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Clota Cottage Social Support Program

*(CHSP and HACCC funded
activities)*

Manual

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1. The Clota Cottage Social Support Group

Clota Cottage provides a responsive, consumer and community oriented, social support service to frail, older people over 65 and people under 65 with disabilities.

We do this by providing:

- Programs that maintain and enrich our participant's ability to live independently at home and in the community.
- Opportunities for social engagement.
- Activities that participants find enjoyable, stimulating and are beneficial to health and wellbeing.

Our programs and activities are designed to engage the participant's interests. We recognize that these needs and aspirations can be physical, emotional, intellectual, recreational, cultural, linguistic, and/or spiritual.

Social Support activities provided by Clota Cottage

Social Support Groups and Activities include but are not limited to

- Exercise classes
- Excursions
- Social groups
- Information sessions
- Lunches, morning and afternoon teas

2. Accessing the Social Support Program

For People Under 65 Years of Age

Contact Clota Cottage on 98990062 to speak with us and find out more about what we do and how we might be able to help you. We will ask you some questions to see if you are eligible for our program

A care plan may be developed with you depending on the services you receive and the level of support you need. The care plan will identify your support needs and goals, and how these can be met to maintain your independence and wellbeing.

For People Over 65 Years of Age

Contact the My Aged Care contact centre on 1800 200 422, or visit the My Aged Care website at www.myagedcare.gov.au

The My Aged Care contact centre operates during the following hours: • Monday – Friday: 8am

– 8pm • Saturday: 10am – 2pm

If you need an interpreter, call 131 450 and ask for 1800 200 422. My Aged Care contact centre will discuss your eligibility and requirements and may arrange a home visit with an assessor to discuss your needs in more detail, including your support needs and goals and how these can be met to maintain your independence and wellbeing.

3. Eligibility

People are eligible for our Social Support Groups and activities if:

- Their level of need is consistent with the level of service we are able to offer
- They will benefit from the program we offer

Priority of access will be given to people who meet the following criteria:

- People who are financially disadvantaged
- People who have limited opportunities for social interaction

Eligibility criteria are applied in a systematic, fair, equitable and non-discriminatory manner. Participants and potential participants are informed of the eligibility requirements.

Eligibility means that a person meets the eligibility criteria and is eligible to be assessed and prioritised for service provision. Therefore, eligibility does not mean a person is automatically provided with a service.

Eligibility criteria will be used to assess eligibility when a potential consumer first contacts the service. Eligibility criteria will also be used to assess consumer's ongoing eligibility to receive services.

4. Fees

Fees will be applied to cover the cost associated with program delivery in line with the Victorian HACC Fees Policy and the HACC Schedule of Fees and the CHSP Guidelines about fees.

Participants can be asked to pay for additional transport, material costs, excursions and the cost of a meal if it is purchased from another source. These items can be charged in addition to the planned activity group fee as appropriate.

Revenue from fees is to be used to enhance service provision or provide additional hours of service.

Fees may be reduced or waived where a consumer who is receiving all relevant assistance would still experience hardship in paying fees

5. Referrals

Referrals from participants and other service providers are encouraged. Referrals are made in accordance with consumer's needs and preferences.

For CHSP funded clients, referrals will come through the My Aged Care System. The Social Support facilitator will check the My Aged Care Website weekly for referrals. Referrals will be accepted if there is capacity.

Once a referral has been accepted, the Social Support facilitator will contact the client and discuss the Social Support program with them to ensure that the program will meet their needs.

Making a referral

Our organisation refers participants on to other services if;

- At initial contact or after assessment, the consumer is ineligible for service or
- the service does not meet the consumer's needs and preferences or the consumer requires additional services
- After admission to the program, the consumer needs change and additional services are required
- When the consumer exits the service and requires an alternative service

In these cases, we will:

- Inform the consumer why we think a referral may be of benefit and provide information about the organisation to whom we think a referral is appropriate
- Proceed only if the consumer consents to the referral
- Establish whether the consumer wishes to make contact with the service themselves and/or wishes the worker to make the referral
- Seek the participants consent to provide information about the consumer to the service receiving the referral (Consumer Consent Form-SCTT)
- Follow up the outcome of the referral processes

Outgoing Referrals will be made using the following SCTT tools:

- Confidential Referral Cover Sheet
- Consumer Information
- Accommodation and Safety Arrangements
- Summary and Referral
- Consumer Consent (completed but not sent with referrals)

Information about other services

Participants are provided with information, relevant to their needs and preferences, about other services:

- During, and as a follow up to assessment and/or reassessment
- Periodically, when information becomes available and is shared across Social Support Groups.

