leader and Service Coordinator. While each position has specific responsibilities, staff work in a collaborative manner to provide quality services to all our clients and provide ongoing support and supervision to the Community based staff.

Regional Assessment Service undertakes all CHSP assessments via My Aged Care [MAC], once this is completed it is then referred on by MAC to registered CHSP services for service delivery.
Home care assessments are undertaken, to identify the individual needs of the clients and ascertain the type and level of services most appropriate. Community Support Worker, and Social Support program staff and volunteers provide the direct support and care to the clients in accordance with their individual care plan.

**Induction and Orientation Program**

See orientation policy

When commencing as a Community Support worker you will undertake an Induction and Orientation Program, prior to commencing in the client's homes or on Social Support groups.

The induction session will:

- provide you with general information about being an employee of the Moorabool Shire Council;

- provide an overview of policies / procedures relevant to your role;
- enable you to meet office staff, familiarise yourself with how the unit operates and most importantly – give you an opportunity to have any of your questions answered.

As part of the orientation, newly employed Community Support Worker attend a client's home with another Community Support Worker. This provides an opportunity for the new staff to observe how to undertake usual domestic assistance tasks and guide you in relation to establishing good work processes and practice. The key aim is to ensure staff are confident and equipped to work independently in client's homes.

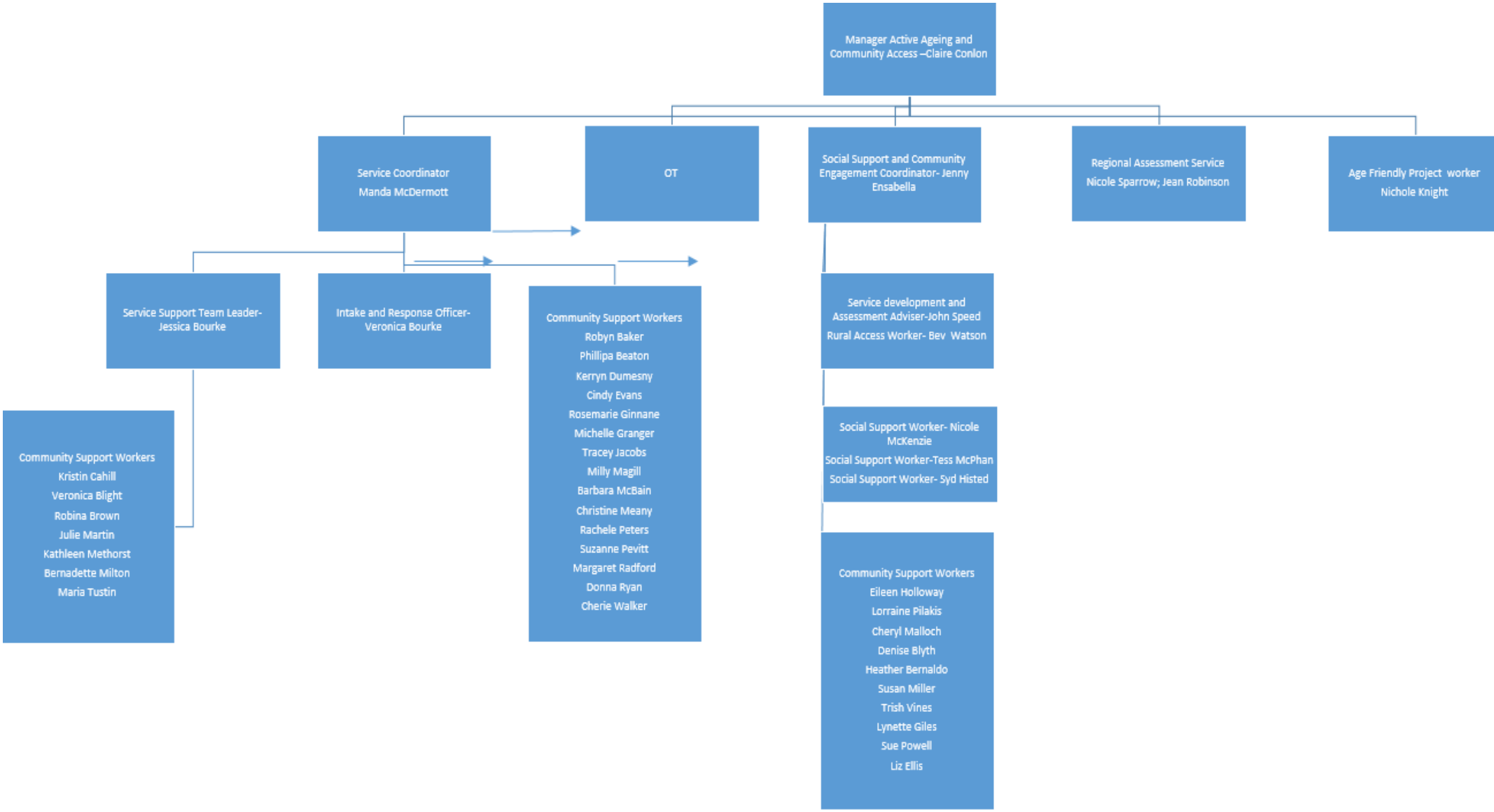
Newly appointed staff in Social Support groups will undergo orientation with the Program Coordinator, to ensure staff are aware of personal care issues, transferring, feeding, hoist and wheelchair securing.

Community Support Workers who are required to drive one of the program's bus' are required to undertake the relevant induction on use of the bus, maintenance and hoist training. Refresher training will be conducted annually.

**Staff Support & Supervision**

See Staff Supervision policy

- The Service Coordinator oversees the day to day administration of the support unit including the Intake Response Officer and the Service Support Team Leader and supervision of some of the Community Support Workers.
- The Social Support and Community Engagement Coordinator will supervise staff and volunteers working within the Social Support program and will also supervise the Rural Access Worker, and some Community Support Workers and the Service Development and Assessment Advisor.
- The Service Support team Leader will supervise some of the Community Support Workers.
- The Manager Active Ageing & Community Access will manage and supervise RAS Assessors, Service Coordinator, Age friendly Project Worker and Social Support and Community Engagement Coordinator.


Manager Active Ageing and Community Access –Claire Conlon
Service Coordinator
Manda McDermott
OT
Social Support and Community Engagement Coordinator- Jenny Ensabella
Regional Assessment Service
Nicole Sparrow; Jean Robinson
Age Friendly Project worker
Nichole Knight
Service Support Team Leader- Jessica Bourke
Intake and Response Officer- Veronica Bourke
Community Support Workers
Robyn Baker
Phillipa Beaton
Kerryn Dumesny
Cindy Evans
Rosemarie Ginnane
Michelle Granger
Tracey Jacobs
Milly Magill
Barbara McBain
Christine Meany
Rachele Peters
Suzanne Pevitt
Margaret Radford
Donna Ryan
Cherie Walker
Service development and Assessment Adviser-John Speed
Rural Access Worker- Bev Watson
Social Support Worker- Nicole McKenzie
Social Support Worker-Tess McPhan
Social Support Worker- Syd Histed
Community Support Workers
Eileen Holloway
Lorraine Pilakis
Cheryl Malloch
Denise Blyth
Heather Bernaldo
Susan Miller
Trish Vines
Lynette Giles
Sue Powell
Liz Ellis
Community Support Workers
Kristin Cahill
Veronica Blight
Robina Brown
Julie Martin
Kathleen Methorst
Bernadette Milton
Maria Tustin

Where there is a need to discuss an issue at length, an appointment should be made with the relevant Coordinator. For day to day issues or roster enquiries phone the office – there will always be someone who can assist you. Staff are encouraged to drop into the office if they are in the area. If you are requested to meet with staff at the office your time will be paid for. Appointments can be made at any time during normal office hours.

Staff located at the western end of the shire have access to informal support and supervision every Friday at the Ballan office and Eastern end staff at the Darley office.

**Active Ageing & Community Access Team Meetings**

Staff team meetings are conducted on a bi-monthly basis. All staff are paid for this time and are expected to attend. These meetings are intended as opportunities to exchange information and discuss matters relating to both the Active Ageing & Community Access unit and the Council as a whole. Speakers may be invited to provide in-service training.

**Annual Staff Review**

All Moorabool Shire employee's, participate in the annual Performance Review using the Coaching for Individual Excellence (COFIE) process. This process is managed by the People & Organisational Development unit, however the individual reviews are undertaken by the Service Coordinator, Service Support Team Leader and the Social Support and Community Engagement Coordinator. Staff are provided with advance documentation and an outline of the procedure. The aim of the review is to set performance objectives and a training plan for the coming year. It also provides an opportunity to identify if further support is required to assist you in your role and to reflect upon issues that have impacted upon your work throughout the year.

**Staff Training**

In-service training is offered to all staff – The Active Ageing & Community Access unit promote training opportunities and encourage staff to take advantage of these opportunities. While some training is an organisational requirement (First Aid, CFA, Manual Handling, and Medication & OHS) training specific to the Active Ageing and Community Access sector is offered. Staff are also expected to complete online E3Learning training. E3Learning is reset at the beginning of each calendar year. Individual training may also be offered in response to a specific need a worker has or in response to specific client needs. If staff have any particular training requirements they can be discussed with their Coordinator. Council will pay for the training and the worker time to attend for any training that has prior approval from the Active Ageing & Community Access Manager.

**Employee Assistance program (EAP)**

Council is committed to the personal wellbeing and safety of our staff. The following support services are available to all staff as required.
EAP is available to Moorabool Shire Council Staff. The EAP provides independent, confidential, professional counselling and support for all employees in a supportive and professional environment. EAP is able to assist employees to deal with work, personal and family related issues confidently, privately and more effectively.
EAP providers do not divulge your information to the People & Organisational Development unit or anyone in the organisation. Sessions provided by our EAP Counsellors is paid for by the Council (employees are entitled to 3 sessions). They may in some cases refer you on to other services who can provide support and these are at you own discretion and expense.

**Please refer to the Employee Assistance Program Flyer included with this manual.**

**OHS OR INJURY MANAGEMENT**

Your Coordinator will work with you and the People & Organisation Development unit with regard to WorkCover claims and Return to Work Plans. Both People & Organisational Development staff and the Coordinators are here to support your needs and wellbeing with the utmost confidentiality and respect.
Any incidents or near misses are to be reported on the OHS Incident Reporting Form.
Any OHS concerns are to be reported as soon as practicable using the Active Ageing & Community Access Incident Form which will be transposed to the Elumina system.

# Occupational Health & Safety

See occupational violence policy and challenging behaviours policy
See Balanced Roster policy

As a staff member, you are required to understand your responsibilities under the Occupational Health & Safety Act. This Act makes worker safety a shared responsibility between employer and employee. In providing in home Active Ageing & Community Access the challenge is providing a safe work environment for employees whose work place is actually someone's home.

Fortunately, the unit has a low claims history compared to other councils, but we are on the constant look out to improve our safety performance. Recent training has emphasised the following policy directions for staff.

If you feel you are being asked to do something you consider unsafe, or makes you feel uncomfortable, STOP and don't do it. Explain your safety responsibility to the client and report the incident to the office. Always work within the scope of the client support plan unless consent has been given to undertake other tasks.

However, if an injury or near miss does occur, you must report the incident to your Coordinator and you are required to complete an incident report. This includes minor "twinges and niggles". If the injury involves time off work, or medical expenses, you will also be required to complete a Workcover claim form. Take time to read the "If You Are Injured" poster on the OHS notice board in the administration office.

*Electrical safety- See electrical safety policy*

The Active Ageing & Community Access unit issues electrical safety switches to Community Support Worker for use when operating a client's appliance (e.g. vacuum cleaner). The use of the switches is mandatory. They should also be tested regularly by pressing the test button in accordance with the electrical safety policy. If you are expected to use an appliance which has a frayed cord, or has some other visible defect, STOP and notify the office immediately.

*Chemicals safety- See Cleaning product policy and mop policy*

The following instructions are issued for your safety.

- Don't use ammonia based cleaners. *Domestos, White King, Exit Mould, Mr Muscle Oven Cleaner* and ammonia based cleaners are **unsuitable** and should not be used.
- Follow the manufacturer's instructions.

- Don’t mix chemicals together.
- Avoid using home brew cleaners.
- Always wear gloves when handling cleaners.
- When using spray type cleaners, ensure the area is well ventilated.

Be extra careful when cleaning toilets, as there is a chance of chemicals flicking up into your eyes. **(Refer to the Active Ageing & Community Access Service Cleaning Chemicals Policy)**. ***As a general rule, if it makes you cough, wheeze, or sting, don’t use it.***

*Keep your feet on the ground*

When you are at work, your feet never leave the floor. Getting up on ladders or chairs is not allowed.

**Pets**

Patting a client's pet seems like a simple thing to do, but you may be asking for an injury. Sometimes clients ask us to care for or clean up after pets but the answer always has to be "I'm sorry, I am not allowed to do that". While we understand that pets are very important to many clients, domestic assistance hours are a limited resource and we cannot care for pets.

**Working on hot days 35+ degrees**

See extreme heat policy

Staff will be contacted via SMS with instructions on when they need to modify duties, avoid and cancel duties. Clients will be instructed to turn on air-conditioning when the inside temperature reaches 26 degrees as per Heatwave Policy.

Make sure you drink plenty of water and do it often. Avoid heavy manual work like vacuuming. On very hot days it may be appropriate to sit with a client and make sure they are ok and have had plenty to drink. **(Refer to the Heatwave Plan)**

**Moving furniture and mats when vacuuming**

If you can’t move a piece of furniture by gently nudging it with your knee, then you don’t move it! We do not move larger mats at all, however smaller mats can be moved.

If you see something that is a safety hazard, fill in an OHS Hazard form and return it to the office. If you have an idea to improve our OHS, you can make a contribution by contacting the OHS workplace representative.

See Transporting clients with oxygen procedure

**Equipment Provided**

Council will supply each Community Support worker with a carry bag, compendium, uniform, first aid kit for personal use, gloves, electrical safety switch, hand sanitiser and other equipment that is required to undertake tasks.

Note: Carry bag and compendium will be provided once only. Replacement items are at your own cost and can be claimed on your tax. All items are to be returned to the Active Ageing & Community Access office on cessation of your employment with Moorabool Shire Council.

**Administration Tasks, Rosters & Timesheets**

***Roster Changes***

All changes to rosters must be authorised in advance with the office Service Support staff and or the rostered on-call worker. Clients are advised that they are not to directly ask the staff to change times or day. If a client wishes to change their rostered time or cancel an upcoming visit, please advise the client to ring the office. **(You could offer assistance to do this if required).** The important thing is that the office directly confirms with the client any changes or requests. All changes to the roster must be recorded on HCM mobile or Roster Amendment Form.
If a Community Support Worker becomes aware of a client who is not requiring assistance, but is listed on their roster, they should notify the Intake & Response Officer or the Service Support Officer, who will then confirm whether the assistance is to be provided or not.

# Rosters, Timesheets & Adjustment Forms

Your roster provides the documentation which directs your pay and to raise accounts (fees to be charged) that are sent to the clients. You are required to accurately reflect the **actua**l times you worked. Any variation to the rostered times on HCM mobile must be recorded. Adjustments to the actual times (i.e. time you arrived & or time you left) must be done on the HCM Mobile prior.

If you are using HCM you must end the job within the allocated time**.**

All rosters and roster adjustments **must** be submitted to the office no later than 9.00am Monday mornings. Timesheets are processed weekly, as is client billing. By not submitting rosters weekly we are unable to keep weekly deadlines as required by other departments within the organisation.

***For HCM refer to the HCM Mobile training guide***

# Unproductive Visit

See client does not respond to scheduled visit policy
If the client is not there or responding when the volunteer/staff person arrives at a pre-arranged time and place,

a) The staff/volunteer will phone the client first and if no answer;
b) Will make reasonable efforts to clarify that the client is safe by looking in the windows (if safe to do so from ground level) and check the house for “signs of life” or disturbance. If the client appears to be unconscious or injured or if there are signs of forced entry the staff/volunteer will phone the Office staff (or On-call Coordinator) who will phone the Police and client’s next of kin. If the client is being supported by an external case manager then the external case manager will be notified that the service was not completed, as soon as possible.
c) If still no response and the staff member/volunteer cannot see the client then they will call the Office staff who will check the client’s Service plan and respond accordingly e.g. the plan may request that the client’s next of kin/first contact and ask if they know the whereabouts of the client. If they can be contacted the next of kin are to then take on the responsibility for following through on investigation and action.
d) if there are no next of kin or the next of kin are unable to assist the Office staff (or on-call Coordinator) will notify the case manager and/or the Police

Where a client has requested that they do not want a planned response and a volunteer/staff has concerns or there is an indication that there may be something wrong, the volunteer/staff should raise their concerns with the Intake office staff who will then make a record of these concerns. If an On-call Coordinator is involved in “client not responding” incident s/he is to inform the regular Coordinator at the earliest possible time on the next business day.

If the job is to be cancelled, the home carer can claim the rostered time for that job (up to one hour maximum.) If a rostered job is cancelled any time after 5pm or on the rostered day, staff will be paid as per roster, up to an hour maximum. Other reasonable duties may be allocated in this time slot i.e. Assist with client ring arounds. It is important to select "cancelled by office on the day" option on HCM Mobile. ***For HCM Mobile refer to the HCM Mobile training guide.***

**On- Call Phone**

See Oncall procedure

Designated Active Ageing & Community Access staff are on a roster to provide emergency on-call staff support outside of the normal (8.30-5pm) office hours. Please think about whether the call can wait until business hours or whether you need to call out of hours. This number may also be used to inform the on-call worker of the need to take unplanned leave (sick leave / carer leave) to enable rosters be covered in advance. Clients are also advised to contact this number if they need to cancel a service at short notice. The On-Call number is **0409 138 201.** Please make calls in relation to sick leave/ absence from work before 10pm & by 7am where possible. If the phone is unanswered, please leave a message and your call will be returned as soon as practical. See appendice 1 for more information related to oncall.

# Travel Allowances

**Kilometre Allowance**
The terms and conditions of travel allowance and kilometre reimbursement that staff are entitled to have been negotiated as part of the Enterprise Bargaining Agreement.

Staff are reimbursed at a set rate for each kilometre that is travelled between the first and successive rostered jobs. In addition staff may be entitled to claim the allowance for some of the kilometres travelled from home to their initial (first) rostered job. These instances are as follows:

1. Staff living within the Shire's boundaries are entitled to claim the kilometres travelled **after** the first 15km to your first job e.g. If the first household you travel to is 20km from your home, you are entitled to claim 5km of the kilometres travelled.
2. Staff living outside the Shire's boundaries, are able to claim kilometres travelled **after** the first 15km from the Shire boundary. e.g. If the first household you travel to is 25km from the Shire boundary you are entitled to claim 10km of the kilometres travelled.

If staff are required to attend training, meetings or attend the office at the request of Manager or Service Support Coordinator, kilometre reimbursement can be claimed as above.
Kilometre reimbursement differs for 4 cylinder and 6 cylinder vehicles. It is staff responsibility to inform the service unit and payroll of any changes of vehicle that is used for work purposes.