6. Waiting Lists

From time to time, where demand for the program/ an activity exceeds available resources, Clota Cottage may operate using waiting lists. Those people placed on the waiting lists are prioritised according to their assessed needs.

The following factors will be taken into account when prioritising participants for service.

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

- Financially disadvantaged
- Culturally and Linguistically Diverse
- Aboriginal and Torres Strait Islander Background
- People diagnosed with dementia or other related disorders

Should a waiting list be introduced for the program or a particular activity, information regarding this will be provided during the assessment, and other strategies or options may be suggested to assist prior to the availability or commencement of services.

Participants who are placed on the waiting list will be informed both verbally and in writing about the waiting list process and their right to appeal a decision or make a complaint.

The waiting list form will be regularly reviewed and updated. The following information will be recorded on the waiting list form.

- Name
- Date commenced on waiting list
- Dates contacted while on waiting list
- Dates reassessed
- Date exited waiting list
- Reason for exiting waiting list – entered program/other

- Priority ranking
- Which HACC special needs groups is the consumer from?

All participants on the waiting list will receive regular contact from the organisation. This contact will occur approximately every 3 months. If lengthy delays in admission to the service are anticipated, participants and carers are informed and advised of their options, including referral to another suitable organisation.

Waiting lists will be reviewed annually to identify any improvements that could be made to the waiting list process. Waiting lists will be reviewed to determine whether the waiting list has been functioning equitably and efficiently and to identify ways of shortening the length of time people spend on waiting lists.

7. Refusal of Service

Clients may refuse a place in the Social Support Group. Refusal of a place will in no way hinder a client from accessing the program in the future.

Access to services may be declined if it is determined that the referral does not meet the eligibility criteria, or needs for service are outside the scope of the services provided by Clota Cottage.

The client will be informed at the time of assessment and information on other services and support options will be discussed. Information will be provided in writing detailing the reason, alternative options provided (if available).

Clota Cottage may withdraw services should a client's health deteriorate and care needs exceed service boundaries or the eligibility criteria. This will be done in consultation with the client and/or carer.

8. Ineligibility

Should a person be determined as ineligible for a service, they will be advised of the reason for the decision.

Should they disagree with the decision, they have the right to appeal the decision.

9. Appeals Process

Appeals should be made in writing to the Manager of Clota Cottage.

If you are over 65 and disagree with a decision we have made about your complaint, you may contact the Commonwealth Ombudsman, Level 1, 441 St Kilda Road Melbourne VIC 3004. Telephone number 1300 362 072, or via website www.obudsman.vic.gov.au

For further information, refer to our Complaints Policy and Procedure.

10. Assessment

For clients under the age of 65

Once participants have been screened against the eligibility criteria, they are then assessed and prioritised for enrolment in an Activity Group.

Assessments will happen within two weeks of initial contact. Clota Cottage does not undertake comprehensive assessments. Assessments undertaken are limited and restricted to the data collected with the Service Coordination Tool Templates (SCTT) and our service specific assessment form.

Participants and carers are informed about the assessment process, and its purpose and outcomes. All assessments will be consumer centered, where a consumer's preferences and perspectives are valued and respected.

All participants undergoing assessment will be informed about other relevant services, both within and outside our organisation, and referred to these services if the consumer wishes.

Participants from culturally or linguistically diverse backgrounds will be supplied with information translated into their own language. They will be offered an interpreter at the assessment to ensure information gathered is accurate.

Before seeking a consumer's consent to collect the information required for assessment we will inform the consumer about:

- what kinds of information we wish to collect and our purposes for collecting such information
- their rights to privacy and confidentiality
- their right to refuse to give personal information and the consequences of such a refusal
- their right to access their personal information
- their right to complain if they think their health information has been collected used or stored inappropriately.

For Clients over the age of 65

Age Information on services for people over 65 years can be requested by telephoning the My Aged Care contact centre on 1800 200 422. The contact centre will determine

your eligibility and make a referral for an assessment.

You will be contacted by the Assessment Service to make an appointment for an assessment in your own home. Or, you may be referred directly for services to the appropriate service provider.

A service plan will be developed to determine the details of the service to be provided including commencement, frequency and time allocation, tasks to be undertaken, and other special requirements of service provision.

11. Participants Assessed as Eligible

If, after assessment, a participant is determined to meet the eligibility criteria and wishes to participate in the program they will be, depending on places available, either offered a place in the program or they will be offered a place on the waiting list where they will be prioritised for service.

Participants offered a place in the program will be sent an offer letter and information about the program. All new participants will be oriented to the service through an orientation session.

Participants offered a place on the waiting list will be offered this place both verbally and in writing and will be given information about the waiting list.

Eligible participants who choose not to take up either a place on the waiting list or a place in the program will be sent a letter acknowledging their choice and explaining how they can gain access to services in the future.

Reassessment

Participants, whether on a waiting list or participating in the program, are reassessed every 12 months to determine whether their needs have changed. Generally, reassessments will occur at the beginning of the calendar year.

At reassessment all information previously collected will be checked to ensure it is accurate and current.

Reassessment will also be used as an opportunity to remind about:

- their rights and responsibilities
- how to make a complaint/use an advocate
- rights in relation to privacy and confidentiality

In addition, whilst we do not provide direct services for carers, the consumer carer relationship is taken into consideration when prioritising participants for service. The following factors are considered.

- The carer is the primary carer, has limited support networks
- The carer is frail, ill, distressed or has a disability

- The carer has extensive commitments
- The carer is socially or geographically isolated and
- The carer is financially disadvantaged

Participants who are placed on the waiting list will be informed both verbally and in writing about the waiting list process and their right to appeal a decision or make a complaint.

A waiting list form will be regularly reviewed and updated. The following information will be recorded on the waiting list form.

- Name
- Date commenced on waiting list
- Dates contacted while on waiting list
- Dates reassessed
- Date exited waiting list
- Reason for exiting waiting list – entered program/other
- Priority ranking
- Which HACC special needs groups is the consumer from?

All participants on the waiting list will receive regular contact from the organisation. This contact will occur approximately every 3 months. If lengthy delays in admission to the service are anticipated, participants and carers are informed and advised of their options, including referral to another suitable organisation.

Participants on the waiting list will be reassessed every 12 months to determine whether their needs, eligibility status and contact details have changed.

Waiting lists will be reviewed annually to identify any improvements that could be made to the waiting list process. Waiting lists will be reviewed to determine whether the waiting list has been functioning equitably and efficiently and to identify ways of shortening the length of time people spend on waiting lists.

12. New Participants

New participants are welcomed and oriented to the program. Orientation to the program should be positive, welcoming and informative.

All new participants 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.

Written information will be provided to the consumer in a New Participant Information Kit.

The kit includes:

- Rights and Responsibilities Statement
- Complaints procedure
- Advocacy Information
- Emergency procedures
- Newsletter or Term program
- Organisation contact details
- New Consumer Information Material
- Privacy information

During the orientation session the worker will go over the kit with the consumer and answer any questions the consumer might have. Orientation to the Social Support Group will occur before or during a Social Support session.

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

- Introduce the participant to staff and other group members
- Explain the routine of the session
- Explain the layout of the Centre including emergency exits and procedures
- Ensure the participant has a copy of, and has read, the orientation kit
- Explain the contents of the orientation kit
- Answer any concerns or questions

13. Goal Directed Care Plans

Goal Directed Care Plans are a fundamental component of a person centered approach. They place the client at the centre of their care and encourage staff to work in partnership with the client.

Goal Directed Care Plans assist by:

- Fostering independence.
- Providing support for independence.
- Increasing client and staff satisfaction.
- Supporting effective service coordination, information sharing and collaboration.
- Reducing duplication and enhancing continuity of care.