**Travel Time**

Travel time can be claimed between the first and successive rostered jobs. Travel time cannot be claimed from home to your first job **or** from your last job to home.

**Accidents/Insurance**

Staff are required to maintain their vehicle to a roadworthy standard and ensure it is registered and has a minimum of third party insurance.

In the event of an accident whilst travelling between rostered jobs, you must report the incident to the Active Ageing & Community Access Office and complete the appropriate paper work. Moorabool Council has a Loss of No Claim Bonus/Policy Excess Policy with their insurers. (Further information can be obtained from the People & Organisational Development unit)

# Leave Arrangements

**Annual Leave**

Annual Leave entitlements are outlined in the MSC Leave policy document. Your payslip will provide you with fortnightly updates on leave your accrued leave entitlements. Staff are encouraged to plan their annual leave in advance, so as to provide sufficient notice to re-roster clients. A minimum of 4 weeks otice is requested, however staff wishing to take leave during peak holiday periods should discuss this with the Coordinator and apply as soon as possible. A leave form is to be completed and submitted to your Coordinator.

It may not be possible to grant all applications for leave, especially during peak holiday periods and public holidays. Please ensure your leave application is approved prior to leave being taken.

**Core hours;**

In accordance with the Moorabool Shire Enterprise Agreement, part time provisions for Active Ageing & Community Access staff (referred to in the agreement as Community care staff) is that ordinary hours of work will be within the spread of 6am – 6pm Mon to Friday.

Working outside of these hours will be negotiated in advance and incur the payment of penalties as per award.

**Inability to work:**

If you are unable to work in accordance with your designated roster, you will be required to complete a leave form.

**Sick Leave**

Staff are required to notify (phone) the office as soon as they are aware they will not be able to work. Contact can be made with the office between 8.30am – 5.00pm – Monday to Friday via the office phone – **5366 1219** or on the on-call phone **0409 138 201**. (except in cases of emergency contact is best made before 10pm or by 7am – this enables the on call staff to cover your roster and notify clients)

Permanent part time staff are entitled to paid sick leave (subject to entitlements). A leave form is to be completed and returned to the office as soon as practicable. A doctor's certificate will be required if absent for more than three (3) consecutive days. A doctors certificate is also required if sick leave is taken either the day prior or the day after a public holiday.

**Long Service Leave**

All permanent Council employees are entitled to Long Service Leave. Pro-rata is available after 7 years continuous service. For more information please contact Council's Human Resources Advisor who is located at the Darley Community Hub.

**Compassionate Leave**

There are specific provisions in the award for compassionate leave. Please speak with your Coordinator or People & Organisational Development staff in regard to the circumstances when compassionate leave is applicable. .

**Note: All leave for permanent part time staff is calculated on your average daily hours over a 6 week period. (also see MSC – Leave policy / procedures)**

# Working in the Client's Home

***See personal and professional boundaries policy***

***Personal Relationships with Clients***

Maintaining a professional relationship with clients when working in their home can be a challenge. Many clients will share with you stories and events of their life, and look upon you almost as a friend or family member. It is important to remember the extent of your role and maintaining clear boundaries around the relationships that develop with your clients. You can still enjoy a positive and friendly relationship with your clients, without going outside your role.

To assist, you should not:

- Give clients your home phone number or address
- Offer to do tasks outside of the rostered time or that are not part of the support plan. This includes visiting or driving clients to places that are not part of the rostered time.
- Consult with other family members about the client.

Consistency of Community Support Worker has many advantages, it enables staff to take an active role in the monitoring and reporting about the client's health & wellbeing. In addition the client develops a trust in the service and a greater acceptance of the assistance that can be provided. However this is monitored by Coordinators to ensure dependency does not develop. Clients need to accept that staff do need to take time off and that other staff can provide the same quality of assistance.

Social support and monitoring is a very important part of your role. For clients who do not have the opportunity to meet with friends and family very often, the time spent talking with the Community Support Worker is very important. In determining the services and types of support the client needs, the assessment takes into account social / emotional needs. Time can be allowed to enable staff to spend a little bit of time with the clients. Please discuss this with the Service Support Coordinator or Manager if you are unsure. It is important that a balance is kept between your professional role and the natural warmth and friendship you may develop with clients.

# Gifts, Private Work, or Financial Transactions

See Professional and Personal Boundaries policy

Section 166 (iii) of the Local Government Act states that "*any person employed by the Council of any municipality who accepts from any person any fee or reward whatever, on account of anything done by virtue of their employment shall be guilty of an offence".*

Moorabool Shire Council staff must not accept gifts, undertake private work or enter into any private transactions with Council's clients or their carers'. All situations that place Community Support Worker's in a potential conflict of interest should be avoided.

However, if circumstances are such that refusal of a small gift would cause hurt or embarrassment to the client, staff should inform Service Coordinator of any gifts they receive in the course of their employment. The MSC Gift Register must be completed. **(Refer MSC – Acceptance of Gifts Policy)**

**Telephone Calls**

See receiving telephone calls policy

*Private Calls while working with clients*

As a courtesy to clients, unless in an emergency please refrain from making calls and answering calls from family and friends whilst working with clients.

# Elder abuse

Refer to Abuse and Neglect policy and procedure for more information.

# Privacy and Confidentiality

Every client and staff member has the right to privacy and confidentiality. All staff have the responsibility to ensure privacy is protected at all times. This means that you never discuss your clients with any person that is not connected to the Active Ageing & Community Access unit and even then, the discussion must be relevant to the care of the client.

Unless it is part of a formal review or a meeting facilitated by a Coordinator or Manager, staff must never discuss one client with other staff. Staff must also remember never to discuss other clients with clients or their neighbours. If you are asked directly about a client or their family, it is your responsibility to remind whoever is asking that you are not at liberty to discuss others. If you find this situation difficult, speak to the Service Support Coordinator or Manager who can provide you with strategies to deal with such situations.

**Protecting staff privacy:**
Similarly, staff have a right to their privacy. Respecting this involves not discussing other staff with clients and not passing on information about staff. You have the right to protect your own privacy also by not sharing personal information or matters. While you may be comfortable about a client knowing about your personal life, the client may feel comprised by being privy to such information. The staff/ client relationship is difficult to maintain when either party become involved in the personal issues of the other. Staff must not discuss organisational matters with clients, but suggest they ring the office if they have a particular query.

Legislation that governs the principles and practice of "Privacy & Confidentiality"

- Privacy Act (Cwlth) 1988

- Freedom of information (Cwlth) 1982
- Health Records Act. (VIC)2000
- Freedom of Information (Vic) 2000
- Information Privacy Act (Vic) 2000
- Health Services Act (Vic)1988

All employees & employers have a legal responsibility to ensure work place practice does not breach legislation. **Refer to MSC – ADS Privacy & Confidentiality Policy**

## Monitoring & Reporting the Client's Well Being

As a Community Support Worker, monitoring the client's health and wellbeing is an important aspect of your role. It is expected that you report to the Coordinator if you observe any of the following issues relating to any of your clients to enable follow up.

- The client appears unwell or their health status has changed in any way.
- The client is incontinent (urine or faeces) which is uncharacteristic of them.
- The client is confused, disorientated to the day, date, their medication, or does not recognise the Community Support Worker, which is uncharacteristic of them
- The client is distressed, depressed, or displays changes in emotional status, which is uncharacteristic of them.

You should also report, as soon as possible, situations such as:

- The client is asking for more support urgently;
- The client's heating or cooling is not working;
- There are unsafe/hazardous conditions in and around the living environment;
- Any matter that you feel requires urgent attention.

**In emergency situations**, staff are to phone Emergency Services (as appropriate) on 000, and then notify the office as soon as practicable.

- See emergency response policy
- See Triage and emergency management

## Client Key-Lock Boxes

Many clients keep a spare key to their house in a key-lock box outside their door. The key lock combination will be detailed on the client file, if it has been provided to the Community Care Service. It is important, once you remove the keys from the key lock, that you replace them when you have finished with them and never leave the key lock combination exposed.

When using a key lock box, please follow the instructions below:

- Do not ever leave the key lock combination exposed.
- When working with an unfamiliar client, knock first and allow a reasonable amount of time for the client to answer the door themselves. Some clients have the keys available for emergencies only, and prefer to answer the door themselves.
- Push in the code numbers on the padlock of the key lock box – the padlock will open.

- Let yourself in with the keys.
- Ensure you return the key, and lock the box immediately after use.

## Uniform and Presentation

Community Support Workers are required to wear their Council uniform and name badge or photo identification when on duty. Photo ID must always be available to present to the client if so requested.

An acceptable level of grooming and presentation is also expected to ensure the image of the Council is maintained. In particular, you should always wear flat heeled, fully closed shoes with a non-slip sole. Thongs, open shoes, or high heels are not to be worn.

As some clients are sensitive to smells perfume should not be worn. (**See also MSC – Operational Uniform policy)**

## Behavioural Conduct

As an employee of MSC it is expected that you conduct yourself in a professional manner at all times and that the image of council is at no time compromised.

Moorabool Shire Council embraces the Business Excellence Framework which includes the philosophy of the FISH principles. There is an expectation that staff will conduct themselves within their role and follow the principles. The principles to guide us are:

| | |
|---|---|
| Make their Day | ***When talking to customers, we will make the customer our main focus*** |
| Be Present | ***We will give our full attention to both tasks and individuals*** |
| Play have fun | ***Enjoy what you are doing*** |
| Choose your Attitude | ***Choose to be nice and friendly every day, and that good feeling will spread to others*** |

In addition Community Support Worker are not to make any promises of additional services to clients.

## Smoking

It is required that Community Support Worker work in a smoke free work environment. It is therefore the responsibility at the time of Intake that clients are informed of this. Clients are provided with written and verbal instruction.

Community Support Worker have the right to refuse to work in an environment where there is cigarette smoke and can ask clients to stop smoking whilst they are in the home. Please report to the office, if clients fail to maintain a smoke free environment throughout the visit.

Community Support Worker are not permitted to smoke in a client's home or whilst undertaking any work as a Moorabool Shire Council employee unless on a break. (***see also MSC – Smoking in the Workplace policy)***

# Handling Money & Assisting with Client Accounts

Assisting with shopping and paying of accounts are Domestic Assistance tasks. In order to protect both Community Support Worker and clients, the following procedures apply:

- Where a client gives cash to Community Support Worker for shopping and bill paying, the amount should be detailed in the receipt book and signed by the client. Similarly, after completing the shopping and bill paying, a note should be made of expenditure and change returned and must be signed by the client.

- Client shopping and bill paying is to be undertaken in the time allocated on your roster. A Community Support Worker is not expected to undertake any shopping or bill paying outside of their usual rostered time. Any client requests to do so should be reported to the Active Ageing & Community Access Administration Team and a Support Loop Feedback form completed.

Breakage of Client's Property

If whilst undertaking tasks in a client's home, there is a breakage or damage to any household items, staff should immediately notify the office. An incident form will be required to be completed. The Coordinator will discuss with the client what the item is that is required to be replaced or repaired. Staff should not offer to replace the item of their own accord.

# Personal Care

See Personal Care protocols and procedure

**Definition/Introduction to Personal Care**

Personal Care describes assistance with activities that people would normally do for themselves but they are unable to perform without assistance because of illness, disability or fragility. Examples of personal care are bathing, dressing, grooming, toileting and assistance mobility and eating. It can include monitoring of self-medication and assistance with personal aids. Personal care services are provided by paid staff as part of Home & Community Care Services.

**Personal Care is to be provided under the guidelines of the Grampians Personal Care Protocols.** (Victorian HACC PYP program manual-2013 and Commonwealth Home Support Program Manual 2017)

Moorabool Shire Council are responsible for ensuring all persons providing personal care assistance operate within the agreed agency and interagency protocols that exist for handover of care, case management, training and supervision. Staff employed to do personal care have

the appropriate registered trainings, knowledge and skills and are provided with regular opportunities to upgrade these skills. Staff are provided with supervision and specific instruction for each individual that personal care assistance is provided to.

If required to provide assistance with personal care, the following points should always be observed:

- Treat each client, as you would like to be treated and respect his or her dignity.
- Protect the client's right to confidentiality and privacy.
- Never leave a client, with any degree of confusion, alone in bathroom or whilst under a shower or in a bath. Always monitor the water temperature.
- Never speak down to a client and always pay them the courtesy and respect of using their name.
- Never hurry a client, particularly a confused client. Clients must feel comfortable with your assistance. Hurrying, when they do not have the ability, tends to make them unsettled and often resistant to further assistance.
- Personal Care assistance may be the only time clients are touched. It is important to be thoughtful and patient, particularly when it is a first time experience for new clients.
- Toe nails should always be attended to by a podiatrist. Never cut the toe nails of any client, particularly a person who diabetes.
- Provide oral care assistance if required with teeth and dentures.
- If the allocated rostered time is insufficient, please contact the Service Support Team.

***Showering/Bathing/Personal Hygiene***

This may mean providing assistance in the following ways:

1. Gently reminding a client to shower and change their clothing.
2. Fully or partially assisting a client to wash, dress, shave, and brush hair, clean dentures, manicures and applying make-up.
3. Always remember to protect a client's privacy and dignity by ensuring doors are closed.

***Toileting***

This may mean providing assistance in the following ways:

1. Accompanying a client to the toilet and undoing zips and buttons.
2. Assisting with incontinence problems, using appropriate pants/pads. Bathing/ sponging the client when necessary. Cleaning the toilet area in some circumstances.

***Dressing/Undressing***

Tasks vary greatly and may require the following:

1. Providing assistance to enable client to select own clothing –removing from cupboards/drawers.
2. Assisting the client to put on or take off clothing.
3. Assisting the client to put on or take off callipers or prosthesis.

**Meal time assistance**

Individuals may require assistance to enable them to enjoy their meal free from embarrassment or difficulty. Staff may be required to provide direct assistance i.e. cut the persons food, provide alternative utensils, butter bread, pour the drinks or indirect via encouragement and ensuring the person is well placed to enjoy their meal.

**Mobility and Transfer**

This may involve:

1. Escorting a frail client to ensure current participation in community activities does not cease due to lack of confidence.
2. With the use of a hoist, transferring immobile clients from chairs to beds / toilets / commodes. There always needs to be two (2) people to transfer when using a hoist. The second person may be a capable family member or another Community Support Worker.
3. Assisting with the transfer of clients from wheelchairs to vehicles / beds etc.
4. Assisting clients on PAG bus as per direction of Coordinator.
5. If you have not undertaken hoist training – DO NOT USE A HOIST.

**Communication**

Tasks include:

1. Hearing Aids - fitting them gently and skilfully to avoid irritation to delicate tissue, checking batteries are operative, moulds are clean and free from moisture.
   Never allow a client to wear a hearing aid under the shower as instant damage will result.
2. Assist / Encourage clients to clean glasses.
3. Assist a visually impaired client with a talking book.
4. Reading accounts / letters to clients with visual impairments. Addressing mail, paying accounts / banking etc.

**Dementia Support**

See Dementia Support policy

Support a person with dementia may involve ongoing support and assistance with daily living skills and establishing routines to reduce the confusion a person may experience when participating in daily activities. Support in centre based programs may be vital to ensure respite is possible for the primary carer.

Changes in a client's health status must be reported to the Coordinator and a client review will occur and additional support engaged where necessary. Assessment staff may refer to the GP

for a Mini Mental test. It may also be appropriate for a referral to be made to ACAS and CDAMS.

Acute changes in a client's health status must be reported to the office immediately. All non-urgent changes must be reported using the Support Loop form and a re-assessment will occur and additional support engaged where necessary.

# Domestic assistance

See Domestic assistance policy

CHSP Programme Manual 2018- Domestic assistance guidelines

| **Objective** | **To provide frail older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment.** |
|---|---|
| Service type description | Domestic Assistance is normally provided in the home and refers to:<br>• general house cleaning<br>• unaccompanied shopping (delivered to home)<br>• linen services.<br>It can include:<br>• dishwashing<br>• house cleaning<br>• clothes washing and ironing<br>• shopping (unaccompanied)<br>• bill paying (unaccompanied)<br>• collection of firewood (in remote areas)<br>• help with meal preparation (where this is not the primary focus of service delivery)<br>• washing of household linen or provision and laundering of linen, usually by a separate laundry facility.<br>Services may also include demonstrating and encouraging the use of techniques or specific aids and equipment to improve the person's capacity for self-management, build confidence and support client participation where appropriate. |
| Out-of-scope activities under this service type | CHSP service providers do not give financial advice or offer to assist with managing a person's finances.<br>Accompanied shopping, bill paying and attendance at appointments are not included under Domestic Assistance but are included under Social Support Individual. |
| Service delivery setting e.g. home/centre/clinic/community | Normally provided in the home, however in special situations domestic assistance may be delivered at a centre because it is not feasible to deliver the service in the client's home.<br>For example, a day centre may provide washing facilities so that domestic assistance can be delivered to an individual client. |
| Legislation | Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example |

| Objective | To provide frail older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment. |
|---|---|
| | relating to safe food handling and laundering practices. |
| Output measure | Time (recorded in hours and minutes as appropriate). |
| Staff qualifications | Where additional services are performed, such as personal care, in conjunction with domestic assistance, requirements relating to that additional service apply. |
| Fees | Client contribution amount recorded in the Data Exchange (in Fees field). |

# Medication

- See assistance with Medication policy
- See Assistance with Medication form

Strict adherence to the Grampians Region Personal Care Protocols is required. Staff must also have current qualification in HLTAP301A – Recognise Healthy Body Systems in a Health Care Context and CHCCS305A – Assist Clients with Medication.

Annual E3Leaning Assist Clients with Medication must be completed.

All clients must have an acceptable Dose Administration Aid (DAA), filled by a pharmacist, prior to personal care support being provided with tablet and/or capsule medication. When a client has been prescribed a change in medication the change must be included in their DAA – no support will be given with tablets/capsules that are not dispensed within the DAA. MSC Active Ageing and Community Access unit will not accept a client for assistance with medication from a Dose Administration Aid without appropriate written instructions from a suitably qualified health professional. It is the responsibility of the qualified health assessor to complete the instructions and forward with the referral using the Assistance with medication record as part of the Personal Care protocols.

No assistance with P.R.N. (as needed medication, for example pain medication) medication should be provided unless it is included in the client's DAA and care plan. No assistance should be provided with liquid forms of oral medication (administration) unless the client has been assessed by an appropriate health professional and it is included within the client support plan.

# Complaints/Grievance Procedures

See Complaints Policy and Procedure

Clients are encouraged to provide regular feedback about the services they receive. This enables us to monitor the quality of the service and implement strategies to improve the service. If a client raises an issue in response to a service / or aspect of a service they are dissatisfied with, these are formally responded to. Council is serious about managing client complaints as a basis for continuous improvement.

All feedback/complaints are recorded and referred to the Coordinator. The Coordinator in conjunction with the Manager determines the most appropriate response and action. In some cases the matter may also be referred to the General Manager, Social and Organisational Development. If the issue directly involves specific staff a time will be organised for the issue to be discussed. Generally, the matter can be resolved to the satisfaction of all concerned at this level.