Care Plans are an agreement between the staff of the Clota Cottage HACC PAG program and the person enrolling in the program. Whilst undertaking the Care Planning process, follow the guidelines of the Goal Directed Care Planning Toolkit.

Ensure an Active Service Model approach is applied. As part of the process questions need to be broad and not limited to the service provided at Clota Cottage. The Care Plan may provide an opportunity for referral to other services to ensure the person's

wider needs are being met in a holistic way.

The Care Plan will include agreed, specific goals that are meaningful and important to the person and will reflect what they want to achieve whilst in our program. Goals need to be SMART i.e. Specific, Measureable, Achievable, Relevant and Time limited.

Completing the Care Plans:

The Care Plan proforma is included in the annexure at the back of this document. Care Plans will be completed by the Social Support Program Facilitator as part of the Assessment and Enrolment procedures. The *GDCP Checklist* will need to be followed to complete the requirements of the plans. Once completed, clients (and family/carers) will be provided with a copy of the Care Plan and the original will be kept in the client's file.

Each Care Plan will have start and end dates as well as appropriate timelines for review. If other people are involved in the Care Planning process their names will be also be documented. Care Plans must be signed by the Client or by their representative and are to be stored in a locked filing cabinet in the Social Support Program office.

Communication:

The information on the Care Plan will be communicated to the activity leaders and volunteers as necessary.

Reviews:

Reviews will be conducted at the end of each term between the Manager and the Social Support Program facilitator. A review of the Care Plan with the client will take place either six monthly or annually depending on the activity they are enrolled in.

14. Participant Absences

Participants will be requested to notify the Centre if they are unable to attend their session.

Absences without notification

If a participant is absent without notice, the Activity Leader or Social Support Facilitator will contact the participant or will use their best endeavours to contact the carer/next of kin to determine the consumer's whereabouts.

If a participant continues to be absent without notification, and without an adequate reason for failing to give notice, for three or more sessions the Social Support Facilitator will contact the consumer to attempt to:

- resolve any barriers or problems that are preventing the consumer from giving adequate notice of absence or
- resolve any problems or barriers that prevent the consumer from attending the

group/volunteer visit.

The facilitator will also remind the consumer and or carer that continued absences may result in a cessation of services. If the consumer continues to be absent without notice the facilitator will initiate discharge procedures.

Ongoing absences with notification

If a participant is absent for long periods of time, the facilitator will review, in consultation with the participant; the participant's continued participation in the program.

If the participant is absent for an extended period due to an illness, or some kind of degeneration in their abilities, the facilitator will assess whether the participant still fits the eligibility criteria for the group they are attending.

If the participant does not fit the eligibility criteria the facilitator will either initiate discharge procedures including referral to other local programs as appropriate.

High number of absences from a group at a given time

If a high number of participants are absent from a group at any given time the facilitator will:

- investigate the reason for these absences
- determine if the program is viable to run
- review staff ratios

15. OH&S and Incident Management

Clota Cottage is insured through VMIA as part of the arrangements with the Victorian Government as part of the Neighbourhood House Co-ordination Program. Insurance is automatically renewed each year as part of this program.

A Risk Management process and OH&S policy are in place for the Centre which includes the Social Support Program.

Incidents that occur in the Social Support Program are reported via a Participant Incident Report form. This form is to be handed to the Manager for review and action. If an injury occurs an Incident Report Form must be completed and the Department of Health and Human Services notified as per the Critical Incident Policy and Procedure. Completed injury reports are handed to the Manager who addresses the issues and reports on them to the monthly Board meetings.

An OH&S audit is carried out annually to identify and address hazards at and around the Centre and potential risks to HACC PAG program participants.

16. Exit Process

All participants 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 participant.

With the permission of the participant, appropriate information will be forwarded to organisations involved in the ongoing care of the participant. Participants may initiate their own discharge, or the organisation may initiate a discharge of a participant.

All participants 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 participant feedback. If a participant decides not to give feedback to the organisation their decision will be respected.

Discharge is initiated by the organisation if a participant's needs or circumstances change so that they no longer meet the eligibility criteria. The organisation may also initiate discharge if a participant is continually absent from the program without giving adequate notice or when a participant'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.