If any of the parties involved are dissatisfied with the outcome, they can request the complaint be referred to the Manager People & Organisational Development in accordance with the complaints policy. Clients can also contact the Aged Care Complaints Commissioner on 1800 550 552.
(**see also MSC : Human Resources Grievance policy and Complaints Flowchart)**

Client Requests to Change Community Support Worker's
A client may request to have a change of Community Support Worker due to incompatibility or other reasons. On these occasions and with the client's consent, the request will be discussed with the staff affected and a plan of action agreed.

***Community Support Worker Requests to Change Roster***
There can be various reasons for a Community Support Worker to request to be removed from attending a client's home. This can be as a clash of personalities, complaints or other reasons. If staff have any concerns about working with particular clients, these should be raised with the Service Support Coordinator and an Incident Report completed. Strategies can be implemented to address the issue in a positive manner. If the issue cannot be addressed and a change is viewed as the best outcome, the Intake & Response Officer will investigate rostering options and inform the client of the change. The request and reason will be recorded and actioned as appropriate.

If any of the parties involved are dissatisfied with the outcome, they can request the complaint be referred to the Manager Active Ageing & Community Access in accordance with the complaints policy.

# Complaints and Feedback

Moorabool Shire Council actively supports a client's right to complain about our services.

We consider a complaint to have occurred when a client, or their advocate, tells us that they are unhappy or dissatisfied with;

- a decision we have made
- the services we provide
- the environment we provide services in
- the way we provide services
- the staff/volunteers who work in our organisation **and**
- the consumer wishes the organisation to acknowledge and respond to their complaint

Complaints about our service, or access to our service, will be dealt with promptly, fairly, confidentially and without retribution. Our complaints procedures will give clients access to a fair and equitable process for dealing with complaints and disputes.
Complaints are an important source of client feedback and play a valuable role in the ongoing improvement of our services. Therefore, complaints will be welcomed and organisation policy, procedure and practices will be adjusted to respond to complaints where appropriate.

Clients will also be informed about the complaints procedure if they are refused service at any time. Clients will be reminded of the complaints procedure when they are reassessed.
On receiving a client complaint, the Coordinator or staff member will reassure the client that they will receive no retribution for making a complaint. The Coordinator or staff member will also reaffirm how seriously complaints and their resolution are taken by our service.
When a complaint is received, the staff member who first receives the complaint will determine whether the complaint is serious or routine using the following criteria:
Serious complaints involve matters that, from the client's perspective, concern:

- Staff or volunteer conduct
- An alleged breach of a consumer's right or responsibility
- duty of care
- consumer/staff safety
- consumer privacy and confidentiality
- An alleged incident of harassment

Routine complaints include matters that involve operational issues such as:

- Food
- Activities
- Transport arrangements

If a volunteer receives a complaint they should refer the matter to their immediate supervisor. The supervisor should determine the level of the complaint and document the complaint.
All staff members are required to manage complaints in a prompt manner, following the procedure outlined. Complaints are an important source of feedback, which contributes to the continuous improvement of services. All complaints register is maintained and entries are included as part of the monthly reporting process.

**Procedure for responding complaints made informally**

Complaints of all types are taken seriously and every effort is made to resolve the issue to the satisfaction of the client. There may be instances where the client wishes the complaint to be dealt with informally – examples where the co-ordinator would agree to this would be:

- Complaints about some aspects of the day's activities that have specifically impacted upon the individual on that particular day e.g. Food/meal, activity, transport, changes in routine / plan.

Informal complaints still require a response. If one is not able to be provided at the time, staff are required to respond **within working 5 days**. The client should be given **5 working days** to consider the response. If the client is not satisfied with the response, they are to be encouraged to lodge a formal response. All staff are responsible for reporting any complaints and the action they took to the Coordinator.

Complaints that are based on: a breach of the clients rights, conduct of staff or volunteers, duty of care, damage or loss of clients property, client or staff safety or an alleged incident of harassment or abuse, are all regarded as serious issues and as such must be responded to following the formal process.

**Procedure for receiving and responding to a formal complaint.**

1. Ensure you listen to what the person is saying and thank them for taking the time to lodge the complaint.
2. Receive the complaint with an open mind without taking it personally.
3. Assure the complainant that they will receive feedback on their complaint within **5 working days. (verbal feedback 5 days, written feedback within 10days)**
4. Log the complaint details. Serious complaints are to be reported to the Team leader within 24 hrs.

5. Action the complaint. – Feedback to the client must include options for clients if they are not satisfied with the outcome. (Contact person, Advocacy service)
6. Provide the complainant with 5 days to which to respond to the options provided. This response can be verbally or in writing, but will be recorded as received on the complaints form.
7. Pass the form to the Team Leader, Aged & Disability Services.
8. The form is then held in the complaints register folder in the administration office. The monthly report includes a summary of all feedback received.
9. Complaints of a more serious nature will also be referred to the Executive Manager Aged, Disability & Community Services.

**Helping the client to complain!**
Clients will be advised of their right to make a complaint by the Coordinator at the time of an assessment or reassessment. The client will be given a supply of complaints forms and shown how they can lodge a complaint.

The Coordinator will assure the client that their complaint will be handled sensitively, confidentiality and without retribution. If the complaint is about a staff member or other person, the complaint will not be raised with this person without the client's consent.

The Coordinator will also provide information about advocacy services to assist the client to make a complaint where appropriate.

The following agencies can provide advice to both the clients and staff on any matters that may arise.

Department of Human Services
Grampians Region
53 336080

Office of Public Advocate
96 660 1444

Equal Opportunity Commission
9281 7111
TTY 92817110

Victorian Interpreter Service
9280 1955

**Serious Complaints**

The Coordinator, or designated senior management member, will be informed of all serious complaints within 24hrs. The program coordinator will contact the client verbally within 24 hours of being notified of a serious complaint. The program coordinator will also acknowledge the complaint in writing within 5 working days of being notified of the complaint. The senior management member will investigate complaint-keeping records on the client complaint register.

After attempting to resolve the complaint with the client, the program coordinator will write to the client outlining any decisions reached and/or any actions the organisation has taken, or will take, in response to the complaint. This written notification will occur within 10 working days of the complaint acknowledgement letter being sent. If the client is dissatisfied with the way the organisation has responded they will be reminded that they are entitled to take the matter further, as per the complaints procedure.

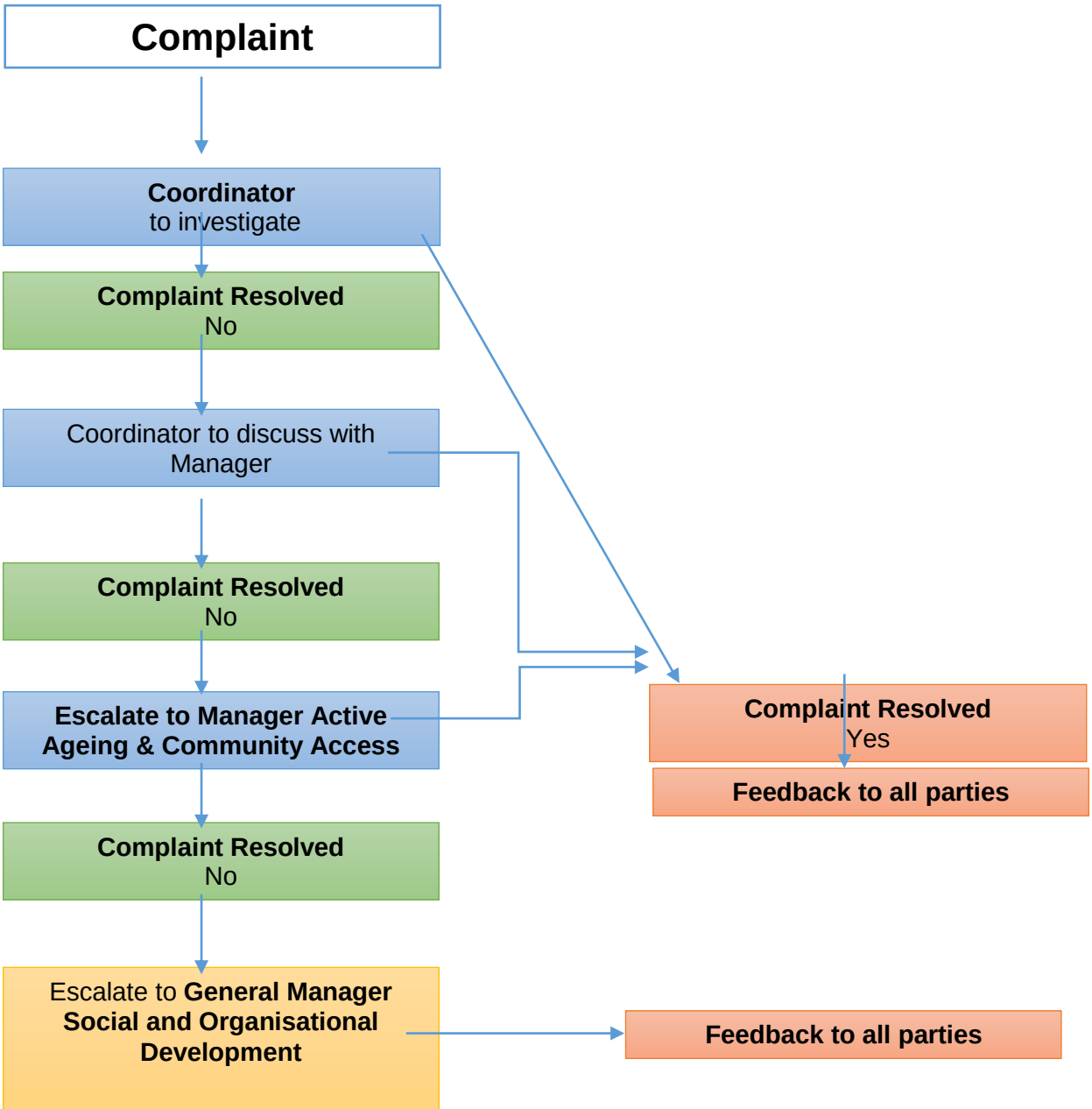
**Routine complaints**

The staff member receiving the complaint will acknowledge the complaint verbally. Should a complaint reach a designated management committee member, the management committee member will review the situation by discussing the matter with both consumer and staff. The committee of management member will formally respond to the consumer after the next scheduled committee of management meeting.

**Documenting Complaints**

When a routine or serious complaint is received, the staff member to whom the initial complaint is made will fill out a Client Complaint Form. The form will be kept in a complaints register, which will be kept by program coordinator.
The program coordinator will review the complaints register every 3 months to ensure that complaints have been responded to promptly, fairly and appropriately and that appropriate policy and procedural changes have been made.

**Complaints Flowchart**



**Note: If required General Manager or Manager People and Organisational Development will engage external investigators to assist with resolution**

**Hazard identification by Community Support Worker**

**Notify the office**

If a client takes ill or suffers a medical condition staff must

1. call an ambulance
2. notify the family
3. notify the office
4. complete an incident report and
5. register the report with the Service Support Staff .

Any hazards that are identified in a client's home should be documented on the OH&S Hazard report form and forwarded to Service Support Staff, for actioning.

# Standard Precautions for Infection Control

Standard precautions (also referred to as Universal Precautions) are work practices required for the basic level of infection control. They include good hygiene practices, particularly washing and drying hands before and after client contact; the use of protective barriers which may include gloves and plastic aprons, and the appropriate handling and disposal of sharps and other contaminate or infectious waste. If staff are unable to wash and dry hands it is important to use a hand sanitizer.

Standard precautions apply to all clients regardless of their diagnosis or presumed infection status. Application of these precautions is based on the possibility that any person may be infected with a blood-borne infection, which may be transmitted to another person.

**Employee Guide to the WorkCover Claims Process**

All accidents or injuries that occur during work time must be reported to the Service Support Team immediately and an incident report completed (Incident Report). Any incidences that require medical attention, must be reported as soon as possible. The necessary WorkCover forms need to be completed and forms are available from the office. You will be required to obtain a Certificate of Capacity from a doctor that clearly states when you are fit to return to work and under what conditions. The completed claim form together with the incident report must be

lodged with the Service Support Coordinator. These are then forwarded to the People & Organisational Development Office for processing

# Council vehicles

Active Ageing & Community Access staff have access to several vehicles. If clients require transportation, a vehicle will be allocated where possible. If you drive a Council vehicle you are required to adhere to the Fleet organisational policy & procedures. The bus is also available for the moving of multiple clients, if using bus with hoist staff must undergo hoist training.

It is important to check if the vehicle you are using has an ETAG if you are travelling on roads that require ETAG registration. If the vehicle is not fitted with an ETAG a day pass can be purchased.

**Fuel**

If you are returning a vehicle that is under half full, please fill it up prior to returning.

**Consuming of food and general cleanliness**

Food and drink should not be consumed in council vehicles. Please ensure the vehicles are returned in a clean state. If you collect a vehicle that has rubbish left in it, please report it to the office. It is the responsibility of all staff to ensure the cleanliness of the vehicles is monitored.

**Cigarette smoking**

Smoking is absolutely prohibited in Council vehicles.

**Reporting damage or mechanical problems**

It is a council requirement for staff to report any damage or mechanical problems to their supervisor as soon as practical. (Report to office)

**Infringement notices**

Individual staff will be liable for any parking or speeding infringement or fines for non- purchase of toll tickets, in control of a council vehicle. Please be careful! (***see also AACA – Drive Safe Policy)***

# Social Support Program

Social Support groups (SSG) are one of the activities (also called service types) funded though the Commonwealth Home Support Program (CHSP) and Home and Community Care (HACC) program. The purpose of a SSG is to support people to remain living in the community as independently as possible, by providing a range of enjoyable and meaningful activities that enhance or maintain their skills. By participating in the activities, people can enhance, practice or maintain their skills, enjoy social interaction with others and participate in the community.

SSG's can assist to link and integrate the person into community activities. For people with carers, SSG also support the carer relationship.
Importantly, SSG's are designed to contribute to both the physical and emotional wellbeing of participants, thus contributing to their ability to live as independently as possible. The activities provided by SSG's are designed with this in mind.
The service models and activities are specially designed to offer the opportunity for, and benefits of:

- physical activity;
- cognitive and intellectual stimulation;
- good nutrition;
- social interaction;
- emotional and peer support community participation;
- care and safety;
- appreciation and acknowledgement of each person and their diverse characteristics;
- new experiences and something to look forward to.

SSG's also provide an important function of monitoring, review and referral to other services as required.
The program operates from a number of different venues, enabling older persons to retain an active presence in their community.
For people with carers, Social Support groups are also designed to support care relationships and may be targeted broadly to the Commonwealth Home Support program (CHSP) or Home and Community Care (HACC) program target group or to particular subgroups such as people with dementia, carers only, or carers together with the person they care for.

Our groups focus on a range of activities, such as:

- Meeting new friends and taking part in group activities – this may include being involved in discussion with others;
- Individual and group activities of your interest bringing you together with others, such as group walks or watching a movie, craft, gentle exercise sessions that may include stretching or relaxation techniques;
- education sessions that may focus on topics such as diabetes, heart disease, falls prevention to help you better manage your health and wellbeing.
- Lunch

Some group sessions will also involve guest speakers, such as a dietitian to discuss healthy eating and healthy habits. Moorabool Shire Council has a strong focus on wellness and reablement.

| **Objective** | **To assist frail older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.** |
|---|---|
| Service type description | Social support – Group (formerly known as Centre-Based Day Care) provides an opportunity for clients to attend and participate in social interactions which are conducted away from the client's home and in, or from, a fixed base facility or community based settings.<br>These structured activities are provided in a group-based environment and designed to develop, maintain and support social interaction and independent living.<br>Activities may take the form of:<br>• group-based activities held in or from a facility/centre (e.g. pre-set or individually tailored activities promoting physical activity, cognitive stimulation and emotional wellbeing)<br>• group excursions conducted by centre staff but held away from the centre.<br>Services may include light refreshments and associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre. |
| Out-of-scope activities under this service type | Social gatherings that do not specifically aim to support older people's social inclusion and independence. |
| Service delivery setting e.g. home/centre/clinic/community | Usually centres or fixed-base facilities but can include community settings away from the centre (e.g. group excursions). |
| Legislation | Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations. |
| Output measure | Time (recorded in hours and minutes as appropriate).<br>If a service provider provides transport to/from a centre and receives funding to provide both community transport and Social Support – Group, they should record the transport to/from the centre separately to the Social Support – Group activity. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service.<br>Any meals provided as part of an excursion or activity within the centre's program will not be counted as a separate meal service.<br>Where transport is provided (separate to any excursion) to a carer accompanying the frail older client this should be counted separately within the Data Exchange. |
| Staff qualifications | Appropriately qualified staff must be used to conduct activities of a specific nature, such as allied health activities or exercise programs.<br>Where staff or volunteers are involved in other activities as part of Social Support – Group, they must have relevant qualifications, for example any food handling and meal preparation must adhere to safe food handling practices including personal hygiene and cleanliness. |
| Fees | Client contribution amount recorded in the Data Exchange (in |

| Objective | To assist frail older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction. |
|---|---|
| | Fees field). |

Activities include:

- Healthy three-course social lunches
- Gentle exercise programs
- Conversations and companionship
- Art and craft
- Computer skills
- Sing-a-longs and musical concerts
- Talks and information sessions
- Regular outings – picnics, garden shows, historical places of interest

# Assessment

Once the client has been referred to the Social Support Program, the Assessment Officer will make a time to undertake a service specific assessment either over the phone or face to face. The Assessment Officer will build on the National Screening Assessment Form (NSAF) information already collated by the Regional Assessment service or ACAT. The information will be collated in the Home Care Manager electronic client file system under the assessment tab. All people using a HACC/CHSP service are required to participate in an assessment and in the development of a service plan.

# Care Plans

Building on the assessment process, care plans are developed in consultation with the client, their carers and other relevant service providers. Care planning is a process of translating the information collected during the assessment and may include reference to both formal and informal support and services. It is important that the client has the opportunity to articulate their needs and goals, and define what range of services and level of support is appropriate to meet those needs. Clients with complex needs may prefer to have an advocate speak on their behalf, and this will be respected by the service.

In every case, the client will be offered the opportunity to sign their Care Plan and a copy of the Plan will be left with the client or their advocate. Additional resources will be utilised for clients experiencing dementia, intellectual disability or sensory loss to maximise their participation in the care plan process.

A copy of the care plan is kept on the clients file and is updated with each review. Individual care plans are monitored and reviewed regularly to assess the whether objectives have been achieved and if they are still relevant and achievable.

Individual objectives and goals identified in the care plan are a result of:

- Discussion with the client / carer
- Information obtained at initial assessment
- Completion of Individual information & care plan.
- Ongoing observation and interaction with client.

# Orientation for new clients

New clients are welcomed and oriented to the program. Orientation to the program should be positive, welcoming and informative. All new consumers will attend an orientation interview. This interview will be scheduled once a consumer is assessed as eligible and formally offered a place in the program.