If the organisation initiates discharge, the participant will be informed about:

- The reasons why the organisation has determined the participant ineligible for service
- When, how and under what conditions they may be able to gain access to services should their circumstances/needs change
- How to appeal the decision if a participant believes the organisation's decision to refuse service has been unfair or incorrect

Participants will also be informed that:

- Any participant who has previously been refused service for any reason will not discriminated against should they wish to reapply in the future
- The organisation can discuss appropriate other services and arrange a referral should the participant require this assistance
- This information will be given to the participant both verbally and in writing
- If the organisation initiates a discharge the participant will be given one month's notice that services will cease unless duty of care or occupational health and safety concerns necessitate a more immediate cessation.

If a participant chooses to leave the program, the organisation will, both verbally and in writing.

- Acknowledge the participant's decision and confirm a cessation date

- Explain that the participant is welcome to re-apply for services in the future
- Explain that the participant's decision to leave will not disadvantage them should they wish to reapply in the future
- Inform the participant that the organisation can discuss appropriate alternative services and arrange a referral should the participant wish it
- Request that the participant participate in a feedback interview.

17. Communication

Where written information is not available in a participant's preferred language, or in the case where a participant is unable to read, staff (either directly or through an interpreter) will verbally explain written information to a participant and provide written information in English so that a family member, friend or carer can access the information

In order to provide services in a manner that is culturally relevant and appropriate we may provide less written materials if a participant is unfamiliar with, or intimidated by, such practices.

We will be responsive to other communication issues such as hearing and sight impairment and comprehension difficulties. Wherever possible we will provide information in a format, for example large font, that best facilitates a particular participant's access to relevant information.

All written material that our organisation produces will be in plain language and as short as possible.

During our assessment, referral, orientation, absence and discharge processes, as well as our program activities, care will be taken not to overwhelm the participant with information.

18. Participant Rights and Responsibilities

Clota Cottages decisions, practices and policies will be guided by, and respectful of, our participant's rights and responsibilities. The importance of participant rights and responsibilities will be emphasised in staff and volunteer training and induction.

All new participants in the Social Support Program are informed of their rights and responsibilities. Each new participant is given a copy of the Rights and Responsibilities statement. As well as written material, each participant will be given a verbal explanation of the statement. Participants are reminded about their rights and responsibilities at the time of reassessment.

We will also remind participants about their rights and responsibilities if it becomes evident at some stage that the participant has not understood an aspect of rights and responsibilities.

We will communicate the importance of rights and responsibilities by displaying the rights and responsibilities statement on the wall of our office and venues.

19. Advocacy

Individual Advocacy

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

An advocate is a person who supports a participant to protect and promote their rights and interests. An advocate can, with the participant's permission, negotiate on a participant's behalf or support the participant to negotiate for themselves. An advocate does not conciliate or arbitrate between an organisation and participant. An advocate 'stands beside' a participant to support them to make their own decisions. An advocate is an important resource for a participant in situations where a participant feels confused, overwhelmed, intimidated or under-confident. An advocate can be a family member, friend or an outside organisation.

Advocacy in relation to our organisation

We will ensure participants understand the role of an advocate as well as their right to use an advocate in relation to our organisation. The participant will be informed, both verbally and in writing about their right to use an advocate and the role of an advocate when the participant is:

- Assessed and reassessed for services
- Orientated to the program
- Refused service

Or if:

- They wish to make a complaint about the service
- A staff member believes an advocate may be beneficial to the participant

Staff members within our organisation will not become a participant's advocate in relation to our own organisation.

If a participant chooses to use an advocate, the advocate's name and contact details will be documented. If a participant wishes to change their advocate or no longer use their advocate the advocate's details will be amended on the Service Specific Assessment form. We will check that advocate details are still current when we conduct

a reassessment.

We will not disclose any information about the participant to an advocate, when the participant is not present, unless we have the participant's express permission to do so. If a participant wishes us to disclose information to an advocate they will be required to complete an Information Disclosure to Advocate Form.

If an authorised representative is acting on behalf of the participant, 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 participants 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 participants file. Proof of authority includes Guardianship or Administration Order or Enduring/Medical Power of Attorney.

Staff and volunteer orientation and training

Staff and Volunteer orientation and training programs will include:

- Definition and roles of advocate
- Participants rights in regards to advocate
- How to work with a participant and their advocate
- How to encourage and support the use of advocates
- Confidentiality in relation to advocates
- Documentation of advocates
- Information on relevant advocacy services and their services

Advocates for Participants with Dementia

Where it is identified that a participant with dementia (early signs or advanced) requires the services of someone in the role of an advocate or authorised representative, the facilitator will discuss the matter with the participant, where appropriate, or with the carer. Information will be provided to the participant / carer about:

- the role of an advocate or authorised representative
- the differences between a known person and professional organisation acting as advocate or authorised representative
- legal options available through the Office of the Public Advocate

The participant / carer will be provided with assistance to access these services if required and will be encouraged to seek further information about the implications of taking on this responsibility.

Where it is identified that a participant with dementia is in conflict with the carer or appointed / nominated advocate, we will make a referral to the Office of the Public Advocate to address the issue and encourage the involvement of an advocate from an appropriate advocacy service to help resolve the issue.

20. Participant Complaints

The participant may choose to settle a problem or lodge a complaint informally and settle the matter with the appropriate staff. If the complaint cannot be resolved in this manner, then there is a simple formal process.

Our organisation actively supports a participant's right to complain about our services. We consider a complaint to have occurred when a participant, 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 participant 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 participants access to a fair and equitable process for dealing with complaints and disputes.

Complaints are an important source of participant feedback and play a valuable role in the ongoing improvement of our services.

The complaints procedure and a participant's right to use an advocate will be explained to a participant, both verbally and in writing, as part of their orientation when they commence services. During a participant's orientation they will be given a copy of the complaints procedures and information on using an advocate and reminded of these procedures during reassessment or review.

When making a complaint all participants have a right to use an advocate of their choice. This may be a family member or friend, or an outside organisation.

On receiving a participant complaint, the facilitator or staff member will reassure the participant that they will receive no retribution for making a complaint. The facilitator 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 participant's perspective, concern:

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

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.

Serious Complaints

The Manager will be informed of all serious complaints. The program facilitator will contact the participant verbally within 24 hours of being notified of a serious complaint. The Manager will also acknowledge the complaint according to the Clota Cottage Complaints policy and procedure.

Routine Complaints

The staff member receiving the complaint will acknowledge the complaint verbally and attempt to resolve the complaint to the satisfaction of the participant. If any policy or operational changes are required, the staff member will discuss the matter with the program facilitator. The staff member receiving this complaint will respond verbally to the participant within 5 working days of the complaint being received outlining any actions or decisions that have been taken. If the participant 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.

Documenting Complaints

When a routine or serious complaint is received, the staff member to whom the initial complaint is made will fill out a Complaint Form. The form will be kept in a complaints register, which will be kept by program facilitator.

The program facilitator 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.

Actions resulting from complaints will be recorded on the Clota Cottage Continuous Improvement Register.

Training

All staff orientation and training programs will include:

- How to document complaints
- How to follow the complaints procedure
- The value of complaints to the organisation
- How to support a participant to make complaint?

21. Privacy, Confidentiality and Access

We respect and support a participant's right to privacy, confidentiality and access to personal information. Our organisation's practices and processes for collecting, storing and disclosing participant information will meet the requirements outlined in the following legislation:

- *The Commonwealth Privacy Act 1998*
- *The Victorian Information Privacy Act 2000*
- *Victorian Health Records Act 2001.*
- *Privacy Amendment (Enhancing Privacy Protection) Act 2012*
- *Australian Privacy Principles (issued March 2014)*

There are 6 elements of managing participant information and are as follows:

- Collection of Information
- Use and Disclosure
- Access and Correction
- Consent
- Authorised representatives
- Security and Quality of Information.

22. Collection of Information

We will only collect the minimum, individual personal and health information that is necessary for delivering Social Support services to a participant or for purposes that are directly related to the delivery of such services.