At the orientation interview, care will be taken not to overwhelm the client with new information. Orientation interviews will be conducted in a client's preferred language and written information will be given, where possible, in a format and language suitable to a client's specific needs. If a client is unable to read, information will be given verbally. Written information will be offered to clients who cannot read so that a family member, friend or carer can access the written information. The worker conducting the orientation interview will take care to ensure a client understands the information being given to them. Written information will be provided to the client - New Client information booklet.

During orientation to a Social Support Group the staff member conducting the orientation will complete the Orientation Session Checklist as they do the following:

- Introduce the client to staff and other group members
- Explain the daily routine of a SSG session
- Explain the layout of the centre including emergency exits and procedures
- Ensure the client has a copy of, and has read, the client booklet
- Answer clients concerns or questions

# Client absences

Clients will be requested to provide as much notice as possible (preferably a week or more) if they are unable to attend their SSG session. We require at least 24 hours' notice of absence for those clients receiving transport, subsidised by our organisation, to the SSG venue.

As part of the development of a service response it is important that providers have a process in place for when a client does not respond to a scheduled visit. Such a response needs to be based on assessment and individualised because each client's circumstances will differ.
This response should then be documented in the client care plan, service agreement or other appropriate service documentation, with a copy made available to the client.

If a client is absent without notice, consult with the Client's electronic file to check what the agreed to procedure is for contacting family etc.

Each client is required to have a planned response for when they do not respond to a scheduled visit. Such a response needs to be individualised for each client, and documented in the client care plan or service agreement with a copy made available to the client.
In the event that a client does not want any response, this should be documented in the client care plan or service agreement.
It is important to note that even where a client has requested that they do not want a planned response, if a care worker has concerns or there is an indication that there may be something wrong, they should raise their concerns with the service provider and have their concerns documented. When a client does not respond to a scheduled visit, the care worker should make the initial steps to implement the client's agreed response plan. As an example, the first step in a planned response might be the care worker is to contact the service provider to see if the client has advised that they will not be home and to identify the individualised response. Upon confirmation a client is absent at the time of a scheduled visit, it is the responsibility of the

service provider to implement the planned response for that individual as previously agreed by the client.

## Discharge

All clients leaving the program are offered support when moving to other care arrangements. Where possible the discharge and the transition to other care arrangements will be planned to provide minimal disruption to the client. With the permission of the client, appropriate information will be forwarded to organisations involved in the ongoing care of the client.
Clients may initiate their own discharge, or the organisation may initiate a discharge of a client. All clients who leave the program will be encouraged to feedback any ideas they have for service improvement as well as their positive and negative experiences of the organisation's programs and procedures. Policies and practices are reviewed in light of client feedback. If a client decides not to give feedback to the organisation their decision will be respected.

Discharge is initiated by the organisation if a client's needs or circumstances change so that they no longer meet the eligibility criteria. The organisation may also initiate discharge if a client is continually absent from the program without giving adequate notice or when a client's continued participation poses a significant detrimental effect on other participants or staff. The organisation's decision to initiate discharge will be fair, consistent and transparent.

## Meal time assistance

The sharing of a meal is a central activity for day program that focuses on both the social aspect and the nutritional. Individuals may require assistance to enable them to enjoy their meal free from embarrassment or difficulty.
Meal times provide a great opportunity for staff to observe and monitor a person's general wellbeing, including how they manage physically and cognitively with the meal time.

## Food Safety Program

The Food Safety Program provides:

- A structure to make sure that staff are aware of the risks in handling food
- A common sense approach to managing food safety
- Additional information that is important in managing the safety of your food.

Moorabool Shire Council have developed a Food Safety Program that provides specific procedures & instructions for each of the following processes.

- Ordering
- Delivery
- Storage
- Preparation
- Cook
- Cooling
- Serving
- Transport

A key component of the Food Safety Plan is Hazard Identification. The plan clearly identifies potential hazards and specifies the following:

- Clear statement of hazard the process eg Contamination of food due to temperature fluctuations during delivery.
- Controls

- Safety Limits
- Monitoring procedures
- Corrective Actions
- Recording requirements

As a requirement under the Food Safety Act, the program will ensure that at all times there is a registered Food Safety Supervisor and that all staff who are involved in the delivery, preparation and storage of food have a current certificate of Food Safety Handling.

All staff are responsible for ensuring that procedures are followed, risks identified and reported and that the building & equipment used in the delivery, preparation, storage and serving of food is maintained in accordance with the Food Safety Program guidelines.

The SSG program will undertake bi annual internal audits and comply with all requirements in the Food Safety Act to ensure ongoing registration as a Registered Food premises.

# Transportation of clients

Transport can be provided to facilitate and maximise client's access to the SSG program. Where possible clients are encouraged to seek transport options to attend the Social Support program. Where this is not possible clients can access the transport provided by Council. Key issues to be considered when providing transport are:

- Clients' safety and security while being transported
- Organisational responsibility for management and co-ordinating transport.
- Appropriate policies for emergency, safety and routine procedures associated with transportation of clients and staff use of vehicles.
- Service meets the needs of both the client and their carer.
- The service is efficient, courteous and reliable.

Moorabool Shire Council organisational polices / procedures provide the framework for the implementation of the SSG transport service.

- Drive Safe Policy;
- Fleet management policy

# Use of Vehicles guidelines

Vehicles are specifically allocated to the Active Ageing and Community Access unit for the purpose of transporting clients and to enable staff to attend to Shire business and duties as specific to their position description.

The unit has 2 Holden station wagons; I Ballan cruze; 1 Yaris Toyota; 1x 18 seater coaster, 22 seater bus and access to 2 community buses.

A car booking system called Moorabool poolcar manages the bookings and keys are kept in a secure lock box.

The MSC "Drive Safe Policy"

**Fuel**

If you are returning a vehicle that is under ½ full, please fill it up prior to returning. Some of our jobs are after hours and a considerable distance from the office and so your cooperation is appreciated.

**Consuming of food and general cleanliness**

Occasionally the vehicles are returned with rubbish and food scraps left lying on the seats or on the floor. As a general rule, food and drink should not be consumed in council vehicles. Please ensure the vehicles are returned in a clean state. Any issues re cleanliness and rubbish should be noted and reported at the time when you return the keys.

**Cigarette smoking**

All staff are reminded that smoking is absolutely prohibited in Shire vehicles. (see MSC Smoking in the work place policy)

**Reporting damage or mechanical problems**

It is a council requirement for staff to report any damage or mechanical problems to their supervisor as soon as practical. You will be required to complete an incident form and further documentation if an insurance claim is required. You are responsible for accurate information (time, date, place etc)

**Infringement notices**

Individual staff will be liable for any parking, speeding infringement notices or unpaid tollway charges whilst in control of a council vehicle. You have up to 24hrs to pay City link, so please ensure this is done within the time frame. Team leaders and co-ordinators will have access to a purchase card which can be used for this purpose. Please be careful!

**Clients Transfers to Station Wagons**

All clients who are transported in a council station wagon are required to be of a reasonable level of independence and able to access the vehicle with little to no assistance from staff. Where a client requires assistance with transferring, and this requires the staff member to support the client's weight, the station wagon will **not** be used for transportation. In such cases, one of the two busses which both have hydraulic lifters will be used with the client transported in a wheelchair.

**Assisting client to transferring in and out of vehicles.**

The following procedure details the manner in which clients are transferred in and out of the station wagons.
Staff must park the car in a manner, which provides safe access to the vehicle for all occupants. This includes ensuring the car is parked on a reasonably flat surface.
Clients need to be able to walk independently to the vehicle or if in a wheelchair to be able to self transfer from wheelchair to car seat with little or no assistance. In cases where a small amount of assistance is needed to transfer a client's legs into the vehicle, the staff member will do this by squatting, keeping the back straight, and will use light assistance only. Under no circumstances should staff use bending or twisting movements.
Staff will assist with opening the car door and ushering the client into the vehicle where necessary. When the client is transferring into the vehicle, staff will position their hand above the client's head to ensure they do not hit their head on the doorway of the vehicle. Staff will ensure that all passengers are properly secured with seatbelts. Staffs need to ensure that all passenger doors are closed securely prior to starting the engine.

**The vehicles must be parked in a manner, which provides safe access to the vehicle to ensure all occupants can exit the vehicle safely. This includes:**

- Ensuring the car is parked on a reasonably flat surface.
- Ensuring there is no risk to clients when entering/exiting the vehicle.

- Clients need to be able to transfer out of the vehicle independently with little assistance. Staffs needs to assist with opening the car door and ushering the client out of the vehicle where necessary.

The staff person is to assist the client safely so they are ready to independently engage in activities of daily living, and/or transfer care to their carer before leaving.

# Procedure for use of Wheelchair Lifts in Bus

**See procedure for wheelchair lifts**

# Working with Volunteers

Moorabool Shire acknowledges volunteers make an important contribution to the SSG and are valued members of the staff team. Moorabool Shire is committed to supporting volunteers in the roles that they hold and the provision of ongoing opportunities for volunteers to enhance the skills they apply in these roles.

**The role of the volunteer:**

- Provide social support to the client – this does not include personal care, or attendant care.
- To be a companion providing and encouraging opportunities for social interaction.
- To support and facilitate participants involvement in activities of choice.
- To monitor and report on the well being of participants.
- To maintain open communication with staff regarding observed needs of the participants.
- To contribute to the overall health and safety of the program through the careful adherence to procedures associated with OHS & risk management.

**Volunteer's rights and responsibilities**

Moorabool Shire will endeavour to provide positive experiences for persons volunteering in the SSG program. To facilitate this the following rights and responsibilities have specifically been outlined to ensure that volunteers are empowered and informed about their expectations and the role of the organisation in supporting volunteers.