Health and personal information will be collected for the purposes of:

- establishing a participant's eligibility
- prioritising a participant for services
- assessing a participant needs
- developing a care plan
- providing data to funding body
- service planning and evaluation (in this situation any identifying information will be removed from the data)

We will collect this information only if we have participant consent, or consent from an authorised person.

Before seeking a participant's consent to collect information we will inform the participant about:

- what kinds of information we wish to collect and our purposes for collecting such information
- their rights to privacy and confidentiality
- their right to refuse to give personal information and the consequences of such a refusal
- their right to access their personal information
- their right to complain if they think their health information has been collected used or stored inappropriately.

We will inform the participant of the above rights and information both verbally and in written form.

Written material that gives information about privacy and confidentiality and participant rights with regard to privacy and confidentiality are contained in the following:

- "Your Information, Its Private" brochure available as part of New Participant Information Kit.
- *Participant Information Welcome to the Social Support Group*
- *Participant Information Rights and Responsibilities Statement.*

At the time of reassessment participants are reminded of their rights in relation of privacy and confidentiality and access to information as well as their rights and responsibilities Clota Cottage participants.

Collection of information, provision of information and discussions about consent will be conducted in a private area and, whenever possible, in the participant's preferred language.

All information collected by our organisation will be written clearly, simply and legibly. The information collected will not be judgmental and will be respectful of the participant concerned. Entries in a participant record will, wherever possible, be formulated in conjunction with the participant concerned.

23. Use and Disclosure

We will only use and disclose information for the primary purposes for which it was collected. A participant will be notified of these purposes at the time of collection and prior to a proposed disclosure. We will take all possible steps to ensure that information is used and disclosed in accordance with a participant's expectations.

We will disclose information about a participant to an outside organisation or individual only if we have the participant's, or authorised person's, consent to do so.

Consent to disclose information will be recorded on the 'Participant Consent' form (SCTT). Participants will be provided with a copy of this signed form.

If a participant wishes us to disclose information to an advocate or other nominated person we will require them to complete the *Information Disclosure to Advocate or Other Nominated Person* form.

The only circumstances under which we will disclose participant information without their consent is when:

- An authorised representative requires information
- Where it is permitted or required by law
- There is a serious threat to the health, safety or welfare of the individual
- There is a serious threat to public health, safety or welfare.

In these situations, we will keep the participant informed of a disclosure of information whenever possible and appropriate.

24. Access and Correction

We recognise that participants or their authorised representatives have the right to access to their own information and the right to seek its correction.

Participants will be informed of this right:

- When we seek participant consent to collect information
- During orientation.

Access

If a participant, or their authorised representative, wants to access their personal information they will be required to complete a request form (Participant Access to Information). Access will be granted within 45 days.

Where possible, access will be provided in the form requested by participant. This could be to view documents, receive copies of documents or to have information explained verbally. If a participant specifically requests a copy of the original record, this will be provided.

We will provide a summary of the information if it is practicable to do so and if we believe this may be helpful to the participant and if the participant wants the information in this format.

When access is sought we will provide the individual with an opportunity to discuss their health information. This may prevent the information being misunderstood or taken out of context.

In some circumstances a request for access to information may be denied. These circumstances include when:

- Granting access would pose a serious threat to the life or health of the individual
- The information was given in confidence by another person, unless that other person consents
- This would have an unreasonable impact on the privacy of others
- Denying access is required or authorised by law or where legal privilege applies. Granting access would prejudice law enforcement.

Access will only be denied to those parts of the health record that concern the above circumstances. In circumstances where access is denied a written decision to the participant, outlining the grounds for any refusal of access, will be provided to the participant within 45 days.

Correction

Individuals seeking access to their information will be advised that they have a right to correct it. If a correction is made the incorrect information will not be deleted from the file. The correct information should be attached to the existing file. A correction may be refused where there is lack of supporting evidence for the correction. If this is the case, the person has the right to request an attachment to their record, stating their correction request and the refusal.

When a correction has been made, Clota Cottage will take all reasonable steps to inform other organisations or individuals to whom the information has been disclosed. A participant who is not satisfied with a decision may complain to the Health Services Commissioner.

25. Consent

We recognise that consent is valid only when:

- It is informed, voluntary, specific and current
- The participant has the legal capacity to consent.

Consent is required when we:

- Collect health information
- Use or disclose information for a purpose other than that for which it was collected
- Disclose information to healthcare providers of another agency.

In circumstances where participants are unable to give informed or voluntary consent an authorised representative may do so on their behalf.

When an authorised representative is required to consent for a participant, the program facilitator should ensure that they have sighted and copied for the

participant's file relevant documentation that provides evidence of authorisation.

If there is no authorised representative, and a participant cannot give informed and voluntary consent, the program facilitator will make a decision about who (e.g. carer, friend), if anyone, can consent on the participant's behalf and act in the participant's best interests.

The program facilitator will keep detailed documentation about the reasons for any decisions made in relation to accepting an unauthorized representative's ability to consent of the participant's behalf.

26. Authorised Representatives

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 participants 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 participant's file. Proof of authority includes Guardianship or Administration Order or Enduring/Medical Power of Attorney.

If the representative is an advocate or other person nominated by the participant, a form (Advocate or Other Nominated Person-Information Disclosure) will need to be completed that authorises the persons to make decisions to receive information.

27. Security and Quality of Information

Quality of Information

We will ensure that all information is kept accurate, up to date and complete. Participant Information will be checked for accuracy, currency and comprehensiveness each time a participant is reassessed.

Use of and access to, information within the organisation

All personal information whether paper or electronic, will be protected from unauthorised access, alteration and loss.

No staff member, volunteer or student is entitled to access any participant record or file except where such access is in accordance with their professional or administrative role. Staff and volunteers will have the minimum level of access to information that

their role requires. Staff and Volunteers must keep this information strictly confidential. Volunteers will only have access to information such as contact and emergency contact details or any other information that is necessary for them to carry out their duties.

The Manager will have access to participant files for the investigation of complaints and for legal purposes.

Staff members are obliged to report any breach of participant confidentiality to the program facilitator. Deliberate breaches of participant privacy and confidentiality and failure to report such breaches may be considered grounds for dismissal.

Confidentiality and Privacy policies and procedures will be part of staff and volunteer induction and ongoing training.

No personally identifying information should be contained in any publicity material, talks, reports or memos unless prior informed consent has been given by the participant.

Conversations with or about participants should be conducted in private.

Records will be kept for seven years after the last contact with the participant. Participant records will be disposed of after seven years have elapsed since the last participant contact.

Computer security is controlled by:

- Using access passwords
- Deletion of files held on hard drives, where appropriate
- Ensuring devices containing sensitive information are stored in a locked facility.

Paper record security is controlled by:

- Keeping participant files in locked storage when not in use
- Disposing of waste paper containing participant information by shredding

Telephone security is controlled by:

- Not providing participant information over the telephone or
- By voice mail unless it is established that the caller is authorised to receive such information.

Email security is controlled by:

- Mailing participant information within the agency (except where an established electronic referral procedure is in place).

Demonstrations or case studies

- Fictitious participant information is used for training or demonstrations.

28. Continuous Improvement

The following mechanisms are in place to assure quality within the HACC PAG program

- a) Feedback is collected from participants/carers and staff annually and used to monitor and improve the organisation's performance.
- b) An internal self-assessment audit of the HACC PAG program to be conducted each July to ensure the program meets the requirements of the Community Care Common Standards (CCCS). Refer to the Audit Processes Policy and Procedure for further details.

Performance Reviews

All staff will undergo a performance review on an annual basis. Whilst the outcome of such reviews will remain confidential it is expected that any improvement in staff performance will have a rippling effect to the wider organisation.

Complaints and Appeals

Where improvements are to be made as a result of a Complaint or Appeal process, they will be recorded on the Continuous Improvement Register and relevant staff informed.

Participant Feedback

Participant feedback about the program will be collected formally through surveys and focus groups and informally through discussions with participants.

Information collected through surveys and focus groups will be collated and analysed and recommendations made. Recommendations if approved by the Manager and/or Committee of Management will be logged in the Continuous Improvement Register.

If a recommendation is not approved or adopted the reasons will for this will be recorded.

Continuous Improvement Register

All continuous improvement action items will be logged on the register for historical and regulatory purposes.