**All volunteers have the right to:**

- Undertake tasks that are valued by others and resulting in individual job satisfaction.
- Be supported and respected by the staff team, participants and their families.
- Be part of the staff team – shared goals and objectives.
- Have clearly defined channels of communication open and regular opportunities to receive feedback about your ongoing participation in the program and decisions made around allocation of tasks and delegation of duties.
- Be valued and the scope/boundaries of position respected and acknowledged.
- be provided with the opportunity and support to develop new skills
- receive adequate information and a clear job description
- Be reimbursed for any out of pocket expenses associated with participation in the program.
- Be provided with a thorough orientation, including instruction on relevant policies and procedures and training
- receive protection - insurance and a safe working environment

- Be informed about any issues that may jeopardise personal safety, capacity to undertake specified and fulfil responsibilities associated with position.
- Be well briefed on the organisation you are working for and kept in touch with new developments.

**Expectations and responsibilities of the volunteer:**

- To operate at all times in accordance with the position description and volunteer agreement;
- Reliability – to inform program Coordinator in a timely manner if you are unable to attend the program at the agreed times;
- To respect and uphold the privacy & confidentiality of participants – specifically information relating to the individual's health, family, living situation or personal circumstances;
- Be accountable for actions and follow the direction of staff;
- Willing to undertake training as required enhancing skills and upgrading knowledge relevant to role;
- To be committed to the program and respectful of the Moorabool Shire Councils position & role within the community;
- Value and support other team members;
- To provide feedback, suggestions and recommendations, regarding the volunteer program, to the Coordinator;
- To value your role and the opportunities that exists for your own personal development within the program.

Grievance Procedure

In the case where a volunteer wishes to make has a formal complaint or has a grievance about any aspect of their participation in the program, or the conditions associated with their role in the program, the following grievance procedure applies.

a. Volunteer contacts the Program Coordinator to discuss and pursue resolution of the issue.

b. Inability of the Coordinator to resolve the complaint will lead to discussions between the Volunteer and the Manager Active Ageing and Community Access;

**Carer Involvement:**

Moorabool Shire Council recognises that carers play a vital role maintaining the independence of the frail aged and people with a disability by enabling them to remain living at home and in the community. Carer involvement in the SSG is encouraged and can occur on a number of levels.

- Ongoing communication with carers – informal telephone conversations, conversations at times of pick up / drop off. Home visits for initial assessments, formal reviews and care plan development.
- Surveys and feedback sheets
- Information sessions.
- Invitations to social events, activities or special occasions.
- Newsletters / activity planners.

Carers are encouraged to speak with staff about any issues or concerns they have. This can be done using the Feedback form or in person. Suggestions re activities / events are always welcome.

The Active Ageing and Community Access services unit recognises that the role of carer can be at times both difficulty and demanding. Assistance is offered via in home services to reduce some of the demands and isolation that is often experienced. These could include a flexible mix of:

- Home care assistance – assistance with household tasks
- Respite – in home respite
- Personal care assistance – assistance with the personal care tasks associated with the care of the person.

It is acknowledged that the carers may have fluctuating needs and every effort is made to respond to these needs by the provision of flexible and individually focussed services.

# Dementia Support

See dementia support policy
Supporting a person with dementia may involve ongoing support and assistance with daily living skills and establishing routines to reduce the confusion a person may experience when participating in day program. Support in centre based programs may be vital to ensure respite is possible for the primary carer.
Changes in a client's health status must be reported to the Coordinator and a re-assessment will occur and additional support engaged where necessary.

Moorabool Shire is committed to ensuring that individuals with dementia have access to appropriate levels and types of services. Staff are trained and skilled in the monitoring of a person's capacity to undertake activities of daily living and any changes in the person's level of social engagement. Changes observed are reported to the Coordinator.

**Observation Checklist:**

- Increased difficulty with memory – repetitive questions, short term memory loss
- Increased reliance on others to solve problems, make plans or decisions.
- Any changes in a person's ability to perform tasks, hobbies, participate in games or activities that involve rules or a specific order of function.
- Increased frustration when trying to communicate ideas or thoughts.
- Decreased attention to detail re personal care, grooming, location of personal items.
- Any significant changes in mood, level of participation and recall of people & places.

**Procedure:**

- Document observed behaviours – what was actually observed.
- Report to Coordinator
- Coordinator assesses observations, where possible spends time with the client in a familiar environment. Observations re behaviour to be discussed, encourage client to identify any recent changes to diet, medication, circumstances at home.

If there is no family / carer to contact, Coordinator speaks with client about concerns and provides information about the following:

- Advocacy services – obtaining an independent advocate who can support the client to seek further advice / information
- Seeking medical advice via local GP
- Support services available – Dementia Australia help line 1800 100 500

If person has support of family/ carer, Coordinator discusses observations and concerns and provides information about action that can be taken.

- Referral to Aged Care Assessment team

- Information / Advice Dementia helpline

Supporting a person with dementia may involve ongoing support and assistance with daily living skills and establishing routines to reduce the confusion a person may experience when participating in day program. Staff work closely with families/ carers to ensure the most appropriate level of support is provided. Support in centre based programs may be vital to ensure respite is possible for the primary carer.

# Professional Boundaries

**See personal and professional behaviour policy**

The workers role is to assist clients to achieve their goals through guidance and encouragement, but is not doing all the work for them as it may be denying the individual the opportunity to learn and the satisfaction of completing a task.

**Work and Home life for Staff**

Community Support Workers/Social Support Workers can burn out very quickly, if they don't recognise where work ends and where personal life begins. Care staff will always respect working hours, and not work outside of these. This ensures the worker is taking care of themselves, and in turn being effective in their role. The client needs to respect this line and refrain from wanting or accepting any offers of further contact with a staff member outside their rostered hours. This also includes the client or their family members having access to workers personal phone number. Community Support Staff and Social Support Staff should not give their phone numbers to clients nor should they be contacting clients unless it is directly related to a service being provided i.e. to advise client that you are running late or to find out if they are attending SSG program.
The staff member's focus should always be on the client or individual they are providing a service to. In general it is not appropriate for staff to disclose information about their personal life /circumstances and if they do it will only be to provide information that may help in addressing a client's needs. Staff will not use the time that they are providing a service as an opportunity to vent their feelings or discuss their problems.

**Money management**
It is not appropriate for a staff member to ask for money or suggest that they are having financial difficulties and likewise it is also never appropriate for a client to ask a staff member for money.

**Scope of the role**
At times staff or a client may have other skills that they can provide on a commercial basis. It is inappropriate for either party to ask the other to perform or provide services for them, whether it be for free or for pay. This can represent a serious conflict of interest.

**Professional Behaviour**
Unprofessional behaviour includes the subjects already mentioned here but may also include:

- Being late for shifts;
- Asking the client if you can leave a shift early or start later unless authorised by supervisor;
- Smoking whilst in a client's home;
- Not attending to the duties they are required to undertake;
- Not treating the client with dignity and respect at all times;
- Swearing, raising their voice;
- Attending to personal errands whilst providing a service;

- Spending unreasonable amounts of time on the phone whilst providing a service;
- Inviting a client into their home during service time or outside of work hours;
- Touch from a worker should only ever be of a nature that is essential to the person's care;
- Keeping information about a client from their employer;
- Arriving for work under the influence of alcohol or drugs or consuming these whilst providing a service;
- Sexual advances or misconduct;
- Talking negatively about their employer or other staff that provide a service to the client;
- Disclosing information about other clients or staff.

**Privacy**

All clients have a right to privacy in their personal information, and workers should not seek information that is not relevant or necessary to the performance of their duties. Care workers also have a right to privacy, and these boundaries will often need to be set with clients and families who may seek personal information about you, or want to have a relationship with a worker.

**Confidentiality**

Confidentiality means that any information obtained or received by workers must be kept absolutely confidential, except with the written or verbal consent of the individual or their legal guardian. Workers must not discuss or disclose confidential information with anyone without this permission. It is expected that workers will sometimes need to discuss matters with co-workers, peers or supervisors but this should always be in an appropriate and respectful way and at the discretion of the supervisor.

**Duty of Care**

Care workers have a duty of care to anyone who might reasonably be affected by their activities, requiring them to act in a way that does not expose others to an unreasonable risk of harm – physical, psychological or financial. As a worker you are required to protect an individual from risks of injury or harm that you can foresee or anticipate. This means workers are required to act with a knowledge of the individual and of their own abilities, knowledge and limitations. Workers should not give assistance or advice outside your role or expertise (e.g. financial advice, family counselling or relationship advice).

**Friendships**

The role of a care worker is to build, support and strengthen the existing social, family and community network of a person with a disability or who is aged. The role of a friend is different from the role of worker and constitutes a conflict of interest in doing your job.

Care workers may find this difficult as clients are often isolated, lonely and in need of friends, but it is the role of a care worker to build friendships, not to be the friendship.

Similarly, relationships with client family members are also not appropriate and risks blurring the boundaries of your professional relationship.

Be careful not to include clients in your social or family life and activities including social media.

An inappropriate relationship with a client or family member has risks for workers including:

- Increasing/or unreasonable demands and expectations from the client or family
- High worker stress and burnout
- Inability to provide professional and objective support
- Difficulty setting limits and dealing with behaviour

- Distress when relationships break down
- Grief and loss for clients when workers leave

**Gifts**

Occasionally clients and family members may offer gifts to workers as a “thank-you” for work done, for example, chocolates, flowers, cards etc. We may not want to refuse a small token gift and cause offence. However acceptance of gifts should always be considered with caution and in line with Moorabool Shire Council’s gift policy.